

Structured Assessment 2023 – Powys Teaching Health Board

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Contents

Summary report	
About this report	4
Key findings	5
Recommendations	7
Detailed report	
Board transparency, effectiveness, and cohesion	10
Corporate systems of assurance	16
Corporate approach to planning	21
Corporate approach to managing financial resources	23
Appendices	
Appendix 1 – audit methods	27
Appendix 2 – progress made on previous-year recommendations	29
Appendix 3 – organisational response to audit recommendations	31

Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2023 structured assessment work at Powys Teaching Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.
- 2 Our 2023 Structured Assessment work took place at a time when NHS bodies were still responding to the legacy of the COVID-19 pandemic as they look to recover and transform services and respond to the additional demand in the system that has built up during the pandemic. Furthermore, health bodies are also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe, and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on Board transparency, cohesion, and effectiveness, corporate systems of assurance, corporate approach to planning, and corporate approach to financial management. We have not reviewed the Health Board's operational arrangements as part of this work.
- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over several years. It has also been informed by:
 - Model Standing Orders, Reservation and Delegation of Powers
 - Model Standing Financial Instructions
 - Relevant Welsh Government health circulars and guidance
 - The Good Governance Guide for NHS Wales Boards (Second Edition)
 - Other relevant good practice guidesWe undertook our work between September 2023 and November 2023. The methods we used to deliver our work are summarised in **Appendix 1**.
- 5 We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

- 6 Overall, we found that **the Health Board has generally effective arrangements to ensure good governance which have strengthened since our last review. However, opportunities exist to improve these arrangements further with a particular focus needed on public access to policies, increasing a focus on primary care, hearing from patients and developing the Board Assurance Framework.**

Board transparency, effectiveness, and cohesion

- 7 We found that **the Board and Committees generally operate well, there is commitment to improved cohesiveness and transparency but public access to some key documents continues to need improvement. Board and committee papers are generally good quality, with increasing use of data and graphics but oversight of primary care needs strengthening and more could be done to get a broader spectrum of patient experience.**
- 8 The Board remains committed to conducting its business openly and transparently, with opportunities to enhance arrangements further. The Health Board makes good use of its website, but more could be done to ensure social media and other communication routes are used effectively to promote and encourage engagement in Board business. It would also be beneficial to have unconfirmed minutes publicly available soon after meetings, to avoid long waits between committee meetings.
- 9 There are good arrangements in place for updating and monitoring compliance with core control frameworks, although opportunities remain to increase public accessibility of policies and ensure the Health Board website has the most recent versions of documents uploaded. The Board and committees are operating well with a balanced and appropriate level of scrutiny. Papers are generally of a good standard, with data and graphics increasingly being used to communicate information. However, the Board could benefit from increased oversight of Primary Care to be assured it is focussing on areas which have significant impact on its population.
- 10 The Board is committed to hearing from patients and staff, but more could be done to get a broader spectrum of feedback. The Board and committees need to hear both positive and negative experiences. While it positive that the Health Board has reintroduced walkarounds, there is scope for the Health Board to formalise this process. The Board is cohesive after a period of flux and demonstrates a positive commitment to continuous improvement, although there remains scope to strengthen committee effectiveness.

Corporate systems of assurance

- 11 We found that **the Health Board still does not have an updated Board Assurance Framework, and as a result cannot be assured that risks are aligned despite there being risk management arrangements. Updated performance management arrangements make better use of data but updates on the Clinical Quality Framework and tracking of audit recommendations need to be more consistently scrutinised.**
- 12 The Health Board has not yet completed its update to its Board Assurance Framework (BAF) which is the mechanism to bring together all the relevant information on the risks to achieving the organisation's strategic priorities. This is an ongoing gap in governance. The Health Board is making progress and has developed all the relevant components, but this is yet to be developed into the relevant overarching framework. The Health Board needs to complete this activity.
- 13 There are good risk management arrangements, and a refresh of the corporate risk register has been undertaken. However, the Health Board needs to ensure its transition from holding risk registers on spreadsheets to a specific risk software happens at pace. The Health Board continues to have robust performance management arrangements and the updated Integrated Performance Report allows for easy identification of challenges and progress.
- 14 The Health Board has appropriate arrangements in place to oversee implementation of the new duties of candour and quality, and to maintain oversight and scrutiny of quality and safety. But there is a gap in the oversight of the Clinical Quality Framework Implementation Plan which has not been received for some months. There are also good arrangements for tracking progress against audit recommendations, however, a delay in presenting the recommendation tracker to Audit, Risk and Assurance Committee (ARAC) could limit the timeliness of information.

Corporate approach to planning

- 15 We found that **while the Health Board's corporate planning arrangements are good, it has been unable to produce an approvable IMTP.**
- 16 The Health Board has strengthened its approach to developing its plans. The ten-year strategy continues to be in place which has been used to set the framework for the three-year plan. Progress has been made to increase the involvement of Independent Members in the production of plans and strategies, with good use of Board development sessions. However, despite these arrangements, the Health Board has been unable to produce an approvable IMTP for 2023-2026. Instead, it has an Integrated Plan for 2023-2026 and is working to an Annual Delivery Plan for 2023-24 approved by the Welsh Government.
- 17 The Health Board continues to have good arrangements in place to monitor delivery of its plans and strategies, with the refreshed Integrated Performance Reports provided bi-monthly and the Quarterly Integrated Plan Progress Reports

providing robust assurance to Board and its committees. Scope continues to exist, however, for the Health Board to make clearer links between the 'Powys Outcomes' in its three-year plan and measurable impacts in its Annual Delivery Plan.

Corporate approach to managing financial resources

- 18 We found that **although the Health Board has robust arrangements in place for managing and monitoring its finances, its financial position is increasingly challenging.**
- 19 The Health Board did not meet its revenue financial duties for 2022-23 and is predicting to not meet them again in 2023-24. Working to a revised deficit control total of £12 million by the end of the year, the Health Board was forecasting it would meet its control target at year-end at Month 10.
- 20 The Health Board has a robust approach to financial planning, with good engagement with the Board. The Health Board requires a savings target of £7.5 million. At Month 10, the Health Board had identified potential saving schemes totalling £11.5 million, although the recurring impacts were forecast to be only £5.8 million.
- 21 The Health Board has good arrangements for overseeing and scrutinising financial management. Robust arrangements also continue to be in place for monitoring and scrutinising its financial position, with comprehensive reports which allow for easy identification of challenges and risks.

Recommendations

- 22 **Exhibit 1** details the recommendations arising from our work. These include timescales and our assessment of priority. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: 2023 recommendations

Recommendations

Transparency of Board business

- R1 The Health Board should:
- 1.1. promote all Board meetings and other events, such as the Annual General Meeting, via the Health Board's social media channels and other communication mechanisms; and

Recommendations

- 1.2. make unconfirmed minutes available on the Health Board website soon after meetings to promote more timely transparency of Health Board business.
-

Board commitment to hearing from patients, service users and staff

- R2 The Health Board should introduce patient stories to the Patient Experience, Quality and Safety Committee to enable a broader spectrum of both positive and negative experiences to be heard.
-

Board Walkarounds

- R3 The Health Board should strengthen its board walkaround arrangements by:
- 3.1. developing a forward programme which involves both Independent Members and Executive Directors and covers a broad range of Health Board services; and
 - 3.2. develop a framework setting out how the walkaround should operate, and the mechanisms for reporting key themes.
-

Committee effectiveness

- R4 The Health Board should undertake its committee effectiveness reviews as soon as practically possible, to ensure continuous development in the way in which the committees operate.
-

Corporate approach to overseeing corporate risks.

- R5 The Health Board should increase the pace in which risks currently recorded on spreadsheets are moved across to the Datix risk module.
-

Corporate approach to overseeing the quality and safety of services.

- R6 The Health Board should ensure that the Patient Experience, Quality and Safety Committee has timely updates throughout the year on progress against the Clinical Quality Framework 2020-23 Implementation Plan.

Recommendations

Corporate approach to tracking recommendations

- R7 The Health Board should ensure that the Audit, Risk and Assurance Committee regularly receives the recommendation tracker throughout the year.

Detailed report

Board transparency, effectiveness, and cohesion

- 23 We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently.
- 24 We found that **the Board and committees generally operate well, with a commitment to improved cohesiveness, and transparency, but public access to some key documents continues to need improvement. Board and committee papers are generally good quality, with increasing use of data and graphics but oversight of Primary Care needs strengthening and more could be done to get a broader spectrum of patient experience.**

Public transparency of Board business

- 25 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of Board and committee:
- meetings that are accessible to the public;
 - papers being made publicly available in advance of meetings;
 - business and decision-making being conducted transparently; and
 - meeting minutes being made publicly available in a timely manner.
- 26 We found that **the Board remains committed to conducting its business openly and transparently, with opportunities to enhance arrangements further.**
- 27 Board meetings continue to be held virtually and livestreamed, with recordings available to view via the Health Board website shortly after. All committee meetings also continue to be held virtually. Committee meetings are not livestreamed, but the public may request to attend virtually via email. Items discussed in private Board and committee meetings are kept to an absolute minimum and reserved for sensitive items only. Items for discussion in private meetings are set out at the end of the public Board meeting agenda.
- 28 Although meetings are promoted via the website, more could be done using social media and other communication mechanisms to encourage public participation and awareness of Health Board business. Despite the Annual General Meeting receiving promotion on social media, none of the other Board meetings are advertised in this way (**Recommendation 1.1**).
- 29 Minutes of meetings are made available on subsequent agendas, and these are reviewed by the Chair as a standing item for accuracy and tone. However, opportunities remain to further enhance transparency of Board business. With some committees only meeting a few times a year, ensuring unconfirmed minutes are available on the Health Board website soon after meetings would promote more timely transparency of Board and committee business (**Recommendation 1.2**).

30 Board and committee papers are usually publicly available seven days in advance of meetings, but we did find examples¹ where committee papers were not published within the seven-day time frame. We understand that this is due to resource constraints.

Arrangements to support the conduct of Board business

31 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of a formal, up-to-date, and publicly available:

- Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
- Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
- policies and procedures in place to promote and ensure probity and propriety.

32 We found that **there are good arrangements in place for updating and monitoring compliance with core control frameworks, although opportunities remain to increase public accessibility of policies and ensure the Health Board website has the most recent versions of documents uploaded.**

33 There are formal, up-to-date SOs and SFIs in place. The Board approved these and the Scheme of Delegation in September 2023. The Scheme of Reservation and Delegation of Powers document is available publicly on the Health Board website and reflects the interim arrangements since the secondment of the Chief Executive². At the time of our work, the Standing Financial Instructions on the website, however, were dated March 2021. This has since been updated to the most recent version (see **Appendix 2 R5b 2022**). In previous years we have highlighted that the Health Board does not have a Stakeholder Reference Group or a Healthcare Professionals Forum in line with Standing Orders. The Health Board has indicated that it does not intend to have these groups although there remains reference to them on its website (see **Appendix 2 R8 2022**).

34 The Audit, Risk and Assurance Committee considered and approved the Register of Interests 2023-24 in July 2023. However, this is not published on the Health Board website. Furthermore, this register only focuses on Board Members. To enhance transparency, the Health Board may want to consider how it captures the

¹ Joint Patient Experience, Quality and Safety Committee and Workforce and Culture Committee meeting, October 2023; Board, July 2023; Audit, Risk and Assurance Committee, July 2023, Workforce and Culture Extraordinary Committee, July 2023; Patient Experience, Quality and Safety Committee, July 2023.

² In April 2023, the Chief Executive was seconded to Betsi Cadwaladr University Health Board for a period of six to nine months, subsequently being appointed as the substantive Chief Executive in November 2023.

interests held by other senior staff in line with other Health Boards. As identified last year, the Health Board's policies (both clinical and non-clinical) are still not available to the public (see **Appendix 2 R5a 2022**). Although there is reference to them on the Health Board's website, they can only be accessed by those with an NHS Wales account.

Effectiveness of Board and committee meetings

- 35 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
 - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
 - well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge; and
 - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.
- 36 We found that **the Board and committees are operating well with a balanced and appropriate level of scrutiny. However, the Board could benefit from increased oversight of Primary Care to be assured it is focussing on areas which have significant impact on its population.**
- 37 The committees are now well-established following changes to their structure in 2021. However, the Health Board may not meet the required frequency of meetings set out in the Terms of Reference for some committees. For example, the current Terms of Reference requires the Planning, Partnerships and Population Health Committee to meet no less than quarterly. However, for 2023-24 there will only be three meetings due to a postponed meeting. This is the same with the Patient Experience, Quality and Safety (PEQS) Committee which should meet bimonthly, but for 2023-24 PEQS will only meet four times. The Health Board will need to reflect on whether the scheduled meetings are sufficient to satisfy the Committee Terms of References. If so, an amendment to the meeting frequency may be required.
- 38 The new Chair and Director of Corporate Governance have brought an increased focus on reinforcing the roles and responsibilities of the Board and its committees, as part of a wider programme of Board development. This has strengthened the nature and frequency of challenge by Independent Members in meetings.
- 39 Committee agendas are mature with Chairs owning their agendas and agenda refinement being an ongoing process. The Board and committees are chaired well, and we observed increasingly appropriate levels of scrutiny, support, and

challenge. Chairs' assurance reports from each of the committees are provided to Board, which give a good overview of key committee business and issues for escalation. Since our previous report, a Chairs forum has been established which includes all Committee Chairs, the Chief Executive, and the Director of Corporate Governance. This arrangement is early in its development and does not have a Terms of Reference but does have a Statement of Purpose and an agenda. The Health Board hopes this arrangement will help drive assurances across committees and contribute to Board development, however, it is too early to say how impactful this arrangement has been (see **Appendix 2 R6a and R6b 2022**).

- 40 Agendas and work plan items are broadly aligned to the committee structures, committee terms of reference and the corporate risk register. However, there is still no Board Assurance Framework in place. As a result, it is difficult for the Board to be assured that the committee structure in place is completely aligned to key strategic priorities and risks, and that workplans reflect these areas.
- 41 One example of a lack of alignment is the Health Board's limited oversight of primary care services at Board and committee level. This is despite primary care services being a significant part of the Health Board's delivery. Only one item under the theme of 'Primary Care' is listed on the Board workplan for 2023-24 and only four items in the Delivery and Performance Committee for 2023-24. We are currently undertaking a follow-up review of primary care, which we will be reporting in early 2024.

Quality and timeliness of Board and committee papers

- 42 We considered whether the Board and committees receive timely, high-quality information that supports effective scrutiny, assurance, and decision making. We were specifically looking for evidence of:
- clear and timely Board and committee papers that contain the necessary/appropriate level of information needed for effective decision making, scrutiny, and assurance.
- 43 We found that **papers are generally of a good standard, with data and graphics increasingly being used to communicate information.**
- 44 Information presented to the Board and its committees remains of a good standard, with previous issues with timeliness largely resolved (albeit agendas are not always published seven days in advance). Since last year, the amount of time spent presenting items has been reviewed. More time is now spent scrutinising and discussing the topics on agendas. Board and committees are now hearing more from operational staff, and we heard how this is providing useful insights. Executive Directors are still being held to account, but Board and committees are receiving a more rounded view of activity. Reports to Board and committees are making more use of trends, data, and graphics to communicate information. For example, reports to the Delivery and Performance Committee on Continuing Health Care and Variable Pay contain visual information to communicate findings.

45 Independent Members are proportionate in what they ask from officers. It is evident the Health Board can demonstrate continuous development in response to the needs of the Board regarding quality and timeliness of committee papers. However, scope remains to more prominently evidence the extent to which the Sustainable Development (SD) Principle is considered as part of papers and subsequent discussions. This would help ensure that the Health Board is applying the SD Principle in a meaningful way to support effective decision making and promote improvement.

Board commitment to hearing from patients/service users and staff

- 46 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:
- the Board using a range of suitable approaches to hear from patients/service users and staff.
- 47 We found that **the Board is committed to hearing from patients and staff, but more could be done to get a broader spectrum of feedback.**
- 48 The Board continues to receive patient stories which provide useful insight into individual experiences. Although stories at Board tend to be complimentary and positive, some Board Members have reflected whether the full spectrum of patient experience is really being presented to the Board. Opportunities exist for the Patient Experience, Quality and Safety (PEQS) Committee to also hear patient stories (**Recommendation 2**).
- 49 The PEQS Committee receives the Integrated Quality Report which includes information on patient experience. Despite implementation of a new patient feedback system (CIVICA), the Health Board's limited resources are impacting its ability to realise the system's full potential. Whilst the Health Board recognises this is a developing area, it will need to assess how patient experience information is being robustly gathered in a balanced way to inform decision making.
- 50 The Workforce and Culture Committee now periodically hears from staff (see **Appendix 2 R7 2022**). Feedback from staff roadshows and Team Climate surveys³ are also reported to the Workforce and Culture Committee, and an implementation plan to support the new 'Speaking Up Safely' framework has recently been scrutinised in a joint session between the Workforce and Culture, and PEQS Committees.
- 51 Independent Members are now undertaking walkarounds of Health Board sites to get a better understanding of challenges and opportunities for both patients and

³ Staff were asked to undertake a survey of 32 questions with 6 themes; Purpose and Objectives; Accountability; Wellbeing; Psychological Safety; Learning and Innovation; Collective Leadership and Management.

staff (see **Appendix 2 R7 2022**). This includes spending time with service areas such as GPs to understand the patient journey. This is a significant improvement in the Health Board's arrangements to help Independent Members understand patient and staff experience, and to help triangulate information presented in Board and committees.

- 52 To maximise the impact and benefit of walkarounds, the Health Board should develop these arrangements further by providing a forward programme of walkarounds which involve both Independent Members and Executive Directors and cover a wider range of services. The Health Board should also develop a framework setting out how the walkarounds should operate, and the mechanism for reporting key theme (**Recommendation 3**).

Board cohesiveness and commitment to continuous improvement

- 53 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:

- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
- the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
- a relevant programme of Board development, support, and training in place.

- 54 We found that **the Board is cohesive after a period of change and demonstrates a positive commitment to continuous improvement, although there remains scope to strengthen committee effectiveness.**

- 55 The Board works collaboratively with a diverse portfolio of skills and experience. Although gaps exist in Independent Member roles, these have been mitigated where possible. Since the retirement in May 2023 of the previous ARAC Chair, there has been a long-standing gap on the Board for an Independent Member for finance, which given the financial pressures the Health Board faces has been unfortunate. The Health Board has appointed a financial specialist to provide support to the ARAC and Delivery and Performance committee, whilst recruitment of a substantive Independent Member takes place. A further gap exists in the Independent Member (Estates) post. The Health Board is currently reviewing its skills across the Board, in light of its strategic objectives and key areas of assurance to consider how best to address this gap.

- 56 Changes in the Executive team have been managed well. Last year, we reported that the Health Board was holding several interim appointments. Following the secondment of the Chief Executive in April 2023, further interim appointments were made. The Board appointed:

- the Deputy Chief Executive and Director of Strategy, Partnerships and Primary Care as Interim Chief Executive; and;
- the Director of Finance, IT, and Information as the Interim Deputy Chief Executive.

- 57 The Health Board has, however, been able to make some substantive appointments across the Executive team. Progress is also underway to recruit substantively into the Chief Executive role (See **Appendix 2 R10 2022**). During the year, a new Chair and Director of Corporate Governance have been appointed, both of whom have had a positive impact on culture and Board development.
- 58 Much work has been done internally on the development of the Board. Board Development sessions have encouraged self-reflection to understand, amongst other things, learning from governance challenges in other Health Boards and approaches which support integrated team working. Individual support has also been made to Independent Members, with new members offered a corporate induction. Although we heard that they would benefit from a tailored induction allowing them to get up to speed on the way in which the Health Board operates.
- 59 The Board Development Programme has a diverse range of briefings for the forthcoming year including 'Board Effectiveness' and 'Scrutiny, Challenge and Assurance'. We noted previously that the Health Board undertook a Board effectiveness review in April 2022, which also included a broad review of the committees following changes made to the committees' structure in 2021. Committee effectiveness reviews were due to be undertaken earlier in 2023 but these have not yet taken place (**Recommendation 4**) (see **Appendix 2 R9 2022**). At the time of our work, opportunities also still existed to build in some time at the end of agendas to allow reflections of Board and committee meetings (see **Appendix 2 R9b 2022**).

Corporate systems of assurance

- 60 We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- 61 We found that **the Health Board still does not have an updated Board Assurance Framework, and as a result cannot be assured that risks are aligned despite there being risk management arrangements. Updated performance management arrangements make better use of data but updates on the Clinical Quality Framework and tracking of audit recommendations need to be more consistently scrutinised.**

Corporate approach to overseeing strategic risks

- 62 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks. We were specifically looking for evidence of:

- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all the relevant information on the risks to achieving the organisation’s strategic priorities/objectives; and
- the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks.

63 We found that **the Health Board still does not have an updated Board Assurance Framework that maps all the opportunities and risks to achieving strategic objectives, identifies gaps in assurance, and informs Board and committee workplans.**

64 We reported in 2021 and in 2022 that the BAF had not been updated to reflect the priorities set out in the Health Board’s strategy and that the BAF had not been presented to the Board since January 2020. The Health Board had intended to update the BAF by 31 March 2022, but this has still not been done (see **Appendix 2 R3 2022**).

65 The lack of an updated BAF is a key gap in ensuring that risks to delivering the Health Board’s strategy are clearly identified, that appropriate assurance mapping has taken place to identify and address gaps in assurance, and that controls are in place to mitigate the risks. In June 2023, Internal Audit undertook a review of Risk Management and Board Assurance Framework and gave limited assurance on the BAF objective within the report. A draft BAF was due to be completed by September 2023, but this has not happened.

66 Whilst we recognise work has been undertaken to ensure the components of the BAF are in place, these need to be brought together in one cohesive framework to strengthen the Board’s system of assurance.

Corporate approach to overseeing corporate risks

67 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising corporate risks. We were specifically looking for evidence of:

- an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities;
- the Board providing effective oversight and scrutiny of the effectiveness of the risk management system; and
- the Board providing effective oversight and scrutiny of corporate risks.

68 We found that **despite risk management arrangements being in place, Health Board risks are still not aligned to an updated BAF, and systems for recording risk need updating at pace.**

69 The Health Board’s Risk Management Framework and Risk Appetite was last updated and approved by the Board in November 2022 and was reviewed by Audit, Risk and Assurance Committee (ARAC) in November 2023. The Health Board’s Risk Appetite is also published on the Health Board website. In its review

of Risk Management and Board Assurance Framework, the June 2023 Internal Audit report gave overall reasonable assurance.

- 70 The Risk Management Framework states that risks contained in the Corporate Risk Register (CRR) should align to the BAF. However, as previously noted, the BAF is still not up to date. This creates a gap in risk governance.
- 71 The Health Board revised its Corporate Risk Register in early 2023 to refresh the current risks and ensure alignment with the updated Integrated Plan 2023-2026. This review was led by the Director of Corporate Governance in collaboration with Executive Leads. Executive workshops and Board Development sessions have been held to drive engagement. The review was reported to Board in July 2023.
- 72 The Corporate Risk Register continues to be considered at every Board meeting and emerging risks are highlighted in the cover reports for ease. Committee Risk Registers are presented at the majority of PEQS Committee meetings and until recently were presented at every Workforce and Culture Committee, however, no risk register has been presented to the Workforce and Culture Committee since May 2023. Considering recruitment and retention are a significant risk to the Health Board, it seems prudent to consider whether this frequency arrangement is sufficient.
- 73 The Risk and Assurance Group has now been reestablished, and the intention is this group will play a wider role looking at patterns of risk across risk registers. One area which needs improving is the system for recording risks. Health Board risks are currently recorded on spreadsheets, which requires a manual assessment across directorates. There is some progress moving these risks onto an updated Datix software module, but this needs to happen at pace. This would allow the Health Board to hold all risks centrally, making risk scoring easier and alignment to the updated CRR more transparent (**Recommendation 5**) (see **Appendix 2 R4 2022**).

Corporate approach to overseeing organisational performance

- 74 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:
- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
 - the Board and committees providing effective oversight and scrutiny of organisational performance.
- 75 We found that **the Health Board continues to have robust performance management arrangements and the updated Integrated Performance Report allows for easy identification of challenges and progress.**

- 76 The Health Board continues to have robust arrangements for performance management. In July 2023, an Internal Audit report on performance management and reporting gave a substantial assurance rating. The revised Integrated Performance Management Framework (IPMF) was approved by the Board in September 2022 and incorporates the Health Board's Commissioning Assurance Framework. This covers the period 2022-2026 with an annual review. It also aligns with the NHS Wales Performance Framework including ministerial priorities. Performance review mechanisms are in place within the IPMF, from personal appraisals through to assurance at Board. Committee roles and responsibilities in relation to performance are also clearly outlined and this has been well received by Independent Members.
- 77 The Integrated Performance Report (IPR) continues to provide a good overview of the Health Board's performance against national delivery measures, ministerial priorities, and local quality and safety measures. The report is clear to read and allows for easy identification of performance issues. A summary section and a dashboard of 'Escalated Performance Challenges' is at the start of the report, allowing for exception reporting and more focussed discussion on areas of concern.
- 78 The Health Board intends to move its performance reporting into Power BI and is actively working with other health bodies to learn from their experience. It is intended this digital format will include actual progress against plans and integrate finance and trend data. There is evidence that some benchmarking information is being used to add context to areas such as strategic planning. This is in response to Independent Members expressing a desire to have more data and benchmarking information available to understand how information applies to the Powys population.

Corporate approach to overseeing the quality and safety of services

- 79 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:
- corporate arrangements in place that set out how the organisation will deliver its requirements under the new Health and Social Care (Quality and Engagement) Act (2020);
 - a framework (or similar) in place that supports effective quality governance;
 - clear organisational structures and lines of accountability in place for clinical/quality governance; and
 - the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.
- 80 We found that **the Health Board has appropriate arrangements in place to oversee implementation of the new duties and to maintain oversight and**

scrutiny of quality and safety but needs to ensure it has timely updates on the Clinical Quality Framework Implementation Plan.

- 81 The Health Board has appropriate arrangements to ensure compliance with the new duties set out in the new Health and Social Care (Quality and Engagement) Act (2020). Comprehensive training has been provided to the Board regarding the Duties of Quality and Candour, including Board Development sessions and organisational away days. The Health Board has a webpage dedicated to the Duty of Quality. An implementation group was established, and updates have been provided to the PEQS Committee, setting out progress being made and any associated challenges.
- 82 The Health Board developed a Clinical Quality Framework in 2020, which is accompanied by an implementation plan. The PEQS Committee has received updates on the progress against the implementation plan. The latest update shows many areas where progress has been made including implementing the revised 'Putting Things Right' policy. However, more work remains in several areas, such as refreshing the patient experience framework, clinical leadership in quality improvement projects, and benchmarking. However, no further update on the Clinical Quality Framework 2020-2023 implementation plan has been to PEQS Committee since September 2022. The committee will require more regular updates to ensure the Health Board has sufficient oversight on the progress of the implementation plan (**Recommendation 6**).
- 83 The Integrated Quality Report to the PEQS Committee provides a comprehensive overview of quality and safety across the Health Board, including complaints, concerns, and mortality reviews. A comprehensive update on the clinical audit plan is also presented to the committee.

Corporate approach to tracking recommendations

- 84 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations. We were specifically looking for evidence of:
- appropriate and effective systems in place for tracking responses to audit and other review recommendations in a timely manner.
- 85 We found that **the arrangements for tracking recommendations are generally good although there needs to be more regular oversight of the tracker report by ARAC.**
- 86 The Health Board has generally good arrangements in place for tracking audit and review recommendations. In July 2023, Internal Audit gave reasonable assurance on the tracking of Internal Audit Recommendations.
- 87 A comprehensive update report setting out progress against recommendations relating to internal and external audit, and counter fraud is due to be reported twice yearly to ARAC meeting. This report flags the number of recommendations implemented and those that are overdue. However, this report has not been

presented to ARAC since March 2023. This has been due to scheduling to accommodate for a number of Internal Audit Reports on the agenda. The Health Board is aware of this scheduling issue but needs to ensure it has sufficient and appropriately spaced regular oversight of recommendation tracking at ARAC. **(Recommendation 7).**

Corporate approach to planning

- 88 We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 89 We found that **while the Health Board's corporate planning arrangements are good, it has been unable to produce an approvable IMTP.**

Corporate approach to producing strategies and plans

- 90 We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
- a clear Board approved vision and long-term strategy in place which are future-focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - an appropriate Board approved long-term clinical strategy;
 - appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium Term Plan (IMTP), and other corporate plans; and
 - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 91 We found that **despite being unable to submit a balanced plan, the Health Board has strengthened its approach to developing its plans.**
- 92 The Health Board continues to work towards delivery of its ten-year strategy, which was used to set the framework for the development of the Health Board's IMTP for 2023-2026, along with the Population Needs Assessment and the Powys Well-being Assessment. However, the Health Board recognises that the ten-year strategy would benefit from being updated in response to the changing environment and to reflect financial pressures.
- 93 The Health Board has strengthened its approach to planning. Before being reported at Board, an Integrated Planning Approach, Framework and Parameters 2023-2026 presentation was delivered to the Planning, Partnerships and Population Health Committee in November 2022. This provided a clear timeline to produce the IMTP for 2023-2026 and the key messages from relevant strategies to inform the planning process. This is a useful and accessible document which

provided a comprehensive analysis of Powys needs, including but not limited to workforce and estates challenges, and the financial position.

- 94 Much progress has been made to increase the involvement of Independent Members in the production of plans and strategies. Board development sessions were used to share the findings of a SWOT⁴ analysis undertaken as part of the planning process, as well as key insights from the Population Needs Assessment and Powys Well-being Assessment. In addition, an updated detailed presentation to Board in January 2023 outlined the purpose, approach, and next steps for the IMTP, and draft iterations of the plan were considered at Board Development sessions (see **Appendix 2 R1 2022**). Future Board sessions include a focus on Strategic Objectives for 2024-2029 and the Strategic Plan 2024-2029.
- 95 However, despite these arrangements, the Health Board was unable to produce a Welsh Government approved IMTP for 2023-2026 due to the planned financial deficit. Instead, a draft Integrated Plan for 2023-2026 was approved at Board in March 2023 and an underpinning Annual Delivery Plan for 2023-24 was approved by Board in May 2023, prior to submission to the Welsh Government. The Annual Delivery Plan was approved by Welsh Government in July 2023.
- 96 The Strategic Digital Framework was also approved at the July 2023 Board following Board Development sessions in October 2022 and June 2023. The Framework supports the Health Board's 'Digital First' ambition set out in its ten-year strategy.

Corporate approach to overseeing the delivery of strategies and plans

- 97 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART⁵ milestones, targets, and outcomes that aid monitoring and reporting; and
 - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.
- 98 We found that **the Health Board continues to have good arrangements in place to monitor delivery of its plans and strategies.**
- 99 The Integrated Plan 2023-2026 sets strategic priorities and key areas of delivery which have a quarterly timeframe allocated to them. It is supported by the Annual Delivery Plan which mirrors these strategic priorities and key actions but does not have the expected delivery or implementation quarter which would be helpful.

⁴ Strengths, Weaknesses, Opportunities and Threats.

⁵ Specific, measurable, achievable, relevant, and time-bound.

There needs to be a clear link between the 'Powys Outcomes' in the Integrated Plan 2023-2026 and how these are translated into measurable impacts in the Annual Delivery Plan (see **Appendix 2 R2 2022**).

- 100 Progress on delivery against each of the priorities is reported quarterly to the Delivery and Performance Committee, and the Board via the Quarterly Integrated Plan Progress Reports 2023-24. This report sets out when the Board can expect the actions and plans to be delivered, the responsible officers, and the route through which it can expect to receive appropriate assurance. This report also includes a 'Year End Delivery Confidence Assessment' which is noted as High, Medium, or Low. This is a particularly useful indicator as it provides a perspective from the organisation on its deliverability.
- 101 The refreshed Quarterly Integrated Plan Progress Reports are more explicit about performance than previous years. The reports are easier to read, make it easier to track key milestone progress, and make more use of data in the commentary sections than previous years.
- 102 Progress against delivery of the Strategic Digital Framework is maintained through bi-annual updates to the Delivery and Performance Committee, with annual updates provided to the Board.

Corporate approach to managing financial resources

- 103 We considered whether the Health Board has a sound corporate approach to managing its financial resources.
- 104 We found that **although the Health Board has robust arrangements in place for managing and monitoring its finances, its financial position is increasingly challenging.**

Financial objectives

- 105 We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of the Health Board:
- meeting its financial objectives and duties for 2022-23, and the rolling three-year period of 2020-21 to 2022-23; and
 - being on course to meet its objectives and duties in 2023-24.
- 106 We found that **the Health Board did not meet its revenue financial duties for 2022-23 and is predicting to not meet them again in 2023-24.**
- 107 Despite submitting a financially balanced plan, the Health Board did not meet its financial duties for revenue for 2022-23. The Health Board reported a year-end deficit of £7.0 million, and a cumulative deficit of £6.8 million for the rolling three-

year period 2020-23. The Health Board reported a small surplus of £68,000 against its capital resource limit.

- 108 The Health Board has been unable to submit a balanced financial plan for the three-year period 2023-2026 and instead is working to an Annual Plan which sets out a predicted deficit of £33.4 million for 2023-24. As in previous years, the areas of pressure remain as Continuing Health Care (CHC) costs, costs associated with commissioned activity (particularly by English providers), and variable pay costs particularly in relation to agency expenditure within mental health services. Since April 2022, there are also increasing cost pressures from primary care prescribing. The increase in costs has been attributed to higher inflation and increased prescribing activity.
- 109 In Month 7, the Welsh Government allocated an additional £18.3 million to offset some of the Health Board's cost pressures. The Health Board revised its forecast deficit to £15.2 million, however the Welsh Government have issued the Health Board with a revised deficit control total of £12 million to achieve by the end of the year. At Month 10, the Health Board was forecasting that it will achieve its control total at year-end. The Health Board is also forecasting that it will remain within its capital resource limit of £3.7 million.

Corporate approach to financial planning

- 110 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
 - the Board appropriately scrutinising financial plans prior to their approval;
 - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
 - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 111 We found that **the Health Board has a robust approach to financial planning.**
- 112 The Health Board has a clear process for developing its financial plan which is regularly reviewed throughout the year. Board members have had good engagement with the development of the plan, and the Board was engaged fully in the scrutiny of the plan prior to submission to the Welsh Government.
- 113 To deliver its agreed deficit, the Health Board requires a savings target of £7.5 million. At Month 10, the Health Board had identified potential saving schemes totalling £11.5 million. Delivery of savings, however, were ahead of profile by £2.2 million. The detailed savings plan is set out in the financial plan. Savings plans have been developed and are owned jointly by both the operational and finance teams. In addition, there has been renewed collaboration with the Workforce and

Organisational Development team. The Health Board recognises that to deliver the savings will require transformation change by some services. A significant proportion of the Health Board's identified savings are recurring, although the full year effect falls short of the £7.5 million requirement at £5.8 million.

- 114 The Auditor General will be commenting further on the Health Board's approach to identifying, delivering, and monitoring financial savings in a separate piece of work that we will report in the early part of 2024.

Corporate approach to financial management

- 115 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:

- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
- the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
- effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
- the organisation's financial statements for 2022-23 were submitted on time, contained no material misstatements, and received a clean audit opinion.

- 116 We found that **the Health Board has good arrangements for overseeing and scrutinising financial management.**

- 117 The Health Board has robust arrangements in place to ensure compliance with statutory instruments, and to report breaches. As mentioned in **paragraph 33**, the Standing Financial Instructions and Schemes of Delegation have been reviewed and approved by the Board. The number of Single Tender Actions (STAs), and losses and special payments continue to be routinely scrutinised by the ARAC. The Health Board also continues to have a proactive counter fraud arrangement with updates provided to every ARAC meeting.

- 118 The Health Board is aware of its cost drivers, and controls are in place to manage the financial position. As the Health Board's biggest area of spend, the Health Board has increased its scrutiny on commissioned services. Monthly meetings with providers are taking place and finance teams are ensuring financial processes are robust. Detailed reports are also presented to the Delivery and Performance Committee and Executive Committee, setting out work to reduce and address challenges with variable pay, medicines management and prescribing, and Continuing Health Care.

- 119 The Health Board submitted good quality draft financial statements as per the required timeline. Our audit identified no material misstatements but did identify

some areas where corrections should be made. Our audit also made one recommendation in relation to year-end payable balances. We issued an unqualified opinion in respect of the true and fairness of the accounts, but a qualified regulatory opinion due to the Health Board breaching its duty to deliver a break-even position over the three-year rolling period 2020-23.

Board oversight of financial performance

- 120 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of the Board:
- receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
 - appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 121 We found that **the Health Board continues to have robust arrangements for monitoring and scrutinising its financial position, with comprehensive reports in place which allow for easy identification of challenges and risks.**
- 122 The Health Board continues to have comprehensive and clear financial reports which are presented to both the Board and Delivery and Performance Committee. Work has been done to continually reflect on the layout and presentation of the reports to ensure key messages are relayed and key risks identified. These reports have been well received and support effective scrutiny and challenge from members. The financial reports set out a clear overview of revenue, the forecast position, performance against required savings, capital spend, and include the monthly monitoring returns. Detailed information is also provided on the key areas of financial pressure, and agency spend is also included in the routine Integrated Performance Report to Board.
- 123 Risks associated with achieving the financial plan are included on the Health Board's Corporate Risk Register, with the risk increasing since the Health Board reported a forecast deficit position for 2022-23. The financial corporate risk is split into two subsections, one aspect for the failure to manage its financial resources in line with statutory requirements in the current financial year, and the other for the medium term. This is helpful as it allows the Health Board the space to focus on the shorter term and the longer-term financial planning.

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Observations	<p>We observed Board meetings as well as meetings of the following committees:</p> <ul style="list-style-type: none">• Audit, Risk and Assurance Committee;• Delivery and Performance Committee;• Patient Experience, Quality and Safety Committee;• Planning, Partnerships and Population Health Committee; and• Workforce and Culture Committee.
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;• key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality;• key organisational strategies and plans, including the IMTP;• key risk management documents, including the Board Assurance Framework and Corporate Risk Register;• key reports relating to organisational performance and finances;• Annual Report, including the Annual Governance Statement;• relevant policies and procedures; and• reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter Fraud Service, and other relevant external bodies.

Element of audit approach	Description
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none">• Director of Corporate Governance/Board Secretary;• Chair;• Interim Chief Executive Officer;• Interim Deputy Chief Executive and Executive Director of Finance, IT and Information Services;• Interim Director of Performance and Commissioning;• Vice-Chair of Audit, Risk and Assurance Committee; and• Vice-Chair.

Appendix 2

Progress made on previous year recommendations

Exhibit 3 below sets out the progress made by the Health Board in implementing recommendations from previous structured assessment reports.

Recommendation	Description of progress
R1 Opportunities exist to engage Independent Members in the early stages of the IMTP planning process to enable the Board to fully discharge its duty to set the strategic direction for the organisation. The Health Board should put appropriate arrangements in place to ensure appropriate Independent Member involvement in all IMTP planning stages.	Complete – see paragraph 94
R2 Delivery reports for monitoring progress against the priorities and actions set out in the IMTP are largely narrative and lack a focus on measures and impact. The Health Board should revisit its delivery reports to ensure they are succinct, less narrative, and have an increased focus on measures and impact.	In progress – see paragraph 99
R3 The Health Board does not have an updated Board Assurance Framework that maps all the opportunities and risks to achieving strategic objectives, identifies gaps in assurance, and informs Board and committee workplans. The Health Board needs to update its Board Assurance Framework.	In progress – see paragraph 64

Recommendation	Description of progress
<p>R4 There is currently a disconnect between directorate risk registers and the Corporate Risk Register (CRR). The Health Board needs to review all high risks on directorate risk registers to ensure the relevant ones are escalated to the CRR, and that the Board is aware of wider risks that may materialise.</p>	<p>In progress – see paragraph 73</p>
<p>R5 Opportunities exist to improve public access to key Health Board documents. The Health Board should ensure that:</p> <ul style="list-style-type: none"> a) policies and procedures, and the register of interest on the public website are accessible; and b) key documents, including Standing Orders, on the public website are the most recently approved version. 	<p>No action – see paragraph 34</p> <p>Complete – see paragraph 33</p>
<p>R6 There are no mechanisms for committee Chairs to meet formally outside of committee meetings to share concerns and good practice, and there are also no mechanisms in place to track issues and actions referred between committees. The Health Board should put in place a mechanism to enable:</p> <ul style="list-style-type: none"> a) committee chairs to come together on a regular basis; and b) issues and actions referred between committees to be tracked and feedback provided when completed. 	<p>Complete – see paragraph 39</p> <p>In progress – see paragraph 39</p>

Recommendation	Description of progress
<p>R7 The Board and its committees do not hear from staff, and Board walkarounds have not been reinstated since the pandemic. The Health Board should increase opportunities for Board members to hear from staff. This should include making use of staff stories in Board and committee meetings, and the urgent reinstatement of Board walkarounds.</p>	<p>Complete – see paragraphs 50 to 51</p>
<p>R8 Despite Standing Order requirements, the Health Board still does not have a Healthcare Professionals Forum or a Stakeholder Reference Group. The Health Board should establish both groups as a matter of urgency.</p>	<p>Closed – see paragraph 33</p>
<p>R9 Opportunities exist to improve self-reviews of Board and committee effectiveness. The Health Board should:</p> <ul style="list-style-type: none"> a) ensure areas for improvement are captured and monitored via an action plan; and b) include a standing agenda item in all Board and committee meetings to allow for a review of the meeting. 	<p>No action – see paragraph 59 In progress – see paragraph 59</p>
<p>R10 The Health Board is carrying several interim posts at a senior level which can cause instability for both services and staff. The Health Board should seek to appoint substantively to the interim posts within the Executive team as soon as practical to do so.</p>	<p>In progress – see paragraphs 56 to 57</p>

Appendix 3

Organisational response to audit recommendations

Exhibit 4: Health Board response to our audit recommendations

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
Transparency of Board business R1 The Health Board should: 1.1. promote all Board meetings and other events, such as the Annual General Meeting, via the Health Board's social media channels and other communication mechanisms.	Recommendation 1.1 accepted The Health Board acknowledges the importance of promoting meets and relevant events and already uses mechanisms including its website and social media for the AGM given the public meeting nature of the event. Other Board and Committee meetings will continue to be made available through the website and through relevant other mechanisms including public briefings and other public engagement communications. We do not consider social media to be the most effective channel for promoting meetings such as these.	N/A	Director of Corporate Governance

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
<p>1.2. make unconfirmed minutes available on the Health Board website soon after meetings to promote more timely transparency of Health Board business.</p>	<p>Recommendation 1.2 acknowledged but not accepted.</p> <p>Unconfirmed minutes – we recognise the good practice this recommendation carries. At this time we do not have the resources available to fulfil this recommendation but will review this again in due course. In the meantime Board meetings livestream videos will continue to be available via the website and summaries of each Committee meeting reported to the next available Board meeting – a maximum of 2 months apart.</p>		
<p>Board commitment to hearing from patients, service users and staff</p> <p>R2 The Health Board should introduce patient stories to the Patient Experience, Quality and Safety Committee to enable a broader spectrum of both positive and negative experiences to be heard.</p>	<p>Recommendation accepted.</p> <p>A schedule of patient stories will be planned, aligning (where possible) to key agenda items from April 2024.</p>	<p>From April 2024 and then ongoing</p>	<p>Director of Nursing and Midwifery</p>

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
<p>Board Walkarounds</p> <p>R3 The Health Board should strengthen its board walkaround arrangements by:</p> <p>3.1. developing a forward programme which involves both Independent Members and Executive Directors, and covers a broad range of Health Board services;</p> <p>3.2. develop a framework setting out how the walkaround should operate, and the mechanisms for reporting key themes.</p>	<p>Recommendations accepted</p> <p>Programme is in place for Chair, Vice Chair and CEO, this is being expanded to Independent Members and Executive Directors. A coordinating mechanism is also in place.</p> <p>A framework will be developed that can be deployed and reported to both the Patient Experience and Quality Committee and the Workforce Committee. These Committees are in the process of undertaking joint committees and this will provide an opportunity to capture key messages from patients, service users and staff.</p>	<p>May 2024</p> <p>May 2024</p>	<p>Director of Corporate Governance</p> <p>Director of Nursing and Midwifery/Director of Workforce and OD</p>

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
Committee effectiveness R4 The Health Board should undertake its committee effectiveness reviews as soon as practically possible, to ensure continuous development in the way in which the committees operate.	Recommendation accepted At the time of writing, three Committee reviews have been completed. All others are scheduled and will be reported to the Board in May 2024.	30 May 2024	Director of Corporate Governance
Corporate approach to overseeing corporate risks R5 The Health Board should increase the pace at which risks currently recorded on spreadsheets are moved across to the Datix risk module.	Recommendation accepted The RL Datix system is currently being piloted and staff recruitment is underway to support the project roll out. An action plan for full roll out will be developed.	30 September 2024	Director of Corporate Governance/Director of Nursing and Midwifery

Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
<p>Corporate approach to overseeing the quality and safety of services</p> <p>R6 The Health Board should ensure that the Patient Experience, Quality and Safety Committee has timely updates throughout the year on progress against the Clinical Quality Framework 2020-23 Implementation Plan.</p>	<p>Recommendation accepted</p> <p>The Clinical Quality Framework will be revised as it has exceeded its date. This will be a key action for Year 2 of the Duty of Quality Implementation Plan. This may result in a different approach given the maturity of the Integrated Performance Framework (which is aligning to the Duty of Quality). The progress and plan to address this will be presented to the Patient Experience and Quality Committee in July 2024.</p>	<p>30 July 2024</p>	<p>Director of Nursing and Midwifery</p>
<p>Corporate approach to tracking recommendations</p> <p>R7 The Health Board should ensure that the Audit, Risk and Assurance Committee regularly receives the recommendation tracker throughout the year.</p>	<p>Recommendation accepted and completed</p> <p>The tracker will be reported to the Committee in May, September, and January of each year. The schedule has been added to the Committee forward plan.</p>	<p>Complete</p>	<p>Director of Corporate Governance</p>



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.