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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	15 March 2018	<b>Agenda Item</b>	<b>2b</b>	
<b>Report Title</b>	Governance Stocktake			
<b>Report Author</b>	Pam Wenger, Director of Corporate Governance			
<b>Report Sponsor</b>	Pam Wenger, Director of Corporate Governance			
<b>Presented by</b>	Pam Wenger, Director of Corporate Governance			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The purpose of this report is to present to the Audit Committee an update on the Governance Stocktake as agreed by the Board in December 2017.			
<b>Key Issues</b>	<p>At the Board Development on 22 February 2018 the key themes from the Governance Stocktake were considered and supported. It was agreed that these should be developed into a work programme for 2018-19. The Draft Work Programme is attached at <b>Appendix 1</b> – the committee should note that this is still a work in progress.</p> <p>The work programme includes the recommendations from the draft structured assessment, progress will be monitored against these by the Audit Committee.</p> <p>The updated position against the recommendations from the Financial Governance Review is considered as a separate agenda item. It is proposed that any outstanding recommendations will be included in this work programme for ease of monitoring.</p>			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			✓	
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report and <b>support</b> the draft work programme</li> </ul>			

# GOVERNANCE STOCKTAKE

## 1. INTRODUCTION

The purpose of this report is to present to the Audit Committee an update on the Governance Stocktake as agreed by the Board in December 2017.

## 2. BACKGROUND

The Board agreed that in light of the financial governance review undertaken in 2017, the outcomes of the recent audit reports, the structured assessment and other significant reports that have an impact on the governance of the organisation, to undertake a governance stocktake.

The key issues have been identified:

- **Roles and Responsibilities:** The roles of Non-Officer Members and Executive Directors require some clarification, this will be addressed as part of the Kings Fund Development Programme.
- **Committee Structure:** Building upon the paper that was presented to the Board in December, the discussion at the Board Development Session in February, the Board supported the approach to establish a Health and Safety Committee, agree that the workforce metrics form part of the Performance and Finance Committee and consider the requirement of a Workforce and OD Committee in discussion with the incoming Director of Workforce and Organisational Development.

The Board is clear that strategy is a matter for the entire board and therefore not to establish a formal committee of the Board. However, it was agreed to establish a mechanism that gives the Board and opportunity to work up strategic issues collectively and informally. A paper on the committee structure will be considered by the Board in March 2018.

- **Partnership Boards:** As part of understanding the key relationships, partnership groups and formal partnership boards a mapping of the accountability and delegation of the Partnership Boards should be undertaken.
- **Board Development:** A programme of Board Workshops should be put in place throughout the year which are used as an opportunity to discuss key strategic issues in the “development space”. This will enable the Board to be fully involved and shape the organisational strategy.
- **Board Papers:** There is an urgent need to put in place a set corporate standards and templates which meet the needs of the Board and the committees and this includes the timeliness of papers and size of papers “less is more”. The lack of governance section on the reports including financial and legal implications currently means that the Board is often asked to make a decision without the full information available.

- **Risk Management:** The process of risk management including the process of escalation onto the Corporate Risk Register should be reviewed to ensure that the processes are robust and that risk is embedded in the organisation. This was also identified as part of the structured assessment.
- **Executive Team:** The “*operational business machinery*” of the Executive Team including frequency of meetings, the balance of formal and informal should be reviewed. This is an opportunity with a new Chief Executive starting as well as changes to the senior team.

Attached at **Appendix 1**, is the draft Governance Work Programme for 2018/19 for discussion. The work programme includes all governance related recommendations into an integrated programme and this will be monitored and scrutinised by the Audit Committee on behalf of the Board. This is still a work in progress.

### **3. GOVERNANCE AND RISK ISSUES**

It is essential that the organisation has in place a robust governance framework which is reviewed regularly and complies with the Local Health Boards (Establishment and Dissolution) (Wales) Order 2009. This report sets out the outline programme in which the governance arrangements in the Health Board can be improved.

### **4. FINANCIAL IMPLICATIONS**

There are no direct financial implications arising from the recommendations in this report.

### **5. RECOMMENDATION**

Members are asked to:

- **Note** the report and **agree** to the proposed Governance Work Programme for 2018-19.

<b>Governance and Assurance</b>					
<b>Link to corporate objectives</b> <i>(please ✓)</i>	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
					✓
<b>Quality, Safety and Patient Experience</b>					
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.					
<b>Financial Implications</b>					
There are no financial implications.					
<b>Legal Implications (including equality and diversity assessment)</b>					
There are no direct legal implications.					
<b>Staffing Implications</b>					
The delivery of the proposed work programme is set within the context of the existing resources.					
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>					
No impact identified.					
<b>Report History</b>	Board Development Session 22 February 2018 Executive Team 5 March 2018				
<b>Appendices</b>	Appendix 1 : Draft Governance Work Programme 2018-19				

## DRAFT GOVERNANCE WORK PROGRAMME 2018-19

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<b>ROLES AND RESPONSIBILITIES</b>					
1. Ensure all Board Members understand their respective roles and responsibilities	June 2018	Director of Corporate Governance	<ul style="list-style-type: none"> <li>Kings Fund Programme commencing in April 2018</li> </ul>	GS	
2. The Health Board should clarify the role of the PMO in supporting wider change programmes and ensure that it has sufficient capacity to discharge the functions expected of it.		Director of Finance	<ul style="list-style-type: none"> <li>The Board agrees that the PMO, in its support of the Recovery and Sustainability Programme, needs sufficient capacity and capability to discharge the functions expected of it. The Board intends to address that requirement as a priority. The Board also agrees that going forward its broader change capacity and capability, including the role of a PMO needs to be examined.</li> </ul>	SA R17	
<b>GOVERNANCE FRAMEWORK</b>					
3. Undertake a review of the Board and Committee Governance Structure (including the establishment of a Health & Safety Committee)	April 2018	Director of Corporate Governance	<ul style="list-style-type: none"> <li>Review undertaken and presentation to Board Development February 2018</li> <li>Work Programme developed and regular updates to Audit Committee</li> </ul>	GS	
4. Develop a Board Assurance Framework and determine whether further simplification of governance structures and reporting lines is required.	April 2018 (quarterly reporting)	Director of Corporate Governance	<ul style="list-style-type: none"> <li>Presentation to the Board Development in February 2018.</li> <li>Paper to Audit Committee outlining the process March 2018</li> </ul>	SA R5	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<p>5. 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.</p> <p>Reassess any gaps or duplication in the operation of the new arrangements once introduced.</p>	June 2018	Director of Corporate Governance	<ul style="list-style-type: none"> <li>Work on reviewing the high level committee structured has begun and will be reported to the Board in March 2018</li> </ul>	SA R5	
<p>6. The Executive-led Quality and Safety Forum Needs to ensure that:</p> <ul style="list-style-type: none"> <li>All management groups, which are required to report into the Forum, do so on as regular basis to avoid gaps in assurance.</li> <li>Assurance reports from the Forum to the Quality and Safety Committee meet the committee's requirements in terms of discharging its scrutiny role</li> <li>It keeps the quality and safety sub-structures under review to determine whether further simplification of current structures would be desirable.</li> <li>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.</li> </ul>	April 2018	Director of Therapies and Health Sciences	Agreed.	SA R6	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<p>7. The Health Board should strengthen the Workforce and Organisational Development Committee and Board assurance by:</p> <ul style="list-style-type: none"> <li>• ensuring committee meetings are held as planned</li> <li>• making sure there is a greater focus on strategic risks, as opposed to operation matters</li> <li>• Improve the timeliness of data reported to the committee, ensuring the Board is also appropriately sighted of performance information.</li> <li>• Improve administration and reporting by ensuring completion dates and responsibilities for actions are provided and reports highlight risks more effectively.</li> </ul>	June 2018	Director of Workforce and OD	<ul style="list-style-type: none"> <li>• Board considering the role of the Workforce Committee in conjunction with the incoming Director of Workforce and OD</li> <li>• Workforce metrics will now be reported through to the Performance &amp; Finance Committee</li> </ul>	SA R7	
<p>8. The Health Board needs to:</p> <ul style="list-style-type: none"> <li>• ensure that the new Programme Boards do not focus solely on areas of targeted intervention in secondary care, and that insufficient attention paid to other service areas and improvements</li> <li>• 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;</li> <li>• Ensure the new arrangements and interfaces between the Programme</li> </ul>	May 2018	Director of Strategy	<ul style="list-style-type: none"> <li>• Service Improvement Boards have been (or are being established) for Cancer, Planned Care and Unscheduled Care. They will take responsibility for: <ul style="list-style-type: none"> <li>– Short term performance improvement actions against the Targeted Intervention Areas</li> <li>– Performance managing implementation of the Service Improvement Plans for the respective</li> </ul> </li> </ul>	SA R9	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<p>Boards and the delivery unit structures are clear and better understood than the previous arrangements;</p> <ul style="list-style-type: none"> <li>Clarify reporting lines for the new Programme Boards and the relationship to the Strategy and Planning, and Performance and Finance Committees</li> </ul>			<p>areas contained in the 2018/19 Annual Plan, taking corrective action where necessary if plans are not being delivered.</p> <ul style="list-style-type: none"> <li>– Developing the equivalent plans for the 2019/20 element of the IMTP/Annual Plan</li> <li>Each has an Executive lead or sponsor, and appropriate senior clinical and managerial membership from corporate and Delivery Unit structures which will ensure clarity of interface and alignment of decision making and planning arrangements.</li> <li>Reporting lines to Performance &amp; Finance Committee and Strategy Planning and Commissioning Group to be confirmed as Terms of Reference are finalised.</li> </ul>		
<p>9. Review Officer and Non Officer Membership on the Board Committees</p>	<p>April 2018</p>	<p>Director of Corporate Governance</p>	<ul style="list-style-type: none"> <li>Review undertaken and agreed by Non Officer Members</li> </ul>	<p>GS</p>	
<p>10. Review the Health Board Standing Orders and Scheme of Delegation to include a scheme of delegation for capital project</p>	<p>May 2018</p>	<p>Director of Corporate Governance</p>	<ul style="list-style-type: none"> <li>This has been highlighted as an area of focus for the forthcoming year and will be addressed as part</li> </ul>	<p>SA R4, GS</p>	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
approvals.			of the review of the Standing Orders.		
11. Develop corporate standards and templates for all Board Papers (including the processes for agenda planning, timeliness of papers etc)	May 2018	Director of Corporate Governance	<ul style="list-style-type: none"> <li>Testing new template for Board Reports with a view to implementation fully in April/May 2018</li> </ul>	GS	
12. Develop a Governance Toolkit that provides relevant guidance to staff in Corporate Teams and Units	September 2018	Director of Corporate Governance	<ul style="list-style-type: none"> <li></li> </ul>		
13. Review the mechanisms for committees to report to the Board	June 2018	Director of Corporate Governance	<ul style="list-style-type: none"> <li>Revised Chair Reporting in place and will be developed over time</li> </ul>	GS	
14. Review the Executive Team meeting arrangements including the groups that report to the Executive	April 2018	Director of Corporate Governance	<ul style="list-style-type: none"> <li>Proposal to be considered at future Executive Team</li> </ul>	GS	
<b>BOARD DEVELOPMENT</b>					
15. Develop a programme of Board Workshops for the forthcoming year to ensure that the focus is on strategy	May 2018	Director of Corporate Governance		GS	
16. 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.	March 2018	Director of Corporate Governance	<ul style="list-style-type: none"> <li>Completed – and will be further developed over time</li> </ul>	SA R3	
17. The Health Board now needs to: <ul style="list-style-type: none"> <li>Produce a clear timetable for completing the development of its revised clinical strategy.</li> </ul>	September 2018	Director of Strategy	<ul style="list-style-type: none"> <li>The Health Board determined in 2017/18 that a two-stage approach would be taken to revise Changing for the Better (C4B), the Health</li> </ul>	SA R8	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<ul style="list-style-type: none"> <li>• Ensure the emerging clinical strategy aligns to other strategic plans and change programmes within the Health Board.</li> <li>• Ensure that the clinical strategy is underpinned by supporting strategies and plans in key areas such as workforce, estates and asset management.</li> </ul>			<p>Boards clinical strategy, which is still extant.</p> <ul style="list-style-type: none"> <li>• The first stage would be a stock take of the implementation of the current strategy. The second phase would be a revised clinical services strategy to reflect further work required to C4B, as well as further strategic changes such as: <ul style="list-style-type: none"> <li>- The Parliamentary Review of Health and Social Care and subsequent Long Term Plan for Health and Social Care</li> <li>- ARCH</li> <li>- South Wales Programme</li> <li>- Integrated services with social care</li> <li>- Strategic Frameworks subsequently developed eg Primary and Community Services Strategy, draft Mental health Strategic Framework</li> <li>- Well Being of Future Generations Act and Social Services &amp; Well Being Act.</li> <li>- National and HB Digital strategies</li> </ul> </li> <li>• The stock take is nearing completion.</li> </ul>		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<ul style="list-style-type: none"> <li>The second phase is subject to discussion with the new Chief executive on timescales and resource required to develop.</li> <li>An Estates Strategy is also in preparation.</li> </ul>		
<b>RISK MANAGEMENT</b>					
<p>18. The Health Board needs to ensure that:</p> <ul style="list-style-type: none"> <li>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”.</li> <li>It critically reviews the number of risks on the corporate risk register, as there are too many for proper collective scrutiny.</li> <li>It re-maps risks to committees to reflect the new committee structure</li> <li>All committees provide oversight and scrutiny for the risks assigned to them.</li> </ul>	June 2018	Director of Nursing and Patient Experience	<ul style="list-style-type: none"> <li>As part of the Board Development Workshop Board members commented and identified risks to the objectives being achieved. This is part of work which is being undertaken led by the Director of Governance in terms of the development of a Board Assurance Framework and the role of the Corporate Risk Register.</li> <li>This is part of work which is being undertaken as mentioned in the response to a) above. The development of Executive Director Risk Registers will support the reduction of risks on the Corporate Risk Register.</li> <li>The re-mapping will be undertaken as part of the review of the Committee Structures.</li> <li>The development of the Board Assurance Framework is an</li> </ul>	SA R10	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			opportunity to ensure that all committees have the clarity in terms of their responsibilities.		
19. To review the risk management escalation process	June 2018	Director of Nursing and Patient Experience		GS	
<b>PERFORMANCE MANAGEMENT</b>					
20. 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	<ul style="list-style-type: none"> <li>Work is in hand to introduce from April 2018 a new format of Recovery Meetings. We will replace and strengthen the fortnightly Financial Recovery meetings that have taken place during 2017/18 with Finance and Performance Recovery Meetings. There will be 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.</li> </ul>	SA R11	
21. 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	July 2018	Director of Finance	<ul style="list-style-type: none"> <li>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.</li> </ul>	SA R12	



Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<ul style="list-style-type: none"> <li>• Making it easier to determine performance against target,</li> <li>• Providing more clarity on the trend period being considered,</li> <li>• Better linkage between reported actions, outcomes and timescales for improvement, and</li> <li>• More performance reporting on commissioned, primary care and partner provided services.</li> </ul>			<ul style="list-style-type: none"> <li>• In addition, and through the Performance &amp; Finance Committee an interactive 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.</li> </ul> <p>A draft digital balanced scorecard was presented to the Performance and Finance Committee in December, and further work is underway to refine this prior to submission to a further meeting.</p>		
<p>24. In progressing the planned work to develop a more integrated approach to the provision of management information, the Health Board needs to clarify:</p> <ul style="list-style-type: none"> <li>• executive accountabilities for performance information and management, where business intelligence sits and how it relates to informatics.</li> </ul>	TO BE AGREED	Director of Strategy		SA R15	
<p>25. The Health Board should :</p> <ul style="list-style-type: none"> <li>• Take steps to increase mandatory training rates to meet the Health Board target of 85%.</li> </ul>	July 2018	Director of Workforce and OD	Mandatory training framework will be reviewed in June 2018. Awareness programme to be developed to encourage compliance. Compliance	SA R18	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<ul style="list-style-type: none"> <li>Address access issues with the Electronic Staff Record to allow accurate recording of compliance.</li> <li>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.</li> </ul>			<p>will be monitored through performance reviews. Mandatory training available via e-learning. E-learning drop-in sessions are being run. Continued training for ESR administrators to ensure accurate recording of data.</p> <p>Review of this committee arrangement will be undertaken by the Director of Workforce and OD a recommendation will be made about the future of the committee.</p>		
<p>The Health Board therefore needs to take action to increase information governance training compliance rates.</p>	<p>December 2018</p>	<p>Medical Director</p>	<p>Improvement in mandatory IG training is overseen by the Information Governance Board (IGB) chaired by the SIRO. Unit and corporate IGB leads have been required to implement plans to improve the compliance of IG training in their SDU / Department.</p> <p>There has been significant improvement in compliance from 30% in February 2017 to 60% in February 2018. Monthly reports are sent to every IGB lead detailing the compliance of every member of staff within their area with regular reporting to IGB.</p> <p>In April 2018 the IG department will also recruit to a role to increase</p>	<p>SA R16</p>	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>support for IG training. A targeted programme is being created for staff with poor digital literacy, with trainers to be appointed and external digital inclusion consultancy to support staff with their online learning</p> <p>ABMU expects to achieve the required standard of compliance by December 2018.</p>		
<b>FINANCIAL GOVERNANCE</b>					
<p>26. To foster a more sustainable approach to Managing savings, the Health Board should:</p> <ul style="list-style-type: none"> <li>• set realistic savings targets based on levels of opportunities, investments and past performance within each Delivery Unit.</li> <li>• Make better use of benchmarking data and internal performance intelligence to better identify inefficiencies (and efficiencies) to feed into savings planning.</li> <li>• Link financial budgets to activity through zero based budgeting to identify efficient and inefficient areas and to effectively benchmark against good practice.</li> <li>• Ensure savings schemes are not planned in isolation but are linked</li> </ul>	2018/19	Director of Finance	<ul style="list-style-type: none"> <li>• 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 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.</li> </ul>	SA R1	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<p>to wider programmes of work or changes in activity.</p> <ul style="list-style-type: none"> <li>• Adequately profile savings over the course of the year so that delivery is not concentrated in the last six months of the year.</li> <li>• 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.</li> </ul>			<ul style="list-style-type: none"> <li>• The Board is committed to setting realistic savings targets based on the levels of opportunities and investments. However the Board does not agree that these targets should necessarily reflect past performance within each Delivery Unit. The Board does not agree that past performance is a true reflection of potential future performance. 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'.</li> <li>• The Finance team is currently exploring how we could use zero based budgeting approaches to examine key areas of spend.</li> <li>• 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 embed a different approach.</li> <li>• The Board's approach to 18/19 Financial Planning and delivery of the Recovery and Sustainability Programme is designed to address</li> </ul>		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>this. However it will take more than a single financial planning cycle to fully mature and embed a different approach.</p> <ul style="list-style-type: none"> <li>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 embed a different approach.</li> </ul>		
<p>27. The Health Board should further improve the arrangements for monitoring, reporting and scrutiny of savings:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Improve operational scrutiny of</li> </ul>	2018/19		<ul style="list-style-type: none"> <li>The Board's approach to 18/19 Financial Planning and delivery of the Recovery and Sustainability Programme is designed to address this. A more robust approach to budget (including benefits realisation) allocations and delegations, linked to operational performance will be introduced for 2018/19. This will be cascaded via CEO allocations and delegations to Unit Directors and Executives Directors. At Unit level the Finance Business Partners, reporting directly to their line managers in Finance, will continue to take a more</li> </ul>	SA R2	

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<p>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.</p> <ul style="list-style-type: none"> <li>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 inconsistent.</li> </ul>			<p>proactive role in support of budget holders. Monitoring will take place via fortnightly Financial and Performance Recovery Meetings</p> <ul style="list-style-type: none"> <li>For 18/19 the Board is planning a more integrated approach, led jointly by the DoF and the COO to Recovery Meetings to focus on both financial recovery and performance improvement.</li> <li>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.</li> <li>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.</li> </ul>		

**Key**

GS	Governance Stocktake
SA	Structured Assessment

FGR	Financial Governance Review
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