

Board Effectiveness Action Plan 2022-23

| Purpose and Vision | | | | |
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| Progress Level Maturity | | Criteria to Support this level A clear vision for the organisation is documented and communicated to staff and stakeholders, with supporting long term strategy and action plans. Staff know and understand the vision, values and strategy and their role in achieving them. Leaders tell a consistent story, with healthy challenge as needed to create the right environment for change. The roles of all board members and the health board leadership team are documented, and there is clarity of role, responsibility. Staff understand who does what, why across the organisations leadership functions, with clarity of accountability and responsibility at all levels. An induction and development programme is in place for Board members and all health board employees, reinforcing the shared purpose. The board/leadership team are leading, rather than following agendas. | | |
| Lead Committee Workforce & OD | | | | |
| No | Actions | Target Date | Lead Executive | Progress/Status |
| 1 | Create a new Directorate of Insight, Communications and Engagement that brings under single leadership and direction the following functions and teams. | July 2022 | Chief Executive | Complete |
| 2 | Adopt a new core narrative and key messages. | July 2022 | Interim Director of Insight, Communication & Engagement | Complete |
| 3 | Implement a strategic cycle of Communications and Engagement in 2022/23 | November 2022 | Interim Director of Insight, Communication & Engagement | December 2022: Bay Health staff newspaper produced, work underway to link core narrative for organisation through team briefs, chief executive reports and briefing / engagement activity while establishing a wider network of communications and engagement activity. Big Conversation launched for external stakeholder groups as part of wider engagement process. Monthly update reports on comms and engagement activity submitted and reviewed by CSOG and then submitted to Welsh Government. |
| 4 | Recruit and appoint a director with a communications and engagement background to lead and represent the directorate and be the Health Board’s professional lead on communications and engagement in early 2022/23 | December 2022 | Chief Executive | December 2022: Director of Insight, Communications and Engagement appointed, who will take up the position in early 2023. Complete. |
| 5 | Create an Insight capability and service within the directorate in 2022/23 with a brief to be curious and analytical and triangulate what is learnt from engagement, complaints, experience, surveys, etc. | March 2023 | Interim Director of Insight, Communication & Engagement | December 2022: Linkages across organisation in relation to existing data / information are being made. Head of Insight being appointed Q4 to develop this work further. |
| 6 | Create a vision for what we want the organisation to be, linked to the Big Conversation. | March 2023 | Chief Executive | |

| Values and Behaviours | | | | |
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| Progress Level Results | | Criteria to Support this level Co-produced organisational values and behaviours are defined, understood by staff and starting to be embedded into systems and processes. Staff feel positive and proud to work for the organisation. There is a strong emphasis on the safety and wellbeing of staff. | | |
| Lead Committee Workforce & OD | | | | |
| No | Actions | Target Date | Lead Executive | Progress/Status |
| 7 | To progress the next phase of the HB Culture and Values work - approve the “The Big Conversation” as a method of staff engagement, empowerment and accountability to create a quality-focused learning organisation in which staff voices and listening are its heart: | September 2022 | Director of Workforce & OD | Complete |
| 8 | Stage 1 – Active Listening - Culture: Listening to what it’s like to work here. | November 2022 | Director of Workforce & OD | October 2022: Next steps to be finalised with CEO and agreed at Management Board in November 2022 December 2022: Complete |
| 9 | Stage 2- Testing understanding from focus groups | January 2023 | Director of Workforce & OD | December 2022: Task force group set up in November 2022. Next meeting is in January 2023 where plans for Phase 2 will be finalised |
| 10 | Stage 3- Written narrative: engage and develop actions | March 2023 | Director of Workforce & OD | |

| Board Assurance and Risk Management | | | | |
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| Progress Level Maturity | | Criteria to Support this level Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. A board assurance framework (BAF) is in place and drives Board discussions with a good understanding of assurance, with limited gaps to address. The board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality and Safety strategy. | | |
| Lead Committee Audit Committee | | | | |
| No | Actions | Target Date | Lead Executive | Progress/Status |
| 11 | Revised Board assurance framework endorsed by the Board. | September 2022 | Director of Corporate Governance | Complete |
| 12 | Risk appetite statement to be developed, considered and approved by the Board. | November 2022 | Director of Corporate Governance | October 2022: Risk Appetite statement drafted and will be considered by the Management Board in November and then presented to the Board in November for approval. December 2022: Risk Appetite statement endorsed by the Board at its November 2022 meeting, subject to further review within one year. Complete |
| 13 | Review service group and divisional risk registers following completion of the risk management training programme to gain assurance on the operational management of risks using the risk appetite to progress this work. | January 2023 | Director of Corporate Governance | October 2022: Work to commence in November 2022 following Board approval of the Risk Appetite statement. December 2022: On Target |
| 14 | Quality management system developed and implemented and in line with the requirements of the Health & Social Care (Quality Engagement) Wales Act. | March 2023 | Director of Nursing Director of Corporate Governance | October 2022: Task & Finish Quality Group established to take this action forward, first meeting held in October 2022. December 2022: Monthly task and finish group meetings taking place, chaired by the CEO. Action plan in place to support introduction of QMS, this on track. |

| Governance | | | | |
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| Progress Level Maturity | | Criteria to Support this level There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. These structures and processes are regularly reviewed and improved, with cross directorate/locality organisational learning. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to division, groups, directorate. The form and function of the divisional/group/directorate quality and safety and governance groups are clearly defined and in place. Individual roles and responsibilities are supported by a clear meeting structure. | | |
| Lead Committee Quality & Safety Committee | | | | |
| No | Actions | Target Date | Lead Executive | Progress/Status |
| 15 | Identify clear leads in each service group triumvirate for patient experience, clinical outcomes and effectiveness, compliance and safety | September 2022 | Director of Nursing Director of Corporate Governance | Complete |
| 16 | Service groups to revise their quality and safety structures to ensure that they reflect the areas of patient experience, outcomes, effectiveness, compliance and safety required and that this is reported into the Patient Safety Group | September 2022 | Director of Nursing Director of Corporate Governance | Complete |
| 17 | Learning from incidents and concerns to be built into Patient Safety Group structures. | September 2022 | Director of Nursing | Complete |
| 18 | Establishment of quarterly quality congress events to share learning from patient safety, experience and outcome events across the organisation. | October 2022 | Director of Nursing | October 2022: Complete – These are in train December 2022: Next events arranged for Feb 2023, June 2023 and Sept 2023 |
| 19 | Framework of clear roles and responsibilities for Service Groups, particularly aligned to infection control to be tested as part of Internal Audit review in Q3 of 2022/2. | December 2022 | Director of Nursing Director of Corporate Governance | October 2022: Internal Audit are on track to commence this review. Report expected March 2023. |
| 20 | Develop proposals for approval by the Patient Safety Group for a central Quality Hub to incorporate <ul style="list-style-type: none">- Quality planning and priorities- Quality assurance- Quality improvement- Improved Business Intelligence support for quality analytics. | November 2022 | Director of Nursing | October 2022: This work has commenced and is ongoing. Completion expected during January 2023. December 2022: On Track |
| 21 | Audit effectiveness to assure compliance with the recommendations of the quality governance structures at Service Group level. | March 2023 | Director of Nursing Director of Corporate Governance | October 2022: Internal Audit are on track to commence this review and complete it within the timescales. |

| Quality | | | | |
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| Progress Level Results | | Criteria to Support this level The health board has a quality strategy and implementation framework, with clear quality priorities, that integrates into and drives our overall organisational strategy. A quality impact assessment process is in place and drives quality based decisions. The health board receives high quality intelligence and information through both soft and hard sources to provide assurance that services are safe, and takes account of patient experience, outcomes, and quality improvement. Information on quality is of high quality, with limited data quality issues, is well summarised to provide assurance around quality of care. | | |
| Lead Committee Quality & Safety Committee | | | | |
| No | Actions | Target Date | Lead Executive | Progress/Status |
| 22 | First draft of Quality Strategy to be shared with the Management Board for discussion and consideration of engagement. | September 2022 | Director of Nursing | Complete |
| 23 | Staff and stakeholder engagement on the Quality Strategy to seek views from a diverse range of groups. | November 2022 | Director of Nursing | October 2022: in progress December 2022: Complete and referenced within draft Strategy. |
| 24 | Through engagement on the Quality Strategy, consider future quality priorities at organisational and service group/specialty level to improve quality. | October 2022 | Director of Nursing | October 2022: It is now anticipated that this work will be completed by March 2023 December 2022: On Track |
| 25 | Develop a new style 'complaint' report (completed in July 2022 and shared with the Quality and Safety Committee). | July 2022 | Director of Corporate Governance | Complete |
| 26 | Development of a communications plan to set out the work being undertaken, why and expectations | October 2022 | Director of Insight, Communication & Engagement | December 2022: Plan and progress report on establishment of DICE being prepared for Management Board. It includes a refresh of the Core Narrative and Key Messages, report on DICE activity and development and proposals for future plans and DICE operating model. |
| 27 | Create a Community of Practice for Quality Improvement in order to support shared learning and scale and spread of Quality Improvement across the organisation. | October 2022 | Director of Nursing | October 2022: Complete – These are in train. This links closely with the quality congress work |
| 28 | Development of a reward/recognition structure. | October 2022 | Director of Insight, Communication & Engagement | December 2022: Project Group being established with staff experience team, to review existing reward and recognition programmes and develop monthly awards programme and annual event. Recommendations will be brought to a future Management Board. |
| 29 | Baseline review of resources to support quality across the organisation in order to consider our structures against those required to meet our responsibilities under the Duty of Quality. | November 2022 | Director of Nursing | October 2022: This work is currently ongoing, with completion expected in March 2023. December 2022: On track |
| 30 | Duty of Quality and Duty of Candour training for the Board members. | December 2022 | Director of Corporate Governance Director of Nursing | October 2022: Training has been booked for Board members and Service Group Directors for 15 th December 2022. December 2022: Board meeting cancelled due to strike action. Training rearranged for February 2023. |

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| 31 | Engagement with service groups on delivery of Duty of Quality and Duty of Candour | December 2022 | Director of Corporate Governance Director of Nursing | October 2022: This work is currently ongoing, with completion expected in January 2023. December 2022: Task & Finish Group set up with completion expected in March 2023. |
| 32 | Participate in national approaches for quality improvement with IHI and Improvement Cymru. | March 2023 | Director of Nursing | October 2022: This work is currently ongoing, although a number of initial stages are now complete. December 2022: Projects for delivery through the Safe Care Collaborative have been identified and leads are in place for these. |

| Money / Value for Money | | | | |
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| Progress Level Maturity | | Criteria to Support this level Our services consistently run under benchmark cost. Headroom is created for developments/improvements. The board is demonstrably reinvesting whole budget, rather than being limited by 'affordability' at margins. | | |
| Lead Committee Performance & Finance Committee | | | | |
| No | Actions | Target Date | Lead Executive | Progress/Status |
| 33 | Update SLA with NWSSP in respect of the provision of procurement services. | October 2022 | Director of Finance | October 2022: Work Ongoing. Procurement SLA is in the process of being reviewed in line with the national restructuring of procurement under the NOM (National Operating Model). It is anticipated that this should be completed by April 2023. |
| 34 | Review and strengthen systems to ensure the formal sign-off of budget delegation/accountability letters. | October 2022 | Director of Finance | October 2022: Partly complete – for 2022/23 there will be 2 letters issued. The first was issued at start of September, which outlined the targets delivery for 2022/23. The next stage will be opening budgets plus funding from reserves once the reserve position has been finalised. December 2022: Following finalisation of the reserve (reconciliation underway), the second communication, which will be issued under email from the DoF, will be distributed in early January 2023. |
| 35 | Work stream created to established what additional support can be provided to budget holders. | September 2022 | Director of Finance | October 2022: Complete – Work stream created and work programme in place. Ongoing implementation now becomes part of 'normal business'. |
| 36 | Breakeven at the end of the financial year. | March 2023 | Director of Finance | October 2022: Work ongoing. Mid-Review meeting held with WG on 24 th October to outline progress on delivery of breakeven. Awaiting confirmation of final funding regarding COVID/Extraordinary Pressures and pay Award in the next 3-4 weeks to support plan. Service Groups and Directorates need to ensure delivery on targets set, both savings and operational, which will be reviewed as part of the monthly Financial Performance meetings. December 2022: On Track. Work will continue in the final Quarter to support delivery of a breakeven position at the 31 st March and updates will continue to be provided to Performance & Finance Committee. |

| Performance Reporting | | | | |
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| Progress Level Maturity | | Criteria to Support this level The board systematically receives reports from stakeholders providing feedback of impact of plan implementation. A line of sight links lower level objectives with high level strategic objectives Corporate and service group individual performance measures are connected to the corporate performance measurement framework The organisation reports integrated performance and cost information The board uses ‘value for money’ information to make strategic decisions about whether or not to engage in areas of activity | | |
| Lead Committee Performance & Finance Committee | | | | |
| No | Actions | Target Date | Lead Executive | Progress/Status |
| 37 | Revise the performance reporting framework. | June 2022 | Director of Finance | October 2022: Complete – Report revised in line with requirements of the Performance & Finance Committee |
| 38 | Implementation of combined activity and performance reporting in Q3 of 2022/23 | December 2022 | Director of Finance | October 2022: On track December 2022: LTA positions now included in Performance & Finance Committee reporting on a monthly basis. Complete |

| Appraisal Process of Directors and Other Feedback | | | | |
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| Progress Level Maturity | | Criteria to Support this level The board is recognised as adding value | | |
| Lead Committee Remuneration Committee | | | | |
| No | Actions | Target Date | Lead Executive | Progress/Status |
| 39 | Develop a greater third party opinion of board effectiveness through engagement in interviews and surveys for a repertoire of key stakeholders in 2022. | March 2023 | Chair | |
| 40 | Agree and share a process to continue to set timely objectives aligned to organisation priorities that enables a cascade process across the Health Board. | December 2022 | Chair Chief Executive | December 2022: This has been addressed in the annual plan alignment with executive objectives. We are looking to extend this to operating units in 2023/24. Complete |
| 41 | Strengthen reporting on progress of objectives and approval through Remuneration Committee. | December 2022 | Chief Executive | December 2022: This has been addressed as the objectives for executives were discussed in Rem. Com. this year and CEO reports on progress. This mid-year review needs to be more systematic and will be addressed by the CEO. There is now regular discussion on executive performance for pre-objective setting and during the implementation of these objectives. Complete |
| 42 | Develop and agree a 360 appraisal process for Executive directors. | February 2023 | Director of Workforce & OD | |