

SWANSEA BAY UNIVERSITY HEALTH BOARD (SBUHB)

GOVERNANCE WORK PROGRAMME (AS AT OCTOBER 2020)

Performance Rationales Key:

Performance Rationales	Key
Action(s) are either completed, require ongoing maintenance or on profile to achieve the target/objective.	GREEN
Actions are below target/milestone forecast but actions and resources are in place to ensure the target or measure will be achieved in the next period of performance review.	AMBER
Actions are below target/milestone forecast and no action plan / additional effort or resources are in place to ensure remedial action is timely and the objective/target will be achieved overall.	RED

1. Director of Corporate Governance

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
1a	Governance Stocktake Structured Assessment 2017 (R5) Develop a Board Assurance Framework and determine whether further simplification of governance structures and reporting lines is required.	Director of Corp. Gov. July 2019 (Quarterly Reporting)	March 2020 The Board Assurance Framework was endorsed by Audit Committee in November 2019 and the Board in January 2020. It will be implemented in April 2020. November 2020 Progress report in the Structured Assessment 2019 records this recommendation as being complete. Noting the foregoing it is proposed that this recommendation now be marked as closed, and that a new recommendation be opened to deal with the comments made in the Structured Assessment 2020 around implementation (See 1b below)	PROPOSED CLOSED
1b	Structured Assessment 2020 - Comment Given the urgent pandemic response, the BAF was not fully implemented in April 2020 as intended, with extant systems continuing and clear linkage to corporate objectives embedded in the HBRR. As Audit Wales have previously made a recommendation about the BAF, they will follow up progress next year.	Director of Corp. Gov. March 2021	November 2020 Full implementation of the BAF has been delayed, largely due to the response to the COVID-19 pandemic. A plan to re-set the BAF in line with the Health Board's current strategic priorities and risks (linked to the Operational Plan), and subsequently embed it within our organisational risk and assurance processes has been approved by the Executive Board.	

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
1c	Governance Stocktake Develop a Governance Toolkit that provides relevant guidance to staff in Corporate Teams and Units	Director of Corp. Gov. June 2020 March 2021	March 2020 As procedures are developed these will be incorporated into the Toolkit. Outline framework for toolkit developed which currently includes the NHS Wales governance map, SBUHB governance structure and relevant terms of reference. Toolkit will include information and guidance on declarations of interest, standing orders, SFI's duty of candour, anti-fraud, FOI's etc. November 2020 Work is still ongoing while key documents such as the Standards of Business Conduct are finalised.	
1d	Financial Gov. Review – Rec. 19 The HB should consider the introduction of greater standardisation in relation to divisional governance and leadership and define the parameters for operating within an Accountability Framework. This should include guidance on reporting templates, meeting agendas and performance management arrangements.	Director of Corp. Gov. Dec 2019	March 2020 Standard operating procedure for management corporate meetings has been agreed and issued to all units. Alongside this, governance arrangements for the management of Health and Safety meetings including terms of reference have been approved. Further work to be addressed as part of the operational model. Standard operating procedures agreed in December 2019 November 2020 All outstanding work has now been completed.	PROPOSED CLOSED

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
1e	Governance Stocktake Review the Executive Team meeting arrangements including the groups that report to the Executive	Director of Corp. Gov. April/May 2019	March 2020 Completed in part. The structure of Executive Team meetings has been modified. Further work on this is still required and it is proposed that this will be informed by some of the Kings Fund Development Programme. Terms of Reference for the Executive Board have been approved. Executive Team session planned for 30 January 2019 to work through current arrangements. Review of the governance structure for reporting to the Health & Safety Committee is complete and new health and safety document templates have been introduced to strengthen governance reporting. November 2020 Completed. The structure of the Executive Team and Senior Leadership Team meetings have been reviewed, and work programmes created. These are currently being flexed dependent on COVID-19 pandemic pressures.	PROPOSED CLOSED

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
1f	Governance Work Priorities 19-20 Implementation of a Board Assurance Framework	Director of Corp. Gov. December 2019	March 2020 Significant work has been undertaken in relation to the development of the Board Assurance Framework. This is intended to align with the new Health Board risk register and mapped to focus areas from internal audit reports/external inspections etc. Internal audit will assess the BAF in December 2019. Endorsed by Audit Committee and Board (Nov 2019) to be implemented from April 2020 November 2020 Noting the foregoing it is proposed that this recommendation now be marked as complete, and that a new recommendation be opened to deal with the comments made in the Structured Assessment 2020 around implementation (see 1b).	PROPOSED CLOSED
1g	Governance Work Priorities 19-20 Further development of Risk Management arrangements	Director of Corp. Gov. July 2019	March 2020 Risk management arrangements have been reviewed and continually improved throughout the year. This is continually improvement and a key priority for the Health Board. Will be kept under review. Risk reporting is now being considered at Committee level.	
1h	Governance Work Priorities 19-20 Governance Framework between Corporate and Delivery Units as part of the operating model including legislative compliance framework	Director of Corp. Gov. June 2020	March 2020 A review has developed a framework to operate between corporate and units. A legislative compliance framework and register is being developed.	

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
1i	Governance Work Priorities 19-20 Further strengthening of the role of committees including reviewing the size, quality of board papers as well as financial consequences of all Board and Committee papers	Director of Corp. Gov. March 2020	March 2020 Review to be undertaken of the committee structures, to include quality of papers and financial consequences of papers. November 2020 Completed. Structures have been reviewed and streamlined with report writing training developed.	PROPOSED CLOSED

2. Director of Nursing & Patient Experience

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
2a	<p>Structured Assessment 2017 (R6) The Executive-led Quality and Safety Forum Needs to ensure that:</p> <p>All management groups, which are required to report into the Forum, do so on as regular basis to avoid gaps in assurance.</p> <p>Assurance reports from the Forum to the Quality and Safety Committee meet the committee's requirements in terms of discharging its scrutiny role</p> <p>It keeps the quality and safety sub-structures under review to determine whether further simplification of current structures would be desirable.</p> <p>There is clarity on the relationship between the Quality & Safety and other groups, particularly the Assurance and Learning Group and the Clinical Outcomes Steering Group.</p> <p>Structured Assessment 2020 - Comment The management led QSAG, which reports to Q&S Committee, continued to operate, receiving Q&S reports from operational units and considering the detail of quality safety measures and standards. However, not all units attended to present their reports. As strengthening QSAG assurance arrangements was a previous recommendation we will assess progress more fully next year.</p>	<p>Director of Nursing & Pat. Exp.</p> <p>December 2019</p>	<p>March 2020 Quality and Safety Governance Group terms of reference were approved by the Executive Board and Quality and Safety Committee in February 2020. This will streamline the report arrangements for the Quality and Safety Committee.</p> <p>November 2020 The Quality and Safety Governance Group (QSGG) continues to meet and report to Quality and Safety Committee on a monthly basis despite CV-19 business interruption. The group continues to mature into its role of scrutiny over issues of Q&S, with regular monthly reporting received by exception, and with appropriate senior Unit/Group representation not below Unit/Group Nurse and or Medical Director. Further work to map the Q&S reporting structures below Unit/Group level, and other Health Board Q&S sub groups remains on-going, to ensure QSGG terms of reference and reporting structures reflect the recent outcome of HB restructuring (Strengthening our Structures).</p>	

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
2b	Governance Work Priorities 19/20 Quality Governance arrangements including role and accountabilities of supporting structures	Director of Nursing & Pat. Exp. December 2019	March 2020 A review of quality governance arrangements has been undertaken and a draft Quality & Safety Assurance Framework has been developed and will be supported by a quality governance structure. November 2020 The revised Quality & Safety Assurance Framework, together with the Quality and Safety Governance Group (QSGG) terms of reference were agreed and ratified by the Quality and Safety Committee (QSC). QSGG reports monthly to the QSC ensuring a direct flow of information relating to matters of Q&S from Unit/Group level to Committee.	PROPOSED CLOSED

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
2c	Governance Work Priorities 19/20 Review and refresh the assessment process in terms of compliance and reporting against the Health and Care Standards	Director of Nursing & Pat. Exp. March 2020	March 2020 Refreshed approach to the assessment of the Health and Care Standards agreed. This will be kept under review throughout the year. Review to be undertaken of compliance and reporting against the Health and Care Standards. November 2020 The HB were able to finalise and improve the reporting template and scrutiny to the process in the last financial year. Work to further integrate and align the process will be undertaken during 2021/22, with a draft proposal being produced for scrutiny and agreement during Q1, followed by implementation in Q2.	

3. Director of Transformation

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
3a	Structured Assessment 2017 (R17) Acknowledging that the Programme Management Office (PMO) is currently focused on supporting the Recovery and Sustainability Programme, the Health Board should prospectively consider programme management arrangements and the future role of the PMO in supporting wider strategic plans and change programmes	Director of Transformation December 2019	March 2020 The Health Board recognises that its present change and programme management capacity and capability needs to be developed to effectively support its longer term strategic plans and change programmes. The organisational change programme being led by the recently appointed Transformation Director, will seek develop to the arrangements. November 2020 Update within the 2019 Structured Assessment records this action as being complete, noting that the Transformation Board will further review capacity and capability in January 2020. The PMO has been realigned under the Director of Transformation, alongside the Value Based Healthcare Team and the Improvement Science Team. The combining of the organisation 'change support' has enabled the development of the Bay Way of supporting projects and programmes, bringing best practice from project and programme management and benefits realisation together. Noting the foregoing it is proposed that this recommendation now be marked as complete	PROPOSED CLOSED

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
3b	<p>Structured Assessment 2019 (R3)</p> <p>The transformation programme has been set-up and its programme architecture designed. The Health Board should now:</p> <ul style="list-style-type: none"> a. Develop a communications/engagement strategy; and b. Test the inter-connections between CSP and enabling programmes. 	<p>Director of Transformation</p> <p>April 2020</p>	<p>Management Response</p> <p>The Transformation Portfolio Board has been meeting since June 2019 under the original architecture and meeting structure. A 6-month review of progress and how the portfolio is working is going to be initiated at the January 2020 meeting of the Transformation Board. This will include the alignment and interconnections of all key change and enabling programmes as well as agreeing priority programmes and focus for 2020/21 in view of the emerging three-year plan and the learning from the KPMG intervention.</p> <p>A draft communications plan is in place covering both the Transformation Portfolio and the Clinical Services Plan. Further work is being undertaken to test the inter-connections between the CSP and enabling programmes and the outcome of a recent stocktake of the CSP will be reported to the January Transformation Board.</p> <p>November 2020</p> <p>The Transformation Portfolio Board was running from June 2019 to April 2020 when it was temporarily stood down in the face of the COVID-19 pandemic. The CSP was a significant part of the programme and a communications and engagement approach was developed. As we emerge from the pandemic, and in line with COVID-19 learning and KPMG reports, our delivery framework for future years will be developed at an appropriate time.</p>	

4. Director of Strategy

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
4a	<p>Structured Assessment 2019 – (R2) Clinical Services Plan (CSP) implementation is moving forward but it is not yet clear how delivery will be reported. The Health Board should determine a CSP reporting framework to support effective monitoring and scrutiny of CSP delivery.</p> <p>Structured Assessment 2020 - Comment The Health Board has mapped key priorities over the next six to 12 months to align with the four quadrants of harm defined in the NHS Wales Operating Framework and is identifying reporting metrics. So that progress against actions receives scrutiny and assurance at the appropriate forum, each action has been mapped to a Board committee to avoid duplicate discussions and maintain clear lines of escalation and accountability. The Health Board is also developing a performance management framework based around the quadrants of harm. The Health Board should also consider how the organisation's strategic and CSP objectives align to the quadrants of harm. We made a recommendation on determining a CSP reporting framework in 2019 and will revisit this next year.</p>	<p>Director of Strategy</p> <p>Complete</p>	<p>Management Response Progress against delivery of the CSP is reported to the Transformation Board and Health Board.</p> <p>Highlight reports are prepared and submitted on a bi-monthly basis to the Transformation Board.</p> <p>A phasing workshop was held in December 2019 to determine ability to deliver all projects within the available resource. This may result in changes to the phasing.</p> <p>November 2020 The Transformation Board has been stood down during COVID, and elements of CSP implementation have been reported to the Reset & Recovery Group (now replaced by Operational Silver). Discussions are underway with the Director of Transformation on confirming ongoing reporting arrangements of the Clinical Services Plan. In the interim, reports will be made to Senior Leadership Team."</p>	

5. Director of Finance

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
5a	<p>Structured Assessment 2019 (R4) The Health Board has included sustainable savings and efficiency in its plans, but these have under-achieved over the last two years. The Health Board should assess the reasons for under-achievement to ensure realistic plans are set and achieved in 2020-21.</p> <p>Structured Assessment 2020 Comment The three-year financial plan was established before the outbreak of COVID-19 and therefore will be affected by the pandemic. Savings in 2020-21 are already significantly behind, which is likely to lead to a bigger deficit in 2020-21, with a knock-on impact for achieving break-even in the next three years. We previously made recommendations about setting realistic savings targets and will follow-up further next year.</p>	<p>Director of Finance</p> <p>March 2021</p>	<p>Management Response The Health Board has a challenging financial position which requires a significant level of savings delivery year on year to manage in-year cost pressures before reducing the underlying deficit. It is recognised that the management of in-year cost pressures is primarily delivered through focussed financial grip and control and transactional savings whilst reducing the underlying deficit requires more transformational savings to be identified e.g. changes in service models.</p> <p>The Health Board has improved its level of savings delivery in 2019/20 and is forecasting a delivery of £20m, which is 90% of the savings target, this compares favourably with previous years. The 2020/21 financial plan will require a further significant level of savings delivery, which is being supported by the KPMG identified pipeline of opportunities which focusses on both transactional and transformation savings and efficiencies.</p> <p>The enhanced delivery, performance and accountability framework will increase monitoring, escalation and delivery assurance.</p> <p>November 2020 The ability to engage the organisation in identifying and/or supporting plans is currently significantly challenged due to the COVID-19 response.</p>	

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
5b	<p>Structured Assessment 2019 (R5) A range of benchmarking is used for planning, service improvement and efficiency work, but scope exists to extend the information used in respect of costs. The Health Board should progress its development and use of costing so that it better informs financial planning and management.</p> <p>Structured Assessment 2020 – Comment The three-year financial plan was established before the outbreak of COVID-19 and therefore will be affected by the pandemic. Savings in 2020-21 are already significantly behind, which is likely to lead to a bigger deficit in 2020-21, with a knock-on impact for achieving break-even in the next three years. We previously made recommendations about developing the use of costing and will follow-up further next year.</p>	<p>Director of Finance</p> <p>March 2021</p>	<p>Management Response The Health Board has in recent years used costing information to benchmark performance and inform service planning through:</p> <ul style="list-style-type: none"> • Use of the UK wide Patient Costing Benchmarking tool, allowing comparison of unit cost and cost driver information with a range of English providers • Inclusion of cost information in the internal clinical variation tool • Use of patient level costs to inform currencies for inter Health Board Funding Flows • Development of a Commissioning activity Tool to understand internal variation from a population health perspective. • Support of specific pathway redesign projects. <p>It has been our experience that it has been hard to develop service engagement around benchmarking of fully absorbed unit costs – more so in the Welsh environment where tariff-based payments and Service Line Reporting are not operational.</p> <p>In pursuit of technical efficiency therefore the approach has moved towards benchmarking the factors that underpin variation in unit cost:</p> <p>Cost Drivers - indicating how efficiently well we are using our capacity</p> <p>Cost Base - identifying potential savings in the delivery of that capacity through workforce, procurement etc.</p>	

			<p>The recent focus of the costing function has been to identify opportunity from cost driver efficiency particularly in respect of patient flow, theatres and outpatients – making use of CHKS and internal information sources.</p> <p>Moving forward the development and use of costing information will be developed in the context of the National Efficiency Framework developed by the Finance Delivery Unit which focuses on:</p> <ul style="list-style-type: none"> • Technical Efficiency • Population Health Efficiency • Whole Systems Intelligence <p>Specific priorities for the costing function in the next year will be:</p> <ul style="list-style-type: none"> • To refine the cost driver benchmarking information shared within the organisation to identify opportunities for technical efficiency. • To support development of PIDs developed by KPMG in cost driver functions. • To build a 'front end' to the Costing system to increase service awareness of fully absorbed service costs. • To develop a better understanding of variation of resource utilisation at cluster level in the context of the new needs-based allocation formula and key outcome measures. • To contribute to the national PLICs / National Data Repository development group with specific focus on: <ul style="list-style-type: none"> – Lung Cancer – Knee Pain – Stoke pathway – Alignment of patient cost information with the National Data Repository. 	
--	--	--	--	--

			<ul style="list-style-type: none"> • To support local Value Based Projects and in particular, to support the correlation of cost <ul style="list-style-type: none"> – With PROMs information at a patient level as it becomes available. – To support detailed pathway reviews led by Clinical Reference Groups. <p>November 2020</p> <p>Plans to develop the use of costing have been impacted on by COVID. The cost and activity base of the organisation has been distorted to the extent that there is little merit in benchmarking current performance , whilst concentration on essential services have meant a number of local and national initiatives have been paused.</p> <p>It is vital however that plans for recovery are underpinned by robust benchmarking and examples of best practice and to that end the value and efficiency agenda will again be prioritised in the latter part of the year - driven nationally through the relaunch of the National Efficiency Framework</p>	
--	--	--	--	--

6. Associate Director of Performance

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
6a	<p>Structured Assessment 2018 (R2) Whilst the Quality & Safety Committee has access to relevant quality metrics and performance information, the Committee should review its information requirements and the way in which it is reported, to avoid duplication or gaps, and ensure reports more clearly identify risks and assurances</p> <p>Structured Assessment 2020 - Comment Whilst the COVID-19 response has had an acute hospital focus, the [Quality & Safety] Committee received updates from the Mental Health-Learning Disabilities and Primary-Community Units. Papers are adequate, but the Committee continues to seek improvements to assurance reporting as part of the wider improvement plan following its workshop in 2019.</p>	<p>Associate Director of Performance</p> <p>July 2020</p>	<p>March 2020 Work is continuing with Quality & Safety Committee to develop a performance report which meets its needs.</p> <p>November 2020 In September 2020, the Quality & Safety performance report was aligned with the NHS Wales COVID-19 Operating Framework 4 quadrants of harm. This gave a better overview of how the organisation is performing in response to the COVID-19 pandemic and the effect of the pandemic on service provision. In addition, the Primary and Community measures now included in the report are extracted directly from the Service Group's new internal scorecard. The Primary and Community overview in the performance report now has more enhanced and appropriate measures than we have been able to previously report. A meeting is being arranged with the chair of the Quality & Safety Committee and Primary, Community and Therapies Service Group to discuss improving these measures even more.</p>	

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
6b	Structured Assessment 2017 (R11) In taking forward its Recovery and Sustainability (R&S) Programme, the Health Board needs to ensure that it facilitates greater ownership of performance improvement actions by the delivery units.	Associate Director of Performance September 2019	March 2020 New format recovery meetings have been in place from April 2018. Two meetings are held each month with delivery units: one focusses on finances and delivery of savings; the other on performance more broadly. Delegation letters have been issued to delivery units setting out their responsibilities. However, R&S work stream delivery has been slow and continued focus on ensuring shared ownership between executive-led work streams and units owning the improvements needed is still needed to give greater certainty and confidence in delivery. Developing a new performance management framework is to be taken forward in 2019. Alongside developing the operating model for the organisation. This is an opportunity to make accountabilities clearer, help incentivise performance and reflect earned autonomy of delivery units relative to their performance.	

7. Chief Operating Officer

	Recommendation & Source(s)	Lead Exec & Timescale	Position/Update	Status
7a	Structured Assessment 2019 (R1) The Health Board is developing estates and asset plans to underpin the Clinical Services Plan and will need to ensure that asset and estates requirements are clearly defined and reflected in the long-term capital plan.	Chief Operating Officer April 2020	Management Response The Health Board has commissioned the services of a specialist consultant to support the organisation in the development of an estate plan. An outline estate plan has been developed to underpin the clinical services plan. The Health Board will need to undertake a condition appraisal of the estate and this work is being progressed. It is anticipated that the estates plan will be finalised by April 2020. November 2020 An outline estate plan has been developed to underpin the clinical services plan. However, work has not progressed due to COVID restrictions. The Health Board needed to undertake a condition appraisal of the estate to underpin this work. it was agreed by the executive that this work would be commissioned in this financial year. However, subsequently to this the Director of Finance has advised that funding is not available and this work is now not being progressed due to the Pandemic. The Health Board have now decided not to commission the condition appraisal at this point in time but hopes to next financial year. It is anticipated that the estates plan will be finalised once the Health Board returns to normal operation following the pandemic as the strategy will need to reflect the changes in service delivery as a result of the response to COVID19	