Meeting Date	24 January 2019		Agenda Item	2d
Report Title	Governance Work Programme 2018-19			
Report Author	Pam Wenger, Director of Corporate Governance			
Report Sponsor	Pam Wenger, Director of Corporate Governance			
Presented by	Pam Wenger, Director of Corporate Governance			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to present to the Audit Committee an update on the Governance Work Programme.			
Key Issues	At the Audit Committee in March and April 2018, the outline Governance Work Programme was considered, and updated in-line with members' comments. The work programme has been updated to include the recommendations from the Structured Assessment and the outstanding recommendations from the Financial Governance Review and the final version was approved at the May 2018 Audit Committee, with quarterly progress updates agreed. Members are invited to note the progress made against the recommendations (highlighted in red). Of the 70 recommendations, 33 have been completed. The rest remain in progress, but on track. The next update will be reported in **March 2019** which will include the update against the Structured Assessment and an outline programme for 2019/20.			

Specific Action Required *(please ✓ one only)*	Information	Discussion	Assurance	Approval
			✓	

Recommendations	Members are asked to: • **NOTE** the report

Governance and Assurance					
Link to corporate objectives *(please ✓)*	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
					✔

Quality, Safety and Patient Experience

Ensuring the Board and its Sub-Committee(s) makes fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.

Financial Implications

There are no financial implications.

Legal Implications (including equality and diversity assessment)

There are no direct legal implications.

Staffing Implications

The delivery of the proposed work programme is set within the context of the existing resources.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

No impact identified.

Report History	Audit Committee: 15th March 2018, 19th April 2018, 17th May 2018; 31st July 2018 and 15th November. Executive Board: 31st October 2019
Appendices	Appendix 1 : Governance Work Programme 2018-19

GOVERNANCE WORK PROGRAMME 2018-19 AS AT END DECEMBER 2018

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**

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
ROLES AND RESPONSIBILITIES					
1. Ensure all Board Members understand their respective roles and responsibilities	June 2018	Director of Corporate Governance	• Kings Fund Programme in June begun to focus on roles and responsibilities. Further work will be planned as part of the programme. • Independent Member development session on roles and responsibilites • King's Fund development session held on quality governance	GS	GREEN
2. The Health Board should prospectively consider programme management arrangements and the future role of the PMO in supporting wider strategic plans and change programmes.	June 2018	Director of Finance	• Project Management Office in place with 7 Executive Led Work streams aligned to the financial plan. • The Board agreed that the PMO, in its support of the Recovery & Sustainability Programme, needs sufficient capacity and capability	SA R17 FGR R15	GREEN

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			to discharge the functions expected of it, addressed as a priority. The Board also agreed that going forward its broader change capacity and capability, including the role of a PMO needs to be examined. • Effectiveness of programme delivery and PMO arrangements significantly limited by resource availability. CE wrote to Andrew Goodall to set out case for a targeted and focussed package of consultancy for Project Management, Infection Control and RTT. WG resource package to support R&S verbally agreed and will enable more robust delivery of programme management. Exec Team also considering how we establish a Transformation approach in the HB.		
3. The Executive team needs to adopt a more integrated approach to planning under the leadership of the strategy directorate. This has the potential to take on a more ambitious and transformational approach as the appetite exists within the Delivery Units.	June 2018	Director of Strategy	• Targeted support secured from Deloitte. • Discussions are ongoing in relation to reviewing executive directors' portfolios.	FGR R11	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
4. The HB should consider elevating the formal status of Divisional Medical Directors (and, subsequently, Clinical Directors) so that they have the same level of accountability and responsibility for delivery of all aspects of their unit/service agenda as Service Directors/Managers. This initiative should be driven by the Health Board Medical Director.	March 2018	Medical Director	• *NB The structure and roles within the existing triumvirates were considered in depth prior to the implementation of the new management arrangements. It should be noted that the new UMD roles are significantly larger than the previous Clinical Director roles (and CD roles in other health organisations) consequently require significant leadership and management experience and expertise. An immediate change to these arrangements has the potential to cause further disruption.* • Review the functioning and structure of the triumvirate arrangements when the management arrangements have been fully embedded. • Triumvirates to be invited to senior leadership team meetings. • Director of Transformation will be leading the development of an operational model for the organisation. • Clinical Senate Council meetings will include the triumvirate	FGR R18	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			members – first meeting scheduled for December 2018.		
GOVERNANCE FRAMEWORK					
5. Undertake a review of the Board and Committee Governance Structure (including the establishment of a Health & Safety Committee)	April 2018	Director of Corporate Governance	• Completed. The Board agreed the committee structure at the meeting in March 2018.	GS	
6. Develop a Board Assurance Framework and determine whether further simplification of governance structures and reporting lines is required.	April 20198 (quarterly reporting)	Director of Corporate Governance	• Presentation to the Board Development in February 2018. • Paper to Audit Committee outlining the process March 2018 • Workshop held in March and the process of board assurance mapping will take place during May 2018. • Draft Board Assurance Framework in development in place by April 2019	SA R5 GS	
7. Ensure clarity and organisational understanding of the new structure and specifically, about what is a management group, partnership forum or scrutiny function as the current mapping groups them collectively.	March 2019	Director of Corporate Governance	• Work on reviewing the high level committee structured has begun and was reported to the Board in March 2018 • Further work required on operational governance structures which will form part of the development of the operational model	SA R5	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
8. Reassess any gaps or duplication in the operation of the new arrangements once introduced.	March 2019	Director of Corporate Governance	• Linked to 7 above		
9. The Executive-led Quality and Safety Forum Needs to ensure that: • All management groups, which are required to report into the Forum, do so on as regular basis to avoid gaps in assurance. • Assurance reports from the Forum to the Quality and Safety Committee meet the committee's requirements in terms of discharging its scrutiny role • It keeps the quality and safety sub-structures under review to determine whether further simplification of current structures would be desirable. • 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.	September 2018	Director of Nursing and Patient Experience	• Mapping of groups reporting to the Forum is completed and an update report be presented to Audit Committee in September. • Further simplification of these groups is now underway and ToR will be reviewed following ratification of • Revised Terms of Reference and reporting schema have been circulated for comment and will be taken for approval at November Q&PS Forum • This Forum will be Chaired by Director of Nursing and Patient Experience • Learning and Assurance Group will become focussed on sharing learning and will not have an assurance function • Clinical Outcomes (including audit and effectiveness) group has been replaced by Clinical Senate	SA R6	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
10. The Health Board should strengthen the Workforce and Organisational Development Committee and Board assurance by: • ensuring committee meetings are held as planned • making sure there is a greater focus on strategic risks, as opposed to operation matters • Improve the timeliness of data reported to the committee, ensuring the Board is also appropriately sighted of performance information. • Improve administration and reporting by ensuring completion dates and responsibilities for actions are provided and reports highlight risks more effectively.	June 2018	Director of Workforce and OD	• Board has considered the role of the Committee and agreed to seek the view of the incoming Director of Workforce and OD. • Workforce and OD Meetings have now been regularised and improvements made to the content of the agenda ensuring it is strategically focussed. • Workforce metrics are now be reported through to the Performance & Finance Committee and this was agreed in March 2018. • The Board has agreed that 'ongoing' is not to be used and that all actions have a target date. • Revised ToR for the W&OD Committee has been developed and was ratified at the meeting held on July 2018. • The executive agreed in August 2018 to establish a workforce and OD forum to manage all operational issues. Once this is in place, all workforce risks and reporting mechanisms can be reviewed to determine the role and remit of the committee going forward.	SA R7	(green)
11. New Programme Board arrangements are being implemented within the	September 2018	Director of Strategy	• Supporting delivery Boards have been established for USC, planned care, cancer, stroke and	SA R9	(amber)

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
Health Board. As part of this organisational change the Health Board needs to: • ensure that the new Programme Boards do not focus solely on areas of targeted intervention in secondary care, and that sufficient attention is paid to other service areas and improvements • Re-map the Changing for the Better strategic change programmes formerly overseen by the Commissioning Boards and determine how they align to the new Programme Boards; • Ensure the new arrangements and interfaces between the Programme Boards and the delivery unit structures are clear and better understood than the previous arrangements; • Clarify reporting lines for the new Programme Boards and the relationship to the Strategy and Planning, and Performance and Finance Committees			infection control. • The supporting delivery Boards will take responsibility for: - Short term performance improvement actions against the Targeted Intervention Areas - Performance managing implementation of the Service Improvement Plans for the respective areas contained in the 2018/19 Annual Plan, taking corrective action where necessary if plans are not being delivered. - Developing the equivalent plans for the 2019/20 element of the IMTP/Annual Plan • The Executive Team will review the governance arrangements for developing the organisational and clinical services strategy, and how the outcomes will then be implemented. As part of reviewing these arrangements, the executive team will determine which commissioning boards will remain in place and those which will be superseded by the supporting delivery boards. • Each supporting delivery board has an Executive lead or sponsor, and appropriate senior clinical and managerial membership from corporate and Delivery Unit		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			structures which will ensure clarity of interface and alignment of decision making and planning arrangements. • Reporting lines to Performance & Finance Committee and Strategy Planning and Commissioning Group to be confirmed as Terms of Reference are finalised. • Mapping of work priorities from commissioning boards into new planning structure underway, to be completed by end September 2018		
12. Review Officer and Non Officer Membership on the Board Committees	April 2018	Director of Corporate Governance	• Review undertaken and agreed by Non Officer Members	GS	
13. Review the Health Board Standing Orders and Scheme of Delegation to include a scheme of delegation for capital project approvals.	September 2018	Director of Corporate Governance	• Review of Standing Orders has been completed and presented to Audit Committee in May. • Further work on the scheme of delegation linked to the financial delegations is recommended.	SA R4, GS	
14. Develop corporate standards and templates for all Board Papers (including the processes for agenda planning, timeliness of papers etc)	May 2018 (March 2019)	Director of Corporate Governance	• New template and Standard Operating Procedure in place. Further work to do on the board processes and the writing of board papers with session planned for February 2019. •	GS	

Recommendation		Timescale	Lead Executive	Current position	Reference	Status
15.	Develop a Governance Toolkit that provides relevant guidance to staff in Corporate Teams and Units	September 2018	Director of Corporate Governance	• As procedures are developed these will be incorporated into the Toolkit • Outline framework for toolkit developed which currently includes the governance chart, terms of reference	GS	
16.	Review the mechanisms for committees to report to the Board	June 2018	Director of Corporate Governance	• Revised Chair Reporting in place and will be developed over time. • Single report to the Board with assurance reports from each of the Chairs. This template will be included in the Governance Toolkit.	GS	
17.	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.	July 2018 (June 2019)	Director of Corporate Governance / Director of Transformation	• Standard Operating Procedure has been put in place. • Further work to be addressed as part of the operational model.	FGR R19	
18.	Review the Executive Team meeting arrangements including the groups that report to the Executive	September 2018	Director of Corporate Governance	• 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	GS	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			Executive Board have been approved. • Executive Team session planned for 30 January 2019 to work through current arrangements		
STRATEGY AND BOARD DEVELOPMENT					
19. Develop a programme of Board Workshops for the forthcoming year to ensure that the focus is on strategy	May 2018	Director of Corporate Governance	• To be discussed with Exec Team during April for discussion with the Non Officer Members. • Board development has already focussed on strategic issues.	GS FGR R17	
20. To develop a consolidated action plan to address the issues raised by the reviews, and to help identify whether any further governance review would be of value.	April 2018	Director of Corporate Governance	• Action Plan in place which picks up outstanding actions from the Financial Governance Review, Structured Assessment and Governance Stocktake. The NHS Delivery Report actions will be incorporated once considered by the Quality and Safety Committee.	SA R3	
21. Work to revise the Health Board's clinical plan is underway, recognising the changes to the landscape within and outside of the Health Board since the Changing for the Better strategy was developed in 2013. The Health Board now needs to: • Produce a clear timetable for completing the development of its revised clinical plan . • Ensure the emerging clinical plan aligns to other strategic plans and	September 2018	Director of Strategy/Medical Director	Significant progress has been made: - • Desktop review of existing clinical strategy complete • External support commissioned and in place to support clinical service plan development • Clinical leadership in place at interim deputy medical director level with all three post holders leading elements of the process • Clinical redesign groups will have three times each during	SA R8	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
change programmes within the Health Board. • Ensure that the clinical plan is underpinned by supporting plans in key areas such as workforce, quality, estates and asset management.			September, October and November – last workshop 6th November • Process has been aligned with three year plan development process and will share joint workshop time • Drop in sessions and presentations at existing clinical cabinets and unit meetings used to promote clinical service plan discussions • Leadership summit on 7th September considered the emerging thoughts on the clinical services plan • Regional Services discussed in joint workshops with Hywel Dda clinicians and managers • Stakeholder engagement currently underway • Anticipated that the final draft plan will be available for board consideration and approval before Christmas 2018; ongoing updates will be provided through the autumn and winter to keep the board appraised of progress. • Board Development Days used for presenting draft Clinical Service Plan • Clinical Plan in draft and to be		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			considered by the Board in January		
22. It is imperative that the Health Board formulates an over-arching strategic document, underpinned by a clinical plan, which brings together the various work streams and sets the longer term vision for the organisation. This over-arching vision would then establish clear direction for the development of the IMTP, whilst also providing a framework against which to test proposed CIPs and service transformation plans.	September 2018	Director of Strategy	• Organisational strategy approved by the board in November 2018. • Clinical services plan in draft and to be considered by the Board in January 2019	FGR R16	
RISK MANAGEMENT					
23. In taking forward its plans to improve risk management, the Health Board needs to ensure that: • It more clearly identifies risks to the achievement of objectives on the corporate risk register, rather than just listing issues such as "unscheduled care" and "public health". • It critically reviews the number of risks on the corporate risk register, as there are too many for proper collective scrutiny. • It re-maps risks to committees to	June 2018	Director of Nursing and Patient Experience	• The work on the development of the Board Assurance Framework is being progressed. • The re-mapping of the risks will now be completed to take into account the Committee Structure. • Risk management group established; • Risks have been mapped to committees. • Updated Corporate risk register to be reviewed by Audit committee in ¼ 3 of 2018/19	SA R10	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
• reflect the new committee structure • All committees provide oversight and scrutiny for the risks assigned to them.					
24. To review the risk management escalation process	June 2018	Director of Nursing and Patient Experience	• To be picked up as part of the risk management arrangements. • Updates form Delivery Units re: their Risks of 16 and above being collated to form the HB Risk Register • Review of Executive portfolios also being undertaken to clarify where the overall risk portfolio is best placed • Updated Corporate risk register to be reviewed by Audit committee in ¼ 3 of 2018/19 •	GS	
PERFORMANCE MANAGEMENT					
25. In taking forward its Recovery and Sustainability Programme, the Health Board needs to ensure that it facilitates greater ownership of performance improvement actions by the Delivery Units.	April 2018	Director of Finance	• The new format for the recovery meetings have been put in place from April 2018 with Finance and Performance Recovery Meetings. There are now two meetings with each Unit per month, one meeting focusing on the financial position and savings targets and a second integrating all of our Targeted Integration performance indicators, including finance.	SA R11	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			• Ongoing lessons learnt indicate that more needs to be done to ensure that there is shared ownership between Executive-led work streams and Unit Delivery Plans to provide greater certainty and delivery confidence. • As part of the Transformation Portfolio work is in progress to review the current arrangements in relation to the Recovery and Sustainability Programme		
26. The establishment of a Performance and Finance Committee has been a positive development. Whilst the Committee's work to date has necessarily focused on the specific challenges related to the Health Board's targeted intervention status, the Committee needs to ensure that this approach does not result in insufficient scrutiny of the Health Board's wider performance.	July 2018	Director of Finance	• It is proposed to bring a paper to the Performance and Finance Committee which sets out proposed performance reporting arrangements to Committees and Board. This will be prepared once the Board's revised governance arrangements are approved. • The proposal is to bring an initial paper to Performance and Finance Committee in April • The proposal is to bring an initial paper to Performance and Finance Committee in April. • Of necessity the Board is very focussed on the TI KPIs including Finance, but under the Chair of	SA R12 FGR R8	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			Performance & Finance Committee's direction, a new performance pack has been developed that's more comprehensive. P&FC also takes a paper on W&OD metrics and Medical Agency usage. PFC agendas demonstrate that its remit and loci are broader.		
27. As part of the Performance Management Framework update the Health Board should review its performance dashboard, so that there is a greater focus on focus on targets, trajectories, and outcomes.	March 2018	Director of Strategy	• The Board Performance Report has been revised and was agreed at the Board Meeting in March 2018. • The Board agreed the trajectories required as a minimum for delivery in 2018/19 and the assurance and escalation arrangements as part of the approval of the Annual Plan. • In addition, and through the Performance & Finance Committee Digitally-enabled Balanced Scorecard is being prepared which will give greater insight across a balanced scorecard of indicators. This will enable interrogation of performance at a Health Board and Unit level. It will also introduce a fixed date each month to "lock down" data for reporting.	SA R13	
28. Generally, the performance report to Board receives sufficient information to	June 2018	Director of Strategy	• New integrated performance report has been developed and	SA R14	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
support scrutiny. However, the current format could be further strengthened by: • Making it easier to determine performance against target, • Providing more clarity on the trend period being considered, • Better linkage between reported actions, outcomes and timescales for improvement, and • More performance reporting on commissioned, primary care and partner provided services.			agreed with chair of committee. Report structure is agreed and the report content will need to react dynamically as the committee establishes itself and agrees the range of metrics appropriate for discussion at the committee. • Agreement has been reached with the committee chair that the report deadline will be able to be flexed to allow the committee to receive as much information as possible relating to the previous month end, increasing the timeliness and relevance of the integrated report received by the committee.		
29. In progressing the planned work to develop a more integrated approach to the provision of management information, the Health Board needs to clarify: • executive accountabilities for performance information and management, where business intelligence sits and how it relates to informatics.	June 2018	Chief Executive	• The Chief Executive reviewing the Executive Directors responsibilities. This review will clarify where responsibilities and accountabilities sit, including those for performance information, reporting and management. • Further discussion on portfolios to be considered on 30 January 2019	SA R15	
30. The Health Board should : • Take steps to increase mandatory training rates to meet the Health Board target of 85%. • Address access issues with the	July 2018	Director of Workforce and OD	Mandatory Training rates have increased from 43.80% to 67.93% in November 2018. a. The review of the Mandatory	SA R18	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
Electronic Staff Record to allow accurate recording of compliance. • Ensure the Mandatory Training Governance Committee meets. The committee was established in October 2016 to monitor the mandatory training framework, but to date has not met.			framework was put on hold due to the change over of Workforce and OD Director. Communications have been developed in partnership with Shared Services which contain step by step guides on how to access and complete E Learning Via ESR. E learning drop in sessions have been delivered across all sites on a bi-weekly basis. This increase in intensity of delivery has meant that more individuals have access to E-Learning sessions which are local to their workplace. Additional training sessions have been delivered for specific staff groups following requests. PADR Training has been updated to include a stronger messages about M+S training compliance. Where questions are asked about using ESR – Mangers are supported by the Learning and Development Coordinator on an individual basis. Work is currently underway to review levels of M+S training for role profile to reduce duplication of effort from repeating already covered lower levels of training. b. All administrators have received further training on system		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			usage (or had their access removed). This is now recorded on a centrally held database. All new administrators receive a 1:1 training session before access is granted as an administrator. c.　　There has been a decision that there should not be a standalone committee due to reporting structures to the Board. It was recommended that decisions around M+S training are made at the workforce and OD committee or its future structure.		
31.　The Health Board has taken steps to increase information governance training for staff and independent members alike, but compliance as at December 2017 was 52%. The Health Board therefore needs to take action to increase information governance training compliance rates.	December 2018	Medical Director	• The allocation of additional resources to the IG team has lead to a significant improvement in the HB IG training compliance figures. • In August 2018, the HB achieved IG training compliance of 74%, a 22 percentage point increase from December 2017 . • The improvement has been the result of a number of factors, including monthly reporting by individual staff member, dedicated sessions, availability of different training formats, and train the trainer sessions. • SDU and corporate IGB leads continue to report to IGB their improvement plans to continue to improve compliance. • ABMU expects to achieve the required standard of compliance	SA R16	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			by December 2018.Unit and corporate IGB leads have been required to implement plans to improve the compliance of IG training in their SDU / Department. • The Board received an update at the meeting in March in relation to GDPR and noted that investment into the team had been agreed and that progress was being made to recruit staff. • ABMU expects to achieve the required standard of compliance by December 2018.		
32. The Board and Executive team must ensure that Delivery Unit plans are refreshed as a matter of urgency, in order to ensure that they are: in line with current financial circumstances; realistically achievable; drawn up early in the financial year to allow sufficient time for delivery.		Director of Strategy	The Unit plans have been refreshed as part of the development of the Annual Plan as approved by the Board. The development of the annual plan for 2019/20 includes all Unit involvement and the Board will consider the Annual Plan at the Board Meeting in January 2019.	FGR R12	
FINANCIAL GOVERNANCE					
33. To foster a more sustainable approach to managing savings, the Health Board should: • Set realistic savings targets. • Make better use of benchmarking data and internal performance intelligence to better identify inefficiencies (and efficiencies) to feed into savings	September 2018	Director of Finance	• The Board has begun to change its approach to Financial Planning for 2018/19. However it will take more than a single financial planning cycle to fully mature and embed a different approach. The Board is committed to driving this change which requires changes to	SA R1	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
planning. • Link financial budgets to activity through zero based budgeting to identify efficient and inefficient areas and to effectively benchmark against good practice • Ensure savings schemes are not planned in isolation but are linked to wider programmes of work or changes in activity. • Adequately profile savings over the course of the year so that delivery is not concentrated in the last six months of the year. • Reduce reliance on short-term transactional savings in favour of long-term and transformational savings which aim to reduce pressure on future budgets. For example by ensuring savings related to pay are linked to long-term service change.			financial planning and management techniques and tools, as well as a cultural and behavioural change. The Board has agreed a Reserves Policy. The Board is committed to establishing a Financial Strategy and a Medium Term Financial Plan, which will underpin a more mature and sustainable approach financial management and budgeting. • The Board is committed to setting realistic savings targets based on the levels of opportunities and investments. The Board is also committed to taking a system-wide view of service, quality and financial management which means that it will, by definition, not only examine 'each Delivery Unit'. • The Finance team is currently exploring how we could use zero based budgeting approaches to examine key areas of spend. • The Board's approach to 18/19 One Year Service Planning, 18/19 Financial Planning and delivery of the Recovery and Sustainability Programme is designed to address this. However it will take more than a single financial planning cycle to fully mature and		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			embed a different approach.		
34. The Health Board should further improve the arrangements for monitoring, reporting and scrutiny of savings: • Improve the ownership of budgets and savings plans by budget holders through strengthened corporate leadership and improving the relationship between delivery units and the corporate centre. • Ensure that Financial Recovery meetings within Delivery Units have a more explicit focus on the actions needed and are sufficiently long enough to allow good coverage of issues. • Improve operational scrutiny of savings by encouraging senior finance business partners to be more proactive in holding Delivery Units to account in respect of managing budgets, and both the development of, and delivery against savings plans. • Standardise the monitoring of financial performance of Delivery Units both in terms of the approach and reporting. the monitoring of financial performance of Delivery Units both in terms of the approach and reporting which is currently	September 2018	Director of Finance	• A more robust approach to budget (including benefits realisation) allocations and delegations, linked to operational performance is being introduced for 2018/19. • Monitoring is taking place via fortnightly Financial and Performance Recovery Meetings. • The Finance Business Partnering team, reporting to their Finance team line managers, will take a more proactive approach. The operating model of the Finance Business Partnering (FBP) team is being examined to ensure it is as effective as it needs to be. • A standard pack has been produced, with input from the FBPs, and issue to Unit. It will be used formally from 1 April 2018 and reviewed after 6 months. • Delegation letters issued to budget holder • Improved financial scrutiny through the Performance and Finance Committee and greater focus on benefits realisation through the Investments and Benefits Group	SA R2 FGR R9, R14	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
inconsistent.					
35. The Health Board should adopt a revised approach to financial planning which includes more sophisticated financial modelling of future requirements, is not so focused on investment and which is consistent with a longer-term, over-arching strategy.	Complete Complete October 2017 March 2018 April 2018	Director of Finance	• Revised approach to planning development between Joint Strategy Director and Finance Director and agreed at Board meeting on 27 July 2018. • An Investment and Benefits Group has been established (jointly chaired by Finance Director and Strategy Director) to implement effective controls and benefits realisation discipline. • Review the Finance Directorate skills, capability and structures to identify and design roles, and working practices accordingly. • Explore Swansea University support / advice on modelling. The need for mature financial, statistical and service modelling has been recognised and is factored into future strategy and IMTP preparation, and into emerging 2018/9 Budgeting planning. • Develop and implement capability Plan for Finance team. • Demand Capacity Planning to be mobilised via R&S Programme (joint responsibility with COO and Performance; led by Director of	FGR R10	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
	April 2018 April 2018 July 2018 Advertise by March 2018		Strategy). • The MI Data Task and Finish Group has been established and is meeting regularly. HL and LH took the prototype of the Balanced Scorecard to the Finance and Performance Committee on the 21st December 2017. Further development and needs to integrate workforce. • Financial strategy and Medium Term Financial Plan to be developed. • Designing a Band 8C role to lead on Medium Term Financial Planning with view to growing skills and capability of finance team to address this deficit.		
SERIOUS INCIDENTS					
Recommendation 1: To make certain that patient safety is central to the HB's business, the entire Board membership should ensure that learning from Concerns and the understanding of potential risks are used to inform priorities and drive change.					
1.1 The Board Committee structure and membership to be reviewed and revised to strengthen the approach to scrutiny and challenge.	01/03/2018	Director of Corporate Governance	Completed The committee structure was reviewed and agreed by the board in March 2018	DUTIR	
1.2 Wales Audit Office to deliver a session on scrutiny and challenge for the Board.	01/10/2018	Director of Corporate	Arrangements confirmed for October session.	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
		Governance			
1.3 Kings Fund Leadership Programme 2018/19 for Non Officer Members, Executive Directors and Unit Directors.	01/04/2019	Director of Corporate Governance	Leadership programme underway and will be complete by April 2019.	DUTIR	
1.4 Head of Patient Experience, Risk & Legal Services to deliver a Putting Things Right Regulations Board development session.	01/04/2018	Director of Nursing & Patient Experience	Completed Board development tool place on 26th April 2018	DUTIR	
1.5 Review process of patient stories to the Board to ensure learning is included	01/05/2018	Director of Nursing & Patient Experience	Completed All patient stories include learning	DUTIR	
1.6 Review the membership of the Quality and Safety Committee has been completed.	01/08/2018	Director of Corporate Governance	In progress – to take place in August 2018	DUTIR	
1.7 Review of reports submitted to Quality and Safety Committee has been completed. A report on SI's/NE's identifying the issues and learning will now be a separate report reviewed at each meeting.	01/05/2018	Director of Corporate Governance	Completed Reports separated and standing item on health board agendas.	DUTIR	
1.8 Process to be established to issue a Local Safety Notice following the identification of a never event and shared Health Board wide. On completion of the investigation 7 minute briefing to be issued.	01/09/2018	Director of Nursing & Patient Experience	Previous separate SOP's relating to Serious Incidents and Never Event incidents have been combined into a new SOP entitled, Significant Incident Review & Learning Process. The new SOP details the issuing of a Local Patient Safety Notice either Corporately by the Serious Incident Team or the relevant Hospital Managed Unit when a significant Incident occurs. Revised SOP to be	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			approved by Quality & Safety Forum. Local Patient Safety Notices have been issued for several incidents. In addition, Significant Incident 7 Minute Incident Briefs are now being developed for corporately investigated incidents		[green]
1.9 Review the role of the Assurance & Learning Group and Quality & Safety Forum to be considered.	01/09/2018	Director of Corporate Governance	This is being progressed as part of the structured assessment.	DUTIR	[amber]
1.10 Ward to Board reporting to be piloted in NPTH and evaluated.	01/09/2018	Director of Nursing & Patient Experience	Presentation to Quality & Safety Committee in June 2018 which approved the pilot. Improvement plan being developed.	DUTIR	[green]
1.11 A review of report template has been completed and new templates have been issued.	01/04/2018	Director of Corporate Governance	Completed. Refer to earlier entry.	DUTIR	[green]
Recommendation 2 : The organisation's framework for managing Serious Incidents should be reviewed and strengthened with a view to ensuring consistency of approach and quality across the Health Board. Particular consideration should be given to ensuring that					
2.1 Review roles and responsibilities within the SI SOP and re issue following any revision.	01/09/2018	Director of Nursing and Patient Experience	Completed Significant Incident Review & Learning Process SOP will be amended to reflect agreed criteria. Quality & Safety Forum members to be consulted.	DUTIR	[amber]
2.2 Update Datix to reflect the changes and ensure the Units and Corporate Teams are aware of the revised Criteria.	01/04/2018	Director of Nursing and Patient Experience	Completed Datix updated and Units/Corporate Teams notified	DUTIR	[green]
2.3 The terms of reference, membership and scope of the Mental Health & LD Delivery	01/05/2018	Head of Operations	Revised arrangements now in place.	DUTIR	[green]

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
Unit's Serious Incident Group have been reviewed. The reporting template utilised by the Health Board's SI Team has been adapted and will be used for future investigations undertaken.		& Unit Medical Director.			🟩
2.3.1 Review changes in Mental Health through quality assurance assessment.	31/03/2018	Director of Nursing & Patient Experience	All Never Event investigations for financial years 2016/2017 & 2017/2018 have been assured and closed therefore a formal and independent evaluation to be undertaken in ¼ 4 of 2018/2019	DUTIR	🟧
2.4 Formal evaluation to be undertaken once all never events for 2017/18 have been investigated and results presented to the Assurance & Learning Group for consideration of the evaluation and recommend further actions.	31/03/2018	Director of Nursing & Patient Experience	Formal and independent evaluation to be commissioned once all Never Event investigations for financial years 2016/2017 & 2017/2018 have been assured and closed. Evaluation will consider but not limited to; Timescales for undertaking investigations, staff participation, experience of staff during the process, patient experience of the process, quality and learning	DUTIR	🟧
2.5 Datix User Group to review terminology used for grading and make recommendations to the Assurance & Learning Group.	01/08/2018	Director of Nursing & Patient Experience	In progress	DUTIR	🟧
Recommendation 3: The organisation should review and strengthen its provision of training and support for staff involved in SI investigation, from leading and being involved in the investigation process through to quality assurance and scrutiny of reports and action plans.					
3.1 A restructure of the Patient Experience, Risk and Legal Services Department has	01/04/2018	Director of Nursing &	Complete	DUTIR	🟩

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
been completed.		Patient Experience			🟩
3.2 Current Competency Framework and Training Needs Analysis for the SI team to be reviewed and updated and shared with the Units.	01/11/2018	Director of Nursing & Patient Experience	Training needs analysis is being undertaken. Immediate training opportunities have commenced; human factors in healthcare training via University of Anglia (accredited) and Train the trainer workshops for improving shared decision making in relation to issues of consent and end of life planning i.e. DNAR related incidents. Further training needs will be assessed when the Incident Investigator Competency Framework has been revised to reflect current approaches being piloted. In addition, both current SI Investigators are undertaking personal coaching via the Health Board Learning & Development Department with regards to assisting with facilitation of reflective approach to incident reviews/investigations	DUTIR	🟧
3.3 New role to be established to take forward the SI/NE methodology and share the learning Health Board wide.	01/09/2018	Director of Nursing & Patient Experience	Complete Recruitment of a band 7 Concerns Quality Improvement Manager. The post holder will be responsible for promoting a Health Board wide learning culture using areas of improvement identified through concerns investigations under the requirements of Putting Things Right.	DUTIR	🟧

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			A key responsibility will be to reduce variation of approach to concerns investigations across the Health Board, leading on improvements to all 'Concerns' investigations from minor concerns (complaints) investigations through to Serious and Never Event incidents. The post holder, working directly with the Assistant Head of Concerns Assurance, will be responsible for ensuring Health Board concerns practices and systems contribute to reducing harm and improving patient experience, through a reflective approach to reviewing and investigating concerns.		
3.4 Unit Medical Directors to complete a risk assessment and plan to mitigate any risks identified. Plans to be considered by the Assurance & Learning Group.	01/09/2018	Medical Director	In progress	DUTIR	
Recommendation 4: The Health Board should ensure that staff involved in an SI are sufficiently supported and involved at all stages of the management of the incident.					
4.1 SI SOP to cover staff support and HR to be consulted with as well as Units and staff side representatives.	01/09/2018	Director of Nursing & Patient Experience	Complete Revised SOP (Significant Incident Review & Learning Process) will reflect responsibility for supporting staff involved in significant events. Initial strategy meeting agendas cover staff support Supporting staff to learn and reflect in the new reflective method of approach	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			to significant event reviews/investigations is fundamental to learning and improving.		🟧
Recommendation 5: The Health Board should strengthen how action plans from SIs are developed.					
5.1 SI Team to start the action plan during the investigation and hand over to the Unit for completion. SI SOP to be updated to reflect this change in practice and that SI Strategy meetings will be chaired by Units Directors and Never Event Strategy meetings by Executive Directors.	01/04/2018	Director of Nursing & Patient Experience	Completed Now current practice	DUTIR	🟩
5.2 Action plan training to be included in Level 2 Risk Management Training.	01/09/2018	Director of Nursing & Patient Experience	In progress	DUTIR	🟧
Recommendation 6: The Health Board should review and strengthen its approach to quality assurance and monitoring through more robust scrutiny and challenge of SI investigations, reports and action plans to include.					
6.1 Review of the sign off process has been completed and revised. Unit Directors will sign off from a Unit perspective and then Corporate sign off will be obtained before sharing with the patient/family and Welsh Government. Scrutiny training provided by Welsh Risk Pool for Pressure Ulcer Scrutiny Panels.	01/05/2018	Director of Nursing & Patient Experience	Complete Now current practice	DUTIR	🟩
Recommendation 7: The Health Board should ensure more consistent and effective use of risk information and processes to articulate and communicate risks, manage risks and ensure clear and appropriate escalation pathways are in place and adhered to. This should include greater use of the Health Board's risk register and associated processes.					
7.1 Executive Team to consider options for the management and monitoring of risks through the establishment of a Risk	01/06/2018	Director of Nursing & Patient	Report being considered by the Executive Team on 4th June 2018. Agreed establishment of A Risk	DUTIR	🟩

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
Management Group reporting to the Senior Leadership Team.		Experience	Management Group, first meeting being held on 16th July 2018. This Group will oversee and challenge/scrutinise risks from a Unit/Operational level and Corporate level feeding into the BAF		🟩
Recommendation 8: Further work is required to address risks concerning the safety culture within Morriston Unit's theatres and the interface with the Trauma & Orthopaedics department. The work should include OD approaches and cross professional boundaries ensuring a whole system approach involving all staff					
8.1 Theatre Management Restructure with enhanced senior leadership following full consultation.	01/10/2018	Unit Medical and Nurse Directors - Morriston	Senior Theatre Matron appointed and commenced Two theatre Matrons appointed and commenced Full workforce plan developed – workforce reconfiguration underway (ongoing grievance re T&O theatre element of revised structure) Speciality manager roles created- weekly speciality meetings being undertaken- clear roles & responsibilities being defined & appropriate training programme being developed	DUTIR	🟩
8.2 Weekly Theatre Improvement Report to Morriston unit Business & Performance Meeting Theatre Improvement Plan progress monitored through Morriston Unit Quality & Safety Group	Implemented in 2017	Unit Service, Medical & Nurse Directors	Actioned from 2017 and ongoing.	DUTIR	🟩
8.3 All trauma & Orthopaedic & Theatre Teams to undergo Human Factors Training	01/10/2018	Unit Medical and Nurse	Full afternoon Human Factors training session undertaken – attended by	DUTIR	🟧

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
		Directors - Morriston	theatre & Trauma & Orthopaedic staff Further short sessions being arranged to ensure all staff attend Unit Director oversight of Human Factor Training delivery		🟧
8.4 Senior Matron to attend T&O Business meeting 22nd June 2018 to discuss serious incidences / never events and agree any further joint actions in addition to those already progressed. Also, to develop enhanced joint working relationships and agree the Joint OD support programme required going forward	01/07/2018	Unit Service, Medical & Nurse Directors	Completed	DUTIR	🟩
8.5 Ongoing joint OD theatre / trauma & orthopaedic programme to be developed and implementation commenced	01/08/2018	Unit Service, Medical & Nurse Directors	In progress	DUTIR	🟧
Recommendation 9: The Health Board should develop an organisational learning strategy. The strategy should clearly demonstrate how the learning from Concerns is disseminated across the organisation and how the Board assures itself that actions are implemented to completion and are being sustained.					
9.1 Quality Strategy to be updated to include how learning from concerns will be disseminated across the Health Board.	01/09/2018	Director of Therapies & Health Science	In progress	DUTIR	🟧
9.2 Task & Finish Group to be established chaired by Director of Workforce & OD	01/09/2018	Director of Workforce and OD	In progress	DUTIR	🟧
Recommendation 10: The Health Board should review and strengthen its approaches to corporate support.					
10.1 Ward to Board reporting, including 15 Step Challenge, to be implemented	01/09/2018	Director of Nursing &	Complete Pilot underway in NPT Unit. Refer to	DUTIR	🟩

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
		Patient Experience	earlier entry.		
10.2 Health Board to consider proposal for a Quality Improvement Hub	01/09/2018	Director of Therapies & Health Science	Health Board has included the requirement of a Quality Improvement Hub within the IMTP and has requested support from Welsh Government to support the establishment of the framework for the Quality Improvement Hub as part of Targeted Intervention support.	DUTIR	
10.3 Review of Health Boards position on the re establishment of the Health Professional Forum and seek a view from each professional Group.	01/09/2018	Director of Therapies & Health Science	In progress	DUTIR	

Key

GS	Governance Stocktake
SA	Structured Assessment
FGR	Financial Governance Review
DUTIR	DU Targeted Intervention Review