



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	18 May 2023	Agenda Item	4.2
Report Title	Board Effectiveness Action Plan		
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Report Sponsor	Hazel Lloyd, Director of Corporate Governance		
Presented by	Hazel Lloyd, Director of Corporate Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on progress against the Board Effectiveness Action Plan		
Key Issues	<ul style="list-style-type: none"> The board is required to undertake an annual self-assessment of its effectiveness in terms of governance and internal controls. The findings of the most recent self-assessment were presented to the September 2022 meeting of the board. A proposed action plan was also presented to this meeting, which was agreed. A report on progress against that action plan was last received by the Committee in March 2023. This report provides a further update. At the time of reporting, a total of 34 actions were identified as complete by the relevant lead executive; these are highlighted green in the Action Plan, and represents an increase of 12 since the last report. For the remaining 8 actions, it has not been possible to complete them within the original target dates. With regarding to the 4 actions outstanding from the 2021/22 plan, 3 of these are now reported as closed. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE progress made as detailed within the updated Board Effectiveness Action Plans included at Appendix 1 and Appendix 2 AGREE any specific areas where members feel that further assurance is required, in order that these can be taken forward with the relevant Lead. 		

BOARD EFFECTIVENESS ACTION PLAN

1. INTRODUCTION

1.1 The purpose of this report is to provide an update on progress against the Board Effectiveness Action Plan.

2. BACKGROUND AND CONTEXT

2.1 The board is required to undertake an annual self-assessment of its effectiveness in terms of governance and internal controls.

2.2 The findings of the most recent self-assessment were presented to the September 2022 meeting of the board. A proposed action plan was also presented to this meeting, which was agreed.

2.3 A report on progress against that action plan was last received by the Committee in March 2023. This report provides a further update.

3. STATUS UPDATE

3.1 Since the last meeting of the Committee, the action plan has again been circulated to all lead executives with a request that they provide updates on the actions assigned to them. A copy of the updated action plan has been included at **Appendix 1** for information.

3.2 In addition, extracts from the Action Plan were reviewed by each relevant Lead Committee in meetings during February and March 2023.

3.3 At the time of reporting, 34 of the 42 actions contained within the current plan were identified as complete by the relevant Lead Executive, and these have been highlighted green in the Appendix. The following 12 actions have been reported as complete since the last update to the Committee:

No	Action	Progress
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.	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.
9	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	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

	<p>organisation in which staff voices and listening are its heart: Stage 2 – Testing understanding from focus groups</p>	<p>has also taken place with the Management Board and Trade Union colleagues.</p>
13	<p>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.</p>	<p>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.</p>
14	<p>Quality management system developed and implemented and in line with the requirements of the Health & Social Care (Quality Engagement) Wales Act.</p>	<p>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:</p> <p><u>Governance</u> – The new governance structure are in place. These will be reviewed and refined based on recommendations from the Internal Audit on quality Governance</p> <p><u>Quality</u> – Development of quality strategy, signed off by Board in Jan and launched in March.</p> <p><u>Outcomes</u> – Increased frequency of reporting of mortality and outcome to Quality and Safety Committee</p> <p><u>Developing a Learning Organisation</u> – Quarterly patient safety congress events in place. QI Community of Practice in place</p> <p>Systems and processes will continue to be developed and refined as part of normal business.</p>

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.	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. 	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.	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.
26	Development of a communications plan to set out the work being undertaken, why and expectations.	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.
30	Duty of Quality and Duty of Candour training for the Board members.	Training delivered as part of a Board Development session on 28/02/2023.
31	Engagement with service groups on delivery of Duty of Quality and Duty of Candour	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. 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

32	Participate in national approaches for quality improvement with IHI and Improvement Cymru.	This is now in place and ongoing as part of normal business.
36	Breakeven at the end of the financial year.	Breakeven achieved, subject to audit of final accounts by Audit Wales.

3.4 There are a further 8 instances where it has not been possible to complete actions within the original target dates. These are highlighted red in the Action Plan.

3.5 In addition to the above, 4 incomplete actions were carried over from the previous year's plan. An update on these has been included at **Appendix 2** for information.

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATIONS

5.1 Members are asked to:

- **NOTE** progress made as detailed within the updated Board Effectiveness Assessment Action Plans included at **Appendix 1** and **Appendix 2**
- **AGREE** any specific areas where members feel that further assurance is required, in order that these can be taken forward with the relevant Lead.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	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 direct financial implications arising from this paper		
Legal Implications (including equality and diversity assessment)		
There are no direct legal implications arising from this paper		
Staffing Implications		
There are no direct staffing implications arising from this paper		
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	N/A	
Appendices	Appendix 1:	Board Effectiveness Action Pan 2022/23
	Appendix 2:	Board Effectiveness Action Pan 2021/22 Outstanding Actions