AUDIT TRACKER UPDATE WALES AUDIT OFFICE/AUDIT WALES AGREED ACTIONS COMPLETED SINCE LAST REPORT

Executive Lead – Director of Corporate Governance				
462A2018-19	Rec Ref	Findings & Recommendation	Original Response	Update/Comment
Structured Assessment 2017 Report Issued March 2018	6	Quality and Safety governance arrangements The Executive-led Quality and Safety Forum, which was formed in January 2017 has focussed its attention on strengthening quality assurance arrangements. As part of this important work, the Health Board needs to ensure that: a. All management groups, which are required to report into the Forum, do so on a regular basis to avoid gaps in assurance. b. Assurance reports from the Forum to the Quality and Safety Committee meet the Committee's requirements in terms of discharging its scrutiny role. c. It keeps the quality and safety sub-structures under review to determine whether further simplification of current structures would be desirable. d. There is clarity on the relationship between the Quality and Safety Forum and other groups, particularly the Assurance and Learning Group and the Clinical Outcomes Steering Group.	A review of all the reporting structures for the Quality and Safety Forum is underway to ensure improved consistency and assurance arrangements are in place. The review of the Quality and Safety Forum arrangements will ensure regular reporting to the Committee. The Governance Stocktake has reviewed the reporting templates to the Board Committees and this will ensure that appropriate reporting takes place. The Groups reporting to the Quality and Safety Forum will review their terms of reference on an annual basis. The review of the reporting structures to the Quality and Safety Forum will address this recommendation. Completion date September 2018.	Structured Assessment 2018 The reporting from the Quality and Safety Forum to the Quality & Safety Committee is being reviewed and strengthened as part of the review of the Forum's terms of reference. At the time of our audit, the reporting lines for the Clinical Senate were not clear and the Health Board will need to evaluate the effectiveness of arrangements once the Senate is fully established. Structured Assessment 2019 In-Progress. Pace has been slow, but actions are progressing. Update November 2021 Throughout the COVID-19 pandemic the Quality and Safety Governance Group (QSGG) has continued to meet and report to Quality and Safety Committee on a monthly basis. There is now good attendance from the Service Delivery Groups QSGG continues to mature in terms of discharging its role of scrutiny over the Q&S agenda and, in addition to the QSGG COVID-19 update reporting template, is now also challenging the Service Groups to focus and update QSGG on the 3 highest risk areas within their services – this is then shared with the Quality and Safety Committee and the Health Board Management Board. This allows further debate and scrutiny of the Service Group's risk areas and actions being taken to mitigate them, which in turn forms part of the QSGG assurance reports to the Q&S Committee. QSGG Terms of Reference have been reviewed and updated (February 2021) to reflect the Health Board restructuring (Strengthening our Structures), and will be reviewed again in February 2022. Further work to map the Q&S reporting structures below Group level, and other Health Board Q&S sub-groups continues. Based on the foregoing it is recommended that this recommendation be closed, with any outstanding issues being picked up as part our internal quality and governance review.

1654A2019-20	Rec Ref	Findings & Recommendation	Original Response	Update/Comment
Structured Assessment 2019 Report Issued December 2019	3	The transformation programme has been set-up and its programme architecture designed. The Health Board should now: a. Develop a communications and engagement strategy; and b. Test the inter-connections between CSP and enabling programmes.	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 20/21 in view of the emerging Three year plan and the learning from the KPMG intervention. 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.	Structured Assessment 2021 - Complete The Health Board has developed a robust process for monitoring delivery of its plan through the use of 100-day plans, overseen by Management Board and reported quarterly through the use of RAG rated progress reports.
	4	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.	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. 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. The enhanced delivery. Performance and accountability framework will increase monitoring, escalation and delivery assurance	Structured Assessment 2021 – Closed The Health Board's transformation agenda has now been superseded by its recovery and sustainability plan. Programme management arrangements are in place to support the delivery of the eight programmes of work set out in the Annual Plan, which supports the overall delivery of the Clinical Services Plan.
	5	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.	 The Health Board has in recent years used costing information to benchmark performance and inform service planning through: 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. 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 	Structured Assessment 2021 – Complete As part of its work to respond to the KPMG recommendations, the Health Board has made use of the Financial Delivery Unit's VAULT Programme. This includes increased use of benchmarking data which encompasses costing data at a service level within the Health Board.

payments and Service Line Reporting are not operational.

In pursuit of technical efficiency therefore, the approach has moved towards benchmarking the factors that underpin variation in unit cost:

Cost Drivers – Indicating how efficiently well we are using our capacity

Cost Base – Identifying potential savings in the delivery of that capacity through workforce, procurement etc.

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.

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

- Technical Efficiency
- Population Health Efficiency
- Whole Systems Intelligence

Specific priorities for the costing function in the next year will be:

- 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:
 - Lung Cancer
 - Knee Pain
 - Stoke pathway
 - Alignment of patient cost information with the National Data Repository.
- To support local Value Based Projects and in particular to support the correlation of cost with PROMs information at a patient level as it becomes available.
- To support detailed Pathway reviews led by Clinical Reference Groups

	Executive Lead – Director of Strategy				
1513A2019-20	Rec Ref	Findings & Recommendation	Original Response	Update/Comment	
Implementing the Wellbeing of Future Generations Act Report Issued October 2019	3	Ensure that strategic decisions and service planning incorporate and take account of the ambitions for green spaces in the Health Board's estate. Incorporate the Swansea Bay Biophilic Wales Project into the Health Board's Strategy, Integrated Medium Term Plan 2020-2023 and supporting Estates Strategy, including the actions to be implemented, timeframe and intended benefits and outcomes.	Our Executive Board will lead on aligning our corporate goals with our revised well-being objectives. We will scrutinise and challenge our work programmes against the Sustainable Development Principle and Five Ways of Working. In line with our corporate planning processes, the Health Board will consider our well-being objectives within our corporate planning. This will ensure that the Biophilic Wales Project links directly to our Clinical Services Plan and Integrated Medium Term Plan (IMTP) to further embed the Sustainable Development Principle within our service delivery plans.	Update December 2021 The HB's Decarbonisation plan will be completed by March 2022 and will incorporate the requirements of the Biophillic Wales project. The development of the HB's Recovery & Sustainability Plan (3 year IMTP) has included a Service Framework that requires all service visions and new developments to consider green infrastructure requirements. Sustainability Manager commences post January 2022.	
			The Health Board is currently developing a Sustainability section within its IMTP, which will incorporate relevant actions including Green Infrastructure (Biophilic Wales) targets and opportunities over the next 3 years. This will be developed in line with our Estates Strategy (currently in draft) which will include a detailed implementation framework including targets, outcomes and milestones.		
	7	Ensure that the Health Board explores all opportunities to involve wider staff expertise to inform and contribute to Swansea Bay Biophilic Wales. The Health Board should determine how it will involve wider staff groups in the project to provide expertise in engagement, patient liaison, improving wellbeing, survey design and volunteer engagement.	As agreed in the funding proposal and delivery plan, the Swansea Bay Biophilic Wales project will be managed in structured stages using project management methodologies, with key deliverables defined for each stage. The project will be governed by a Partnership Group comprised of individuals from each of the main partner organizations, which is scheduled to meet monthly. On a quarterly basis, there will be an 'all partners' meeting, with all project partners invited and additional collaborators will join, depending on the activities being covered. As part of the project's stakeholder mapping exercise, the Health Board will identify staff representatives as part of the project team to provide multi-disciplinary expertise at all levels including patient engagement and patient experience staff. The project work packages will be drafted to outline and agree any deliverables for teams within Natural Resources Wales. There will also be a need for technical meetings to manage particular aspects of the project, for example. meetings about planning seed collection for the year, or the development of green infrastructure work. The relevant project partners will attend these technical meetings as required. As part of its agreed project delivery plan, the Swansea Bay Biophilic Wales project will develop a Green Infrastructure strategy and action plan for 40 sites within the Health Board's estate.	Update December 2021 SBUHB participate in wider project partner management groups with National Botanical Garden Wales, National Resources Wales and Swansea University. Biophilic Wales has held in person events at SBUHB sites with NHS staff meeting volunteers and being introduced to the biodiverse spaces. Some of these have been in conjunction with other projects, for example the Orchard Project, and Biophilic Wales held a Blossom Day focussed on the fruit trees that had been recently planted. Virtual talks have been held to discuss the project with groups and organisations including with other health boards across Wales who are keen to learn from the experience of Biophilic Wales about what is possible on their own estate. A bilingual 'Little Book of Well-being' has been written and printed that celebrates Welsh wildlife, landscapes and literature and informs on Welsh native wildflowers. Welsh National Nature Reserves with key flora species are featured, as well as information on the Five Pillars of Well-being. Use of the internet and social media has always been a part of the planned engagement strategy and this has become more important as delivery progressed. A website for Biophilic Wales is online within the main site of the Botanical Garden and the project is active across different social media accounts. The Join Our Growing Team and Growing Together campaigns have been primarily promoted and organised online. Project partners: National Botanic Garden of Wales.	

	Swansea University
	Natural Resources Wales
	Keep Wales Tidy
	Plant life
	Swansea and Carmarthen Local Nature Partnerships
	Swansea and Neath Port Talbot CVS
	The Orchard Project
	Singleton Botanical Gardens
	Mumbles to Margam Connectivity Corridor project and PRIME
	B-Lines
	Local individual volunteers
	The Project is due to come to an end at the end of March 2022 and therefore this action can be closed down. However, the Health Board is already looking to identify funding to continue the project working with the Botanical gardens expanding on the existing initiative which will it is hope include the development of a Wellbeing Wood, which is part of the Health Boards response to the Queens Green Canopy Project, which marks the Queens Platinum Anniversary. The Health Board and the Botanical Gardens will be holding a review of the project in March to identify lessons learnt. The original recommendation was that The Health Board should determine how it will involve wider groups in the design and development of the 40 site plans, including staff, patients and their families, service users, existing volunteer groups and other organisations that could contribute. The Health Board believes it has addressed this recommendation and therefore it can be closed down.