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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	29 September 2022	Agenda Item	2.4
Report Title	Findings of the Board Effectiveness Programme		
Report Author	Liz Stauber, Head of Corporate Governance Hazel Lloyd, Acting Director of Corporate Governance		
Report Sponsor	Hazel Lloyd, Acting Director of Corporate Governance		
Presented by	Hazel Lloyd, Acting Director of Corporate Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to set out the findings of the board effectiveness process for 2021-22 and compare it with those of the previous survey and set out actions to help the organisation to progress in the rating levels.		
Key Issues	<p>As part of the annual governance statement, the board is required to undertake an assessment of its effectiveness throughout the year in terms of governance and internal controls. The process was undertaken virtually, with the matrix (appendix one) circulated in advance and then members asked to vote on the board's current position for each criteria via the message function on Microsoft Teams. Each set of results was discussed before moving on to the next one. There is some deterioration in a couple of domains but this is reflective of the fact that Covid remains with the organisation and continues to impact. In addition, there is greater openness on the effectiveness of the Board in confronting the real issues in the organisation.</p> <p>The report sets out actions taken and to be taken to move to the next level. The focus for the Board in 2022-23 is to improve the assessment level for the domains of:</p> <ul style="list-style-type: none"> • Values and behaviours; • Board assurance and risk management; • Governance; and • Quality. <p>The actions identified will be completed over the course of 2022-23 and during part of 2023-24, with the aim of the assessment at the end of 2023-24 all domains reaching a level of "maturity" in the matrix.</p>		

	The Chief Executive will be the Executive lead and the Director of Corporate Governance will be responsible for supporting these with key Executive leads.			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • AGREE the findings of the board effectiveness assessment for 2021-22; • CONSIDER actions identified to support improvement in the level of maturity; • IDENTIFY any further actions for each domain to improve the Board level effectiveness; • AGREE the four domains for the health board to focus on improvement in 2022-23; and • AGREE the Audit Committee to oversee implementation of the action plan on behalf of the Board. • NOTE the Chief Executive will be the Executive lead supported by the Director of Corporate Governance working with key Executive leads. 			

FINDINGS OF THE BOARD EFFECTIVENESS PROGRAMME

1. INTRODUCTION

The purpose of the report is to set out the findings of the board effectiveness process for 2021-22 and compare it with those of the previous survey and set out actions to improve to the next level for each of the domains.

2. BACKGROUND

As part of the annual governance statement, the board is required to undertake an assessment of its effectiveness throughout the year in terms of governance and internal controls. The process was undertaken virtually, with the matrix (appendix one) circulated in advance and then members asked to vote on the board's current position for each criteria via the message function on Microsoft Teams. Each set of results was discussed before moving on to the next one. There is some deterioration in a couple of domains but this is reflective of the fact that Covid remains with the organisation and continues to impact. In addition, there is greater openness on the effectiveness of the Board in confronting the real issues in the organisation.

The actions identified will be completed over the course of 2022-23 and during part of 2023-24, with the aim of the assessment at the end of 2023-24 all domains reaching a level of maturity.

During 2022-23 it is proposed the health board focuses on four domains:

- Values and behaviours – moving from early progress to results;
- Board Assurance and risk management – moving from results to maturity;
- Governance – moving from results to maturity; and
- Quality – moving from early progress to results.

3. GOVERNANCE AND RISK ISSUES

The findings of the assessment are set out below along with a comparison of progress against the results of 2020-21.

(i) Purpose and Vision

Scores:

Basic Level: 6% Early Progress: 11% **Results: 89%** Maturity: 0% Exemplar: 0%

2020-21 Comparison: ➡

The overall opinion for this domain has been maintained as 'results' however there was a slight regression as there are no votes for 'maturity' this year.

The actions identified are a key part of the Chief Executive's objectives for 2022-23 to move towards maturity.

(ii) Values and Behaviours

Scores:

Basic Level: 0% **Early Progress: 56%** Results: 38% Maturity: 6% Exemplar: 0%

2020-21 Comparison: ↓

The opinion has regressed with the majority of the votes now in 'early progress' rather than 'results'. However, there has also been some improvement as there were votes within 'maturity', which was 0% last year. It was felt that the main reason for this was that due to the pandemic, board members could not spend as much time visiting services and speaking to staff so it was challenging to see whether the values and behaviours have been embedded.

Again, this work forms part of the Chief Executive's objectives for 2022-23 to improve into the 'results' level. The actions identified in the action build on actions taken in 2021 in terms of Just and Restorative workshop for the Board and senior leaders and Culture programme "Swansea Bay Way" taking forward three priorities: understand our culture; improve our conversations and seeing our values and behaviours in everything we do.

(iii) **Board Assurance and Risk Management**

Scores:

Basic Level: 0% Early Progress: 12% **Results: 82%** Maturity: 6% Exemplar: 0%

2020-21 Comparison: 

This work will be led by the Director of Corporate Governance, supported by the clinical executives, to move towards maturity.

(iv) **Governance**

Scores:

Basic Level: 0% Early Progress: 35% **Results: 59%** Maturity: 6% Exemplar: 0%

2020-21 Comparison: 

(v) **Quality**

Scores:

Basic Level: 6% **Early Progress: 88%** Results: 6% Maturity: 0% Exemplar: 0%

2020-21 Comparison: 

The overall opinion for this domain has been maintained as 'results' however there was a slight regression as there was a reduction in 'maturity' and increase in 'basic level' this year. It was believed that this related to the fact that board members now knew a lot more about the quality arrangements within the organisation following a number of internal and external reviews. It was recognised improvements had been made in the governance and progress to create a quality management system, however the current outcomes were not where it needed to be.

These will form part of the clinical executives' objectives for 2022-23 and will move the domain into 'results'.

(vi) **Money/Value for Money**

Scores:

Basic Level: 0% Early Progress: 27% **Results: 73%** Maturity: 0% Exemplar: 0%

2020-21 Comparison: ↑

A regular report is shared with the Performance and Finance Committee demonstrating the ongoing work to reach 'maturity' in this area which is reflective of the improved position.

(vii) **Performance Reporting**

Scores:

Basic Level: 0% Early Progress: 50% **Results: 50%** Maturity: 0% Exemplar: 0%

2020-21 Comparison: ↑

As this was split between 'early progress' and 'results', the opinion for this year will be 'results' and more work undertaken to move to a majority for 'maturity'. This demonstrates the improving position and the ambition of the health board.

(viii) **Patient and Public Engagement and Involvement**

Scores:

Basic Level: 35% **Early Progress: 35%** Results: 30% Maturity: 0% Exemplar: 0%

2020-21 Comparison: ↑

The improving picture was attributed in part to the work around Changing for the Future which had demonstrated a different way of public engagement and an improvement on previous years.

These will form part of the Director of Communications and Engagement objectives for 2022-23 to move towards a majority in 'results'.

(ix) **Appraisal Process of Directors and Other Feedback**

Scores:

Basic Level: 6% **Early Progress: 62%** Results: 31% Maturity: 0% Exemplar: 0%

2020-21 Comparison: ↑

- Develop a greater third party opinion of board effectiveness through engagement in interviews and surveys for a repertoire of key stakeholders in 2022.

(x) **Summary and Next steps**

Progress has been made, with the majority of the domains showing an improvement, with two maintaining and one regressing. However, as it was the values and behaviours domain which has deteriorated, it is important to remember that staff have been working through a pandemic and are tired, so the values and behaviours are not to the same level as 'normal times'.

There is an almost even split between the results with four domains at 'early progress' and five at 'results'. In order to achieve higher maturity scores, progress

needs to be on a more consistent and sustainable basis for all areas. Also consideration is needed as to how best to present information for assurance to be sought and received, particularly in terms of quality. The views of staff and stakeholders would be key to identifying priority areas not currently considered by the board.

The outcome of each of the votes demonstrates how the board had become more effective as a unitary board and more confident to challenge and scrutinise rather than just accept the information it is being given. This follows two workshops with NHS Providers aiming to create a more integrated board, with the most recent one taking place earlier in June 2022 for which a follow-up would be organised for the autumn to take forward the work around the 'team wheel'.

The effectiveness exercise was an opportunity to have a 'post Covid-reality check' and create a baseline from which to build and develop maturity through tangible outcomes. There are a number of actions which are already in progress through the delivery of the annual plan. Progress against these should enable the board to develop its maturity. In addition, work is continuing to address the actions from last year's board effectiveness survey (**appendix one**), of which only five remain outstanding.

4. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report or its recommendations.

5. RECOMMENDATIONS

Members are asked to:

- **AGREE** the findings of the board effectiveness assessment for 2021-22;
- **CONSIDER** actions identified to support improvement in the level of maturity;
- **IDENTIFY** any further actions for each domain to improve the Board level effectiveness;
- **AGREE** the four domains for the health board to focus on improvement in 2022-23; and
- **AGREE** the Audit Committee to oversee implementation of the action plan on behalf of the Board.
- **NOTE** the Chief Executive will be the Executive lead supported by the Director of Corporate Governance working with key Executive leads.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring the board carries out its business appropriately and aligned with standing orders is a key factor in the quality, safety and experience of patients receiving care.		
Financial Implications		
There are no financial implications for the board to be aware of.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications for the board to be aware of.		
Staffing Implications		
There are no staffing implications for the board to be aware of.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The development of the board will provide a robust and sustainable organisation to support the communities it services.		
Report History	Annual report to the board	
Appendices	Appendix 1 – maturity matrix	

Board Effectiveness Action Plan 2022-23

Progress Level	MATURITY – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
PURPOSE AND VISION	<p>A clear vision for the organisation is documented and communicated to staff and stakeholders, with supporting long term strategy and action plans.</p> <p>Staff know and understand the vision, values and strategy and their role in achieving them.</p> <p>Leaders tell a consistent story, with healthy challenge as needed to create the right environment for change.</p> <p>The roles of all board members and the health board leadership team are documented, and there is clarity of role, responsibility.</p> <p>Staff understand who does what, why across the organisations leadership functions, with clarity of accountability and responsibility at all levels.</p> <p>An induction and development programme is in place for Board members and all health board employees, reinforcing the shared purpose.</p> <p>The board/leadership team are leading, rather than following agendas.</p>	<ul style="list-style-type: none"> Create a new Directorate of Insight, Communications and Engagement that brings under single leadership and direction the following functions and teams. 	July 2022	Chief Executive	Workforce & OD
		<ul style="list-style-type: none"> Adopt a new core narrative and key messages. 	July 2022	Interim Director of Insight, Communication & Engagement	
		<ul style="list-style-type: none"> Implement a strategic cycle of Communications and Engagement in 2022/23 	November 2022	Interim Director of Insight, Communication & Engagement	
		<ul style="list-style-type: none"> Recruit and appoint a director with a communications and engagement background to lead and represent the directorate and be the Health Board's professional lead on communications and engagement in early 2022/23 	December 2022	Chief Executive	
		<ul style="list-style-type: none"> Create an Insight capability and service in within the directorate 2022/23 with a brief to be curious and analytical and triangulate what is learnt from engagement, complaints, experience, surveys, etc. 	March 2023	Interim Director of Insight, Communication & Engagement	
		<ul style="list-style-type: none"> Create a vision for what we want the organisation to be, linked to the Big Conversation. 	March 2023	Chief Executive	
Progress Levels	RESULTS – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
VALUES AND BEHAVIOURS	<p>Co-produced organisational values and behaviours are defined, understood by staff and starting to be embedded into systems and processes.</p> <p>Staff feel positive and proud to work for the organisation.</p> <p>There is a strong emphasis on the safety and wellbeing of staff.</p>	<ul style="list-style-type: none"> To progress the next phase of the HB Culture and Values work - approve the "The Big Conversation" as a method of staff engagement, empowerment and accountability to create a quality-focused learning organisation in which staff voices and listening are its heart: 	September 2022	Director of Workforce & OD	Workforce & OD Committee
		<ul style="list-style-type: none"> Stage 1 – Active Listening - Culture: Listening to what it's like to work here. 	November 2022		
		<ul style="list-style-type: none"> Stage 2- Testing understanding from focus groups 	January 2023		
		<ul style="list-style-type: none"> Stage 3- Written narrative: engage and develop actions 	March 2023		

Progress Level	MATURITY – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
BOARD ASSURANCE AND RISK MANAGEMENT	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. A board assurance framework (BAF) is in place and drives Board discussions with a good understanding of assurance, with limited gaps to address. The board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality and Safety strategy.	• Revised Board assurance framework endorsed by the Board.	September 2022	Director of Corporate Governance	Audit Committee
		• Risk appetite statement to be developed, considered and approved by the Board.	November 2022	Director of Corporate Governance	
		• Review service group and divisional risk registers following completion of the risk management training programme to gain assurance on the operational management of risks using the risk appetite to progress this work.	January 2023	Director of Corporate Governance	
		• Quality management system developed and implemented and in line with the requirements of the Health & Social Care (Quality Engagement) Wales Act.	March 2023	Director of Nursing/Director of Corporate Governance	
Progress Level	MATURITY – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
Governance	There are clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes. These structures and processes are regularly reviewed and improved, with cross directorate/locality organisational learning. The health board has clear lines of accountability and responsibility for quality and patient safety from Board to division, groups, directorate. The form and function of the divisional/group/directorate quality and safety and governance groups are clearly defined and in place. Individual roles and responsibilities are supported by a clear meeting structure. Complaints and concerns are managed in a timely manner and drive learning and service planning. All serious incidents are identified, reported and investigated. A culture of staff reporting patient safety incidents for learning and improvement is embedded across the health board.	• Identify clear leads in each service group triumvirate for patient experience, clinical outcomes and effectiveness, compliance and safety	September 2022	Director of Nursing/ Director of Corporate Governance	Quality & Safety Committee
		• Service groups to revise their quality and safety structures to ensure that they reflect the areas of patient experience, outcomes, effectiveness, compliance and safety required and that this is reported into the Patient Safety Group	September 2022	Director of Nursing/ Director of Corporate Governance	
		• Learning from incidents and concerns to be built into Patient Safety Group structures. • Establishment of quarterly quality congress events to share learning from patient safety, experience and outcome events across the organisation.	September 2022 October 2022	Director of Nursing	
		• Framework of clear roles and responsibilities for Service Groups, particularly aligned to infection control to be tested as part of Internal Audit review in Q3 of 2022/2.	December 2022	Director of Nursing/ Director of Corporate Governance	
		• Develop proposals for approval by the Patient Safety Group for a central Quality Hub to incorporate - Quality planning and priorities - Quality assurance - Quality improvement - Improved Business Intelligence support for quality analytics.	November 2022	Director of Nursing	

Progress Level	MATURITY – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
		<ul style="list-style-type: none"> Audit effectiveness to assure compliance with the recommendations of the quality governance structures at Service Group level. 	March 2023	Director of Nursing/ Director of Corporate Governance	
Progress Levels	RESULTS – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
Quality	<p>The health board has a quality strategy and implementation framework, with clear quality priorities, that integrates into and drives our overall organisational strategy.</p> <p>A quality impact assessment process is in place and drives quality based decisions.</p> <p>The health board receives high quality intelligence and information through both soft and hard sources to provide assurance that services are safe, and takes account of patient experience, outcomes, and quality improvement.</p> <p>Information on quality is of high quality, with limited data quality issues, is well summarised to provide assurance around quality of care.</p>	<ul style="list-style-type: none"> First draft of Quality Strategy to be shared with the Management Board for discussion and consideration of engagement. 	September 2022	Director of Nursing	Quality & Safety Committee
		<ul style="list-style-type: none"> Staff and stakeholder engagement on the Quality Strategy to seek views from a diverse range of groups. 	November 2022		
		<ul style="list-style-type: none"> Through engagement on the Quality Strategy, consider future quality priorities at organisational and service group/specialty level to improve quality. 	October 2022	Director of Nursing	
		<ul style="list-style-type: none"> Develop a new style 'complaint' report (completed in July 2022 and shared with the Quality and Safety Committee). 	July 2022	Director of Corporate Governance	
		<ul style="list-style-type: none"> Development of a communications plan to set out the work being undertaken, why and expectations 	October 2022	Director of Insight, Communication & Engagement	
		<ul style="list-style-type: none"> Create a Community of Practice for Quality Improvement in order to support shared learning and scale and spread of Quality Improvement across the organisation. 	October 2022	Director of Nursing	
		<ul style="list-style-type: none"> Development of a reward/recognition structure. 	October 2022	Director of Insight, Communication & Engagement	
		<ul style="list-style-type: none"> Baseline review of resources to support quality across the organisation in order to consider our structures against those required to meet our responsibilities under the Duty of Quality. 	November 2022	Director of Nursing	
		<ul style="list-style-type: none"> Duty of Quality and Duty of Candor training for the Board members. 	December 2022	Director of Corporate Governance	
		<ul style="list-style-type: none"> Engagement with service groups on delivery of Duty of Quality and Duty of Quality 	December 2022	Director of Nursing	
		<ul style="list-style-type: none"> Participate in national approaches for quality improvement with IHI and Improvement Cymru. 	March 2023	Director of Nursing	

Progress Level	MATURITY – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
Progress Levels	MATURITY – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
Money/Value for Money	Our services consistently run under benchmark cost. Headroom is created for developments/improvements. The board is demonstrably reinvesting whole budget, rather than being limited by 'affordability' at margins.	• Update SLA with NWSSP in respect of the provision of procurement services.	October 2022	Director of Finance	Performance & Finance Committee
		• Review and strengthen systems to ensure the formal sign-off of budget delegation/accountability letters.	October 2022	Director of Finance	
		• Work stream created to established what additional support can be provided to budget holders.	September 2022	Director of Finance	
		• Breakeven at the end of the financial year.	March 2023	Director of Finance	

Progress Levels	MATURITY – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
Performance Reporting	The board systematically receives reports from stakeholders providing feedback of impact of plan implementation. A line of sight links lower level objectives with high level strategic objectives Corporate and service group individual performance measures are connected to the corporate performance measurement framework The organisation reports integrated performance and cost information The board uses 'value for money' information to make strategic decisions about whether or not to engage in areas of activity	Revise the performance reporting framework.	June 2022	Director of Finance	Performance & Finance Committee
		Implementation of combined activity and performance reporting in Q3 of 2022/23	December 2022	Director of Finance	
Progress Levels	MATURITY – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
Key Elements					
PATIENT AND PUBLIC ENGAGEMENT AND INVOLVEMENT	The benefit of patient and public involvement is well understood and embedded across the organisation.	• External facilitator be commissioned to develop the patient and stakeholder experience and engagement sub-group to expand areas of focus from 'friends and family' to enable more engagement undertaken around the annual plan and priorities for future years.	October 2022	Director of Nursing	Quality & Safety Committee

	<p>Collaborative behaviour is embedded within the organisation.</p> <p>A range of tools commonly used to engage and involve patients and the public.</p> <p>Ongoing patient and public engagement takes place for all significant service changes (and many non-significant service changes), co-producing outcomes.</p> <p>Patient and public involvement is ongoing and embedded into how the health board operates.</p>	<ul style="list-style-type: none"> Tools and techniques be created for staff to measure staff experience, patient experience and outcomes to understand their services to identify problem areas. 	October 2022	Director of Nursing/ Director of Workforce & OD	
		<ul style="list-style-type: none"> A strategy and plan in this area needs to be developed. 	November 2022	Director of DICE/ Director of Nursing/ Director of Corporate Governance	
Progress Levels	MATURITY – Criteria to support this level	Actions	Target Date	Lead Executive Director(s)	Lead Committee
APPRAISAL PROCESS OF DIRECTORS AND OTHER FEEDBACK	The board is recognised as adding value.	<ul style="list-style-type: none"> Develop a greater third party opinion of board effectiveness through engagement in interviews and surveys for a repertoire of key stakeholders in 2022. 	March 2023	Chair	Remuneration Committee
		<ul style="list-style-type: none"> Agree and share a process to continue to setting timely objectives aligned to organisation priorities that enables a cascade process across the Health Board. 	December 2022	Chair/Chief Executive	
		<ul style="list-style-type: none"> Strengthen reporting on progress of objectives and approval through Remuneration Committee. 	December 2022	Chief Executive	
		<ul style="list-style-type: none"> Develop and agree a 360 appraisal process for Executive directors. 	February 2023	Director of Workforce & OD	

Outstanding Actions from Previous Board Effectiveness Assessment

Action Number	Criteria Area	Action	Lead	Timescale	Revised Timescale	Progress
1.	Purpose and Vision	Vision, strategy and costs for the executive team arrangements be clarified to enable to the Board to move towards delivery of the recovery and sustainability plan for the next three years.	Chief Executive	August 2021	June 2022	Vision building process for the Health Board needs to receive Health Board endorsement. This will now be presented to the board in Quarter 1 2022/23.
				August 2021	N/A	The strategic objectives have been reset as part of the recovery and sustainability plan. The costs of the executive team were presented at RATS Committee in July. Further presentation planned in November 2021.
2.	Values and Behaviours	The organisational cultural survey combined with the public sector and staff surveys to be used to establish how the values are embedded in the organisation.	Director of Workforce and OD	October 2021	December 2022	The national Staff Survey remains deferred to late to autumn and there have been no further up-dates from the national lead. Board Development session on Culture and Quality Management took place at the end of March and further executive meeting to set up to determine further actions; this will include feasibility of a culture audit survey. An external organisation has been commissioned to support further drive cultural intelligence and leadership as well as to develop values based recruitment methods.
3.	Values and Behaviours	Just Culture and other programmes to be incorporated into a single Swansea Bay organisational development programme, with progress measured through the Workforce and OD Committee	Director of Workforce and OD	October 2021	December 2022	Progress update presented to WOD Committee in April 2022. Embedding the Respect and Resolution policy has been part of developing a restorative approach. Feedback from staff on their experience of ER processes is being captured to inform a review of policies and action learning for HR operational staff during Q1 2022/23. Further direction required from the Board to establish next steps for Culture programme in order to ensure it is aligned to the work on quality and safety.
4.	Quality	A dashboard be developed which sets out the quality impacts of performance for patients.	Director of Finance Director of Nursing & Pat. Experience	August 2021	Revised Reporting to PFC to Commence May 2022 Development of Q&S report and Dashboard Sept 2022	Revised performance report submitted to performance and finance committee from May 2022. A draft quality and safety dashboard has been developed for testing within service groups prior to formal adoption.

Action Number	Criteria Area	Action	Lead	Timescale	Revised Timescale	Progress
5.	Quality	The quality strategy be developed, taking into account consideration of the impact of the new Quality Bill and key areas of quality.	Director of Nursing & Pat. Experience	October 2021	June 2022	<p>Welsh Government is now working to bring the Health and Social Care (Quality and Engagement) (Wales) Act 2020 into force in spring 2023, which will strengthen the existing duty of quality on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions. The SBUHB quality strategy will be developed in line with this as further information and expectations of Health Boards is received in the Quarter 4 of 21/22. Engagement on the Quality Strategy commenced in September 2022 and we remain on track to have our quality strategy in place by the end of Quarter 1.</p> <p>Our quality governance structures have been revised to reflect learning from the external review and there is work being undertaken by the Chief Executive Officer (in conjunction with executive leads for quality) to further develop and improve the Health Board's quality system.</p>