



Structured Assessment 2015

Aneurin Bevan University Health Board

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Status of report

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The team who delivered the work comprised Andrew Doughton, Claire Worrall, Dave Thomas and John Herniman

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Summary

Context

1. Aneurin Bevan University Health Board (the Health Board) is responsible for the healthcare of more than 600,000 people living in southeast Wales. It has over 13,000 staff, including over 1,000 doctors and general practitioners, 250 consultants and a nursing staff of more than 5,000. It has a budget of nearly £1.1 billion and receives over 160,000 GP referrals each year as well as a similar number of unscheduled care attendances at its Emergency Department and Minor Injury Units.
2. Structured Assessment examines the Health Board's arrangements that support good governance and the efficient, effective and economical use of resources. As in previous years, the work in 2015 has assessed the robustness of the Health Board's financial management arrangements, the adequacy of its governance arrangements and the management of key enablers that support effective use of resources. In examining these areas, we have considered the progress made against improvement issues identified last year¹. The audit work was structured under the following areas:
 - **Financial planning and management**, including financial health, financial planning and cost improvement.
 - **Arrangements for governing the business**, including strategic planning, structure, governance arrangements, performance management, internal control and information governance.
 - **Enablers of effective use of resources**, including change management, workforce, engagement and arrangements to use technology to support business and service delivery.

Main conclusions

3. Our overall conclusion from 2015 structured assessment work is that the Health Board seeks continuous improvement, but it faces a number of challenges in the short term, while also working to transform services over the next three years. The reasons for reaching this conclusion are set out below.

Financial planning and management

4. The Health Board continues to control budgets and monitor savings plans effectively but the scale of the savings required in the next three years means that the desired financial position may be increasingly difficult to maintain.

¹ Recommendations made in 2014 together with a summary of progress are set out in [Appendix 1](#).

5. Specifically, we found:

- In 2014-15, as in previous years, the Health Board demonstrated effective in year financial management, and this together with additional funding received during the year ensured that the Health Board achieved financial balance in 2014-15; and
- There is a shortfall in planned savings in 2015-16 and the Health Board is relying on additional Welsh Government funding to achieve its planned deficit position, suggesting that a balanced financial position is not achievable or sustainable in the medium term.

Arrangements for governing the business

6. The Health Board has set a clear vision and is promoting a quality-focused culture with evidence of ongoing improvements to its governance, risk and performance management arrangements.

7. In reaching this conclusion, we found:

- The Health Board's strategic planning provides a good basis for taking the organisation forward which guides improvement activity, but its future is heavily dependent on the approval of the business case for a Specialist and Critical Care Centre.
- The Health Board has benefitted from a stable organisation structure, but needs to consider whether the current structure sufficiently supports service modernisation and operational accountability.
- The organisation has an effective Board and demonstrates that it manages present issues and risks; however, its arrangements will need to evolve to meet requirements of new Well-being of Future Generations (Wales) Act 2015 legislation.
- The committee structure supports good governance and there is evidence of continual improvements to arrangements.
- The Health Board continues to iteratively develop its management information to help ensure that it is presented and used in support of effective scrutiny and decision making.
- The Health Board's risk management arrangements assist the Board and committees to manage key organisational risks, and work is in progress to strengthen them further.
- Internal controls are generally effective in meeting current assurance requirements. Clearer oversight of action made against external audit recommendations is needed, although good arrangements are in place to report progress to committee specifically on last year's structured assessment.
- An appropriate framework is in place to support good information governance. Caldicott arrangements are well developed and there is scope to make further improvements.

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- The Board is appropriately informed on its performance and its promising work on outcomes development may give the Health Board a better balance of focus to determine the impact of its efforts, but access to planned and unscheduled care is under increasing pressure.

Enablers of effective use of resources

8. The Health Board has set an ambitious change agenda and is increasingly targeting the way it deploys its resources to help it deliver against its change objectives and corporate aims.
9. In reaching this conclusion, we found:
 - Strategic change programmes are starting to underpin the Integrated Medium Term Plan (IMTP) with the leaders of complex change initiatives becoming increasingly supported by enhanced change management capacity.
 - The Health Board is taking relevant action to address operational workforce risks but it could better articulate workforce transformation as an integrated part of the IMTP and clinical futures.
 - The Health Board is demonstrating commitment to engage proactively with the public, patients, staff and stakeholders and continuing to build and commit to partnership working.
 - The Health Board faces a number of challenges in its use of IT and systems to support effective service delivery and service modernisation. These include agreeing longer term IT strategy and addressing IT infrastructure and service resilience risks.
10. The findings underpinning these conclusions are summarised in the detailed section of this report.

Recommendations

11. Earlier in 2015, as part of our 2014 Annual Audit Report and structured assessment, we issued a number of recommendations to the Health Board. We did so with an expectation that many recommendations would take more than six months to address and embed new working arrangements, because of the complexity of the required action. In October 2015, the Health Board updated the Audit Committee on progress against those recommendations. We have included the progress reported by the Health Board in responding to the recommendations in [Appendix 1](#), together with our commentary on progress made. The Health Board has demonstrated progress in a number of areas, but there remains more to do to address last year's recommendations in full.
12. Additional recommendations arising from 2015 structured assessment work are set out below. We will continue to track progress against recommendations made from both the 2014 and 2015 structured assessments as part of next year's audit programme.

Arrangements for governing the business

- R1 Review the need for change to the organisational structure to improve accountability and to support service modernisation.
- R2 Ensure that the Health Board sufficiently prepares to meet the legislative requirements of the Well-being of Future Generations (Wales) Act 2015.
- R3 Develop and implement arrangements for external audit recommendations progress tracking.

Arrangements for use of resources

- R4 Develop clear milestones for each of the Service Change Plans and delivery plans. This should be used to enable monitoring and, if required, intervention to ensure the Health Board delivers its aims within an acceptable timeframe.
- R5 The Health Board should look to increase investment in technology where this:
 - results in a greater level of returned cashable efficiencies throughout the organisation*; or
 - is an efficient enabler for wider clinical service modernisation*.

*This requires rigorous benefits realisation.

Detailed findings

The Health Board seeks continuous improvement, but it faces a number of challenges in the short term, while also working to transform services over the next three years

13. The findings underpinning this conclusion are summarised below, grouped under the themes of financial planning and management, arrangements for governing the business and enablers of effective use of resources. Findings highlight strengths and developments, as well as the risks and challenges still facing the Health Board.

Financial planning and management

The Health Board continues to control budgets and monitor savings plans effectively but the scale of the savings required in the next three years means that the desired financial position may be increasingly difficult to maintain

14. In reaching this conclusion, we found:
- In 2014-15 as in previous years, the Health Board demonstrated effective in year financial management, and this together with additional funding received during the year ensured that the Health Board achieved financial balance in 2014-15; and
 - There is a shortfall in planned savings in 2015-16 and the Health Board is relying on additional Welsh Government funding to achieve its planned deficit position, suggesting that a balanced financial position is not achievable or sustainable in the medium term.
15. The findings underpinning these conclusions are summarised in [Table 1](#).

Table 1: 2014-15 financial management

Strengths and developments

2014-15 financial position

- The Health Board effectively set and allocated delegated budgets at the beginning of the year:
 - The total financial challenge for the 2014-15 year was identified as £44.8 million in the Annual Plan, of which £19 million in savings plans and £6.84 million in cost improvement plans were identified. This left a planned deficit of £19 million.
 - The total budgeted cash releasing savings plans and cost containment programmes identified was £16.8 million. The Health Board reported the achievement of £14.2 million or 84 per cent of the total.
- There was effective monitoring and forecasting throughout the year at an operational and strategic level:
 - Arrangements for financial oversight were in place through the Board and its Finance and Performance Committee. Operational financial management included clear lines of accountability and finance business partners provide support for divisions.
 - Throughout 2014-15, the Health Board reported that it was on target to achieve the planned deficit of £19 million using a combination of cost improvement, cost avoidance and savings plans. To support this, a number of contingency measures were also drawn up in case it was necessary to take further action to meet the breakeven target.
- The Health Board successfully achieved the year-end requirement to achieve spend within the revenue resource limit, by containing costs, reducing activity and working with stakeholders:
 - The difference between the £14.2 million achieved savings plans and cost containment measures and the £25.84 million savings originally sought was met through activities such as short-term cost containment at divisional level, a revised Frailty programme repayment profile agreed with the Welsh Government, and reduced expenditure on external contracts. These types of activities are not recurring.
 - Additional Welsh Government funding was provided in December 2014 and the Health Board continued to seek cost improvement and cash releasing savings.
 - The break-even target was achieved at year-end with a modest surplus of £407,000.

Strengths and developments

2015-16 financial position

- The Health Board is seeking to prepare sustainable services in the medium term, and the robust in-year financial planning, control and management seen in 2014-15 continued during 2015-16.
- The Health Board's approved three-year plan identifies net deficits in each year: in year one - 2015-16 £19.7 million, in year two - 2016-17 £13.8 million, and £11.5 million in year three - 2017-18. The Health Board have noted that these net deficits will need to be addressed through further efficiency opportunities and primarily through service change, and further that the results of year one will have an impact on the scale of the remaining challenge for years two and three.
- The total financial challenge for 2015-16 identified in the Health Board's Integrated IMTP was £72.4 million, of which it was assumed that additional funding of £33.7 million would be made available. This left a remaining financial challenge was £38.7 million before consideration of potential opportunities through improved efficiencies and the impact of innovative service change:
 - £19 million of budgeted cost reductions have been identified comprising £13 million in savings and a further £6 million in cost containment. This leaves an over-commitment or planned deficit of £19.7 million and the Health Board is seeking further cost improvement and savings opportunities to reduce the potential deficit.
 - The level of budgeted savings and cost containment measures is clearly insufficient to achieve financial balance in 2015-16, and the Health Board's plan highlighted this to the attention of the Welsh Government. The IMTP has been approved by the Minister on the basis that the Health Board does not exceed its planned deficit of £19.7 million in the current year and that its cumulative deficit over three years, reduces.
 - The Health Board has developed a range additional management measures to improve both the short and medium-term financial position ([Appendix 1, R1](#)). These include IMTP service modelling, efficiencies derived from Continuing Health Care and Medicines Management and targeting Invest to Save and Intermediate Care funding streams.
- The organisation appropriately monitors and reassesses its financial position on a monthly basis and reports in a transparent manner to the Board and Welsh Government:
 - Cash releasing savings achieved by November 2015 are £0.5 million higher than budgeted, and total forecast savings for the year are £13.6 million or 5 per cent higher than budgeted.
 - There is evidence of engagement in the financial plans and SCPs by those charged to deliver the schemes, but it is having to utilise its strategic change reserve that was earmarked to support SCP delivery so that it can stabilise the position.

Risks and challenges

- In 2014-15, the Health Board was reliant on extra Welsh Government funding to achieve breakeven and recognises that this approach is not sustainable. This continues to be the case in 2015-16, suggesting that the financial position is not achievable or sustainable in the medium term.
- The Health Board has reported at November 2015 a deficit of £15.6 million, and a projected deficit of £22.6 million at the year-end. Savings of £7 million have been achieved by month seven against a target of £13 million. The Health Board will therefore need to achieve a proportionately greater level of savings in the remaining 5 months of the year, as well as the £6 million of cost containment measures to enable the planned deficit position of £19.7 million to be reached. The Health Board is taking action to recover the position and there is evidence of engagement in the financial plans and service change plans by those charged to deliver the schemes.
- While the Health Board has a track-record of achieving its savings schemes to address growing financial pressures, the level of achievable savings forecast in future years is decreasing. The Health Board has forecast its longer-term savings for 2016-17 and 2017-18 at a reduced level of £9.6 million and £5.6 million respectively, suggesting that a balanced position is increasingly difficult to achieve.

Arrangements for governing the business

The Health Board has set a clear vision and is promoting a quality-focused culture with evidence of ongoing improvements to its governance, risk and performance management arrangements

16. In reaching this conclusion, we found:

- The Health Board's strategic planning provides a good basis for taking the organisation forward which guides improvement activity, but its future is heavily dependent on the approval of the business case for a Specialist and Critical Care Centre.
- The Health Board has benefitted from a stable organisation structure, but needs to consider whether the current structure sufficiently supports service modernisation and operational accountability.
- The organisation has an effective Board and demonstrates that it manages present issues and risks; however, its arrangements will need to evolve to meet requirements of new Well-being of Future Generations (Wales) Act 2015 legislation.
- The committee structure supports good governance and there is evidence of continual improvements to arrangements.
- The Health Board continues to iteratively develop its management information to help ensure that it is presented and used in support of effective scrutiny and decision making.

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- The Health Board's risk management arrangements assist the Board and committees to manage key organisational risks, and work is in progress to strengthen them further.
 - Internal controls are generally effective in meeting current assurance requirements, but clearer oversight of action made against external audit recommendations is needed.
 - An appropriate framework is in place to support good information governance. Caldicott arrangements are well developed and there is scope to make further improvements.
 - The Board is appropriately informed on its performance and its promising work on outcomes development may give the Health Board a better balance of focus to determine the impact of its efforts, but access to planned and unscheduled care is under increasing pressure.
17. The findings underpinning these conclusions are summarised in the following sections and tables.

Strategic planning

The Health Board's strategic planning provides a good basis for taking the organisation forward which guides improvement activity, but its future is heavily dependent on the approval of the business case for a Specialist and Critical Care Centre

18. The findings underpinning this conclusion are summarised in [Table 2](#). They are based on our review of the Health Board's strategic planning arrangements and the extent to which the South Wales Plan (SWP) is reflected in the Health Board's IMTP.

Table 2: strategic planning

Strengths and developments

- The IMTP sets out the Health Board's strategic objectives and has been subject to good Board consideration and challenge, with the plan gaining ministerial approval in June 2015. The IMTP received Ministerial approval in June 2015, which is an improved position compared to the last financial year.
- The IMTP is comprehensive and includes a clearer picture on the service level changes, targets, and timeframe for delivery than was available last year. At its core is the long-standing Clinical Futures Strategy. This sets out a vision for clinical services that are proportionate to demand and with care being provided in the most appropriate setting.
- The IMTP provides sufficient coverage of the South Wales Programme and the likely implications of it. It aligns with regional plans and sets out the intentions for services, namely paediatric, neonatal, obstetric and emergency medicine. The IMTP integrates the South Wales Programme implementation into the existing Clinical Futures Strategy.
- The 2015-18 IMTP introduces 10 Service Change Plans (SCP) which provide relatively clear and prioritised improvement aims and cover a broad range of the Health Board's clinical service areas. Each SCP varies in the level of detail in the IMTP but the Health Board is now starting to develop these into delivery plans. The SCPs are as follows:
 - reducing health inequalities;
 - continuing health care;
 - prevention and improving population health;
 - service sustainability;
 - primary care and provider services;
 - mental health and learning disability;
 - integration – bringing care closer to home;
 - urgent and emergency care;
 - chronic conditions management; and
 - planned care.
- The Health Board has submitted the full business case for the Specialist and Critical Care Centre together with the overarching Clinical Futures Programme business case to Welsh Government. Preparatory work is underway at the Llanfrechfa Grange site, where the Specialist and Critical Care Centre will be located.

Strengths and developments (continued)

- Some specific projects are consuming significant planning resources such as the planning for the Specialist Critical Care Centre. However, planning capacity has increased, originally on an interim basis and now with posts permanently filled. The Health Board has also introduced new capacity to support division level planning by allocating central planning staff to divisions on a business-partnering basis. The aim is to provide consistency and better quality across all divisions.

Risks and challenges

- There remain risks to the sustainability of services, exacerbated by ongoing delays in securing capital funding and weaknesses in joint working across the Acute Care Alliances. This includes service resilience concerns up to the 2019 proposed opening of the Specialist Critical Care Centre. The Health Board is relying on contingency and holding plans for fragile services such as neonatal, obstetrics and paediatrics. These services will be maintained on two district general hospital sites, but there are risks owing to meeting Deanery requirements, recruitment, and concerns about maintaining clinical standards.
- Core strategy for the Health Board revolves around approval of the Specialist Critical Care Centre and overarching Clinical Futures Business Case. A decision to reject the case in full (rather than defer the decision) would leave the Health Board without any clear alternative plans.

Organisational structure

The Health Board has benefitted from a stable organisation structure, but needs to consider whether the current structure sufficiently supports service modernisation and operational accountability

19. The findings underpinning this conclusion are summarised in [Table 3](#). We have considered issues relating to structure as part of our normal structured assessment fieldwork, but have not reviewed this area in significant depth. Given the importance of this area as the Health Board moves towards implementation of its clinical futures strategy, we will increasingly look to undertake more detailed local audit work in this area as part of future years' audit activity.

Table 3: organisational structure

Strengths and developments

- The Health Board has benefitted from continuity of organisational structure. This has helped to ensure that there is formal delegated operational accountability for all areas of the business. This stability ensures that management can concentrate on service improvement without a backdrop of complex restructuring.
- Executive structure also remains stable, with many of the interim posts now permanently filled. The Director of Performance and Planning and the Director of Workforce and OD positions have recently appointed to. The handover will be important to ensure continuity of service improvement and transformation including workforce design.
- We understand that support for divisions through central business partner expertise has improved. This includes financial, performance and planning business partner support.
- There are clear lines of accountability for health and safety, complaints, incidents and concerns and patient experience. These appear to reside in the relevant director portfolios. For example, Director of Nursing responsibility includes infection control, patient experience, tissue viability, protection of vulnerable adults and child protection. Medical Director responsibility includes putting things right and learning from complaints and litigation. Director of Therapies and Health Science includes Health and Safety. Directorates coordinate their work in an integrated approach to address quality issues. The Clinical Director triumvirate have both joint and individual responsibility for Quality and Patient Safety across the organisation.

Risks and challenges

- Each division has its own quality assurance arrangements, although some appear to be operating more effectively with clearer processes than others. Notwithstanding the need for some divisions to tailor their arrangements to their area of operation, the Health Board would benefit from improved consistency and standard divisional quality assurance processes to ensure that there are no assurance gaps. The Quality and Patient Safety Committee has already tasked the Quality and Patient Safety Operating Group to lead on these improvements.
- The Health Board's ambition to provide the right care in the right setting and closer to home if possible will require a shift in allocation of resources and some change in the deployment of the workforce. However, the Health Board will need to keep its organisational structure under review to ensure that it fully enables the type of cross-divisional pathway change that forms part of the Health Board's vision.
- A number of formal and informal reports at a range of committees indicate that the Health Board has challenges ensuring it meets standards consistently. Committees are often presented with long-standing compliance issues such as non-adherence to record keeping requirements, applying lessons learnt or consistently ensuring the standard of care that the Health Board aspires to provide. It is not clear whether these compliance problems occurred as a result of the lines of accountability within the organisational structure, or whether they simply reflected weaknesses in managerial accountability which would have occurred regardless of the organisational structure.

Board effectiveness

The organisation has an effective Board and demonstrates that it manages present issues and risks; however, its arrangements will need to evolve to meet requirements of new Well-being of Future Generations (Wales) Act 2015 legislation.

20. The findings underpinning this conclusion are summarised in [Table 4](#).

Table 4: Board effectiveness

Strengths and developments

- The Health Board has remained as 'Routine' arrangements as part of the Welsh Government Joint Escalation and Intervention process.
- The Board clearly seeks high standards and expects its leadership to demonstrate these standards through setting an example through their actions and decision making, and by participating in a range of all Wales developments. This ambassadorial role helps raise the profile of the Health Board and allows innovation to be captured and brought back into the organisation. In addition, the Health Board seeks to adopt good practice from England and further afield.
- The Aneurin Bevan Community Health Council has a generally good and proper relationship with the Health Board and considers that the Executive are effective in engaging and responding to the Community Health Council and any issues that arise.
- The agenda of the Board clearly aligns to areas of risk, opportunity and improvement at a local, regional and national level.
- There is a clear quality-focused tone from the top. The Health Board seeks to put the patient experience first. The use of a patient story before its meeting helps set the tone for the remainder of the meeting. The Board is open in its discussions. The chair allows unfettered questioning and comments from independent members and Executive but he will redirect the discussions, if these move significantly off agenda. The Board is well administered with all formal procedural requirements met.
- The Health Board has reviewed its Board membership and lead roles of its independent members to ensure it meets local need and national requirements. These have taken effect from July 2015.
- The quality of questioning has improved since last year. The Board membership act as a single Board and in doing so enables both independent members and executive officers to actively cross-challenge and comment.
- The Health Board is keen to reward staff for commitment and innovation. It frequently enters representatives into external awards and has its own well-developed staff awards and recognition programme.

Risks and challenges

- The Health Board is actively participating in the Pilot Programme for new Board Members from underrepresented areas of society. In 2017-18, there is an expected turnover of the Health Board's Independent Members, as many will reach the end of their appointments. The Health Board has an opportunity to start succession planning and making arrangements to minimise complications that might arise. It is important that the effectiveness of the Board and quality of scrutiny is not impaired at this critical time for the Health Board.
- From April 2016, the Well-being of Future Generations (Wales) Act 2015 places a well-being duty on the Health Board, which will require it to carry out sustainable development. The Health Board will need to demonstrate that, through its governance arrangements, it is applying the sustainable development principles to its decision making.
- The Board is increasingly finding it difficult to manage within its revenue allocation while still being able to provide access to and quality of a range of services. Discussions at Board meetings show a growing frustration with the financial position, and the Board shows that it is not prepared to compromise quality or access to care to improve its financial position.
- The Board is responsible for commissioning health services for the population of Gwent as well as providing its own services to meet that need. Board agendas can be too focused on its own locally provided services without the same degree of attention on design and delivery of services provided by others.
- Independent member scrutiny of developments such as the South Wales Programme, Acute Care Alliances and partnerships is not as strong as it is for proposed changes to directly provided services.
- For the Board to demonstrate effectiveness going forward, it will need to demonstrate that it continues to manage a range of operational risks while also leading its complex long-term transformation programme during a period of continued austerity.

Governance structures

The committee structure supports good governance and there is evidence of continual improvements to arrangements

21. The findings underpinning this conclusion are summarised in [Table 5](#).

Table 5: governance structures

Strengths and developments

- Committees are well established. Each committee has a clear terms of reference and these are reviewed and updated annually. The committee structure allows committees to spend sufficient time concentrating on discrete areas of business and organisational risk. There is a reasonable interoperability between the various committees that supports cross referral of concerns.
- For the committees that we observed as part of this year's work², meetings were generally well-chaired, with good administration and clear agendas focused on the remit of the committee.
- The Planning and Strategic Change Committee has now been in operation for over a year and is making good progress in developing a work programme that discusses and influences direction and pace of travel for strategic change.
- There is clear evidence at Board that matters it discusses in relation to quality and safety are then delegated to the Quality and Patient Safety Committee. This shows positive approach for interfacing between the Board and this committee.
- When dealing with issues and problem areas, committees have the power to escalate to the Board or ask for 'call back' (ie ask management to address an issue and return to a future committee to provide assurance on mitigation or progress). We have observed the process of escalation and call back in use in many committees, but clearer guidance may help chairs decide when to use these approaches.

Risks and challenges

- While there continues to be a good approach for providing assurances and escalating concerns to the Board from committees, there is scope to strengthen the mechanisms by which committees receive assurances from sub-committees and groups which report in to them. The Health Board is reviewing how it could improve these arrangements, particularly for the Quality and Patient Safety Operational Group.
- For some committees, more time is given to the first few items on the agenda and in some instances, the items at the end of the agenda can be rushed to make up time.
- Unlike some other Health Boards, none of the Committees are held in public nor are the papers publically available. The Health Board should consider this position and decide if it should make changes to improve transparency.
- Workforce and Organisation Development Committee can focus too much on some operational matters, at the expense of strategic workforce and organisational design.

² As part of this year's work we observed the Finance and Performance Committee on 12th October, Quality and Patient Safety Committee on 14th October, Planning and Strategic Change Committee on 16th October, Information Governance Committee on 2nd November, Workforce and OD Committee on 11th November and all Audit Committees. We also reviewed agenda and minutes of meetings.

Management information

The Health Board continues to iteratively develop its management information to help ensure that it is presented and used in support of effective scrutiny and decision making

22. The findings underpinning this conclusion are summarised in [Table 6](#).

Table 6: management information

Strengths and developments
<ul style="list-style-type: none">• The Board has now fully implemented its Boardbooks system and was the first in Wales in doing so. This streamlines the approach for presenting and distribution of Board and committee papers and enables a range of additional administrative features.• Independent members often demonstrate that they use information and knowledge gained through a wide range of sources, including their own experience and observation of services. This triangulates information and helps increase the rigour of scrutiny and challenge.• Board and committee reports are usually well written and presented. Reports regularly and fairly identify strengths, issues and risks. If necessary, independent members challenge the quality of management reports, to support further improvement in the quality of reporting.• The Board and its committees receive clear information on:<ul style="list-style-type: none">– Quality and safety of services and operational performance (albeit this is focused more on outputs, process and risk/incidents than outcomes).– Delivery of change and programmes of modernisation, which are starting to feature more prominently in performance reporting.– The impact of financial consequences of new plans are starting to become clearer. There are more examples of plans taken to Board that highlight the financial implications of a proposed change. In some instances, papers also include a range of costed options to support Board decision making. This is an improvement over previous years.– The Information Governance Committee is providing greater oversight on data quality and information management, with the Board receiving assurance on coding performance and the quality of data and information used for decision making.• Committees routinely use assurance summaries to report assurances and risks to the Board.
Risks and challenges
<ul style="list-style-type: none">• The Board information has a tendency to focus more on hospital service provision, with more limited assurances on services commissioned from other service providers.• Length of papers can present a challenge, as can the number of items on Board and committee agendas.

Risk management

The Health Board's risk management arrangements assist the Board and committees to manage key organisational risks, and work is in progress to strengthen them further

23. The findings underpinning this conclusion are summarised in [Table 7](#).

Table 7: risk management

Strengths and developments

- The Health Board approved its risk management strategy in 2015. The strategy identifies the model for risk assessment and specific roles and responsibilities.
- The Health Board is improving and refining its approach to risk management to make it more patient-centred and develop a clearer understanding for risk appetite. Management will present a revised risk management strategy to the Audit Committee in the New Year following further development work.
- The Board review the corporate risk register at each meeting and discusses key items, unless they have already been discussed as part of another item on the agenda.
- Each committee has a risk register specific to the scope of their terms of reference. There is reasonable interoperability between the Board and committees. This enables transfer of oversight of risks (escalation) from committee to Board, (delegation) from Board to committee, and (transfer) between committees as required.
- The Health Board keeps a track of actions being taken to address risks as well as tracking risk-scoring trend over time.
- There are clear executive level risk owners, aligned to the schemes of delegation that are identified in the risk register.
- The Health Board's Public Health Team has developed a bespoke public health and partnerships risk register, which reflects the medium to longer-term nature of these risks.

Risks and challenges

- There are long-standing risks on some risk registers. While it is not always possible to control a risk, there are many where the action proposed to mitigate the risk has not resulted in a gradual reduction.

Internal controls

Internal controls are generally effective in meeting current assurance requirements, but clearer oversight of action made against external audit recommendations is needed

24. The findings underpinning this conclusion are summarised in [Table 8](#).

Table 8: internal controls

Strengths and developments

- The Health Board uses the risk management framework as a mechanism to inform and determine assurance requirements. This helps to ensure that Health Board seeks appropriate assurances through its internal control framework.
- The Internal Audit Service plans and delivers a sound programme of work based on appropriate risk based planning. Staff are sufficiently skilled to provide the service.
- Counter Fraud Services continue to provide a prudent and proactive service focused on the prevention, detection and response to fraud and related misconduct.
- The Health Board met its requirement to produce its Annual Quality Statement (AQS). It:
 - provides a robust account of the quality controls, quality of services, and in some areas, risks to effective and safe services;
 - demonstrates candour in the quality statement when things have gone wrong;
 - could focus more on actual outcome and experience more and particularly its exciting work on its development of an outcomes framework; and
 - could more clearly set out a Board level commitment to a rounded set of organisation quality objectives.
- Arrangements for ensuring probity and propriety appear adequate, and have been improved where there are concerns. For example in the last year, the Health Board has reviewed and changed its requirements for declaration of interest, register of interests and declaration of gifts and hospitality, in light of the St Joseph's Hospital purchase by a number of medical staff within the Health Board.

Risks and challenges

- There is opportunity to strengthen declarations processes further by updating requirements to ensure that Health Board staff, and in particular nurses, declare if they are working for external employment agencies. This would help minimise any possible breach of working time directive, support a good work-life balance and potentially reduce quality risks associated with clinical staff working excessive hours. This may also create a mechanism to help detect possible fraud, such as staff claiming sick leave and then working in another Health Board via an agency.
- Whilst the organisation has an approach for tracking internal audit recommendations, arrangements for tracking and monitoring the effectiveness of response to external audit recommendations are inadequate. This makes it difficult for the Audit Committee to assess and scrutinise progress. The Health Board should put monitoring arrangements in place.
- Absence of formal contractual arrangements for supply of agency nursing from non-framework suppliers brings risk such as non-compliance with SFIs in addition to risks for economy and quality.

Information governance

An appropriate framework is in place to support good information governance. Caldicott arrangements are well developed and there is scope to make further improvements

25. The findings underpinning this conclusion are summarised in [Table 9](#).

Table 9: information governance

Strengths and developments

- The Health Board has an information governance strategy in place covering information governance matters including data protection, Caldicott and the Wales accord for sharing personal information. This strategy has expired, but the Health Board is in the process of updating it in line with the national NHS IT strategy.
- The Health Board has produced a formally agreed informatics annual report that was presented for assurance to the Information Governance Committee in April 2015. In this, the Health Board demonstrates that it recognises its reliance on timely, accurate and appropriate use of information to support the monitoring, performance, planning and governance agenda.
- There is an annual framework of internal review to help ensure compliance with information standards. This has shown an improvement in compliance that is linked to a range of development activity such as rollout of its information steward programme, and patient and staff education arrangements.
- The Information Governance Committee's agenda provides a good coverage of assurance on information governance matters, which are summarised as part of its reporting to the Board.

Risks and challenges

- The Health Board has an experienced and competent Information Governance team to appropriately deal with information governance issues. However, we understand there is a risk of under-resourcing and funding for staff and patient educational activity, which may impede the success of the team in future.

Performance management

The Board is appropriately informed on its performance and its promising work on outcomes development may give the Health Board a better balance of focus to determine the impact of its efforts, but access to planned and unscheduled care is under increasing pressure

26. The findings underpinning this conclusion are summarised in [Table 10](#).

Table 10: performance management

Strengths and developments

- The Board effectively scrutinises organisational performance. However, this continues to be more acute care and process focused. The Health Board is starting to align the IMTP into its performance reporting approaches.
- The Health Board is starting to develop its approach to recording and reporting outcomes measures. It is engaging with the International Consortium for Health Outcomes Measurement and looking to other healthcare institutions to seek good practice.
- The Health Board is working to improve the level of real-time performance information to allow managers to make informed decisions.
- The Health Board is developing an integrated planning tracker, which should help it identify 'change' risks, how it will manage those risks and help the Board determine whether plans are ahead or behind schedule.
- Specific points on our subjective review of Board performance reports in October 2015 for the Health Board:
 - The financial performance reports appropriately use RAG ratings, charts, forecasting year-end position and include insight into performance drivers affecting its finances.
 - Narrative in the integrated performance reports is based around a good degree of exception reporting and includes corrective action. However, responsibility for taking corrective action is often not assigned.
 - Life expectancy appears to be the only population based outcome measure reported most others are activity related measures.
 - There is an improving use of scorecards.
 - There are improving approaches for communicating progress against IMTP SCPs.
- Also, see progress against recommendation 6 from the 2014 Structured Assessment, which can be found in [Appendix 1](#) of this report.

Risks and challenges

- Given the pressure on services and a backdrop of austerity, the Health Board is maintaining a reasonable level of performance in a number of areas. However, both scheduled and unscheduled care services are under increasing pressure, which may increase over the winter period. If resource and capacity is diverted from scheduled to unscheduled care over the winter period, plans should also be put in place to recover the scheduled care position later in the year.

Enablers of effective use of resources

The Health Board has set an ambitious change agenda and is increasingly targeting the way it deploys its resources to help it deliver against its change objectives and corporate aims

27. In reaching this conclusion, we found:

- Strategic change programmes are starting to underpin the IMTP with the leaders of complex change initiatives becoming increasingly supported by enhanced change management capacity.
- The Health Board is taking relevant action to address operational workforce risks but it could better articulate workforce transformation as an integrated part of the IMTP and clinical futures.
- The Health Board is demonstrating commitment to engage proactively with the public, patients, staff and stakeholders and continuing to build and commit to partnership working.
- The Health Board faces a number of challenges in its use of IT and systems to support effective service delivery and service modernisation. These include agreeing longer term IT strategy and addressing IT infrastructure and service resilience risks.

28. We have not reviewed the Health Boards use of assets and estates during the last 12 months, but we will consider this next year in light of any decisions on the business case for the Specialist Critical Care Centre.

29. The findings underpinning these conclusions are summarised in the following sections and tables.

Change management

Strategic change programmes are starting to underpin the IMTP with the leaders of complex change initiatives becoming increasingly supported by enhanced change management capacity

30. The findings underpinning our conclusion are summarised in [Table 11](#).

Table 11: change management

Strengths and developments
<ul style="list-style-type: none">• Senior management recognise that the Health Board could improve project management capacity. The IMTP SCPs present complex, large scale and inter-dependent change requirements, but track record indicates that the Health Board has had some challenges delivering these types of changes within a planned timeframe. In response, the Chief Executive is setting up a programme office to create extra change capacity. The Health Board also plans to enhance its clinical engagement approach as part of its programme of change and patient pathway design.• The ABCi³ annual report 2014-15 provides a number of good examples where the Health board's ABCi team is leading and supporting incremental change and improving clinical practice. The team seek and share good practice, and support learning and development.• There is clear designated leadership and communication for each of the SCPs. The Health Board is reviewing operational governance arrangements for each SCP to strengthen any areas for improvement and ensure a robust platform for the future.• Where there are clear requirements for a business case, these follow the five case model. This supports structured decision making for business case approval, although it is not clear how well this approach meets the requirements of the Well-Being of Future Generations (Wales) Act 2015.
Risks and challenges
<ul style="list-style-type: none">• It is not yet clear how well financial accountability, financial delegation and investment funding is integrated into, and acts as an enabler for, the SCP delivery approaches.• SCP delivery milestones are not clearly defined, so this makes it difficult to monitor and subsequently challenge the pace of delivery.

³ Aneurin Bevan Continuous improvement (ABCi) is a unit set up to support departments and teams with their quality improvement, patient safety, innovation programmes.

Workforce

The Health Board is taking relevant action to address operational workforce risks but it could better articulate workforce transformation as an integrated part of the IMTP and clinical futures

31. The findings underpinning our conclusion are summarised in [Table 12](#).

Table 12: workforce

Strengths and developments

- ABCi provides a good service for developing the workforce to support continuous improvement. The team are not responsible for the full range of workforce development, but are focused on specific aspects of management and leadership development to support operational service improvement. This includes the rollout of IQT Bronze, Silver and Gold level development programmes.
- The Workforce and OD team also actively supports organisational and individual learning and development. The Health Board develops and adapts its training approaches in recognition of different individuals learning styles and needs, including e-learning (for flexibility and value for money) and group-based learning.
- The Health Board has made good progress with performance appraisals and review processes. It now needs to ensure that it maintained maintains this momentum and embeds good practice.
- The Health Board drives a high performance culture. The Health Board has a good track record for continually improving the way that it celebrates success of its workforce. For example, the 2014-15 annual report shows that its staff have won numerous awards and honours during the year.

Risks and challenges

- Nursing shortages continue to place financial, and potential quality risks on the Health Board because of the dependency on agency staff, although improvement measures are starting to take effect.
- Medical staffing and training continues to put pressure on the sustainability of services in some specialties and sites.
- Sickness absence rates need to be contained. Consider good practice from England, such as the Walton Centre NHS Foundation Trust.
- The Board approved its Workforce and Organisational Development strategy in September. This provides a good platform for improving the workforce in general terms. However, while it concentrates on workforce development (getting the right workforce working in the right way), it does not effectively show how organisation service redesign will be planned (changing the way the workforce are deployed and how new models of care will change the way in which they work).

Stakeholder engagement and partnership working

The Health Board is demonstrating commitment to engage proactively with the public, patients, staff and stakeholders and continuing to build and commit to partnership working

32. The findings underpinning our conclusion are summarised in [Table 14](#).

Table 14: stakeholder engagement and partnership working

Strengths and developments
<ul style="list-style-type: none">• The Health Board approved its engagement strategy in January 2015. This set out the core principles and requirements of its engagement approach. Since August, the Health Board has created additional staff resource and virtual capacity to support the development of an engagement plan.• The Health Board can demonstrate that it is using its engagement approach to gather the views of stakeholders and the public to inform overall views on quality of services, as well as to identify specific issues that need to be addressed as part of a 'you said, we did' approach.• The Health Board demonstrates a track-record of partnership working at both an organisational-wide level as well as county and neighbourhood care network level.• The Health Board remains committed to its involvement in the Gwent frailty programme. The programme has demonstrated positive regional cross-sector partnership working to tackle growing community based needs, but it needs to develop further its understanding of outcomes and success criteria.
Risks and challenges
<ul style="list-style-type: none">• There is a recognition that there needs to be further engagement with stakeholders on the implementation of the clinical futures programme, although engagement on stroke, mental health and learning disabilities services are already progressing. This should aim to not only reduce barriers to change and to gain feedback, but it should also seek to co-opt these stakeholders to help champion, lead and participate to enhance organisational change capability.• There is a general risk that austerity and financial pressures on individual partners may affect the level of financial commitment to a partnership, which could affect partnership viability.

ICT and use of technology

The Health Board faces a number of challenges in its use of IT and systems to support effective service delivery and service modernisation. These include agreeing longer term IT strategy and addressing IT infrastructure and service resilience risks

33. The findings underpinning our conclusion are summarised in [Table 15](#).

Table 15: ICT and use of technology

Strengths and developments

- The Health Board is now in the process of developing a revised IM&T strategy. This provides an opportunity to develop technology that enables community focused healthcare and the clinical futures strategy. Investments should be made where this will create efficiency, economy and improve quality of service.
- The Informatics department has produced a five-year capital investment plan, which includes a rolling three-year IMTP.
- The process for agreeing and approving annual IT modernisation proposals includes assessment against the available capital resource budgets; although the Health Board could look to increase investment, where this results in a greater level of returned cashable efficiencies. This approach requires rigorous benefits realisation.
- There are clear Executive leadership and Independent Member responsibilities for Informatics.

Risks and challenges

- Pace of implementation of systems remains a challenge, particularly where progress is linked to all Wales technology procurement. An example of this is the new national Community care information system, which has already been delayed across Wales.
- The Health Board could do more benefits realisation to determine whether its investment and effort for key IT initiatives have delivered, and if not, to expedite remedial improvement action.
- The current level of investment in ICT presents a risk to the Health Board and is below the Wales average as a proportion of total revenue.
- The Health Board experienced a network issue during the year that compromised service delivery in the Royal Gwent emergency department. This was related to a sub-contractor that did not follow a software upgrade protocol. The Health Board has however undertaken a post-incident investigation and has applied a lessons learnt approach.

Appendix 1

2014 structured assessment recommendations and summary of progress

The 2014 structured assessment recommendations and a summary of progress made against each are set out below.

Recommendation	Summary of progress reported by management to the Audit Committee, as at October 2015	Wales Audit Office comment on progress
Financial planning and management		
R1 Build on the Health Board's current approach by developing longer-term tactical savings plans	<p>The following information provides an update on the range of actions that have been undertaken with regard to recommendation 1:</p> <ul style="list-style-type: none"> • IMTP – focus on medium term development of service plans – including different service models – workforce and financial plans; • implementation of Strategic Change Plans and focused work streams to deliver financial savings and more sustainable services (e.g. Continuing Health Care, Medicines Management); • use of targeted funding to support system change to deliver more sustainable services – e.g. primary care funding and Intermediate Care Fund (ICF); • the Board have established a strategic change reserve to support service change that delivers improved efficiency and financial sustainability linked to the IMTP; • the Health Board have accessed the Welsh Government Invest-to-Save funding (e.g. final funding tranche for digital health records); and • value-based healthcare approach applied – including application of TDABC (Time Driven Activity based Costing) – to a range of patient pathways, including Osteo Arthritis of the Knee, Cataracts and tele-dermatology. 	<p>The Health Board is making good progress and will need to maintain this into the next iteration of its IMTP.</p>

Recommendation	Summary of progress reported by management to the Audit Committee, as at October 2015	Wales Audit Office comment on progress
R2 Explore the potential for income generation	This recommendation is linked to recommendation 1 and therefore, funding streams have been used to lever and support service change in line with the actions above. (See above examples).	It is not yet clear that the Health Board's response to recommendation 1 also provides sufficient assurance that the potential for income generation is being maximised.

Arrangements for governing the business

R3 Ensure sufficient planning capability to enable and facilitate the development of the Health Board's IMTP and the required underpinning divisional and service planning.	<p>Underpinned by cross-organisational SCPs and divisional plans, the IMTP was approved by Welsh Government. The incremental strengthening of the planning approach resulted in greater Executive and Board confidence in the supporting process and the resultant plan. The Planning Team has adopted a business partner approach, with individuals providing expertise in the development of specific corporate SCPs and individual divisional plans, alongside their other responsibilities. Interim support was provided within the Team to support the 2015-16 planning process to cover two secondments, the latter have now become substantive in their other roles thereby giving the opportunity, in the context of the forthcoming appointment of a substantive Director of Planning and Performance, to review the team structure before the end of 2015-16.</p> <p>The Planning Team with other Corporate functions such as performance, workforce and finance, provide active support to Divisions and their designated planning leads. Whilst the IMTP did result in the prioritised tactical plans, it is recognised that there was variation between plans in the extent to which they described clear, measurable outcomes. The latter has been identified as a priority for improvement in the 2016-17 planning cycle. The advent of the Planning and Strategic Change Committee has strengthened Board oversight of IMTP development, approval, delivery and assurance.</p>	Good progress has been made and the Health Board needs to maintain this momentum.
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Recommendation	Summary of progress reported by management to the Audit Committee, as at October 2015	Wales Audit Office comment on progress
<p>R5 Build on the existing good quality and patient safety committee arrangements by developing a clear and concise Quality Assurance Framework</p>	<p>Whilst it is appreciated that previous arrangements of the Patient Safety Committee are of quality, work has been undertaken over the past year to structure meetings around broad areas of quality and patient safety in relation to learning and improvement.</p> <p>The Annual Quality Statement outlines these processes and it also a means by which as an organisation we endeavour to convey to the public and stakeholders our commitment to quality agenda and determination to learn. The Annual Quality Statement has again been developed with key stakeholders through feedback from the Stakeholder Reference Group. Internal Audit has also provided a positive assessment of the Statement against Welsh Government guidance.</p> <p>The emphasis in relation to the outcomes from the Quality and Patient Safety Committee and other sub-committees is around learning and continuous improvement providing assurances that when services appears to be in need of improvement this is transparently recognised and assurances given as to actions that will rectify the issue. These are followed up in the sub-committees for operational group discussions.</p> <p>The structure of the agenda for the Committee has continued to be developed and has been refocused to concentrate on these key areas. Further work is being undertaken through the Quality and Patient Safety Operational Group to focus on issues of assurance, especially from sub-committee work and areas of key risk to highlight these issues, but also to streamline agenda to support reporting by exception.</p>	<p>The Health Board has made progress but it still needs to ensure that there are improved approaches for its Quality and Patient Safety Operational Group to provide assurances into the Quality and Patient Safety Committee.</p>

Recommendation	Summary of progress reported by management to the Audit Committee, as at October 2015	Wales Audit Office comment on progress
R6 Review the information the Board receives to ensure there is appropriate coverage.	<p>The Health Board's format for Board reports has been changed during the year, to provide more focused information on outcomes and demonstrate the links and outcomes in relation to the IMTP. A specific reporting and updating approach on the IMTP has been added as a standing item. The Performance Report has been further developed in a new format to link more closely with the IMTP priorities. This approach has also been reflected in the Health Board's Corporate Risk Register. A formal six-monthly review have also been established where all actions and decisions made by the Board are assessed and the outputs and outcomes are assessed. The first of these reports was made earlier in the year and a further report is to be made in November. Additional work is needed however, to ensure that increasingly Board decisions are clear with regard to expected outcomes as currently many Board decisions are process orientated decisions.</p>	We recognise positive improvement here, although the work is ongoing and will take more time to embed.
R7 Improve Board and Committee risk management	<p>A Board workshop with the Risk Managers Network has been arranged for the 21st October 2015. A key element of the workshop will be exploring with the Board its approach to risk and its risk appetite and how that links to its current approach to priorities and decision making. The workshop is to be facilitated by external consultants.</p> <p>The Health Board is also undertaking work to improve the consistency of risk scoring and the framework of the Corporate Risk Register and Committee Risk Registers. Further development work has been undertaken on incorporating Public Health Risks into the Health Board's Corporate Risk Register.</p>	Appropriate action has been taken to date.
Enablers of effective use of resources		
R4 Develop approaches for clinical engagement to ensure the quality and affordability of patient pathways.	<p>There is extensive clinical engagement in service pathway modelling and transformation. Much of this takes place with the Clinical Futures Team and Planning but follows different modalities for engagement which includes a Leadership Forum and Directorate based pathway work on a number of areas which also links with the prudent agenda. In this arena many Neighbourhood Community Networks and primary care teams are engaged in specific work, particularly in diabetes and respiratory medicine.</p>	We recognise that the positive arrangements are already in place, but also that the arrangements will need to develop further.

Recommendation	Summary of progress reported by management to the Audit Committee, as at October 2015	Wales Audit Office comment on progress
<p>R8 Develop a clear change management approach</p>	<p>In developing its 2015-16 IMTP, the Health Board adopted a framework that ensured that there was clarity regarding Executive accountability, together with managerial and planning leads for each of the 10 SCPs. A delivery framework has been developed to ensure that there is clarity on the key milestones and that progress is monitored systematically using a programme-based approach. This is used to report progress in the delivery of the IMTP to the Executive Board, Planning and Strategic Change Committee, the Board and Welsh Government. The IMTP was developed following extensive engagement of internal and external partners, including the Community Health Council, Stakeholder Reference Group, Health Professionals Forum and Trade Union Partnership Forum. Review of the process with the latter demonstrated that whilst there was excellent engagement at a corporate level, this was less effective at a Divisional and Directorate level, with this identified for resolution in the development of the 2016-17 IMTP. The Health Board's engagement capacity has been strengthened by the appointment of an Associate Director for Engagement, which will complement the Health Board's well-developed corporate communication approaches both inside and outside the organisation.</p> <p>The Board has also approved an Organisational Development Strategy to support organisational and culture change across the organisation.</p> <p>Whilst there was some variability in the robustness of Divisional Plans, a number provided detailed plans that ascribed return on investment and clear delivery plans, supported by monitoring that is embedded within Divisions and alignments to the cross-organisational change plans. The Divisional delivery structure has been strengthened following the recent appointment of a substantive Chief Operating Officer, with Divisions increasingly held to account through a delivery framework that integrates planning, performance, workforce and finance.</p>	<p>We recognise that the positive arrangements recently developed, but also that the arrangements will need to further develop and embed as part of clinical futures service transformation.</p>

Recommendation	Summary of progress reported by management to the Audit Committee, as at October 2015	Wales Audit Office comment on progress
<p>R8 Develop the required organisation design support arrangements to support the delivery of the University Health Board's aims through the IMTP.</p>	<p>The development of the Board's IMTP was led by the Interim Director of Planning and Performance, supported by a multidisciplinary group derived from corporate functions and reporting to the Executive Team. The latter agreed the Health Board's planning framework (10 SCPs), with collective Executive accountability augmented by individual Executive accountability for specific SCPs. As described above, the SCPs have designated managerial and planning leads that are empowered to deliver the specific SCPs. In addition, there are parallel structures supporting the Health Board's Clinical Futures Programme.</p> <p>As part of the latter, work has been completed across all clinical specialties (acute, community and primary care) on the clinical models that will deliver the Clinical Futures Strategy. These fully integrate service, workforce, finance and capacity planning, and the Health Board's detailed plans align with the models developed by the South Wales Programme and the South Wales Health Collaborative. The resultant workforce plan is considered feasible and reconciles with Deanery expectations for medical trainees.</p>	<p>The Health Board will be able to build on this to ensure the development of sustainable integrated care pathways across primary, community and acute care services as part of clinical futures strategy.</p>

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn Testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru