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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15 July 2019		Agenda Item	2d.
Report Title	Governance Work Programme 2019-2020			
Report Author	Jacqui Maunder, Interim Head of Compliance			
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 update the Audit Committee on progress against the Governance Work Programme introduced in 2018, and to outline the improvement actions in place for 2019-2020.			
Key Issues	<ul style="list-style-type: none"> • In January 2019 and March 2019 the Audit Committee was given an update on progress against the Governance Work Programme 2018-2019 and noted that of the majority of recommendations, had been completed, with the remainder being on track for delivery. • It was agreed that the document be reviewed and updated to include the feedback from the structured assessment and that the Governance Work Programme for 2019-2020 be brought back to the next meeting. • The Governance Work Programme has been reviewed and updated for 2019-2020 and includes: <ul style="list-style-type: none"> ○ feedback from the Structured Assessment undertaken in 2018-2019 ○ Updated actions from each Lead executive ○ Updated actions on recommendations concerning serious incidents ○ SBUHB's governance priorities for 2019-2020 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report. 			

GOVERNANCE WORK PROGRAMME 2019-2020

1. INTRODUCTION

The purpose of this report is to update the Audit Committee on progress against the Governance Work Programme introduced in 2018, and to outline the improvement actions in place for 2019-2020.

2. BACKGROUND

The first Governance work programme was approved by the Audit Committee in May 2018, and since then it is routinely presented to the Committee for assurance and is updated in-line with members' comments.

The original work programme included the recommendations from the Structured Assessment 2017-2018 and the outstanding recommendations from the Financial Governance Review and the final version was approved at the May 2018 Audit Committee, with quarterly progress updates agreed. The original Governance Work programme included 70 recommendations for implementation, the majority of which have been completed.

At the Audit Committee meeting in January 2019 and March 2019 the Committee were given an update on progress against the Governance Work Programme 2018-2019 and noted that the majority of recommendations, had been completed, with the remainder being on track for delivery.

The Governance Work Programme has been reviewed and updated for 2019-2020 and includes:

- feedback from the Structured Assessment undertaken in 2018-2019
- Updated actions from each Lead executive
- Updated actions on recommendations concerning serious incidents
- SBUHB's governance priorities for 2019-2020

Since the last update the following recommendations are completed and the Audit Committee is asked to review and confirm that they are satisfied with the actions taken. Whilst progress has been made on some of the actions, the recommendations will remain open until all the actions are completed.

R2 SA 2017 R5	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.
R2 SA 2017 R9	New Programme Board arrangements are being implemented within the Health Board. As part of this organisational change the Health Board needs to: <ul style="list-style-type: none">• 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

	<ul style="list-style-type: none"> • 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; • Ensure the new arrangements and interfaces between the Programme Boards and the delivery unit structures are clear and better understood than the previous arrangements; • Clarify reporting lines for the new Programme Boards and the relationship to the Strategy and Planning, and Performance and Finance Committees
R7 GS	Review the Executive Team meeting arrangements including the groups that report to the Executive
R8	The Health Board should put an action plan in place to ensure that the National Fraud initiative (NFI) data matches it receives in January 2019 are prioritised for review and where necessary investigated in a timely manner.
R11 SA 2017 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: <ul 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. • c. Ensure that the clinical strategy is underpinned by supporting strategies and plans in key areas such as workforce, estates and asset management.
R12 SA 2017 R15	In progressing the planned work to develop a more integrated approach to the provision of management information, the Health Board needs to clarify: <ul style="list-style-type: none"> • executive accountabilities for performance information and management, where business intelligence sits and how it relates to informatics.
R16 SA 2017 R18	Mandatory training rates are low and not meeting the Health Board's target of 85%. The Health Board should therefore: a. take steps to increase mandatory training rates to meet the Health Board target of 85%; b. address access issues with the Electronic Staff Record (ESR) to allow accurate recording of compliance; and 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.

Since the last update, the following recommendations from the serious incident review are now complete and progress monitored by the Quality and Safety Committee. Whilst progress has been made on some of the actions, the recommendations will remain open until all the actions are completed.

R1	To make certain that patient safety is central to the HB's business, the entire Board membership should ensure that learning from Concerns and the understanding of potential risks are used to inform priorities and drive change.
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R5	The Health Board should strengthen how action plans from SIs are developed.
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Completed recommendations will be removed from the work programme once the Audit Committee is satisfied they have been completed.

The Health Board agreed the following Governance Priorities for 2019/20

- Quality Governance arrangements including role and accountabilities of supporting structures
- Implementation of a Board Assurance Framework
- Further development of Risk Management arrangements
- Governance Framework between Corporate and Delivery Units as part of the operating model including legislative compliance framework
- Further strengthening of the role of committees including reviewing the size, quality of board papers as well as financial consequences of all Board and Committee papers
- Review and refresh the assessment process in terms of compliance and reporting against the Health and Care Standards

The Governance Work Programme for 2019-2010 is presented at **Appendix 1** for information and will be updated for the next meeting to align any governance priorities arising from the Cwm Taf Maternity Services Review.

3. GOVERNANCE AND RISK ISSUES

The Governance work programme provides assurance to the Audit Committee that governance processes are being strengthened in accordance with good practice.

Any risks identified from the work programme are discussed with the relevant Director leads and are captured on directorate risk registers where appropriate.

4. FINANCIAL IMPLICATIONS

There are no financial implications directly arising from the work programme.

The work programme includes a section on Financial Governance with specific actions to strengthen financial governance procedures within SBUHB.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the report.

Governance and Assurance		
Link to Enabling Objectives	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>

<i>(please choose)</i>	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 checked="" 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 checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
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 direct financial implications arising from this report.		
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	Audit Committee: 15 March 2018, 19 April 2018, 17 May 2018; 31 July 2018, 15 November 2018, 24 January 2019 & 21 March 2019.	
Appendices	Appendix 1 : Governance Work Programme 2018-19	

SWANSEA BAY UNIVERSITY HEALTH BOARD (SBUHB)
GOVERNANCE WORK PROGRAMME 2019-2020 (AS AT END JUNE 2019)

Background

At the Audit Committee meeting in March and April 2018, the outline Governance Work Programme was considered, and updated in-line with members' comments. The work programme was updated to include the recommendations from the Structured Assessment and the outstanding recommendations from the Financial Governance Review and the final version was approved at the May 2018 Audit Committee, with quarterly progress updates agreed. The Governance Work programme included 70 recommendations for implementation.

At the Audit Committee meetings in January and March 2019 members were provided with an update on progress against the recommendations outlined within the Governance Work Programme. Of the 70 recommendations, 33 had been completed. The rest remained in progress, but on track.

The Governance Work Programme has therefore been updated for 2019-2020 and includes feedback from the Structured Assessment undertaken in 2018-2019.

Performance Rationales Key:

Performance Rationales	Key
Action(s) are either completed, require ongoing maintenance or on profile to achieve the target/objective.	GREEN
Actions are below target/milestone forecast but actions and resources are in place to ensure the target or measure will be achieved in the next period of performance review.	AMBER
Actions are below target/milestone forecast and no action plan / additional effort or resources are in place to ensure remedial action is timely and the objective/target will be achieved overall.	RED

GOVERNANCE WORK PROGRAMME 2019-2020

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
1. GOVERNANCE FRAMEWORK					
1. Develop a Board Assurance Framework and determine whether further simplification of governance structures and reporting lines is required.	July 2019 (quarterly reporting)	Director of Corporate Governance	<ul style="list-style-type: none"> • Presentation to the Board Development in February 2018. • Paper to Audit Committee outlining the process March 2018 • Workshop held in March and the process of board assurance mapping will take place during May 2018. • Draft Board Assurance Framework will be in place by July 2019 	SA 2017 R5 GS	
2. 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.	March 2019	Director of Corporate Governance	<ul style="list-style-type: none"> • Work on reviewing the high level committee structure has begun and was reported to the Board in March 2018 • Further work required on operational governance structures which will form part of the development of the operational model 	SA 2017 R5	
3. The Executive-led Quality and Safety Forum Needs to ensure that: <ul style="list-style-type: none"> • All management groups, which are required to report into the Forum, do so on as regular basis to avoid gaps in assurance. 	July 2019	Director of Nursing and Patient Experience	The Quality and Safety Committee is under new chairmanship and a review has commenced to assess information requirements and develop a new suite of reporting.	SA 2017 R6	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<ul style="list-style-type: none"> Assurance reports from the Forum to the Quality and Safety Committee meet the committee's requirements in terms of discharging its scrutiny role It keeps the quality and safety sub-structures under review to determine whether further simplification of current structures would be desirable. 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>The review will consider good practice in other organisations and will be complementary to the broader Health Board Integrated Performance report</p> <ol style="list-style-type: none"> Mapping of groups reporting to the Forum is completed and was reported to the Audit Committee in September 2018 Further simplification of these groups is now underway linked to the development of a Quality and Patient Safety framework. Revised Terms of Reference and reporting structures have been circulated for comment and will be presented for approval at June 2019 Q&PS Forum, prior to a new transition to a new reporting structure. The new reporting structure groups will be Chaired by Director of Nursing and Patient Experience <ul style="list-style-type: none"> The Clinical Outcomes (including audit and effectiveness) group has been replaced by Clinical Senate 		
4. New Programme Board arrangements are being implemented within the Health	June 2019	Director of Transformation	<ul style="list-style-type: none"> Supporting delivery Boards have been established for 	SA 2017 R9	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<p>Board. As part of this organisational change the Health Board needs to:</p> <ul style="list-style-type: none"> • 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 • 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; • Ensure the new arrangements and interfaces between the Programme Boards and the delivery unit structures are clear and better understood than the previous arrangements; • Clarify reporting lines for the new Programme Boards and the relationship to the Strategy and Planning, and Performance and Finance Committees 			<p>USC, planned care, cancer, stroke and infection control.</p> <ul style="list-style-type: none"> • The supporting delivery Boards have taken responsibility for: <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 has approved the establishment of a Transformation Portfolio Board to bring together the significant service and system change programmes, the improvement priorities and the enabling priorities. - This portfolio brings together the ongoing programmes from the Recovery and Sustainability programme and has a primary focus on delivering the 		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>organisational strategy and CSP</p> <ul style="list-style-type: none"> - The leadership for this is with the Director of Transformation whose team sees the QI, PMO and Value based healthcare resources come together to form a health board wide coordinated approach to change and improvement. - The first meeting of this Board in in May 2019. - The change programmes will have Executive level leadership and oversight and coordination provided through the PMO. 		
5. Develop a Governance Toolkit that provides relevant guidance to staff in Corporate Teams and Units	September 2019	Director of Corporate Governance	<ul style="list-style-type: none"> • As procedures are developed these will be incorporated into the Toolkit • Outline framework for toolkit developed which currently includes the NHS Wales governance map, SBUHB governance structure and relevant terms of reference. • Toolkit will include information and guidance on declarations of interest, standing orders, SFI's duty of candour, anti-fraud, FOI's etc. 	GS	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
6. The HB should consider the introduction of greater standardisation in relation to divisional governance and leadership and define the parameters for operating within an Accountability Framework. This should include guidance on reporting templates, meeting agendas and performance management arrangements.	June 2019	Director of Corporate Governance /Director of Transformation	<ul style="list-style-type: none"> Standard Operating Procedure has been put in place. Further work to be addressed as part of the operational model. 	FGR R19	
7. Review the Executive Team meeting arrangements including the groups that report to the Executive	April/May 2019	Director of Corporate Governance	<ul style="list-style-type: none"> Completed in part. The structure of Executive Team meetings has been modified. Further work on this is still required and it is proposed that this will be informed by some of the Kings Fund Development Programme. Terms of Reference for the Executive Board have been approved. Executive Team session planned for 30 January 2019 to work through current arrangements. Review of the governance structure for reporting to the Health & Safety Committee undertaken and new health and safety document templates have been introduced to 	GS	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			strengthen governance reporting.		
8. The Health Board should put an action plan in place to ensure that the National Fraud initiative (NFI) data matches it receives in January 2019 are prioritised for review and where necessary investigated in a timely manner.	May 2019	Director of Finance	<p>The allocation of resource to undertake work on matches generated as part of the 2018/19 National Fraud Initiative will be addressed as part of the process for producing the overall counter fraud work plan for 2019/20.</p> <p>Once details of all matches have been made available by Cabinet Office/Wales Audit Office colleagues via the NFI secure website, a plan will be produced detailing how the work will be taken forward, by who, and with an indicative timetable for completion. This will ensure that identified 'high risk' matches are prioritised.</p> <p>This plan, together with the level of resource allocated, will remain under review throughout the year.</p>	SA 2018 R1	
9. Whilst the Quality & Safety Committee has access to relevant quality metrics and performance information, the Committee should review its information requirements and the way in which it is reported, to avoid duplication or gaps,	July 2019	Associate Director of Performance	The Quality and Safety Committee is under new chairmanship and a review has commenced to assess information requirements and develop a new suite of reporting.	SA 2018 R2	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
and ensure reports more clearly identify risks and assurances.			The review will consider good practice in other organisations and will be complementary to the broader Health Board Integrated Performance report.		
10. The Information Governance Board is an effective forum for driving the information governance agenda, but its focus is too operational to fully support the Health Board's wider digital ambition. The Health Board should ensure that there is sufficient strategic oversight of its digital ambition.	June 2019	Interim Chief Information Officer (CIO)	The Information Governance Board has not been constructed to provide strategic oversight of the Health Board's (HBs) digital ambition, rather it oversees information governance and is chaired by the SIRO. The Informatics Programme Board (IPB) chaired by the CIO provides oversight of the HBs digital plans. The IPB currently has membership comprising of senior stakeholders from across the organisation, the Independent Member for Informatics and NWIS. The roles of both the Information Governance Board (IGB) and the Informatics Programme Board (IPB) will be reviewed as part of strengthening Health Board governance arrangements.	SA 2018 R3	
STRATEGY AND BOARD DEVELOPMENT					
All Actions completed and delivered in 2018-2019.					

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
CLINICAL STRATEGY					
<p>11. 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> <ul style="list-style-type: none"> a. Produce a clear timetable for completing the development of its revised clinical strategy. b. Ensure the emerging clinical strategy aligns to other strategic plans and change programmes within the Health Board. c. Ensure that the clinical strategy is underpinned by supporting strategies and plans in key areas such as workforce, estates and asset management. 	May 2019	Director of Strategy	<p>The Health Board has made significant progress in developing its clinical services plan (CSP). Work started with a desktop review of 'Changing for the Better' (see paragraphs 50 to 52) and the Health Board has commissioned external capacity and expertise to support development of the CSP. Development of the CSP is running alongside development of the IMTP and 10-year strategy and involved the appropriate stakeholders at planning workshops. The new Clinical Senate will prioritise preferred options for service reconfiguration in December and following review by the Executive Board, the Board will receive a paper at its meeting in January 2019 for discussion and approval. (R8a). As next steps, the Health Board will need to ensure that other change programmes and pre-existing strategies, such as digital, are aligned with the CSP (R8b); and that the CSP is underpinned by supporting strategies and plans in key areas such as workforce, estates and asset management (R8c)</p>	SA 2017 R8	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
PERFORMANCE MANAGEMENT					
<p>12. 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"> • executive accountabilities for performance information and management, where business intelligence sits and how it relates to informatics. 	April/May 2019	Associate Director of Performance	<ul style="list-style-type: none"> • The Chief Executive has undertaken a review of the Executive Directors responsibilities. This review clarified where responsibilities and accountabilities sit, including those for performance information, reporting and management. 	SA 2017 R15	
<p>13. In taking forward its Recovery and Sustainability (R&S) Programme, the Health Board needs to ensure that it facilitates greater ownership of performance improvement actions by the delivery units.</p>	Sep 2019	Associate Director of Performance	<p>New format recovery meetings have been in place from April 2018. Two meetings are held each month with delivery units: one focusses on finances and delivery of savings; the other on performance more broadly. Delegation letters have been issued to delivery units setting out their responsibilities. However, R&S work stream delivery has been slow and continued focus on ensuring shared ownership between executive-led work streams and units owning the improvements needed is still needed to give greater certainty and confidence in delivery. Developing a new performance management framework is to be</p>	SA 2017 R11	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			taken forward in 2019. Alongside developing the operating model for the organisation. This is an opportunity to make accountabilities clearer, help incentivise performance and reflect earned autonomy of delivery units relative to their performance.		
STRATEGIC CHANGE MANAGEMENT AND PROGRAMME MANAGEMENT OFFICE					
14. 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	Dec 2019	Director of Transformation	The Health Board recognises that its present change and programme management capacity and capability needs to be developed to effectively support its longer term strategic plans and change programmes. The organisational change programme being led by the recently appointed Transformation Director, will seek develop to the arrangements.	SA 2017 R17	
FINANCIAL GOVERNANCE					
15. To foster a more sustainable approach to managing savings, the Health Board should: <ul style="list-style-type: none"> Set realistic savings targets. 	January 2020	Director of Finance	<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 	SA 2017 R1	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<ul style="list-style-type: none"> • Make better use of benchmarking data and internal performance intelligence to better identify inefficiencies (and efficiencies) to feed into savings planning. • Link financial budgets to activity through zero based budgeting to identify efficient and inefficient areas and to effectively benchmark against good practice • Ensure savings schemes are not planned in isolation but are linked to wider programmes of work or changes in activity. • Adequately profile savings over the course of the year so that delivery is not concentrated in the last six months of the year. • 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. 			<p>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.</p> <ul style="list-style-type: none"> • 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'. • The Finance team explored how we could use zero based budgeting approaches to 		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>examine key areas of spend. However, this work was delayed because staff prioritisation and the Bridgend financial arrangement, and support for the Transition programme.</p> <ul style="list-style-type: none"> • 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. • Delivering of the 18-19 financial plan has been disappointing with lower than planned savings delivery and an overreliance on non-recurrent mitigation and opportunities. • These shortcomings are being addressed in the 19/20 financial plan, detailing delivery planning, Board assurance and CEO oversight. (see above item 11 for the governance and assurance arrangements for financial 		

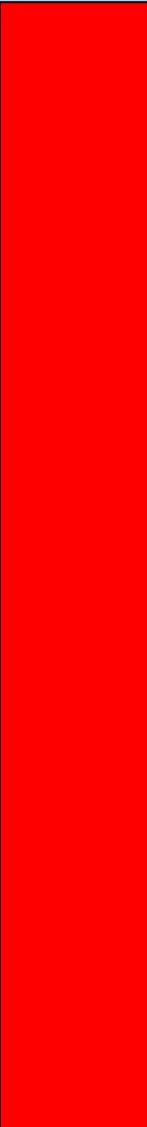
Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>recovery, and value and efficiency.)</p> <p>The Health Board, ,from April 2019 is establishing a Health Care Value and Efficiency Group under the joint chairmanship of the Executive Medical Director and the Finance Director. This will be a key driver to improve and align assessment and actions in response to benchmark data and the Efficiency Framework. The Group be part of our Transformation Programme governance.</p> <p>The Development of the Board's IMTP/ Annual Plan has been informed by benchmarking data derived from sources such as Albatross and CHKS. This year the Board refreshed its Clinical Services Plan setting out our intentions for the next five years. The redesign and transformation plans within the refresh are underpinned by both internal and externally commissioned benchmarking data.</p> <p>External Benchmarking has been complemented by the development of a Clinical Variation</p>		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>Tool to promote identification and understanding of internal variation across a range of metrics.</p> <p>Benchmark data is informing the development of plans to deliver the 19/20 annual plan and financial plan, particularly efficiency, cost control and cost down, and High Value Opportunities. This will establish a platform to inform 3 year IMTP Planning.</p>		
LEARNING AND DEVELOPMENT					
<p>16. 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%; b. address access issues with the Electronic Staff Record (ESR) to allow accurate recording of compliance; and 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>	May 2019	Director of Workforce & OD	<p>The Mandatory & Statutory Training compliance rates in Swansea Bay (ABMU) have seen significant improvements, from 49.3% in January 2018 to 75.3% in April 2019. Our compliance rates have improved by 22.6% in the last 12 months, from 52.7% in April 2018 to 75.3% in April 2019. This is the highest incremental rise of all Health Boards over the last 12 months (range is 3.06% to 13.3%). It is of note that a rise of 1% equates to 2500 learning records updated in ESR. Therefore, 56,500 additional learning programmes have been completed by staff in ABMU over the past year at a time of</p>	SA 2017 R18	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>significant change leading up to the Bridgend Boundary Change. Support measures have included the development of guides on how staff can access and complete their e-learning, e-learning drop in sessions, additional training for staff groups, updated PADR training during which mandatory training completion is emphasised. Work continues towards achieving the 85% compliance target and the month on month improvement demonstrates this. A deep dive has also been completed including a benchmarking exercise with comparator Health Boards across Wales. This will report to the Workforce & OD committee in May. With these continuing actions, R18a is considered met. We will review progress made in further increasing our mandatory training compliance levels as a core part of our work programme for 2019/20</p> <p>There is a controlled process in place whereby all ESR administrators have received system training (or had their access removed). The Health Board plans to transfer corporate management</p>		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>of the ESR system from Finance to the WFOD team in 2019. However, roll out of the self-serve system is still only 36%. (R18b)</p> <p>The Mandatory Training Governance Committee has been disbanded. Scrutiny of and decisions about mandatory and statutory training take place at the Workforce and OD Committee. R18c is therefore considered no longer relevant.</p>		
PRODUCTIVITY & EFFICIENCY					
<p>17. The Health Board should broaden its use and reporting of benchmark data (such as CHKS) to reduce unwanted variation and inform service and efficiency improvements.</p>	<p>March 2020</p>	<p>Director of Finance</p>	<p>The Health Board, from April 2019, is establishing a Health Care Value and Efficiency Group under the joint chairmanship of the Executive Medical Director and the Finance Director. This will be a key driver to improve and align assessment and actions in response to benchmark data and the Efficiency Framework. The Group is to be part of our Transformation Programme governance.</p> <p>The Development of the Board's IMTP/ Annual Plan has been</p>	<p>SA 2018 R4</p>	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>informed by benchmarking data derived from sources such as Albatross and CHKS. This year the Board refreshed its Clinical Services Plan setting out our intentions for the next five years. The redesign and transformation plans within the refresh are underpinned by both internal and externally commissioned benchmarking data.</p> <p>External Benchmarking has been complemented by the development of a Clinical Variation Tool to promote identification and understanding of internal variation across a range of metrics. Key to the development of benchmarking of both technical and allocative value will be clinical engagement.</p> <p>Benchmark data is informing the development of plans to deliver the 19/20 annual plan and financial plan, particularly efficiency, cost control and cost down, and High Value Opportunities. This will establish a platform to inform 3 year IMTP Planning.</p>		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
ASSET MANAGEMENT					
<p>18. The Health Board should develop an estates strategy, linked to the clinical services plan and IMTP, and reflected in the capital plan.</p>	<p>March 2020</p>	<p>Director of Therapies and Health Science/Chief Operating Officer (COO)</p>	<p>The Health Board has commissioned an Independent Consultant to providing a gap analysis on the current information available and assist in the development of an Estate Strategy, aligned with the Clinical Strategy and the IMTP.</p> <p>A specification was developed in January has been reviewed and is currently going through the procurement process.</p>	<p>SA 2018 R4</p>	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
SERIOUS INCIDENTS					
Recommendation 1: To make certain that patient safety is central to the HB's business, the entire Board membership should ensure that learning from Concerns and the understanding of potential risks are used to inform priorities and drive change.					
1.2 Wales Audit Office (WAO) to deliver a session on scrutiny and challenge for the Board.	Oct 2019	Director of Corporate Governance	Complete. Included in the Board Development Programme for 2019/20	DUTIR	
1.3 Kings Fund Leadership Programme 2018/19 for Non-Officer Members, Executive Directors and Unit Directors.	June 2019	Director of Corporate Governance	Leadership programme underway and will be complete by June 2019.	DUTIR	
Recommendation 2: The organisation's framework for managing Serious Incidents should be reviewed and strengthened with a view to ensuring consistency of approach and quality across the Health Board. Particular consideration should be given to ensuring that					
2.3.1 Review changes in Mental Health through quality assurance assessment.	August 2019	Director of Nursing & Patient Experience	The Assistant Head of Concerns Assurance is three months into targeted work delivering on the 'MH/LD Serious Incident Systems and Processes Improvement Plan'. Formal Assessment tool currently being developed to measure quality and improvements.	DUTIR	
2.4 Formal evaluation to be undertaken once all never events for 2017/18 have been investigated and results presented to the Assurance & Learning Group for consideration of the evaluation and recommend further actions.	Feb 2019	Director of Nursing & Patient Experience	Complete. Revised Serious Incident Investigation Process has been adopted by the HB following successful endorsement by the Delivery Unit and positive staff feedback. Roll out plan in development with high risk areas such as MH/LD and maternity services prioritised. Work in these areas has already commenced.	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
2.5 Datix User Group to review terminology used for grading and make recommendations to the Assurance & Learning Group.	Feb 2019	Director of Nursing & Patient Experience	Agreed and actioned via Datix Service User Group 01.02.2019	DUTIR	
Recommendation 3: The organisation should review and strengthen its provision of training and support for staff involved in SI investigation, from leading and being involved in the investigation process through to quality assurance and scrutiny of reports and action plans.					
3.2 Current Competency Framework and Training Needs Analysis for the SI team to be reviewed and updated and shared with the Units.	Oct 2019	Director of Nursing & Patient Experience	Training needs analysis is being undertaken. Immediate training opportunities have commenced; human factors in healthcare training via University of Anglia (accredited) and Train the trainer workshops for improving shared decision making in relation to issues of consent and end of life planning i.e. DNAR related incidents. Further training needs will be assessed when the Incident Investigator Competency Framework has been revised to reflect current approaches being piloted. In addition, both current SI Investigators are undertaking personal coaching via the Health Board Learning & Development Department with regards to assisting with facilitation of reflective approach to incident reviews/investigations. Investigator Competency Framework has been developed in	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			draft. Assistant Head of Concerns Assurance and Deputy DoN to progress and collaborate with Swansea University.		
3.4 Unit Medical Directors to complete a risk assessment and plan to mitigate any risks identified. Plans to be considered by the Assurance & Learning Group.	Sept 2019	Medical Director	Complete. Dr AR (Medical Directors Office) advises that the previous system of clinical audit sessions and protected time for staff training and development is being reinstated.	DUTIR	
Recommendation 4: The Health Board should ensure that staff involved in an SI are sufficiently supported and involved at all stages of the management of the incident.					
All Actions completed and delivered in 2018-2019					
Recommendation 5: The Health Board should strengthen how action plans from SIs are developed.					
5.2 Action plan training to be included in Level 2 Risk Management Training.	March 2019	Director of Nursing & Patient Experience	Actioned - Included in Risk Management level 2 training.	DUTIR	
Recommendation 6: The Health Board should review and strengthen its approach to quality assurance and monitoring through more robust scrutiny and challenge of SI investigations, reports and action plans to include.					
All Actions completed and delivered in 2018-2019					
Recommendation 7: The Health Board should ensure more consistent and effective use of risk information and processes to articulate and communicate risks, manage risks and ensure clear and appropriate escalation pathways are in place and adhered to. This should include greater use of the Health Board's risk register and associated processes.					
All Actions completed and delivered in 2018-2019					

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
Recommendation 8: Further work is required to address risks concerning the safety culture within Morriston Unit's theatres and the interface with the Trauma & Orthopaedics department. The work should include OD approaches and cross professional boundaries ensuring a whole system approach involving all staff					
8.5 Ongoing joint OD theatre / trauma & orthopaedic programme to be developed and implementation commenced	Aug 2019	Unit Service, Medical & Nurse Directors	Joint work being undertaken through bi-monthly audit days - pm session held on 21st September 2018 - Dedicated OD support for theatres required.	DUTIR	
Recommendation 9: The Health Board should develop an organisational learning strategy. The strategy should clearly demonstrate how the learning from Concerns is disseminated across the organisation and how the Board assures itself that actions are implemented to completion and are being sustained.					
9.1 Quality Strategy to be updated to include how learning from concerns will be disseminated across the Health Board.	Sept 2019	Director of Therapies & Health Science	Rotational Learning Events have now replaced the previous Assurance and Learning forums. Events are hosted by Hospital Managed Units where learning from concerns and other QI work is presented and shared with representatives from across the Health Board.	DUTIR	
9.2 Task & Finish Group to be established chaired by Director of Workforce & OD	Sept 2019	Director of Workforce and OD	Draft ToR for the Task and Finish Group have been developed. The Group will be chaired by the Director of Workforce and OD but will include representation from a wide range of professions.	DUTIR	
Recommendation 10: The Health Board should review and strengthen its approaches to corporate support.					
10.2 Health Board to consider proposal for a Quality Improvement Hub	Sept 2019	Director of Therapies & Health Science	Health Board has included the requirement of a Quality Improvement Hub within the IMTP and has requested support from	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>Welsh Government to support the establishment of the framework for the Quality Improvement Hub as part of Targeted Intervention support.</p> <p>Update June 2019 - DON and Deputy DON are currently working in collaboration with MD's to outline the Q&S Hub model. Date has changed to September 2019 due to changes in Executive Team and realignment of portfolios. Expressions of interest for a Head of Quality and Safety have been invited from across Wales. The successful post holder will lead on the development.</p>		
10.3 Review of Health Boards position on the re-establishment of the Health Professional Forum and seek a view from each professional Group.	Sept 2019	Director of Therapies & Health Science	Nominations for the Health Professional Forum have been sought and the next meeting is planned to take place on 30/10/2018.	DUTIR	
GOVERNANCE PRIORITIES 2019-2020					
1. Quality Governance arrangements including role and accountabilities of supporting structures	March 2020	Director of Corporate Governance	1. A review of quality governance arrangements has been undertaken and a draft Quality & Safety	GWP 19-20	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<ul style="list-style-type: none"> 2. Implementation of a Board Assurance Framework 3. Further development of Risk Management arrangements 4. Governance Framework between Corporate and Delivery Units as part of the operating model including legislative compliance framework 5. Further strengthening of the role of committees including reviewing the size, quality of board papers as well as financial consequences of all Board and Committee papers 6. Review and refresh the assessment process in terms of compliance and reporting against the Health and Care Standards 			<p>Governance framework has been developed and will be supported by a quality governance structure.</p> <ul style="list-style-type: none"> 2. The Board Assurance Framework has been reviewed and updated to align with the new Health Board risk register and mapped to focus areas from internal audit reports/external inspections etc. Internal audit will assess the BAF in December 2019. 3. Risk management arrangements have been reviewed and a new Health Board Risk Register and risk management strategy were introduced in early 2019. Further review to be undertaken. 4. The quality governance review has developed a framework to operate between corporate and units. A legislative compliance framework and register is being developed. 5. Review to be undertaken of the committee structures, to 		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>include quality of papers and financial consequences of papers.</p> <p>6. Review to be undertaken of compliance and reporting against the Health and Care Standards.</p>		

Key

GS	Governance Stocktake
SA	Structured Assessment
FGR	Financial Governance Review
DUTIR	DU Targeted Intervention Review
GWP	Governance Work Priorities 2019-2020

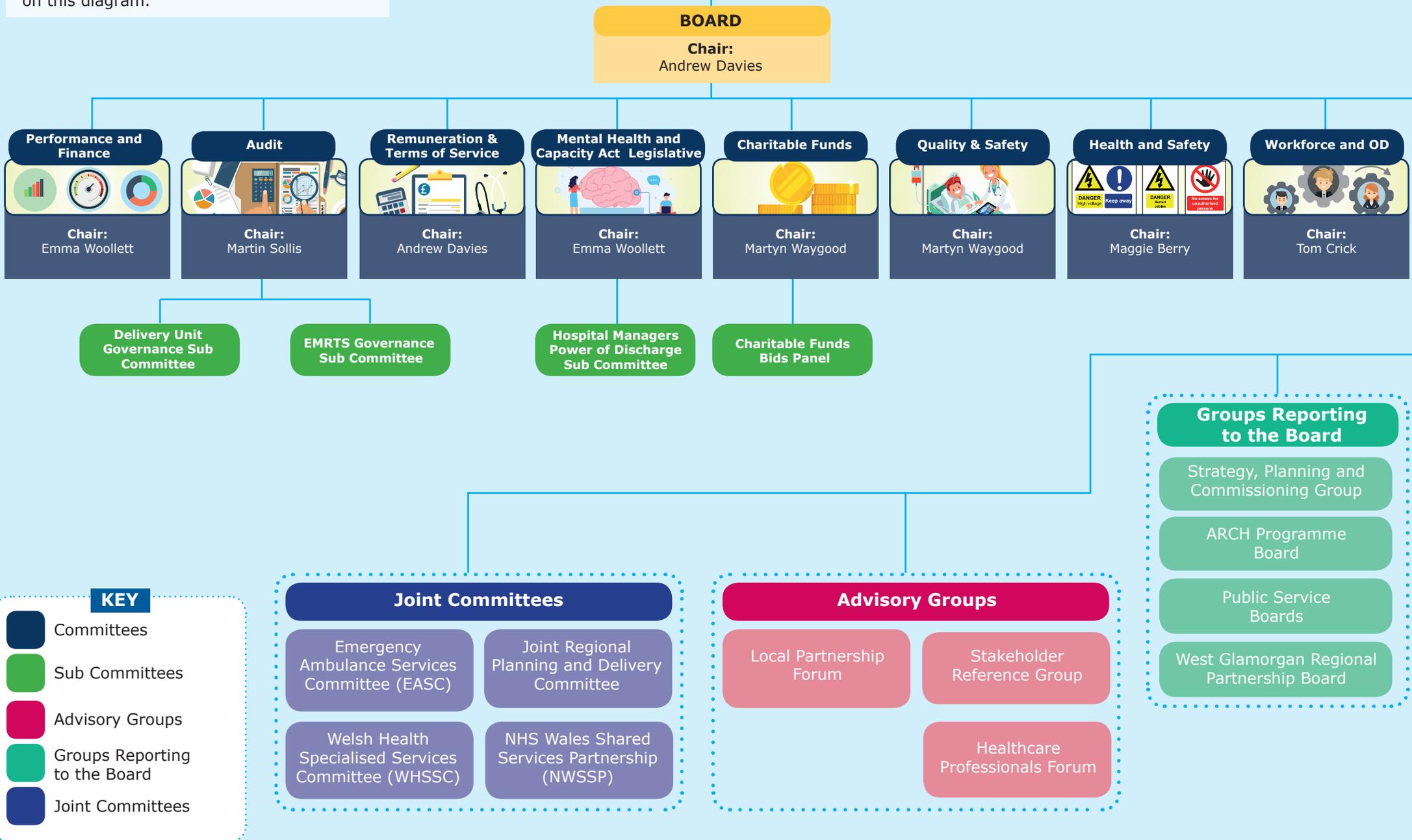
Board and Committee Arrangements



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

NB: Other groups also have a reporting line to committees, however they are not shown on this diagram.



KEY

- Committees
- Sub Committees
- Advisory Groups
- Groups Reporting to the Board
- Joint Committees

Joint Committees

- Emergency Ambulance Services Committee (EASC)
- Joint Regional Planning and Delivery Committee
- Welsh Health Specialised Services Committee (WHSSC)
- NHS Wales Shared Services Partnership (NWSSP)

Advisory Groups

- Local Partnership Forum
- Stakeholder Reference Group
- Healthcare Professionals Forum

Groups Reporting to the Board

- Strategy, Planning and Commissioning Group
- ARCH Programme Board
- Public Service Boards
- West Glamorgan Regional Partnership Board