

Work Programmes Internal Audit Report

March 2024

Public Health Wales NHS Trust

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Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Purpose

The overall objective of the audit was to consider the management and approach to work programmes within the Health and Wellbeing directorate in the context of the corporate performance management system.

Overview

We have issued reasonable assurance on this area. The matters requiring management attention include:

- There is scope to standardise the approach to manage work programmes.
- Review the existing work processes and practices within the Health and Well-being Directorates and divisions/programme teams to ensure all are adequately aligned.
- Develop a plan that captures milestones and actions being undertaken within the directorate that underpin the IMTP and detail the directorate’s contribution to the Long Term strategy.
- Requirement to capture and collate work programme risk information in a consistent manner.

Other recommendations / advisory points are within the detail of the report.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 Programme management guidance	Reasonable
2 Roles and responsibilities	Reasonable
3 Milestone reporting	Reasonable
4 Work programmes monitoring	Reasonable
5 Risk management	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Programme management guidance or framework	1 & 2	Design	Medium
2	Review of arrangements following a period of change	2	Operation	Medium
3	Health and Wellbeing directorate plan	3 & 4	Operation	Medium
4	Work programme risk registers	5	Operation	Medium

1. Introduction

- 1.1 Our review of work programmes was completed in line with the 2023/24 Internal Audit Plan for Public Health Wales NHS Trust (the 'Trust').
- 1.2 Our work focused on the Health and Wellbeing directorate. This directorate consists of the following unit and divisions, each with its own remit and scope:
- Wider determinants of health unit – key workstreams include, influencing how work and education can improve health and equity, and strengthening the capabilities of public health systems to influence the wider determinants of health.
 - Primary care division which is organised into two teams: the Primary Care Development and Innovation Hub; and the Dental Public Health team. The Primary Care Development and Innovation Hub supports organisations in the delivery of national plans for the transformation of primary and community care in Wales. It also helps co-ordinate the approach to 'prevention' in primary and community care. The Dental Public Health team focus on supporting and leading oral health and dental services improvement in Wales.
 - Health improvement division - key goals to promote healthy behaviours in Wales. Leadership and delivery of numerous work programmes (reduce harm from tobacco, substance use prevention, improve nutrition, promote physical activity and promote behavioural change).
- 1.3 We reviewed the processes relating to the governance, control and risk management arrangements for a sample of agreed work programmes led by the directorate. We focused on the arrangements in place for a sample of five work programmes being delivered by the divisions of the Health and Wellbeing directorate. These were:
- Help Me Quit in Hospitals (HMQ) (Health Improvement Division).
 - Health Improvement Patient Administration System (Health Improvement Division).
 - Welsh Network of Healthy School Schemes (WNHSS) Improvement (Health Improvement Division).
 - Parent Information Programme - part of the Social Marketing and Public Information Programme (Health Improvement Division).
 - All Wales Diabetes Prevention Programme (AWDPP) (Primary Care Division).
- 1.4 During our planning the National Director of Knowledge and Research provided leadership for the Health and Wellbeing directorate. In October, the National Director for Health and Wellbeing was appointed and became the Executive lead for this review.
- 1.5 The potential risks considered as part of this audit were:
- Reputational damage to the Trust if work programme outcomes are not achieved.

- Inability to deliver accurate, relevant data/ statistics and/ or evidence-based research/ evaluation to dynamically and actively inform and maximise the impact of public health.
- Ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third.

2. Detailed Audit Findings

Objective 1: There is appropriate guidance to ensure that key functions of work programmes are undertaken.

- 2.1 The Trust delivers a number of projects/work programmes in order to deliver its 'Working Together for a Healthier Wales 2023-2035' strategy. Each work programme contributes to the Trust's wider aim to protect and improve health and wellbeing and reduce health inequalities for the people of Wales. As such, the Trust's work is intrinsically linked to the public health agenda set by the Welsh Government and the NHS Wales Executive.
- 2.2 We obtained a number of documents which together set out key information relating to each work programme. These included:
- programme design, initiation, transformation, and implementation documents;
 - Welsh Government/NHS Wales Executive strategies and frameworks, relevant to the work programmes; and
 - roadmaps, implementation plans and programme specific Standard Operating Procedures.

During our fieldwork we identified that not all of the work programmes that we sampled had, or were supported by, the above documentation.

- 2.3 There is no consistent and standardised approach in place for the management of work programmes. A programme management approach is evident in the Health Improvement Division however, whilst we acknowledge the bespoke nature of each work programme and the variety of their functions, aims and methods of delivery, there is scope to manage work programmes through a more standardised approach. Such guidance should provide consistency on a number of programme management themes such as financial, operational, governance and risk management. **(Matter Arising 1 – Medium Priority)**

Conclusion:

- 2.4 Whilst we note that there are guidance documents for the sampled work programmes, there is not a standardised approach within the directorate to ensure work programmes are managed consistently across the directorate. We have provided **Reasonable Assurance** for this objective.

Objective 2: There are clearly defined roles and responsibilities for the management of the work programmes.

- 2.5 The work programmes in our sample were assigned to individual programme teams consisting of dedicated Programme Leads (PL), Senior Responsible Officers (SRO) and Programme Sponsors (PS). The programme teams are responsible for the overall management of the work programme and for implementing key process controls such as grant administration, programme administration, risk management, quality assurance and performance/integrity monitoring of the programmes. We note that while there are delegated roles and responsibilities for the management of work programmes, these were not formally detailed or clearly defined in all programmes, which would ensure a consistent approach. **(See Matter Arising 1)**
- 2.6 The operational day-to-day management of the work programmes rests with the programme teams. We confirmed that for each of the programmes that we tested there were adequate control documents/programme implementation plans in place to track tasks and actions for completion assigned to the members of the programme team.
- 2.7 We understand that the directorate's senior leadership has changed a number of times over the last two years. In addition, the work of the directorate has been affected by the Covid 19 pandemic as the activity of many of the work programmes were paused. Leadership changes can have an unfavourable impact on the strategic direction and smooth functioning of business processes. In addition, responsibilities and delegation can either become more concentrated, which can reduce the level of resilience within a process, or can regularly change, resulting in a loss of consistency, which can impact on the overall strategic direction of travel. In October 2023 a new Director for Health and Wellbeing started in post. This appointment provides an opportunity to review the consistency of governance and reporting arrangements for work programmes and to ensure there is appropriate resilience within these functions. **(Matter Arising 2 – Medium Priority)**.

Conclusion:

- 2.8 There are designated roles and responsibilities for the work programmes that we tested. However, following a period of change within the senior leadership of the directorate there is an opportunity to review the approach to governance and improve resilience. We have provided **Reasonable Assurance** for this objective.

Objective 3: The milestone measures for work programmes that are identified in the Trust's IMTP are reported and provide a clear view of the work programme.

- 2.9 The IMTP (2023-26) sets out the six strategic priority areas, each with specific objectives and milestones. Objectives and milestones are assigned to a relevant directorate or division and the individual responsible for monitoring and reporting.
- 2.10 The Strategic, Planning and Performance (SPP) team administer the IMTP monitoring and reporting process and maintain a central database of objectives

and milestones in the IMTP. Milestone leads are required to update the SPP Team with the progress of their assigned objectives and milestones at the beginning of every month via control documents (spreadsheets). These are collated by the SPP Team and summarised into the Performance and Insight report which is presented to the Business Executive Team (BET) and to the Board monthly.

- 2.11 We reviewed the milestone reporting process for September and October 2023 and did not identify any issues. We also confirmed that 'requests for change' in relation to milestone dates, suspension or closure were submitted to BET for approval in line with the agreed process. None of the requests for change submitted in the period reviewed, related to the work programmes we sampled.
- 2.12 At an operational level, programme leads monitor and track progress of work programmes daily and report progress to their respective division leads as needed, and formally at monthly divisional meetings. Whilst we note regular reporting at divisional level, there appears to be a more limited oversight of the progress of work programmes at directorate level. **(Matter Arising 3 – Medium Priority)**

Conclusion:

- 2.13 Work programme milestones captured within the Trust IMTP are reported and are presented to the Business Executive Team and Board each month. However, whilst the milestones are monitored at work programme and divisional level, there is no operational oversight of milestones across the directorate. There is no directorate level plan that captures this information. Putting a directorate level plan in which captures this information will allow for improved monitoring and reporting of progress and provides greater oversight of work within the Directorate. We have provided **Reasonable Assurance** for this objective.

Objective 4: The progress of the work programmes is appropriately monitored and reported to the Board and/or Committees relevant Board/Committees on a regular basis.

- 2.14 We confirmed that the progress for our sampled work programmes is discussed at various forum both internally within the Trust, and externally with partner organisations at joint meetings.
- 2.15 Programme teams monitor the operational progress of work programmes on a daily basis and formally report each monthly through highlight reports to the relevant division as part of the divisional business meeting. We note that there is a consistent approach to the highlight reports, with leads required to report on:
- Work programme and overall RAG rating for implementation.
 - RAG status implementation update narrative.
 - Programme actions timelines with applicable RAG.
 - Milestone/deliverable update (RAG rated with latest position).
 - Future milestone planning.
 - Breakdown of programme related risk with scoring.
 - Lessons learned.

- 2.16 We note that finance meet with divisions of the directorate monthly to consider the overall financial position. Information from this meeting informs the development of the monthly finance report which is considered by the Directorate Leadership Team.
- 2.17 Our review of the minutes for the divisional business meetings identified that, whilst there is a wide coverage of themes relating to the work programmes, there appears to be limited discussion and reporting on the financial position and forecast of the individual work programmes. It is in our view important to put such consistent oversight in place. **(See Matter Arising 3)**
- 2.18 Information discussed at the divisional business meetings is collated across the directorate and summarised into the Health and Wellbeing directorate report which is presented to BET and to the Board each monthly. The directorate reports use a standard template covering key activities during the month by division; successes; concerns; and a forward look of key activities for next month.

Conclusion:

- 2.19 Our findings confirm that there are various fora in place to discuss the progress of work programmes and elements of this are shared with BET and with the Board. We note that further work is required to ensure that financial data relating to work programmes and divisions forms part of the standing agenda items reviewed and discussed at the various governance meetings. We have provided **Reasonable Assurance** for this objective.

Objective 5: The risks in relation to managing the work programmes have been captured and are monitored.

- 2.20 We confirmed that risks relating to our sampled work programmes were being captured and regularly monitored.
- 2.21 Risk is a standing agenda item that forms part of the discussions taking place at work programme meetings and divisional business meetings. We confirmed that work programme risks are regularly discussed and reviewed for potential escalation to divisional/directorate risk registers.
- 2.22 Our review of the risk registers for our sampled work programmes identified a that risks were not always documented in a consistent manner and were not always scored. We also identified that not all work programme risks were being documented within the Datix module. **(Matter Arising 4 – Medium Priority)**

Conclusion:

- 2.23 There are risk management arrangements in place which ensure that work programme risks are captured and monitored as expected. Our review of the governance documentation confirmed that risk is a standing agenda item at divisional business meetings where risks are discussed and reviewed for escalation. Our review of the risk registers for our sampled programmes identified that the templates used were not consistent with the Trust risk register template. We also identified a number of minor risk scoring inaccuracies. We have provided **Reasonable Assurance** for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Overall work programme management guidance (Design)		Potential Impact
<p>The Health and Wellbeing directorate does not have a consistent and standardised approach in place for the management of work programmes that aligns with Public Health Wales programme management principles. Such information would set out expectations in relation to finance, governance, risk or the roles and responsibilities of key staff within each programme team. This would ensure the Directorate:</p> <ul style="list-style-type: none"> • has oversight and transparency of its work programmes, including highlight reports and milestones • has a standard approach to planning and managing programmes, including the resources necessary for delivery, and • evaluates and learns from its programmes 	<ul style="list-style-type: none"> • Inability to deliver accurate, relevant data/ statistics and/ or evidence-based research/ evaluation to dynamically and actively inform and maximise the impact of public health. • Ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third. 	
Recommendation	Priority	
<p>1 A standard approach to programme management should be adopted, aligned with best practice that , as a minimum includes:</p> <ul style="list-style-type: none"> • Definition and scope of the programme. • Outline the roles and responsibilities of the programme teams. • the governance arrangements for the programme. • Detail of outcomes, key performance indicators and milestones that are reported on at an agreed frequency including highlight reports. • Budgets are allocated to programmes and budget holders for each programme are identified. • A plan for delivery of the programme. • Recording and monitoring of programme risks and these are escalated in line with the Trust's overarching risk management policy. 	<p>Medium</p>	

Agreed Management Action	Target Date	Responsible Officer
<p>1 The Directorate accepts the recommendation. Work will be undertaken to review existing programme management approaches and make improvements to ensure a consistent approach to management and governance of programmes and projects aligned to Public Health Wales agreed methods and guidance. This will include development of highlight report that details financial information and performance against agreed budgets and targets and a consistent approach to risk management (see matter arising 4).</p>	<p>30 June 2024</p>	<p>Divisional Directors and Head of Operations/General Manager Health and Wellbeing</p>

Matter Arising 2: Review of arrangements following a period of change (Operation)		Potential Impact	
<p>The Executive leadership within the Health and Wellbeing Directorate has had a number of changes over the last 24 months.</p> <p>Frequent leadership changes can have an unfavourable impact on the strategic direction and smooth functioning of business processes. In addition, responsibilities and delegation can either become more concentrated, which can reduce the level of resilience within a process, or can regularly change, resulting in a loss of consistency, which can impact on the overall strategic direction of travel.</p>		<ul style="list-style-type: none"> • Inability to deliver accurate, relevant data/ statistics and/ or evidence-based research/ evaluation to dynamically and actively inform and maximise the impact of public health. • Ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third. 	
Recommendations		Priority	
<p>2 Following the permanent appointment of the National Director of Health and Wellbeing, a review of existing work processes and practices should be undertaken to ensure that the directorate and its divisions/programme teams are all adequately aligned, able to operate effectively and efficiently, have plans and arrangements in place to ensure resilience and that roles and responsibilities are adequately assigned. This should include mechanisms to ensure programme management, progress, milestone achievements, risk and budget allocations and management are transparent at Directorate and not just at Divisional or sub-unit level.</p>	<p>Medium</p>		
Agreed Management Action		Target Date	Responsible Officer
<p>2 A review of our business management functions that support the Directorate will be undertaken to identify areas for improvement building on the existing arrangements within the Directorate. Following the review, the improvements will help to ensure we have the 'scaffolding' in place to deliver our plan, there is increased transparency across the Directorate and information is considered at the right level.</p>	<p>30 September 2024</p>	<p>Head of Operations/ General Manager, Health and Wellbeing</p>	

Matter Arising 3: Health and Wellbeing directorate plan (Operation)		Potential Impact	
<p>Our findings indicate that the Trust has implemented an IMTP milestone reporting process which is administered by the Strategic, Planning and Performance (SPP) Team. Monthly, information is collated within the Performance and Insight report which is presented to the Business Executive Team and the Board.</p> <p>We note that at an operational level, programme leads monitor the day-to-day progress of their work programmes and report on this to their divisions as needed, and formally on a monthly basis. We note that the IMTP and the implementation plans for our sampled work programmes up and to divisional plans aligned. However, there is no Health and Wellbeing directorate plan to collectively link work programmes, their objectives and milestones and allocated budgets. This needs to be put in place.</p>		<ul style="list-style-type: none"> • Inability to deliver accurate, relevant data/ statistics and/ or evidence-based research/ evaluation to dynamically and actively inform and maximise the impact of public health. • Ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third. 	
Recommendations		Priority	
3	<p>A Health and Wellbeing directorate wide three year plan to be developed to capture:</p> <ul style="list-style-type: none"> • The milestones and actions being undertaken across the directorate that underpins the IMTP and details Health and Wellbeing contribution to delivery of the Long Term Strategy, • Budgets allocated to workstreams and programmes and budget holders to allow for improved monitoring and forecasting, • Specific additional operational milestones and actions that are essential to service delivery. • Risk registers and plans in line with the Trust policies. 	<p>Medium</p>	
Agreed Management Action		Target Date	Responsible Officer
3	<p>A Health and Wellbeing Directorate Plan will be developed by March 2024. This will include a level of detail that underpins the IMTP and demonstrates the Health and Wellbeing contribution to delivery of the PHW Long Term Strategy. The plan will also allow for increased scrutiny of financial information with budgets assigned to work</p>	30 April 2024	<p>National Director for Health and Wellbeing</p> <p>Divisional Directors</p>

	programmes and ensure all staff understand the role they are playing in delivering the public health outcomes for Wales.		Programme Leads
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Matter Arising 4: Work programme risk registers (Operation)		Potential Impact
<p>Our review of the risk registers for our sampled work programmes identified the following points:</p> <ul style="list-style-type: none"> The risk registers for the Welsh Network of Healthy Schools Scheme (WHNSS) and Parents Information work programmes did not include risk scoring information. However, we note that all risks were being considered for escalation. The risk register layouts for the WHNSS, All Wales Diabetes Prevention Programme (AWDPP), Help Me Quit (HMQ) and Parents Information work programmes were not consistent with the risk register template mandated across the Trust. Three risks were not scored based on the values of their impact and probability. Risks were not being recorded within the Datix module as mandated by the Trust’s risk management policy. 		<ul style="list-style-type: none"> Inability to deliver accurate, relevant data/ statistics and/ or evidence-based research/ evaluation to dynamically and actively inform and maximise the impact of public health. Ineffective system-wide efforts to improve health and wellbeing by organisations across public, private and third.
Recommendations		Priority
<p>4 The Directorate and Programme leads must ensure that risk information is being captured and collated in a consistent manner as instructed by the Trust’s wider Risk Management Policy. This should include as a minimum regular review of risks and highlight reports at Directorate level for all programmes.</p>	<p style="text-align: center;">Medium</p>	
Agreed Management Action	Target Date	Responsible Officer
<p>4 This will be taken forward alongside the action to address recommendation 1. We will work with the organisations Risk Manager to ensure we comply with the organisations Risk Management Policy and risks are recorded appropriately make use of the Datix system where required. This will ensure risk can be escalated and deescalated as required.</p>	<p>30 April 2024</p>	<p>Divisional Directors and Head of Operations/ General Manager, Health and Wellbeing</p>

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

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



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