

# **Continuous Improvement in response to Targeted Intervention**

## **Final Internal Audit Report**

### **Cwm Taf Morgannwg University Health Board**

**2020/21**

**April 2021**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**



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### **ACKNOWLEDGEMENT**

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## 1. Introduction and Background

Our review of Cwm Taf Morgannwg University Health Board's (the 'Health Board') approach to continuous improvement in response to targeted intervention was completed in line with the 2020/21 Internal Audit Plan. The relevant lead for the review was the Director of Corporate Governance & Board Secretary.

During 2019 the Welsh Government commissioned a review to be undertaken by the Royal College of Obstetricians and Gynaecologists into the Health Board's maternity services. In addition, a number of other reviews from external bodies have been undertaken over recent times. The outcome of these reviews resulted in the Health Board being placed in an escalated status of special measures for its maternity services, and targeted intervention for the areas of Leadership & Culture, Trust and Confidence, and Quality Governance.

An improvement programme has been established to address the findings of the various reviews and improve the services the Health Board delivers. The programme has two distinct themes, one covering maternity services and another in relation to the three areas highlighted for targeted intervention. Whilst separate areas, the Health Board recognises that both need to be addressed in a co-ordinated way, ensuring links are made and activity is 'joined up'.

Our audit focused on the work being undertaken by the Health Board in relation to the three areas identified for targeted intervention: Leadership & Culture; Trust and Confidence; and Quality and Governance. The Health Board has established a work-stream for each of these areas.

In conjunction with stakeholders and Welsh Government, three maturity matrices have been established and aligned to the three TI work-streams. Each matrix describes key elements / objectives and beneath these, a series of tasks that the Health Board will need to achieve to progress through the improvement levels, from 'basic' (Level 1), to 'exemplar' (Level 5).

A project team has been set up to undertake the core targeted intervention work and is overseen by a project steering group made up of senior members of the executive team. The project steering group includes three designated Senior Responsible Officers (SROs): each is responsible for one of the work-streams. The SRO leads on the improvement milestones to achieve and forms an overall view of the status of the Health Board for their respective work-stream using judgement and the individual ILG self-assessment scores.

The maturity matrices and work-streams approach, to help navigate the Health Board out of TI status, were established in the months prior to the Covid-19 pandemic taking hold. We acknowledge that maintaining momentum and ensuring the Health Board was moving forward and

progressing out TI status will have been hampered over the past year as resources and efforts were targeted to dealing with the pandemic.

## **2. Scope and Objectives**

The overall objective of the audit was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to the targeted intervention work programme. The review sought to provide assurance to the Health Board's Audit and Risk Committee that risks material to the system's objectives are managed appropriately. The areas that the review sought to provide assurance on were:

- A suitable overarching approach has been developed and agreed by the Health Board and key stakeholders to address the issues identified.
- Clear plans are in place to navigate the Health Board through the improvement levels, with appropriate periodic review and update where necessary. Consideration has been given to the inclusion of SMART objectives within the plans.
- A robust process is in place to carry out self-assessments against the maturity matrix, including capturing Health Board wide achievements and Integrated Locality Group (ILG) achievements. Assessments are completed by an appropriate person, suitably peer reviewed or moderated and supported by relevant evidence.
- A governance framework is in place to oversee the continuous improvement work and to monitor and report on the work of the project. This takes place at the various levels within the organisation.
- Risks associated with improvements required in response to targeted intervention are captured and appropriately monitored.

## **3. Associated Risks**

The risks considered in the review were as follows:


- The Health Board's targeted intervention status does not improve.
- Reputational damage and patient's loss in confidence of the services provided where there is a lack of learning.
- Staff disengaged where action fails to be taken.

## **OPINION AND KEY FINDINGS**

### **4. Overall Assurance Opinion**

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the continuous improvement in response to the targeted intervention work programme is Reasonable Assurance.

<b>RATING</b>	<b>INDICATOR</b>	<b>DEFINITION</b>
<b>Reasonable assurance</b>		The Board can take <b>reasonable assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with <b>low to moderate impact on residual risk</b> exposure until resolved.

Our review of the Targeted Intervention (TI) working arrangements has indicated that the Health Board has developed good foundations and a suitable approach to enable it to move out of its current TI status. While these continue to be revised and developed, the full implementation of the arrangements has been affected by pressures on the Health Board brought about by the pandemic. We would expect further progress to be made over the coming months as more attention is given to the application of the response to targeted intervention.

The Health Board has developed a TI improvement roadmap to navigate it through the maturity levels. The roadmap is designed to be a 'live' document that maps milestones, sources of assurance, evidence and the outcome of self-assessments to date. It contains a project plan for each work-stream setting out the tasks and actions to be completed. However, at the time of our review, due to pressures brought on by the pandemic, progress with routinely populating and updating the roadmap has been slower than expected.

There are minuted periodic escalation meetings between the Health Board and Welsh Government where progress through the different stages of the maturity matrices are discussed. Ahead of these meetings, the Health Board's management board and Board scrutinise the self-assessment

scores. We saw evidence of scrutiny by the Board, and the self-assessments were included within the papers of the management board, although the minutes of the management board did not provide detail of the scrutiny undertaken.

Our fieldwork identified two high priority recommendations that should be actioned as soon as practically possible. These are:

- An inconsistent level of detail and supporting evidence recorded on the self-assessment and evidence tracker forms completed by the ILGs. Whilst some gave detailed explanations and supporting evidence, some referenced evidence, but had not attached it to the self-assessment.
- The Health Board's overarching risk management principles and monitoring routines are applied to manage risks the Health Board may face in moving out of TI status. However, we could not see evidence of where risks that may directly impact on progress out of TI are being captured and monitored.

The medium and low priority recommendations are summarised in section 6, and detailed in appendix A.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

## 5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
<b>1</b>	Health Board Approach			✓	
<b>2</b>	Improvement Plans			✓	
<b>3</b>	Self-Assessment Arrangements		✓		
<b>4</b>	Governance Framework			✓	
<b>5</b>	Risk Management Arrangements		✓		

\* The above ratings are not necessarily given equal weighting when generating the audit opinion.

### Design of Systems/Controls

The findings from the review has highlighted two issues that are classified as weaknesses in the system control/design for the Continuous Improvement in response to Targeted Intervention work programme.

### Operation of System/Controls

The findings from the review have highlighted eight issues that are classified as weaknesses in the operation of the designed system/control for the Continuous Improvement in response to Targeted Intervention work programme.

## 6. Summary of Audit Findings

In this section, we highlight areas of good practice that we identified during our review. We also summarise the findings made during our audit fieldwork. The detailed findings are reported in the Management Action Plan (Appendix A).

### **Objective 1: A suitable approach has been adopted by the Health Board in its efforts to address the issues identified.**

We note the following areas of good practice:

- A detailed improvement maturity matrix has been developed for each of the three TI improvement areas, called work-streams. These set out the criteria the Health Board needs achieve to progress through the various levels in each matrix.
- A TI improvement roadmap detailing the work-streams and the objectives and tasks that need to be completed has been drawn up for each of the three TI areas, with more detailed project plans for each work-stream also in place.
- Responsibility for progressing each TI work-stream has been assigned to a Senior Responsible Officer (SRO).
- A Project Group has been established to complete the tasks within the work-streams and a Project Steering Group has been established to oversee the work of the Project Group. This comprises of the Chief Executive and a number of the Health Board's Directors, some of whom are also an SRO for a work-stream.

We identified the following findings:

- The TI improvement roadmap, that is being developed, and the project plan and work-streams information contained in it for each TI area, needs to be updated (Finding 4 - Medium).
- The Project Group and Project Steering Group Terms of Reference were undated and remain in draft (Finding 8 - Low).
- The Project Group and Project Steering Group meeting notes that we reviewed were often incomplete, with no action log maintained (Finding 9 - Low).

### **Objective 2: Clear plans are in place to navigate the Health Board through the improvement levels, with periodic review and update where necessary. Consideration has been given to the inclusion of SMART objectives within the plans.**

We note the following areas of good practice:

- Improvement plans have been drawn up for each of the three TI areas. The TI improvement roadmap sets out the milestones that feed into the work-streams for each TI area.

- Progress against the improvement plans is reviewed by the SROs bi-monthly, although this has been impacted by the Covid-19 pandemic.

We identified the following findings:

- There are inconsistencies between the roadmap milestones, the objectives they are aiming to achieve from the maturity matrix, the tasks in the TI work-streams, and the outcomes in the self-assessment and evidence trackers (Finding 5 - Medium).
- Whilst we acknowledge that objectives cannot always have all of the SMART principles applied to them, our review of the objectives within each of the three TI areas identified that the SMART criteria had not been applied fully applied to any, with some objectives having some SMART principles applied. (Finding 10 - Low).

**Objective 3: A robust process is in place to carry out self-assessments against the maturity matrix, including capturing Health Board wide achievements, completed by an appropriate person/s, suitably peer reviewed or moderated and supported by relevant evidence.**

We note the following areas of good practice:

- The self-assessment process has been documented and agreed by the Board and Welsh Government (WG). A self-assessment and evidence tracker has been developed, which is used to record progress and supporting documentation.
- A file sharing portal for storing self-assessments and evidence has been created that can be accessed by both the Health Board (HB) and WG.
- Health Board self-assessment scores are approved by the relevant SRO and the Board prior to submission to the WG.

We identified the following findings:

- The overall Health Board scores in each TI area against its maturity matrix were not always in line with the individual scores at ILG level (Finding 6 - Medium).
- Self-assessment and evidence trackers were not always fully completed. Scores, outcomes and measures were often not recorded and documentary evidence, while referenced, was not always clearly provided to support the progress reported on the tracker (Finding 1 - High).
- SROs base their scores on the evidence provided by and feedback received from the ILGs, but at present there are no arrangements in place to share learning between the SROs and the ILGs on a regular basis (Finding 7 - Low).

**Objective 4: A governance framework is in place to oversee the continuous improvement work and to monitor and report on the work of the project. This takes place at the various levels within the organisation.**

We note the following areas of good practice:

- A project team works through each work-stream of the TI work programme.
- A Project Steering Group, chaired by the Chief Executive, has been established to monitor TI progress.
- The Steering Group reports to the Management Board which is responsible for reviewing and challenging the self-assessment scores presented to them by the Project Steering Group, and for agreeing the final scores to be presented to the Board.
- The Board approves the self-assessment scores and reviews progress of the work-streams.
- Once approved by the Board the self-assessment scores and evidence are discussed at TI senior management escalation meetings with WG officials.

We identified the following findings:

- While self-assessments were taken to management board there was no clear evidence within the minutes of scrutiny or challenge in respect of the self-assessment scores that we reviewed. (Finding 3 - Medium).

**Objective 5: Risks associated with improvements required in response to targeted intervention are captured and appropriately monitored.**

We note the following area of good practice:

- The TI Project Steering Group is, according to its terms of reference, responsible for discussing, considering and escalating key risks and issues relating to taking forward the TI programme of continuous improvement.

We identified the following finding:

- The group notes relating to discussions on TI related risk were not detailed, and we were unable to easily establish where risks that may impact on the Health Board moving out of TI status had been captured. (Finding 2 - High).

## 7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable. A summary of these recommendations by priority is outlined below.

<b>Priority</b>	<b>H</b>	<b>M</b>	<b>L</b>	<b>Total</b>
<b>Number of recommendations</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>10</b>

<p><b>Finding 1 – Completion of self-assessment and evidence trackers (Operating effectiveness)</b></p>	<p><b>Risk</b></p>
<p>Evidence to support the Health Board’s progress against TI objectives is embedded into the relevant self-assessment and evidence tracker and uploaded to the Objective Connect file-sharing platform so that Welsh Government can review it.</p> <p>Our review of the self-assessment and evidence trackers at both the ILG and Health Board level identified that the evidence recorded was inconsistent, and for several evidence trackers, while evidence was documented, it was not attached to support the reported progress. For example, in February and July 2020 Health Board wide self-assessments were carried out for each of the three work streams. These six self-assessment and evidence trackers had listed the evidence on the document, but had not directly included it. In addition, outcomes and measures were not recorded on three.</p> <p>However, by September 2020 the process had developed and the three ILGs were completing self-assessments for each of the workstreams. For the nine self-assessment and evidence trackers that we reviewed, only two had supporting evidence embedded, the others referenced the evidence, but it had not been attached. In addition, outcomes and measures had not been recorded for six, and the entity (ILG name), date and overall score had not been recorded on any of the nine documents.</p>	<p>The Health Board's targeted intervention status does not improve due to a lack of clear supporting documentation and evidence.</p>

<p>Furthermore, where evidence had been uploaded directly to the Objective Connect system, there was no cross-referencing between the evidence tracker and the uploaded evidence file.</p>	
<p><b>Recommendation</b></p>	<p><b>Priority level</b></p>
<p>Where appropriate, documentary evidence should be embedded within the self-assessment and evidence trackers to support progress claimed. Alternatively, if the information to be included in the tracker is too large, a centralised file of evidence should be maintained.</p> <p>A file naming convention should be developed so that where supporting documentation is uploaded directly to the Objective Connect system, this can be cross referenced to the relevant self-assessment and evidence tracker.</p> <p>Self-assessment and evidence trackers should be fully completed including outcomes and measures, and should have the ILG name, date of assessment and scores clearly recorded.</p>	<p><b>High</b></p>
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<p>A centralised file of evidence has been established on Admin Control to allow scrutiny by SROs across each of the 3 areas (to allow cross referencing and consistency) and enable IM partners for each area to access and scrutinise the evidence to support the revised self-assessment process.</p> <p>A review of the file system will be undertaken to support file sharing on Objective Connect system and scrutiny from WG colleagues.</p>	<p>Chief of Staff (CoS)</p> <p>COMPLETE</p> <p>31 May 2021</p>

Self-Assessment Trackers will be reviewed and strengthened to include outcome measures with clear signposting of evidence source, date and self-assessment score.

31 May 2021

<p><b>Finding 2 - TI risk management arrangements (Operating effectiveness)</b></p>	<p><b>Risk</b></p>
<p>We understand that the TI continuous improvement work is not being treated as a project and as such no 'project' risk register exists. We have been informed that risks relating to TI are to be included in the organisational and ILG risk registers where appropriate and will be monitored in line with the Health Board's Risk Management Policy.</p> <p>However, it has been difficult to determine that risks that may impact the Health Boards ability to move out of TI status are being appropriately captured and monitored. We did not see any specific TI risks recorded on the organisational risk register, although the TI programme is a mitigating control to manage the risk of reputational damage (risk ref. 4116). At the time of our review, we were only able to obtain a copy of the Bridgend ILG risk register and we noted that there were no TI risks recorded on it.</p> <p>Risk monitoring should also take place through the TI Steering Group and Project Group. The TI Project Steering Group is, according to its terms of reference, responsible for 'considering key risks and issues relating to taking forward the TI programme of continuous improvement and escalating as appropriate'.</p> <p>We reviewed notes from five Project Steering Group meetings between December 2019 and February 2021. While 'risks and issues' were mentioned during four of the meetings, the notes are brief and suggest the discussion is broad, for example how staff morale is being impacted by TI, as opposed to detailed discussions about specific TI related risks that appear on any register.</p>	<p>The Health Board's targeted intervention status does not improve as risks that may damage the work programme are not identified, assessed and suitably managed.</p>

<p>The terms of reference for the Project Group, which reports to the steering group, states that the group should 'log key risks and issues relating to taking forward the TI programme of continuous improvement and escalate these as appropriate'.</p> <p>As noted in finding 9, the meeting notes from the Project Group are informal and not comprehensive. As such we have not been able to confirm if they maintain and discuss a log of key risks and issues.</p>	
<p><b>Recommendation</b></p>	<p><b>Priority level</b></p>
<p>We would recommend that a facilitated cross ILG 'brain storming' session be held to identify and assess TI risks, and if appropriate that these are recorded within the relevant ILG risk registers.</p>	<p><b>High</b></p>
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<p>As part of the organisational self-assessment process (next session due in April 2021) which includes ILGs, risks to achieving continued progress will be discussed and captured on the organisational risk register. These will then be formally assessed and escalated in line with the Organisational Risk Strategy and Process.</p>	<p>CoS May 2021</p>

<p><b>Finding 3 - Management Board review of self-assessments (Operating effectiveness)</b></p>	<p><b>Risk</b></p>
<p>The self-assessment process states that the Management Board should quality assure and 'constructively challenge' self-assessment scores, and evidence and agree the scores prior to submission to the Board for approval and then onwards for submission to Welsh Government.</p> <p>We reviewed meeting notes and action logs from four Management Board meetings where self-assessments were presented. We note that at two of the meetings the TI update report was on the 'Consent Agenda'. At all four meetings the notes and action log did not include evidence of scrutiny or challenge in respect of the self-assessment scores.</p> <p>Furthermore, the TI update report, including self-assessments, was 'noted' at Management Board in November 2020 and 'noted and agreed' in January 2021. On both occasions the report was on the 'Consent Agenda'.</p> <p>We note that following the TI self-assessment scores being 'noted and agreed' as part of the consent agenda at the January Management Board meeting, one score was subsequently challenged and lowered at the Board meeting. While this demonstrates scrutiny of the self-assessment process, we would expect clearer evidence of scrutiny and review by the management board prior to submission to the Board.</p>	<p>The Health Board's targeted intervention status does not improve.</p>

Recommendation	Priority level
<p>The Management Board should ensure the TI update reports receive an appropriate level of scrutiny and challenge in accordance with the documented TI self-assessment process.</p> <p>Management Board should ensure they have the necessary information in a suitable level of detail and the capacity to perform this 'gatekeeper' role ahead of the TI updates being presented to Board for approval. The meeting notes from the Management Board meetings should demonstrate the challenge and scrutiny process that the scoring has been subjected.</p>	<p><b>Medium</b></p>
Management Response	Responsible Officer/ Deadline
<p>In March 2021, The HB approved a revised approach that strengthen the self-assessment process and scrutiny of proposed maturity levels. Independent Member partners have been assigned to each area to support the scrutiny of evidence to inform the proposed maturity level that is presented and discussed in a Board/ILG self-assessment session. This session then informs the proposed maturity ratings for the Board to accept.</p>	<p>CoS COMPLETE</p>

<b>Finding 4 - TI roadmap updates (Operating effectiveness)</b>	<b>Risk</b>
<p>The TI improvement roadmap will become a key monitoring document that sets out a series of milestones to achieve the Health Board’s objectives within the three maturity matrix work-streams. Management intend the roadmap to be a ‘live’ document setting out the progress made, and the future work needed to progress through each stage of the maturity matrix. We acknowledge that the roadmap document is still being developed and we understand that resource pressures have meant that progress has been slower than expected.</p> <p>We read the latest iteration of the roadmap (September 2020) and note that it had not yet been fully populated. The ‘outcomes’ section, which shows the progress made, was predominantly blank, and the ‘maturity matrix approved scores’ section, used to document the maturity level for each work stream, had not been updated since the baseline assessments were undertaken in November 2019.</p> <p>The roadmap document includes separate worksheets detailing the project plan for each of the three work-streams. These set out the timings of the tasks to be completed but have yet to be updated.</p> <p>Furthermore, the details recorded on the project plans for each of the three work-streams had not been maintained and was sparsely populated. For example, the task of 'Launch new values and behaviours' objective was showing as 'Not Started', but we understand that the Health Board’s new Values and Behaviours Framework was launched in October 2020.</p>	<p>The Health Board does not continue to improve as planned, as completed actions and progress are not being recorded and monitored.</p>

Recommendation	Priority level
<p>As a key tool mapping out the Health Board’s progress of continuous improvement, the TI roadmap and project plan will need to be updated as soon as possible. The document should then be updated and reviewed on a regular basis.</p> <p>Management should ensure that there is appropriate resource available so that time can be given to investing in the population and ongoing maintenance of the roadmap.</p>	<p><b>Medium</b></p>
Management Response	Responsible Officer/ Deadline
<p>The HB’s response to the second wave of the COVID pandemic has further been hampered with the vacancy in the key role of Chief of Staff who is responsible for overseeing the TI improvement &amp; self-assessment process. The HB acknowledges that as a result, focus has slipped on updating the Roadmap and project plan.</p> <p>The new Chief of Staff commences in post on 19 April 2021 and will review the HBs approach, prioritising the support to SROs to ensure the Roadmap, including measurable outcomes, is populated and regularly updated.</p>	<p>CoS 31 May 2021</p>

<b>Finding 5 – Alignment of TI roadmap (Operating effectiveness)</b>	<b>Risk</b>
<p>When reviewing the TI improvement roadmap (including the project plans), the maturity matrices, and the self-assessment evidence tracker forms, we identified a number of inconsistencies.</p> <p>The roadmap lists the objectives that make up each work-stream. These objectives align to the objectives on the maturity matrices and self-assessment and evidence tracker forms. However, they do not always align to the objectives recorded in the detailed project plans for each of the three work-streams. For example, the Leadership and Culture work-stream has four objectives, but the project plan lists five objectives. We also note that the titles of the objectives are not always consistent.</p> <p>We looked at the self-assessment and evidence tracker forms, but we could not always reconcile what had been recorded as evidence or outcomes and measures, back to the specific tasks listed in the project plans for the work-streams.</p> <p>Furthermore, we could not determine the link between what is recorded on each of the maturity matrices as the requirement needed to move on to the next level, the milestones in the TI improvement roadmap and the tasks set out in the project plans. As such it is unclear how the Health Board can demonstrate that the objectives from the maturity matrices have been achieved.</p>	<p>The Health Board's targeted intervention status does not improve as it is unable to demonstrate that the objectives contained within the maturity matrices have been achieved.</p>

<b>Recommendation</b>	<b>Priority level</b>
<ol style="list-style-type: none"> <li>1. There should be a clear alignment of activities undertaken as part of the three TI work streams with the milestones in the TI Roadmap and the objectives in the maturity matrices.</li> <li>2. There should be a clear link between the evidence / outcomes and measures recorded in the self-assessment and evidence trackers to the TI work streams.</li> <li>3. For each work-stream, the objectives set, both in terms of number and name, should be consistent between the maturity matrix, self-assessment documentation and project plan.</li> </ol>	<p><b>Medium</b></p>
<b>Management Response</b>	<b>Responsible Officer/ Deadline</b>
<p>As R4</p>	<p>-</p>

<b>Finding 6 – Self-assessment scores (Control design)</b>	<b>Risk</b>
<p>Every two months the ILGs are required to undertake a self-assessment of progress against each of the objectives within the three work-streams. The Health Board’s overall self-assessment score of progress made within each work-stream is then determined by the work-stream SRO and should be informed by the ILG scores for that work-stream. The approach has been in operation since September 2020 however, there does not appear to be any process in place articulating how ILG scores are converted into Health Board scores, especially where variations may occur between ILGs.</p> <p>Our review of the overall Health Board scores in September 2020 identified that they did not always reflect the individual scores given by the ILGs, furthermore, there was no documented explanation for the variations. For example, the Quality and Governance work-stream has five objectives. So, there would be a total of (5x3) 15 assessments across the three ILGs. The self-assessment scoring across the ILGs established 7/15 of the objectives were scored as being ‘Level 2 – Early Progress’, with the remaining eight either level 1 or level 0. However, overall the Health Board assessment was ‘Level 2 - Early Progress’. It is therefore unclear how many objectives at an ILG level need to show progress before the Health Board can progress to the next level.</p> <p>Whilst the Health Board self-assessment score for the other two work-streams did more closely reflect the ILG self-assessment scores, we note that for the Trust and Confidence work-stream there was some degree of variation between ILG scores, with two ILG scoring a Level 2 and one ILG not providing any score.</p>	<p>Progress through the maturity matrix at Health Board level is not in line with progress at ILG level and may impact on the timeframe taken for the Health Board to move out of targeted intervention status.</p>

<p>We acknowledge that the SRO can apply discretion, based on their knowledge of each ILG and wider Health Board activity. However, for the September scores we reviewed, there was no recorded narrative explaining how the higher-level decision was reached.</p>	
<p><b>Recommendation</b></p>	<p><b>Priority level</b></p>
<p>The Health Board should establish a process on how the ILG self- assessments are used to inform the Health Board self-assessment. There should be a clear link between progress through the maturity matrix at ILG level and progress at Health Board level, and document the criteria for the Health Board progressing through the maturity matrix.</p> <p>Where decisions are made by the SROs to score a work-stream differently to the cumulative ILG work-stream scores, this should be documented, and an explanation recorded justifying the decision.</p>	<p><b>Medium</b></p>
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<p>Further improvements will be made to the self-assessment process as each round is completed, noting the need to strengthen the link between ILG self-assessment and progress and the overall HB with any discrepancies between the two been explicitly addressed in the self-assessment process. The criteria for progressing through the maturity matrix will be determined by the TI Roadmap.</p>	<p>CoS July 2021</p>

<b>Finding 7 - Facilitated learning sessions (Control design)</b>	<b>Risk</b>
<p>We understand that each ILG works in isolation to complete their self-assessment scores. The SRO for the work-stream reviews the self-assessments and bases the Health Board score on the evidence provided by, and feedback received from, the ILG.</p> <p>As we note in finding six above, we understand that professional judgement and discretion can be applied by the SRO when determining the overall Health Board score, if for example it is felt one ILG has underscored themselves. In addition to the SRO recording the justification for such decisions, feedback should be given to the relevant ILG so they can take this into consideration for future self-assessments.</p> <p>Furthermore, cross ILG learning and experience sharing is yet to take place. We understand a 'one off' TI learning session, originally delayed by the pandemic, is due to take place in February 2021.</p>	<p>Reputational damage and patient's loss in confidence of the services provided where there is a lack of learning.</p>
<b>Recommendation</b>	<b>Priority level</b>
<p>Facilitated learning sessions between the ILGs and SROs should be undertaken on a regular basis.</p>	<p style="text-align: center;"><b>Low</b></p>

<b>Management Response</b>	<b>Responsible Officer/ Deadline</b>
<p>Facilitated learning sessions between the ILGs and SROs will be scheduled on a regular basis as part of the steering / project group which will take place monthly. This will be factored into the overall process for organisational self-assessment prior to Board ratification of progress.</p>	<p>CoS July 2021</p>

<b>Finding 8 - Terms of Reference (Operating effectiveness)</b>	<b>Risk</b>
<p>The Project Steering Group’s Terms of Reference (ToR) is in draft. It was unclear whether it had been formally approved.</p> <p>The ToR of the Project Group that reports to the Steering Group are also draft, although we understand that the Steering Group would have approved the document.</p> <p>Both the ToR for the Steering Group and the Project Group are titled ‘Project Group Term of Reference’, making it unclear which is actually the Steering Group ToR until the detail of them is read.</p>	<p>Governance arrangements lack clarity and could result in poor or inappropriate decisions.</p>
<b>Recommendation</b>	<b>Priority level</b>
<ol style="list-style-type: none"> <li>1. If not already approved, the CTM Management Board should agree and approve the Project Steering Group Terms of Reference.</li> <li>2. The Terms of Reference for both the Project Steering Group and the Project Group should be updated to include the date of approval and future review date, and the ‘Draft’ watermark removed.</li> <li>3. The title of both ToR documents should be amended to clarify which group they belong to.</li> </ol>	<p><b>Low</b></p>

<b>Management Response</b>	<b>Responsible Officer/ Deadline</b>
A review will be conducted of the project arrangements required to support the on-going progress of continuous improvement in response to TI, amending and updating documentation as required.	CoS 30 June 2021


<b>Finding 9 - Meeting notes (Operating effectiveness)</b>	<b>Risk</b>
<p>We read notes from six Project Steering Group meetings from the period December 2019 to February 2021. While the notes followed the format of the standard agenda, they were often incomplete. For example, sections headed Maturity Matrix and Board Ownership Milestones, Maturity Matrix Evidence Process and TI Risks and Issues on the meeting notes from June 2020 were blank. Meeting notes were also found to be brief.</p> <p>In addition, attendees were not recorded for 5/6 meetings, actions arising from the meetings were not assigned to a responsible officer for 4/6 meetings, and no action log was maintained.</p> <p>We also read the notes for the Project Group for November and December 2020. Whilst we acknowledge that these meetings are less formal, the meeting notes, had been compiled in emails and consequently did not record the attendees or detail of the discussions held. However, actions arising from the meeting were documented and assigned, although there was no Action Log to monitor progress.</p>	<p>Slow progress with targeted intervention status as actions from meetings are not properly monitored and taken forward.</p>
<b>Recommendation</b>	<b>Priority level</b>
<p>Maintaining accurate meeting notes is important as they may be required as evidence by Welsh Government to support claims of progress as the TI project picks up pace. Meeting notes should therefore include the names of all attendees and should be an accurate record of discussions held. They should clearly</p>	<p><b>Low</b></p>


<p>document decisions made, any actions arising, the name of the officer responsible for undertaking the action and a deadline for completion. We would also recommend that an Action Log be completed after every meeting to monitor the progress of actions between meetings.</p>	
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<p>As R8.                  Informal and formal scrutiny meetings with WG are always recorded.                  Organisational self-assessment sessions to inform maturity ratings prior to submission to Board will be recorded.</p>	<p>CoS                   30 April 2021</p>


<p><b>Finding 10 - SMART Objectives (Operating effectiveness)</b></p>	<p><b>Risk</b></p>
<p>Each maturity matrix sets out what the Health Board wants to achieve and effectively contains the objectives for each TI area. Whilst we acknowledge that SMART criteria cannot always meaningfully be applied to all objectives, our review of the objectives within each of the three plans, identified that SMART criteria principles had not been applied to any of the objectives.</p>	<p>The Health Board's targeted intervention status does not improve as objectives are not focused on improving targeted intervention status.</p>
<p><b>Recommendation</b></p>	<p><b>Priority level</b></p>
<p>The Health Board should consider whether it is feasible to set SMART objectives for relevant aspects of the TI work programme.</p>	<p style="text-align: center;"><b>Low</b></p>
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<p>Outcome measures will be included in the TI Roadmap, to inform the achievement of progress and self-assessment scores.</p>	<p>CoS July 2021</p>


## Appendix B - Assurance opinion and action plan risk rating

### Audit Assurance Ratings

 **Substantial assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 **Limited assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No assurance** - The Board can take **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **high impact on residual risk** exposure until resolved.

### Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
<b>High</b>	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.