

Board Effectiveness Assessment Action Plan

Action Number	Criteria Area	Action	Lead	Timescale	Revised Timescale	Progress	Status Red – Off Track Amber – On Track (RT) Green – Complete
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 September / early 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.	Governance	Governance arrangements established as part of the pandemic be reviewed to improve internal systems, including the redesign of committees to focus on key priorities relating to recovery, sustainability and annual plan deliverables.	Director of Corporate Governance	July 2021	N/A	Completed – work programmes and terms of reference of the committees have been reviewed and amended to reflect the key deliverables of the annual plan.	

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5.	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 will go to the performance and finance committee from May 2022. Work is in train to achieve this. The development of the quality and safety committee report and dashboard needs to be developed in light of the high priority work currently underway on quality and safety across the Board. The differentiation between performance information and business intelligence will be explored in discussion between the Director of Finance and the Director of Nursing and Patient experience. A revised performance report will be available ahead of the dashboard which will require digital input to develop and publish.	
6.	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	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. We remain on track to have our quality strategy in place by the end of Quarter 1. 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 and incorporate lessons learnt from external review will also feed into this action.	
7.	Money/Value for Money	Consideration be given by the Performance and Finance Committee to the action and assurance needed to progress to the next matrix level)	Director of Finance	September 2021	N/A	Complete. A maturity action plan was presented to the February 2022 meeting of the Performance & Finance Committee as part of the Finance Report. Taking forward the agreed action will now form part of normal business going forward.	
8.	Money/Value for Money	Greater assurance to be provided to the Board as to the identification and delivery of cost improvement schemes (CIPs)	Director of Finance	September 2021	N/A	Savings delivery and profiling is routinely reported through performance and finance committee and to the Board. The Director of Finance will write a paper for the Board regarding the CIP setting system/process, which will include how the feasibility of schemes is confirmed.	

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9.	Performance Reporting	Roles of the committees (Performance and Finance, Workforce and Quality and Safety) to be re-focused to support the performance management framework. Performance and Finance Committee to focus on operational performance, use of workforce and money; Quality and Safety Committee on patient access, experience and outcomes and Workforce and OD on strategic workforce and organisational development	Director of Corporate Governance	October 2021	N/A	Completed – work programmes and terms of reference of the committees have been reviewed and amended to reflect the key deliverables of the annual plan.	
10.	Patient and Public Engagement and Involvement	Director of Communications to review engagement strategy and resources to improve engagement and service change in 2021-22.	Director of Communications	September 2021	N/A	Review Complete. Proposals are currently with the Executive Team for approval.	
11.	Patient and Public Engagement and Involvement	Commencement of a holistic approach to engagement, communication and involvement of the public including experience, complaints, engagement, involvement and regular communication with the public (Director of Communications by January 2022).	Director of Communications	January 2022	April 2022	The Communication and engagement Strategy was approved by the Executive and reviewed by the Board in March 2022. Key components have been immediately progressed including formation of the new Directorate which is currently with staff for consultation, development of the new newspaper's design and production for publishing from Q2, and Team Brief which was piloted in April 2022.	
12.	Appraisal Process of Directors and Other Feedback	Board development programme be established (including specific board level training, away days and briefings programme).	Director of Corporate Governance	October 2021	N/A	Complete – first away day took place on 29 th /30 th September and a full board briefing. Development programme is now in place. As this is a live document, it is updated as needed. Work in this area will be undertaken jointly by the Director of Corporate Governance and Director of Workforce & Organisational Development going forward.	
13.	Appraisal Process of Directors and Other Feedback	Executive development programme to be developed alongside the wider board development	Director of Corporate Governance	October 2021	N/A	Complete The executive team now meets informally once a month to concentrate on training and development as well as an opportunity to come together and discuss areas without a formal agenda. 100 Day Exec Team Plans in place. Commenced Q2 2021/22.	

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14.	Scrutiny and Assurance	Board should start where committees end: (i) More comprehensive update from committees at board. What did they challenge and what assurances did they receive? (ii) Papers to be clear, with trends and future focused; (iii) All board members expected to fully read all papers; (iv) Because papers are clearer, executive introduction should be very limited (30 seconds introduction) allowing for greater discussion.	Director of Corporate Governance	August 2021	N/A	Complete The board agenda now has a separate section for reports received at committees and more focus is given to the committee key issues report to follow-on the discussions rather than duplicate them.	
15.	Scrutiny and Assurance	At the end of a discussion, members should ask themselves “so what”?	Board Members	August 2021	N/A	Complete – this is incorporated as part of the reflective review at the end of Board and Committee meetings	
16.	Scrutiny and Assurance	Re-circulate the slide on powerful questions to support more effective challenge in meetings. Powerful questions: (i) Generate curiosity and invite creativity (ii) Focus inquiry and stimulate reflective conversations (iii) Are thought provoking and surface underlying assumptions	Director of Corporate Governance	August 2021	N/A	Complete	
17.	Scrutiny and Assurance	Undertake a review of our minutes – do they provide an adequate evidence base?	Director of Corporate Governance	August 2021	March 2022	Review by NHS Providers undertaken and completed. Positive feedback received. Minor findings/opportunities for improvement identified which will be built into an action plan to take forward.	
18.	Scrutiny and Assurance	Ensure reflective time at the end of each meeting (board and committee): (i) When were participants at our best? (ii) How were the papers? (iii) How good was the challenge? Did it triangulate? Were the ‘so what’ questions asked? (iv) Was a difference made? (v) What could members have done better? (vi) Which quadrants were the discussions in?	Chair and Committee Chairs	August 2021	N/A	Complete Review at the end of each Board and Committee now takes place.	

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19.	Board Assurance and Risk Management	Finalise and embed the board assurance framework	Director of Corporate Governance	July 2021	N/A	Board Assurance Framework in place. Further work to do in embedding but good progress has been made through reporting to the Board	
20.	Board Assurance and Risk Management	Further develop the health board risk register and mitigation, including a board debate on risk appetite	Director of Corporate Governance	July 2021	N/A	To be progressed as part of the annual plan	
21.	Board Assurance and Risk Management	ACTION – both the risk register and board assurance framework to be driving the roles of the committees (Director of Corporate Governance by March 2022).	Director of Corporate Governance	March 2022	N/A	To be progressed as part of the annual plan	
22.	Performance Reporting	The performance management framework be implemented.	Director of Finance	July 2021	N/A	Complete Approved by the Board	