

## Board Effectiveness Follow-up – Betsi Cadwaladr University Health Board

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# Summary report

## Background

- 1 In February 2023 the Auditor General for Wales published a report in the public interest on the effectiveness of the board at Betsi Cadwaladr University Health Board. The report described a worrying degree of dysfunctionality within the board and wider senior leadership of the organisation. The Auditor General concluded that collectively the concerns identified were fundamentally compromising the ability of the board to work effectively and in an integrated manner to address the significant challenges the Health Board faces. He also concluded that the situation was unlikely to be rectified without some form of external intervention.
- 2 The Auditor General's report highlighted:
  - clear and deep-seated factions within the Executive Team and, to an extent, the wider board;
  - concerns about Executive Team's grip on operational challenges and quality of assurances that were being provided to the board and its committees;
  - an erosion of trust and confidence that the Independent Members had in the Executive Team;
  - examples of very challenging public scrutiny of the executive by some Independent Members which adversely affected working relationships and functionality within the board;
  - a need to respond to and resolve the issues identified in a large number of whistleblowing disclosures that related to business processes and the behaviour of some of the then senior leaders of the Health Board;
  - a failure of previous board development work to secure more collegiate and unitary working within the board; and
  - pace of change and sustained improvement being affected by turnover, portfolio changes and a continued over-reliance on interim roles to cover key posts in the management structure.

The Auditor General's report on board effectiveness set out a number of areas for immediate action to resolve some of the key issues highlighted.
- 3 The week following the publication of the Auditor General's report on board effectiveness saw the Health Board placed back in special measures, and the resignation of all the board's Independent Members. Some 12 months on from these developments, this report sets out the findings of follow up work undertaken by the Auditor General. Recognising that the make-up of the board has fundamentally changed, our follow up work seeks to provide an up-to-date commentary on the effectiveness of the current board and the extent to which the areas for immediate action identified in our original report have been addressed. The fieldwork that informs the findings in this report was undertaken between late October and early December 2023.

## Key findings

- 4 Overall, we found that **following a period of significant disruption and churn during 2023, the board is now in a more stable position. There is a new substantive Chief Executive in post, the dysfunctionality within the board described in our previous report is no longer evident and working relationships amongst senior leaders are more positive in overall terms.**
- 5 **However, some fundamental challenges still remain in the context of an organisation that is in special measures. Substantive appointments to the board need to be completed as quickly as possible to bring the board up to full capacity. Work must continue to build a united and effective Executive Team, to resolve the on-going personnel issues in the Finance Department, and to strengthen corporate governance leadership arrangements within the organisation. These activities need to be supported by continued progress with a board development programme that builds a cohesive and unified board that supports a positive organisational culture by setting the right “tone from the top”.**
- 6 The findings underpinning these overall messages are summarised below under the following headings which align to the areas for immediate action identified in our February 2023 report:
  - responding to independent reviews and investigations;
  - rebuilding and strengthening senior leadership capacity; and
  - building a more cohesive and effective board and executive team.
- 7 Our concluding comments at the end of the report highlight the immediate priorities and on-going risks that the Health Board needs to manage as it moves forward.

# Detailed report

## Responding to independent reviews and investigations

- 8 Our review considered the extent that the Health Board effectively responded to findings of independent reviews and investigations. We considered whether the Health Board:
- adopted a pragmatic and effective approach to respond to the findings of the reviews of protected disclosures (whistleblowing);
  - responded effectively to the specific issues which affected the accounts opinion in 2021-22 and which led to the subsequent EY review and the qualified opinion in 2022-23; and
  - responded effectively to reviews undertaken as part of special measures, where the findings relate to board effectiveness (as part of this we considered the extent of board oversight of the Health Board's response to the reviews).
- 9 We found that **whilst the Health Board has made progress in responding to independent reports and recommendations, for a variety of reasons this has been slower than intended and there is scope to strengthen oversight in some areas.**

### Reviews of protected disclosures

- 10 As reported in our original review, during November and December 2022 a significant number of disclosures emanated from within the Health Board raising various concerns about business processes and the behaviour of some senior leaders within the organisation. In response, the Welsh Government commissioned independent reviews to investigate the concerns. These have been concluded and the findings considered by both the Welsh Government (in respect of concerns raised about previous Independent Members) and the Health Board (in respect of concerns raised about previous members of the Executive Team and other senior officers). Debrief sessions have been held with each of the current Executive Directors to share the findings from the reviews, and feedback provided to those who made the disclosures where their identity is known.
- 11 The issues identified by the independent reviews have partly been addressed through numerous changes to board membership in relation to both Independent Members and members of the Executive Team. Additional reviews undertaken as part of the escalation to special measures have also prompted improvements in specific areas, including processes for appointing interim senior staff on high-cost agency rates, as well as feeding into development programmes for the board and the Executive Team.
- 12 The above actions should enable the Health Board to move forward on the specific issues raised within the disclosures in 2022. However, in our view there is also a

need for the new board to set aside time as part of its board development to properly consider and reflect upon the findings from the independent reviews, and to ensure that lessons are learnt to help prevent similar circumstances occurring again. This should be part of the work that the board has already instigated on culture and compassionate leadership.

## **Responses to issues identified by the audits of accounts and EY**

- 13 The Health Board is responding to the issues identified in our audits of the 2021-22 and 2022-23 accounts, as well as those identified in the EY review. The issues highlighted included errors within accounts and a need for better training and strengthened financial controls, particularly in relation to contract management. Progress in addressing these issues has been slower than intended, although the Health Board has asked its Internal Audit service to undertake a review of procurement and contract management, the findings from which were being finalised at the time of writing this report. There is also scope for the board's committees to receive fuller information on these matters to aid oversight and provide assurance that all required improvements are addressed. Three senior members of the Health Board's Finance team remain suspended pending conclusion of the internal investigations that followed the EY review. The impact of this on the Finance Team is considered in a separate section later in this report.

## **Response to special measures**

- 14 The Health Board was placed back into special measures in February 2023. The Welsh Government's special measures framework was presented to the new board at the end of March 2023. The framework is based around a number of themes, starting with "discovery", and moving to "stabilisation" which would conclude at the end of February 2024, and then beyond that into phases of "standardisation" and ultimately "sustainability". As part of the discovery phase, the special measures framework incorporates independent reviews and other work in the following areas:
- Mental Health Inpatient Safety
  - Executive Portfolios
  - Use and recruitment of 'Interim' Staff
  - Planning
  - Patient Safety
  - Clinical Governance systems
  - Stocktake review of progress against previous Mental Health Reviews
  - Review of Office of the Board Secretary
  - Vascular review.
- 15 Although the board received the Welsh Government's framework in March 2023, at the time of the appointment of a new interim Chief Executive in May 2023, no special measures response plan was in place. This delay was due to uncertainties

in leadership arrangements at the time of escalation, especially regarding Accountable Officer responsibilities, as the previous interim Chief Executive was on sick leave. Once the new interim Chief Executive was in place the situation was quickly rectified with a special measures response plan in place by the end of May 2023. The plan is organised into three 90-day cycles from June 2023 through to the end of February 2024, and contains five clear outcomes including a well-functioning board.

- 16 The Health Board has assigned responsibility for operational oversight of delivery of the special measures response plan to the Executive Team and the Programme Management Office, and there is regular reporting to the board and its committees. The Health Board has grouped its actions and responses to the special measures plan and the individual reviews undertaken as part of the special measures framework under a number of themes<sup>1</sup>. This thematic analysis is helpful and necessary. However, it is important the Health Board also monitors and reports on the progress being made in addressing the more specific actions identified within individual reviews to prevent the risk of key actions being lost when consolidated into broader improvement themes.
- 17 The Health Board also needs to have a clearer way of describing progress within the special measures update papers provided to the board and committees. Narrative on progress prepared by Programme Management Office needs to be better aligned with the overall RAG rating provided by the Executive Lead. As part of this, the Health Board needs to ensure common understanding of its RAG rating process to avoid giving the impression that outcomes have been achieved when in practice there is still much work to be done.
- 18 Whilst good overall progress has been made in delivering actions set out in the special measure response plan, there has also been some slippage. This reflects some over-ambition on the part of the Health Board in setting the original milestones (in the context of an organisation looking to stabilise itself), and some delays in receiving a number of reviews that were commissioned as part of the discovery phase of special measures.

## Rebuilding and strengthening senior leadership capacity

- 19 Our work examined the actions that have been taken to rebuild and strengthen senior leadership capacity within the Health Board with a particular focus on:
  - the timely recruitment of a substantive Chief Executive Officer;

<sup>1</sup> There are seven themes within the special measures response plan, namely: Data, intelligence and insight; Culture; Risk Management; Patient, Family, Carer Involvement; Operating model; Organisation Governance and compliance; and Integrated planning.



- the action taken to reduce reliance on interim appointments in senior roles; and
- a need to bolster senior staff capacity within the Finance team to ensure business continuity.

20 We found that **important progress has been made in stabilising the Health Board’s senior leadership arrangements via the recruitment of a substantive Chief Executive. Progress has also been made in reducing reliance on interim arrangements to fill senior roles, although further work is still needed in this space. This is particularly the case in the Finance Team which has been significantly disrupted following the continued suspension of three senior members of that team. The Health Board also needs to move quickly to strengthen the leadership of its corporate governance arrangements.**

### **Recruitment of a substantive Chief Executive**

21 The Health Board’s initial attempts to recruit a substantive Chief Executive earlier in 2023 were not successful and a new interim Chief Executive was appointed in May 2023. In November 2023, the Health Board announced that the interim post holder had been successful in securing the substantive Chief Executive role following an open recruitment process, with the role commencing in early January 2024. This is a key step forward for the Health Board which should help stabilise organisational leadership, particularly in respect of the Executive Team. The fact that the substantive Chief Executive has already had a period in post in an interim capacity will assist with continuity and means that the post holder will have already built up an understanding of the specific issues and challenges facing the Health Board.

### **Reducing reliance on interim appointments to senior roles**

- 22 Our follow-up work found that the Health Board has made progress in reducing its reliance on interim roles in response to concerns raised in our previous audit work and the special measures review on use of interim managers.
- 23 Controls around the use of senior interim appointments have been strengthened, with evidence of better governance of establishment control and proper impact assessment for all requests to extend the tenure of senior interim roles. There is also evidence of better oversight of the use of interim roles by the Remuneration Committee. In addition, several people in interim roles who were paid on an agency rate basis have been moved to temporary NHS contracts which should help secure better value for money.
- 24 These are positive and necessary developments. However, some caution is needed when interpreting quoted reductions in the use of interim staff as there has been some re-classification of interims into “acting” roles. While it is technically accurate to refer to such staff in this way, it does not reduce the reliance on temporary staffing solutions. It is acknowledged, however, that in taking forward

longer-term plans to reduce reliance on interim roles, the Health Board will need adopt a managed approach to avoid de-stabilising key functions.

- 25 More broadly, the general direction of travel in respect of having less reliance on interim arrangements to cover senior leadership roles needs to continue. At the time of our fieldwork the role of Executive Director of Therapies and Health Sciences, the Executive Director of Workforce, the Executive Director of Operations, the Executive Director of Finance, and the Board Secretary were all being covered by interim or acting up arrangements.
- 26 The need to move away from having interim Board Secretary arrangements and recruit a substantive Director of Governance is a particular priority for the Health Board noting the immediate challenges that exist around the rebuilding of the board and some of the key governance arrangements that underpin it, including the reinstatement of a full committee structure below the board. We noted that at the time of our fieldwork the Health Board was running a recruitment campaign for a substantive Director of Corporate Governance.

### **Capacity of the finance team**

- 27 The ongoing investigations into the financial irregularities identified by Audit Wales and the EY review have inevitably had a disruptive effect on the finance team and have resulted in a reliance on interim appointments and temporary staffing arrangements. There has been churn in the team leadership with two interim Executive Directors of Finance and a need to support interim and temporary staff to get up to speed quickly. Staff resource has been moved into the team from elsewhere in the Health Board, but this has left resultant gaps in the roles they moved from which have needed to be filled.
- 28 The investigations in respect of the suspended staff have proved to be complicated processes and are still on-going some 12 months after the staff were originally suspended. A number of policies relating to Respect and Resolution<sup>2</sup>, Raising Concerns and Disciplinary Processes have needed to be activated which have collectively contributed to the elongated timescales. We understand that the Health Board is progressing the disciplinary investigations where it can, and that a further extension to the interim Executive Director of Finance's contract has been secured to the end of June 2024 to cover the completion of the 2023-24 accounts.

## **Building a more cohesive and effective board and executive team**

- 29 Our work considered the risks, challenges and progress made in relation to the operation of the Board and its committees since we published the Board

<sup>2</sup> Respect and Resolution processes seek to secure constructive and lasting solutions to workplace disagreements, conflicts and complaints.

Effectiveness review in February 2023, as well as the extent to which the issues we previously identified in relation to the executive team are being addressed. In examining these areas, we considered whether:

- the Health Board is taking action to ensure Independent Member capacity is sufficient to adequately discharge the board's functions;
- the quality of assurance provided to the board and its committees is improving and the scrutiny provided by Independent Members is appropriate and improvement-focussed and based on an agreed position on organisational risk;
- the Executive Team is functioning in a more cohesive and effective manner;
- progress has been made in building positive working relationships between new Independent Members and the Executive Team; and
- board development work has been undertaken to help support the concept of a cohesive and unitary board.

30 We found that **from a difficult position in February, the board and committee arrangements have steadily improved although there is much more to do which includes re-establishing a full set of committees below the board and improving the quality of assurances provided in board and committee papers. The factions we observed in the Executive Team during our original review are much less evident. This provides a basis for the further work required to build a cohesive Executive Team that is united around a common purpose and appropriately connected to other operational leadership structures in the Health Board.**

## **Rebuilding Independent Member capacity**

31 At the end of February 2023, the Chair, Vice Chair, and all the board's Independent Members agreed to step aside following the escalation to special measures. The Minister made a number of immediate direct appointments in the form of a new interim Chair along with three other temporary Independent Members.

32 The immediate departure of the whole cadre of the board's Independent Members inevitably created a significant degree of instability within the board and left it having to operate with an absolute minimum of Independent Members that were new to the organisation, and no Vice Chair. Action has been taken throughout the remainder of 2023 to slowly rebuild Independent Member capacity on the board. Recent substantive Independent Member appointments have included that of a Vice Chair and there are on-going processes to move from temporary to substantive appointments, including that of the Chair.

33 There was little or no induction for the directly appointed temporary Independent Members when they first took up their posts. This made an already difficult task even more challenging especially as not all of the appointees had an NHS background and had to quickly get to grips with a complex organisation in a state of significant disruption, facing a number of specific challenges and concerns about

the quality of several of its services. We understand that the Health Board has since moved to strengthen the arrangements for induction of new Independent Members.

- 34 Having to operate with a significantly reduced number of Independent Members has had a clear impact on the operation of the board's committees. The Partnerships People and Population Health (PPPH) and Mental Health and Capacity Compliance (MHCC) committees were stood down and their business subsumed into that of the remaining committees and the board. While our analysis found the has board continued to discharge its statutory requirements, the consequence of having fewer Independent Members has been less committee oversight and scrutiny on important business aspects such as planning, population health, workforce issues and aspects of mental health services. At the time of preparing this report the PPPH and MHCC committees were still stood down. We understand that once Independent Member recruitment is complete and the board is at full complement, the Health Board will implement a revised committee structure, which the board agreed in September 2023.
- 35 In the context of the challenges described above and the scale of the change within the board that took place in late February 2023, it is important to acknowledge the role that the interim Chair and the directly appointed Independent Members played in maintaining the core business of the board.

### **Quality of scrutiny and assurance**

- 36 Our February 2023 report highlighted concerns around the quality of the assurances provided to the board and its committees by officers. Our follow up work has seen some improvement but also a recognition by the Health Board that this is still an area for attention which will need to be a key priority for the new Director of Corporate Governance, working with all board members. In particular, some papers submitted to the board and its committees are too long and need to present a clearer and more concise picture of the issue in question, what is being done about the issue, what impact actions are having and what are the risks to improvement.
- 37 We previously reported that an important development for the Health Board will be ensuring that the Executive Team has the necessary ownership and oversight of the assurances that are provided to the board and its committees. This will include ensuring that the right officers attend to present items and that they are fully briefed on the topic being discussed. We have observed occasional recent examples where this has not been the case.
- 38 Our February 2023 report also drew attention to examples of overly robust and adversarial scrutiny of some officers by some Independent Members that was affecting the board's functionality and its ability to work in a cohesive and collective manner. It is positive to note that such behaviours are no longer present and that the style of scrutiny by the current Independent Members is creating a "safer space" to encourage a more open debate at board and committee meetings. The

move from virtual to face to face meetings has also been a factor in helping to build more positive working relationships within the board, as has work within the new board to develop an agreed approach to risk appetite and tolerance, supported by a clearer focus on standards.

- 39 The more positive environment that is now evident within the board and its committees should allow the new Independent Members to continue to develop in their role and to challenge appropriately but constructively when they need to. An important part of this is to ensure they quickly build up a good understanding of the Health Board's risks and challenges, noting that a lot of "corporate memory" was lost as a result of all the previous Independent Members standing down at the same time.
- 40 Particular challenges have been evident in ensuring adequate assurance, oversight and triangulation of information within the Quality, Safety and Experience Committee. This reflects the large volume of issues this Committee has to cover, the quality of assurances, and the fact that the Health Board is looking to replace "walkarounds" by individual Independent Members with "service visits" by all members of the board to learn more about how specific services are running.

## **Board development**

- 41 With the immediate challenges of stabilising the organisation and rebuilding Independent Member capacity, it is perhaps not surprising that our follow up work noted limited progress in implementing a programme of board development activity that focuses on the development of the board as a "unitary team". However, the board has held several development sessions which have included discussions on the role of a unitary board and on risk management. A forward programme of board development activity was being prepared at the time of our fieldwork. This will need to be informed by an analysis of the skills and experiences across the new Independent Member cadre and linked to any wider work that is considering the make-up of the board's committees.

## **Cohesiveness of the Executive Team and wider senior leadership arrangements**

- 42 There have been changes to the Executive Team make-up since our original review and the factionalised working relationships we described in our previous work are much less evident. We understand that Executive Team meetings are more effective with more constructive debate and better attendance.
- 43 However, there are still issues that need to be addressed, and which were contingent on the appointment of a substantive Chief Executive. These centre around responding to the review of executive portfolios undertaken as part of the special measures framework to ensure the executive team has the necessary breadth of skills and experience to meet the organisation's current and future challenges, moving away from long term reliance on interim roles, filling remaining

vacancies and having clear lines of accountability and responsibility within the team, linked to the Health Board's operating model.

- 44 Depending on the direction the new Chief Executive takes in response to the special measures review of executive portfolios, there may be a need to blend new roles such as a Director of Operations into the substantive team structure. The interim leadership arrangements that have operated since May 2023 have included the creation of an interim Executive Director of Operations post in August 2023. Our follow up work noted the need for greater clarity in respect of how the responsibilities for this post interface with others in the Executive Team. It will be important to reflect on these experiences as part of the onward development of the Executive Team.
- 45 There is also a need to consider how the Executive Team interfaces with the leadership roles that sit below it, most notably the Integrated Health Community (IHC) Directors but also with the leadership for its pan-North Wales services<sup>3</sup>. In particular, during the follow up review, it was apparent that there have been some tensions resulting from the IHC Directors feeling marginalised following changes to operational governance arrangements and decision-making processes, especially in respect of meeting the Health Board's financial challenges. We understand that these issues are being worked through constructively. As part of that, it will be important that the Health Board further develops a model of collective senior operational leadership that is understood and bought into, and which incorporates good clinical leadership and engagement within clearly defined accountabilities and responsibilities.

## Concluding comments and on-going issues that need to be managed

- 46 The concerns we set out in our February 2023 report on board effectiveness at Betsi Cadwaladr University Health Board were significant and extremely worrying. They described a degree of dysfunctionality within senior leadership arrangements hitherto unseen at the Health Board, or in any other NHS body in Wales.
- 47 It is therefore positive that this high-level follow-up report is able to conclude that the significant dysfunction we previously described is no longer present and that with refreshed senior leadership in place, the board has the opportunity to regenerate itself and lead the organisation through the challenges it continues to face.
- 48 However, significant challenges remain which will need energetic, focused, resilient and brave leadership to address. There is an immediate need to continue, and to conclude the work aimed at stabilising the board and the wider senior leadership of

<sup>3</sup> The Health Board's Pan-North Wales services include Women's Services and Mental Health and Learning Disability Services.

the organisation. That includes getting to a position where the board has a full complement of substantive Executive Directors and Independent Members, and with a substantive Chair in place. Linked to this is the urgent need to re-establish a committee structure below the board that provides the necessary oversight, scrutiny, and support across all aspects of the organisation's business.

- 49 The raft of disclosures that were received towards the end of 2022 should be used to inform the programme of board development that the new board will need to put in place. In particular, it should inform the work that is underway on organisational culture and compassionate leadership, and ensure that this starts with the right 'tone from the top'.
- 50 A key priority for the new Chief Executive will be to build a stable, cohesive, and appropriately skilled Executive Team that can provide the organisation with the operational leadership it needs. This will include settling on the right mix of Executive Director portfolios, reducing reliance on interim arrangements for senior leadership roles, and building leadership capacity and capability for the Health Board's corporate governance arrangements. The Executive Team must also be appropriately connected to the leadership structures that sit below it, something which will need to be supported by ensuring the Health Board's operational model is fit for purpose.
- 51 As the new board looks to take forward these challenges it will need to maintain a clear view on the outcomes it is seeking to achieve. Those must include rebuilding confidence in the Health Board's leadership within the organisation, and rebuilding trust and confidence in the Health Board amongst its external stakeholders.
- 52 In the short term, the Health Board will likely need to continue to draw upon appropriate levels of external advice and expertise as it responds to these challenges and the requirements of the special measures framework. However, it must also look to get itself as quickly as possible to a position where it has the necessary internal capacity and capability to sustain improvement and avoid the need to continually look to the outside for support to achieve the improvements which are necessary.

# Appendix 1

## Audit methods

The table below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

Element of audit approach	Description
Observations	We observed board meetings as well as meetings of the following committees: <ul style="list-style-type: none"><li>• Board meeting on 28th September and 30th November 2023;</li><li>• Quality, Safety and Experience Committee 27th October 2023;</li><li>• Performance, Finance and Information Governance Committee 2nd November 2023; and</li><li>• Audit Committee, 16th November 2023</li></ul>
Interviews	We interviewed the following Senior Officers and Independent Members: <ul style="list-style-type: none"><li>• Dyfed Edwards (Interim Chairman);</li><li>• Gareth Williams (Vice Chair and Chair of Performance, Finance and Information Governance Committee); and</li><li>• Karen Balmer (Chair of Audit Committee)</li></ul>



Element of audit approach	Description
	<ul style="list-style-type: none"> <li>• Rhian Watcyn Jones (Chair of Quality, Safety and Experience Committee);</li> <li>• Dyfed Wyn Jones (Independent Member);</li> <li>• Mike Larvin (Independent Member);</li> <li>• Jane Wild (Associate Member);</li> <li>• Clare Budden (Independent Member);</li> <li>• Fon Roberts (Associate Member);</li> <li>• Carol Shillabeer (Chief Executive Officer);</li> <li>• Chris Stockport (Executive Director Transformation, Strategic Planning and Commissioning);</li> <li>• Gareth Evans (Acting executive Director of Therapies and Health Sciences);</li> <li>• Teresa Owen (Executive Director of Public Health);</li> <li>• Nick Lyons (Executive Medical Director);</li> <li>• Adele Gittoes (Interim Executive Director of Operations);</li> <li>• Angela Wood (Executive Director of Nursing and Midwifery);</li> <li>• Phil Meakin (Acting Board Secretary);</li> <li>• Russell Caldicott (Interim Director of Finance);</li> <li>• Jason Brannan (Acting Director of Workforce and OD);</li> <li>• Michelle Green (Integrated Healthcare Community Director East);</li> <li>• Libby Ryan Davies (Integrated Healthcare Community Director Central);</li> <li>• Ffion Johnstone (Integrated Healthcare Community Director West);</li> <li>• Ian Wilkie (Mental Health Director); and</li> <li>• Dylan Roberts (Director of Digital)</li> </ul>

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> <li>• Special measures updates;</li> <li>• Board and committee papers;</li> <li>• Reviews undertaken as part of special measures first 90-day cycle;</li> <li>• Papers relating to use of interims;</li> <li>• Response to independent reviews;</li> <li>• Board development draft plans; and</li> <li>• Executive development draft plans.</li> </ul>





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