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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



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| Meeting Date | 15 November 2018 | Agenda Item | 5b |
| Report Title | Self-Assessment to Structured Assessment | | |
| Report Author | Liz Stauber, Committee Services Manager | | |
| Report Sponsor | Pam Wenger, Director of Corporate Governance | | |
| Presented by | Pam Wenger, Director of Corporate Governance | | |
| Freedom of Information | Open | | |
| Purpose of the Report | The purpose of this report is to present to the self-assessment in response to the 2017 structured assessment. | | |
| Key Issues | <p>At the Audit Committee in March 2018, members received and considered the findings of the 2017 Wales Audit Office structured assessment. The report outlined a number of recommendations for the health board to consider and progress, and the appended self-assessment outlines the work to date against each of these.</p> <p>All the recommendations have also been incorporated the integrated governance work programme which has enabled the committee to monitor progress throughout the year prior to receiving the full self-assessment.</p> | | |
| Specific Action Required <i>(please ✓ one only)</i> | Information | Discussion | Assurance |
| | | | ✓ |
| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report | | |

| Governance and Assurance | | | | | |
|---|--|--|--|--|---|
| Link to corporate objectives (please ✓) | 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 |
| | | | | | ✓ |
| Quality, Safety and Patient Experience | | | | | |
| 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. | | | | | |
| Financial Implications | | | | | |
| There are no financial implications. | | | | | |
| Legal Implications (including equality and diversity assessment) | | | | | |
| There are no direct legal implications. | | | | | |
| Staffing Implications | | | | | |
| The delivery of the proposed work programme is set within the context of the existing resources. | | | | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | | | | |
| No impact identified. | | | | | |
| Report History | Structured assessment received in March 2018 by the Audit Committee. | | | | |
| Appendices | Appendix 1: self-assessment to structured assessment | | | | |



Structured Assessment - self-assessment of progress against 2017 recommendations

Abertawe Bro Morgannwg University Health Board

We would like to understand what progress the Health Board has made in addressing the recommendations we made as part of Structured Assessment in 2017. We will refer to the high level recommendation tracking provided to Audit Committee but to help us understand what the Health Board has done so far, and what is left to do and by when, please use the following table. It would be helpful to include the type of information used to provide assurance or confirm that actions are/were taken and have led, or are leading to, sustained improvement.

| Recommendation | Agreed management action | Progress |
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| Financial savings planning and delivery R1 We found the Health Board's approach to savings and wider financial planning has remained broadly the same for a number of years despite the declining trend in financial performance. To foster a more sustainable approach to managing savings, the Health Board should: | 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. | <ul style="list-style-type: none">• 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.• The Board is committed to setting realistic savings targets based on the levels of opportunities and investments. The Board is also committed to taking a system-wide view of |

| Recommendation | Agreed management action | Progress |
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| <p>a. set realistic savings targets.</p> <p>b. Make better use of benchmarking data and internal performance intelligence to better identify inefficiencies (and efficiencies) to feed into savings planning.</p> <p>c. Link financial budgets to activity through zero based budgeting to identify efficient and inefficient areas and to effectively benchmark against good practice</p> <p>d. Ensure savings schemes are not planned in isolation but are linked to wider programmes of work or changes in activity.</p> <p>e. Adequately profile savings over the course of the year so that delivery is not concentrated in the last six months of the year.</p> <p>f. Reduce reliance on short-term transactional savings in favour of</p> | <p>The Board is committed to setting realistic savings targets based on the levels of opportunities and investments. 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'.</p> <p>The Finance team is currently exploring how we could use zero based budgeting approaches to examine key areas of spend.</p> <p>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.</p> | <p>service, quality and financial management which means that it will, by definition, not only examine 'each Delivery Unit'.</p> <ul style="list-style-type: none"> • The Finance team is currently exploring how we could use zero based budgeting approaches to examine key areas of spend. • 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. |

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| <p>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.</p> | <p>Completion date September 2018</p> | |
| <p>R2 We found the Health Board has improved its arrangements for monitoring, reporting and scrutiny of savings. However, to further strengthen arrangements, the Health Board should:</p> <p>a. 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.</p> <p>b. 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.</p> | <p>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 proactive role in support of budget holders. Monitoring will take place via fortnightly Financial and Performance Recovery Meetings</p> <p>For 18/19 the Board is planning a more integrated approach, led jointly by the DoF and the COO at Recovery Meetings to focus on both financial recovery and performance improvement.</p> | <ul style="list-style-type: none"> • A more robust approach to budget (including benefits realisation) allocations and delegations, linked to operational performance is being introduced for 2018/19. • Monitoring is taking place via fortnightly Financial and Performance Recovery Meetings. • 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. • 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. |

| Recommendation | Agreed management action | Progress |
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| <p>c. Improve operational scrutiny of 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> <p>d. Standardise the monitoring of financial performance of Delivery Units both in terms of the approach and reporting which is currently inconsistent.</p> | <p>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.</p> <p>Standard templates have been produced, with input from the Finance Business Partners, and issued to Units to ensure consistency and standardisation of reporting. It will be used formally from 1 April 2018 and reviewed after 6 months.</p> <p>Completion date September 2018</p> | |
| <p>R3 Reviewing and strengthening governance arrangements</p> <p>....., the Health Board should draw together the messages from all recent governance reviews and develop a consolidated action plan to address the issues ..., and to help identify whether any further governance review would</p> | <p>The Health Board has agreed to undertake a Governance Stocktake that consolidates all the actions from previous reviews, focusses on an improved governance structure and an integrated work programme for 2018-19.</p> <p>Completion date September 2018</p> | <ul style="list-style-type: none"> • The Health Board has developed an integrated action plan which pulls together the recommendations from the Financial Governance Review, Structured Assessment, Governance Stocktake and the NHS Delivery Unit. • The Health Board has been reviewing the model used by Hywel Dda and it is proposed to modify this to meet the needs of the Health Board. This will provide a live tracker then for all external reviews and report and can be monitored by the Executive Board, |

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| be of value. Consolidation of action plans should include the findings and recommendations from this structured assessment, the current Welsh Government Delivery Unit review of serious incidents management, and those of the Deloitte's financial governance review. | | |
| Scheme of Delegation R4 The Health Board should further develop its scheme of delegation arrangements by agreeing a scheme of delegation for capital project approvals. | This has been highlighted as an area of focus for the forthcoming year and will be addressed as part of the review of the Standing Orders. Completion date June 2018 | <ul style="list-style-type: none"> • The Health Board has reviewed the Standing Orders and the delegations as part of improving and strengthening governance arrangements. A schedule setting out the capital delegations is in development and will be considered by the Audit Committee in November 2018. • As part of the review of the Standing Financial Instructions a set of additional delegations are being considered to provide clarity of the accountability arrangements in the Health Board. |
| Governance Structures R5 With full board membership in place for 2018, the Health Board is revising its committee structure and memberships. In doing this the Health Board should: a. Ensure clarity and organisational understanding of the new | The Board is reviewing the current committee structures to ensure that the committees | The Health Board has reviewed the Committee Structure and re-aligned the non officer membership across the committees. As part of strengthening these arrangements, the Board Committees the focus on the role of the Committee in terms of assurance, scrutiny and challenge is being embedded. This is further linked to the Board Development Programme which focusses on the roles and responsibilities of the respective Board Members. |

| Recommendation | Agreed management action | Progress |
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| <p>structure and specifically, about what is a management group, partnership forum or scrutiny function as the current mapping groups them collectively.</p> <p>b. Reassess any gaps or duplication in the operation of the new arrangements once introduced.</p> <p>c. As part of the development of the Board Assurance Framework, determine whether further simplification of governance structures and reporting lines is required.</p> | <p>specifically focus on assurance. Completion date June 2018</p> <p>This is being addressed through the governance stocktake. Completion date September 2018</p> <p>The Board Development Framework will provide an opportunity to review the assuring committee structures. Completion date July 2018</p> | <p>The terms of reference for the Executive Board and the Senior Leadership Team have been finalised and as part of strengthening the governance arrangements, the role of the operational groups is becoming clearer although recognising there is still much work to do.</p> <p>During the year, the Health Board has developed new templates and also a procedure for managing corporate meetings. This is still being embedded and there is further work to do on this.</p> <p>The development of the Board Assurance Framework is a positive step in setting out the lead executive directors, assurance committees and maps the corporate risks through to the Board Assurance Framework. The Board has accepted that for 2018/19 this will be year '0' with the full BAF in place from 2019/20. It is important to note as part of the progress the way in which risk is being managed in the organisation is undergoing a fundamental review which supports the development of the BAF.</p> |
| <p>Quality and Safety governance arrangements</p> <p>R6 The Executive-led Quality and Safety Forum, which was formed in January 2017 has focussed its attention on strengthening quality assurance arrangements. As part</p> | <p>A review of all the reporting structures for the Quality and Safety Forum is underway to ensure improved consistency and assurance arrangements are in place.</p> | <ul style="list-style-type: none"> Mapping of groups reporting to the Forum is completed and as part of the process, further simplification of these groups is now underway and ToR will be reviewed following ratification of revised Terms of Reference and reporting schema have been circulated for comment and will be taken for approval at November Q&PS Forum This Forum will be Chaired by Director of Nursing and Patient Experience |

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| <p>of this important work, the Health Board needs to ensure that:</p> <p>a. All management groups, which are required to report into the Forum, do so on a regular basis to avoid gaps in assurance.</p> <p>b. Assurance reports from the Forum to the Quality and Safety Committee meet the Committee's requirements in terms of discharging its scrutiny role</p> <p>c. It keeps the quality and safety sub-structures under review to determine whether further simplification of current structures would be desirable.</p> <p>d. 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.</p> | <p>The review of the Quality and Safety Forum arrangements will ensure regular reporting to the Committee.</p> <p>The Governance Stocktake has reviewed the reporting templates to the Board Committees and this will ensure that appropriate reporting takes place.</p> <p>The Groups reporting to the Quality and Safety Forum will review their terms of reference on an annual basis.</p> <p>The review of the reporting structures to the Quality and Safety Forum will address this recommendation.</p> <p>Completion date September 2018</p> | <ul style="list-style-type: none"> • Learning and Assurance Group will become focussed on sharing learning and will not have an assurance function • Clinical Outcomes (including audit and effectiveness) group will be replaced by Clinical Senate and a set of terms of reference is in development. • A reporting template from Committee's and groups has been in place for approx. 6 months. The reporting from the Quality and Safety Forum is being reviewed and strengthened as part of the review of the terms of reference. |

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| <p>Workforce</p> <p>R7 Workforce issues are a top corporate risk; the Health Board should strengthen the Workforce and Organisational Development Committee and Board assurance by:</p> <ol style="list-style-type: none"> ensuring committee meetings are held as planned making sure there is a greater focus on strategic risks, as opposed to operational matters Improve the timeliness of data reported to the Committee, ensuring the Board is also appropriately sighted of performance information. Improve administration and reporting by ensuring completion dates and responsibilities for actions | <p>As part of reviewing the committee structure, proposals on how to receive assurance on workforce and OD are being considered.</p> <p>The committee arrangements are being considered as part of the Governance Stocktake and currently being held bi-monthly.</p> <p>This has already been addressed since the appointment of the new Director of Corporate Governance.</p> <p>The Health Board has recently reviewed the committee structure and agreed that workforce metrics are to be considered by the Performance and Finance Committee.</p> <p>The Health Board has been reviewing the governance arrangements for it's committees and this will be incorporated into the functioning of the committee going forward.</p> | <ul style="list-style-type: none"> The Health Board has considered the role of the Committee and agreed to seek the view of the incoming Director of Workforce and OD. The Board has reviewed the top workforce risks by the Director of Workforce and OD and these are now being integrated into the revised corporate risk register. The Workforce and OD Committee has met frequently through the year and improvements made to the content of the agenda ensuring it is strategically focussed. As part of the improving scrutiny and challenge by the Non Officer Members at this Committee, it is clear that an operational workforce forum is requirement and this is being taken forward by the Director of Workforce and OD. Workforce metrics are now be reported through to the Performance & Finance Committee and this was agreed in March 2018 as part of the review of the committee structure. The Board has agreed that 'ongoing' is not to be used and that all actions have a target date. Revised ToR for the W&OD Committee has been developed and was ratified at the meeting held on July 2018. The Executive Board agreed in August 2018 to establish a workforce and OD forum to manage all operational issues. Once this is in place, all workforce risks and reporting mechanisms can be reviewed to determine the role and remit of the committee going forward. |

| Recommendation | Agreed management action | Progress |
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| are provided and reports highlight risks more effectively. | Completion date June 2018 | |
| <p>Clinical strategy</p> <p>R8 Work to revise the Health Board's clinical strategy is underway, recognising the changes to the landscape within and outside of the Health Board since the Changing for the Better strategy was developed in 2013. The Health Board now needs to:</p> <ol style="list-style-type: none"> Produce a clear timetable for completing the development of its revised clinical strategy. Ensure the emerging clinical strategy aligns to other strategic plans and change programmes within the Health Board. Ensure that the clinical strategy is underpinned by | <p>The Health Board determined in 2017/18 that a two-stage approach would be taken to revise Changing for the Better (C4B), the Health Boards clinical strategy, which is still extant.</p> <ul style="list-style-type: none"> 1st review to be completed end of March 2018 2nd phase proposed date is to complete September 2018, but subject to discussion with new CEO <p>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. The stock take is nearing completion.</p> <p>The second phase is subject to discussion with the new Chief executive on timescales and resource required to develop.</p> | <p>Significant progress has been made: -</p> <ul style="list-style-type: none"> Desktop review of existing clinical strategy complete External support commissioned and in place to support clinical service plan development Clinical leadership in place at interim deputy medical director level with all three post holders leading elemtns of the process Clinical redesign groups established to meet three times each during September, October and November Process has been aligned with three year plan development process and will share joint workshop time Leadership summit on 7th September will consider the emerging thoughts on the clinical services plan Stakeholder engagement currently being worked through Anticipated that the final draft plan will be available for board consideration and approval before Christmas 2018; ongoing updates will be provided through the autumn and winter to keep the board appraised of progress. |

| Recommendation | Agreed management action | Progress |
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| supporting strategies and plans in key areas such as workforce, estates and asset management. | The Board is committed to the development of an organisational strategy which is underpinned by the Clinical Strategy and other enabling strategies. | |
| <p>New Programme Boards</p> <p>R9 New Programme Board arrangements are being implemented within the Health Board. As part of this organisational change the Health Board needs to:</p> <p>a. ensure that the new Programme Boards do not focus solely on areas of targeted intervention in secondary care, and that sufficient attention is paid to other service areas and improvements</p> | <p>Supporting Delivery Boards have been established for Cancer, Planned Care and Unscheduled Care.</p> <p>The supporting delivery Boards will take responsibility for:</p> <ul style="list-style-type: none"> - Short term performance improvement actions against the Targeted Intervention Areas - Performance managing implementation of the Service Improvement Plans for the respective areas contained in the 2018/19 Annual Plan, taking corrective action where necessary if plans are not being delivered. - Developing the equivalent plans for the 2019/20 element of the IMTP/Annual Plan <p>The Executive Team will review the governance arrangements for developing the organisational and clinical services strategy, and how the outcomes will then be implemented. As part of</p> | <p>Supporting delivery Boards have been established for USC, planned care, cancer, stroke and infection control.</p> <p>The supporting delivery Boards will take responsibility for:</p> <ul style="list-style-type: none"> • Short term performance improvement actions against the Targeted Intervention Areas • Performance managing implementation of the Service Improvement Plans for the respective areas contained in the 2018/19 Annual Plan, taking corrective action where necessary if plans are not being delivered. • Developing the equivalent plans for the 2019/20 element of the IMTP/Annual Plan • The Executive Board will review the governance arrangements for developing the organisational and clinical services strategy, and how the outcomes will then be implemented. As part of reviewing these arrangements, the executive team will determine which commissioning boards will remain in place and those which will be superseded by the supporting delivery boards. • Each supporting delivery board has an Executive lead or sponsor, and appropriate senior clinical and managerial membership from corporate and Delivery Unit structures |

| Recommendation | Agreed management action | Progress |
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| <p>b. 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;</p> <p>c. Ensure the new arrangements and interfaces between the Programme Boards and the delivery unit structures are clear and better understood than the previous arrangements;</p> <p>d. Clarify reporting lines for the new Programme Boards and the relationship to the Strategy and Planning, and Performance and Finance Committees</p> | <p>reviewing these arrangements, the executive team will determine which commissioning boards will remain in place and those which will be superseded by the supporting delivery boards.</p> <p>Each supporting delivery board 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.</p> <p>Reporting lines to Performance & Finance Committee and Strategy Planning and Commissioning Group to be confirmed as Terms of Reference are finalised.</p> <p>Completion date May 2018</p> | <p>which will ensure clarity of interface and alignment of decision making and planning arrangements.</p> <ul style="list-style-type: none"> • Reporting lines to Performance & Finance Committee and Strategy Planning and Commissioning Group to be confirmed as Terms of Reference are finalised. • Mapping of work priorities from commissioning boards into new planning structure underway, to be completed by end September 2018 |

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| <p>Risk management</p> <p>R10 In taking forward its plans to improve risk management, the Health Board needs to ensure that:</p> <ol style="list-style-type: none"> 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”. It critically reviews the number of risks on the corporate risk register, as there are too many for proper collective scrutiny. It re-maps risks to committees to reflect the new committee structure All committees provide oversight and scrutiny for the risks assigned to them. | <p>Completion date June 2018</p> <p>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.</p> <p>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.</p> <p>The re-mapping will be undertaken as part of the review of the Committee Structures.</p> <p>The development of the Board Assurance Framework is an opportunity to ensure that all committees have the clarity in terms of their</p> | <p>The Health Board appreciates that the management risk requires a significant review and as part of strengthening the arrangements the following has been progressed:</p> <ul style="list-style-type: none"> Establishment of a Risk Management Group that takes responsibility for the review and escalation of risks from the Unit Risk Registers, the development of the Board Assurance Framework and processes, systems and training to support the organisation in the management of risk. Review and re-mapping of all risk to the Committee Structure; Development of a ‘revised approach’ and improved Corporate Risk Register to be considered by the Audit Committee in November; Development of a ‘simple guide’ to Risk Management; Establishment of an escalation process in terms the management of risks from corporate departments and units. The Health Board is trialling new software to support which will help strengthen governance arrangements around the risk process. We are the only HB in Wales to be chosen for this pilot and one of 3 – 4 organisations in the UK chosen. |

| Recommendation | Agreed management action | Progress |
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| | responsibilities and review of assigned risks is incorporated into committee work plans. | |
| <p>Performance management</p> <p>R11 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.</p> <p>R12 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</p> | <p>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 Intervention performance indicators, including finance. Completion date April 2018</p> <p>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. The proposal is to bring an initial paper to Performance and Finance Committee in April. Completion date July 2018</p> | <p>R11:</p> <ul style="list-style-type: none"> The new format for the recovery meetings have been put in place from April 2018 with Finance and Performance Recovery Meetings. There are now 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. Ongoing lessons learnt indicate that more needs to be done to ensure that there is shared ownership between Executive-led work streams and Unit Delivery Plans to provide greater certainty and delivery confidence. <p>R12:</p> <ul style="list-style-type: none"> 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. The proposal is to bring an initial paper to Performance and Finance Committee in April The proposal is to bring an initial paper to Performance and Finance Committee in April. |

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| <p>Committee needs to ensure that this approach does not result in insufficient scrutiny of the Health Board's wider performance.</p> <p>R13 As part of the Performance Management Framework update the Health Board should review its performance dashboard, so that there is a greater focus on targets, trajectories, and outcomes.</p> <p>R14 Generally, the performance report to Board provides sufficient information to support scrutiny. However, the current format</p> | <p>Through the Performance & Finance Committee a Digitally-enabled 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. Completion date June 2018</p> <p>The Board Performance Report has been reviewed which begins to address the points raised here. With the strengthening of the Performance and Finance Committee all performance reporting arrangements are being</p> | <ul style="list-style-type: none"> Of necessity the Board is very focussed on the TI KPIs including Finance, but under the Chair of Performance & Finance Committee's direction, a new performance pack has been developed that's more comprehensive. P&FC also takes a paper on W&OD metrics and Medical Agency usage. PFC agendas demonstrate that its remit and loci are broader. <p>R13:</p> <ul style="list-style-type: none"> The Board Performance Report has been revised and was agreed at the Board Meeting in March 2018. The Board agreed the trajectories required as a minimum for delivery in 2018/19 and the assurance and escalation arrangements as part of the approval of the Annual Plan. In addition, and through the Performance & Finance Committee Digitally-enabled 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. <p>R14:</p> <ul style="list-style-type: none"> New integrated performance report has been developed and agreed with chair of committee. Report structure is agreed and the report content will need to react dynamically as the committee establishes itself and agrees the range of metrics appropriate for discussion at the committee. |

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| <p>information and management; and</p> <p>b. where business intelligence sits and how it relates to informatics.</p> | <p>Following the review of Executive responsibilities and to enable a more integrated approach to the provision of management information, clarity in relation to the respective executive accountabilities, responsibilities for business intelligence and management information, and the role of informatics will be developed.</p> <p>Completion date September 2018</p> | |
| <p>Information governance</p> <p>R16 The Health Board has taken steps to increase information governance training for staff and independent members alike, but compliance as at December 2017 was 52%. The Health Board therefore needs to take action to increase information governance training compliance rates.</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>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> | <ul style="list-style-type: none"> • The allocation of additional resources to the IG team has lead to a significant improvement in the HB IG training compliance figures. • In August 2018, the HB achieved IG training compliance of 74%, a 22 percentage point increase from December 2017 • The improvement has been the result of a number of factors, including monthly reporting by individual staff member, dedicated sessions, availability of different training formats, and train the trainer sessions. • SDU and corporate IGB leads continue to report to IGB their improvement plans to continue to improve compliance. • ABMU expects to achieve the required standard of compliance by December 2018. |

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| <p>Strategic change management and Programme Management Office</p> <p>R17 Acknowledging that the Programme Management Office (PMO) is currently focused on supporting the Recovery and Sustainability Programme, the Health Board should prospectively consider programme management arrangements and the future role of the PMO in supporting wider strategic plans and change programmes.</p> | <p>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.</p> <p>Completion date June 2018</p> | <ul style="list-style-type: none"> • Project Management Office in place with 7 Executive Led Workstreams aligned to the financial plan. • The Board agreed that the PMO, in its support of the Recovery & Sustainability Programme, needs sufficient capacity and capability to discharge the functions expected of it, addressed as a priority. The Board also agreed that going forward its broader change capacity and capability, including the role of a PMO needs to be examined. • Effectiveness of programme delivery and PMO arrangements significantly limited by resource availability. CE wrote to Andrew Goodall to set out case for a targeted and focussed package of consultancy for Project Management, Infection Control and RTT. • WG resource package to support R&S agreed and will enable more robust delivery of programme management. Exec Team also considering how we establish a Transformation approach in the HB. |
| <p>Learning and development</p> <p>R18 Mandatory training rates are low and not meeting the Health Board's target of 85%. The Health Board should therefore :</p> <p>a. Take steps to increase mandatory training rates to meet the Health Board target of 85%.</p> | <p>The Health Board will address the mandatory training rates by the rollout of ESR and addressing the access issues to ESR.</p> <p>a) Mandatory training framework will be reviewed in June 2018. Awareness programme to be developed to encourage compliance. Compliance will be monitored through performance reviews. Mandatory</p> | <p>Mandatory Training rates have increased from 43.80% to 61.18% in July 2018.</p> <p>a. The review of the Mandatory framework was put on hold due to the change over of Workforce and OD Director.</p> <ul style="list-style-type: none"> • Communications have been developed in partnership with Shared Services which contain step by step guides on how to access and complete E Learning Via ESR. |

| Recommendation | Agreed management action | Progress |
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| <p>b. Address access issues with the Electronic Staff Record to allow accurate recording of compliance.</p> <p>c. 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.</p> | <p>training available via e-learning. E-learning drop-in sessions are being run.</p> <p>b) Continued training for ESR administrators to ensure accurate recording of data.</p> <p>c) 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>Completion date July 2018</p> | <ul style="list-style-type: none"> E learning drop in sessions have been delivered across all sites on a bi-weekly basis. This increase in intensity of delivery has meant that more individuals have access to E-Learning sessions which are local to their workplace. Additional training sessions have been delivered for specific staff groups following requests. PADR Training has been updated to include a stronger messages about M+S training compliance. Where questions are asked about using ESR – Managers are supported by the Learning and Development Coordinator on an individual basis. Work is currently underway to review levels of M+S training for role profile to reduce duplication of effort from repeating already covered lower levels of training. <p>b. All administrators have received further training on system usage (or had their access removed). This is now recorded on a centrally held database. All new administrators receive a 1:1 training session before access is granted as an administrator.</p> <p>c. There has been a decision that there should not be a standalone committee due to reporting structures to the Board. It was recommended that decisions around M+S training are made at the workforce and OD committee or its future structure.</p> |

