

**Board Effectiveness Action Plan 2022-23
Audit Committee (May 2023)**

Purpose and Vision				
Progress Level Maturity		Criteria to Support this level		
Lead Committee Workforce & OD		<p>A clear vision for the organisation is documented and communicated to staff and stakeholders, with supporting long term strategy and action plans. 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>		
No	Actions	Target Date	Lead Executive	Progress/Status
1	Create a new Directorate of Insight, Communications and Engagement	July 2022	Chief Executive	Complete
2	Adopt a new core narrative and key messages.	July 2022	Director of IC&E	Complete
3	Implement a strategic cycle of Communications and Engagement in 2022/23	November 2022	Director of IC&E	<p>December 2022: Bay Health staff newspaper produced, work underway to link core narrative for organisation through team briefs, chief executive reports and briefing / engagement activity while establishing a wider network of communications and engagement activity. Big Conversation launched for external stakeholder groups as part of wider engagement process. Monthly update reports on communication and engagement activity submitted and reviewed by CSOG and then submitted to Welsh Government.</p> <p>February 2023: Monthly cycle of briefings with CE arranged to shape communication and engagement activity. Complete</p>
4	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	December 2022: Director of Insight, Communications and Engagement appointed, who will take up the position in early 2023. Complete.
5	Create an Insight capability and service within the directorate in 2022/23 with a brief to be curious and analytical and triangulate what is learnt from engagement, complaints, experience, surveys, etc.	March 2023	Director of IC&E	May 2023: An Insight capability has been created via linkages across the organisation in relation to existing data/information. This approach has already generated useful insights and highlighted some issues to explore. The next step is for the Insight approach to be embedded in a systematic way via the development of an Insight plan/approach and the recruitment of a dedicated Insight role to bolster capacity. Role to be advertised June 2023.
6	Create a vision for what we want the organisation to be, linked to the Big Conversation.	March 2023	Chief Executive	April 2023: Phase 1 and 2 of Our Big Conversation is now complete, with a Findings report and proposal to translate the vision into reality being presented to the March 2023 public Board meeting and the April Workforce and Organisational Development Committee. Further engagement has also taken place with Management Board and Trade Union colleagues during this period and a draft vision is in its final stages for completion at the end of April 2023.

Values and Behaviours				
Progress Level Results		Criteria to Support this level		
Lead Committee Workforce & OD		Co-produced organisational values and behaviours are defined, understood by staff and starting to be embedded into systems and processes. Staff feel positive and proud to work for the organisation. There is a strong emphasis on the safety and wellbeing of staff.		
No	Actions	Target Date	Lead Executive	Progress/Status
7	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	Complete
8	Stage 1 – Active Listening - Culture: Listening to what it's like to work here.	November 2022	Director of Workforce & OD	October 2022: Next steps to be finalised with CEO and agreed at Management Board in November 2022 December 2022: Complete
9	Stage 2- Testing understanding from focus groups	January 2023	Director of Workforce & OD	December 2022: Task force group set up in November 2022. Next meeting is in January 2023 during where plans for Phase 2 will be finalised January 2023: Phase 1 data from pulse survey and focus groups has been analysed and an initial report draft. Phase 2 roll-out will run from 31 st January 2023 to 24 th February 2023 and will consist of both face to face and virtual, targeted and open focus groups as well as a digital method of staff contributing to next steps. Task Force to meet again in February 2023 to review and evaluate the process. May 2023: Phases 1 and 2 are now complete, with a findings report and proposal to translate the vision into reality being presented to the March 2023 public Board meeting and the April Workforce & OD Committee. Further engagement has also taken place with the Management Board and Trade Union colleagues. Complete
10	Stage 3- Written narrative: engage and develop actions	March 2023	Director of Workforce & OD	May 2023: Production of a draft vision is in its final stages.

Board Assurance and Risk Management				
Progress Level Maturity		Criteria to Support this level		
Lead Committee Audit Committee		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.		
No	Actions	Target Date	Lead Executive	Progress/Status
11	Revised Board assurance framework endorsed by the Board.	September 2022	Director of Corporate Governance	Complete
12	Risk appetite statement to be developed, considered and approved by the Board.	November 2022	Director of Corporate Governance	October 2022: Risk Appetite statement drafted and will be considered by the Management Board in November and then presented to the Board in November for approval. December 2022: Risk Appetite statement endorsed by the Board at its November 2022 meeting, subject to further review within one year.
13	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	April 2023: Complete. Risk sessions now have been delivered in each of the Divisions within Morrison (Surgical Services, Medicine & ECHO and Clinical Support Services). Following delivery of these sessions, and those completed earlier in other Service Groups, further requests have been received and sessions delivered to wider groups of managers and teams at specialty level. As part of ongoing processes, the Risk & Assurance team will continue to deliver sessions in response to service requests, and will provide continued monthly Risk Management level 2 training sessions for individual managers new to the organisation or refreshing their knowledge. The RMG meeting in April has been deferred to May 2023, but the qualitative review of register usage will be included on the agenda for that meeting and subsequent meetings.
14	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	May 2023: The development of the QMS has been framed around the following four domains, with actions for each assigned to Executive leads. Updates against these are: Governance – The new governance structure are in place. These will be reviewed and refined based on recommendations from the Internal Audit on quality Governance Quality – Development of quality strategy, signed off by Board in Jan and launched in March. Outcomes – Increased frequency of reporting of mortality and outcome to Quality and Safety Committee Developing a Learning Organisation – Quarterly patient safety congress events in place. QI Community of Practice in place Systems and processes will continue to be developed and refined as part of normal business.

Governance				
Progress Level Maturity		Criteria to Support this level		
Lead Committee Quality & Safety Committee		<p>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.</p> <p>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.</p>		
No	Actions	Target Date	Lead Executive	Progress/Status
15	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	Complete
16	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	Complete
17	Learning from incidents and concerns to be built into Patient Safety Group structures.	September 2022	Director of Nursing	Complete
18	Establishment of quarterly quality congress events to share learning from patient safety, experience and outcome events across the organisation.	October 2022	Director of Nursing	October 2022: Complete – These are in train December 2022: Next events arranged for Feb 2023, June 2023 and Sept 2023
19	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	October 2022: Internal Audit are on track to commence this review. Report expected March 2023. May 2023: Audit review complete and draft report issued. Audit objective relating to structures and responsibilities derived 'Substantial' assurance. Complete
20	Develop proposals for approval by the Patient Safety Group for a central Quality Hub to incorporate <ul style="list-style-type: none"> - Quality planning and priorities - Quality assurance - Quality improvement - Improved Business Intelligence support for quality analytics. 	November 2022	Director of Nursing	October 2022: This work has commenced and is ongoing. Completion expected during January 2023. December 2022: On Track February 2023: Intranet pages under development with range of tools to support quality priorities, assurance and improvement April 2023: This is complete. The Hub is in place, and its resources will continue to be added to and developed as part of normal business.
21	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	October 2022: Internal Audit are on track to commence this review and complete it within the timescales. May 2023: A review of Service Group Quality Structures has been undertaken NWSSP Audit & Assurance as part of a Quality & Safety Governance Framework review. The review derived 'Reasonable' assurance. Complete.

Quality				
Progress Level Results		Criteria to Support this level		
Lead Committee Quality & Safety Committee		<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>		
No	Actions	Target Date	Lead Executive	Progress/Status
22	First draft of Quality Strategy to be shared with the Management Board for discussion and consideration of engagement.	September 2022	Director of Nursing	Complete
23	Staff and stakeholder engagement on the Quality Strategy to seek views from a diverse range of groups.	November 2022	Director of Nursing	October 2022: In progress December 2022: Complete and referenced within draft Strategy.
24	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	October 2022: It is now anticipated that this work will be completed by March 2023 December 2022: On Track January 2023: Priorities for 2023/24 agreed at last QP Board. These are Pressure Ulcer, Nutrition and Hydration, Dementia audit and building capacity and capability in QI methodology. COMPLETE
25	Develop a new style 'complaint' report (completed in July 2022 and shared with the Quality and Safety Committee).	July 2022	Director of Corporate Governance	Complete
26	Development of a communications plan to set out the work being undertaken, why and expectations.	October 2022	Director of IC&E	February 2023: Plan and progress report on establishment of DICE being prepared for Management Board. It includes a refresh of the Core Narrative and Key Messages, report on DICE activity and development and proposals for future plans and DICE operating model. Delayed until new Director in post (01/03/2023). May 2023: New strategic narrative around the development of a high quality organisation being finalised ready for launch as part of the follow up to Our Big Conversation. This includes the adoption of the One Bay Way mantra and the placement of quality at the centre of all considerations. Quality also being adopted as a core message in Bay Health and the new CEO Midweek Message e-newsletter that will be issued on a weekly basis to all staff.
27	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	October 2022: Complete – These are in train. This links closely with the quality congress work
28	Development of a reward/recognition structure.	October 2022	Director IC&E	February 2023: Project Group being established with staff experience team, to review existing reward and recognition programmes and develop monthly awards programme and annual event. Recommendations will be brought to a future Management Board. Delayed until new Director in post (01/03/2023). May 2023: New Director in post and going through a process of prioritising activities. This piece of work will be looked at in the next quarter in conjunction with Workforce colleagues; the main challenge will be around coming up with an approach that is sustainable. The approach will also need to reflect the outcome of Our Big Conversation and the One Bay Way, both of which are still being finalised.

29	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	<p>October 2022: This work is currently ongoing, with completion expected in March 2023.</p> <p>December 2022: On track</p> <p>February 2023: Review completed paper with recommendations to be considered at February QMS Task and Finish Group.</p> <p>April 2023: Benchmarking against other HBs and Trusts across the UK is underway, with a paper due to be presented to the Management Board in May 2023.</p>
30	Duty of Quality and Duty of Candour training for the Board members.	December 2022	Director of Corporate Governance Director of Nursing	<p>October 2022: Training has been booked for Board members and Service Group Directors for 15th December 2022.</p> <p>December 2022: Board meeting cancelled due to strike action. Training rearranged for February 2023.</p> <p>March 2023: Training delivered as part of a Board Development session on 28/02/2023. Complete</p>
31	Engagement with service groups on delivery of Duty of Quality and Duty of Candour	December 2022	Director of Corporate Governance Director of Nursing	<p>May 2023</p> <p>Duty of Quality: Engagement with Service Groups via quality governance meetings has commenced and is ongoing. Resources and information has been shared, and is available via the intranet. The foregoing will now become part of normal business.</p> <p>Duty of Candour: Resource and information has been shared and is available via Intranet. Drop in sessions in place to support all staff. Fortnightly / monthly meetings in place with Service Groups with SOP in place for monitoring compliance. The foregoing will now become part of normal business</p>
32	Participate in national approaches for quality improvement with IHI and Improvement Cymru.	March 2023	Director of Nursing	<p>October 2022: This work is currently ongoing, although a number of initial stages are now complete.</p> <p>December 2022: Projects for delivery through the Safe Care Collaborative have been identified and leads are in place for these.</p> <p>January 2023: On track.</p> <p>April 2023: This is now in place and ongoing as part of normal business.</p>

Money / Value for Money				
Progress Level Maturity		Criteria to Support this level		
Lead Committee Performance & Finance Committee		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.		
No	Actions	Target Date	Lead Executive	Progress/Status
33	Update SLA with NWSSP in respect of the provision of procurement services.	October 2022	Director of Finance	<p>October 2022: Work Ongoing. Procurement SLA is in the process of being reviewed in line with the national restructuring of procurement under the NOM (National Operating Model). It is anticipated that this should be completed by April 2023.</p> <p>April 2023: NWSSP colleagues have confirmed that the revision of SLAs will follow the full deployment of the National Operating Model (NOM), which will bring national contracts under the management of Health Board-based procurement teams.</p>
34	Review and strengthen systems to ensure the formal sign-off of budget delegation/accountability letters.	October 2022	Director of Finance	<p>October 2022: Partly complete – for 2022/23 there will be 2 letters issued. The first was issued at start of September, which outlined the targets delivery for 2022/23. The next stage will be opening budgets plus funding from reserves once the reserve position has been finalised.</p> <p>December 2022: Following finalisation of the reserve (reconciliation underway), the second communication, which will be issued under email from the DoF, will be distributed in early January 2023.</p> <p>February 2023: Going forward, the change in the management of Reserves aligned to the 2023/24 Accountability Framework will mean issuing of final budgets and responses will be done in Q1 of 23/24, subject to the financial plan being finalised.</p> <p>April 2023: Draft budget framework for 2023/24 prepared to reflect management of deficit financial plan. Draft delegation letter prepared to issue in May 2023 to align with Month 1 reporting. Action from February 2023 on track.</p>
35	Work stream created to established what additional support can be provided to budget holders.	September 2022	Director of Finance	<p>October 2022: Complete – Work stream created and work programme in place. Ongoing implementation now becomes part of 'normal business'.</p>
36	Breakeven at the end of the financial year.	March 2023	Director of Finance	<p>October 2022: Work ongoing. Mid-Review meeting held with WG on 24th October to outline progress on delivery of breakeven. Awaiting confirmation of final funding regarding COVID/Extraordinary Pressures and pay Award in the next 3-4 weeks to support plan. Service Groups and Directorates need to ensure delivery on targets set, both savings and operational, which will be reviewed as part of the monthly Financial Performance meetings.</p> <p>December 2022: On Track. Work will continue in the final Quarter to support delivery of a breakeven position at the 31st March and updates will continue to be provided to Performance & Finance Committee.</p> <p>May 2023: Breakeven achieved, subject to audit of final accounts by Audit Wales.</p>

Performance Reporting				
Progress Level Maturity		Criteria to Support this level		
Lead Committee Performance & Finance Committee		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		
No	Actions	Target Date	Lead Executive	Progress/Status
37	Revise the performance reporting framework.	June 2022	Director of Finance	October 2022: Complete – Report revised in line with requirements of the Performance & Finance Committee
38	Implementation of combined activity and performance reporting in Q3 of 2022/23	December 2022	Director of Finance	October 2022: On track December 2022: LTA positions now included in Performance & Finance Committee reporting on a monthly basis. Complete

Appraisal Process of Directors and Other Feedback				
Progress Level Maturity		Criteria to Support this level		
Lead Committee Remuneration Committee		The board is recognised as adding value		
No	Actions	Target Date	Lead Executive	Progress/Status
39	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	February 2023: The Health Board is engaging an external agency to undertake a review of our board effectiveness. April 2023: An external organisation has commenced work in this area, which will include interviews with stakeholders external to the organisation. This work will continue until June 2023. The output will be reported as part of a Board Development Session, and then to the full Board in July 2023.
40	Agree and share a process to continue to set timely objectives aligned to organisation priorities that enables a cascade process across the Health Board.	December 2022	Chair Chief Executive	December 2022: This has been addressed in the annual plan alignment with executive objectives. We are looking to extend this to operating units in 2023/24. Complete
41	Strengthen reporting on progress of objectives and approval through Remuneration Committee.	December 2022	Chief Executive	December 2022: This has been addressed as the objectives for executives were discussed in Rem. Com. this year and CEO reports on progress. This mid-year review needs to be more systematic and will be addressed by the CEO. There is now regular discussion on executive performance for pre-objective setting and during the implementation of these objectives. Complete
42	Develop and agree a 360 appraisal process for Executive directors.	February 2023	Director of Workforce & OD	February 2023: Scoping exercise underway to determine possible options with a view to implement by appraisal year 2024/25. This will allow time for pending new exec recruits to the HB to settle in. Current arrangements to remain in the interim