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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	21 March 2019	Agenda Item	2d
Report Title	Governance Work Programme 2018-19		
Report Author	Pam Wenger, Director of Corporate Governance		
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 Audit Committee an update on the Governance Work Programme.		
Key Issues	<p>At the Audit Committee in March and April 2018, the outline Governance Work Programme was considered, and updated in-line with members' comments. The work programme has been 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.</p> <p>Members are invited to note the progress made against the recommendations (highlighted in red). Since the last update a further 3 recommendations have been completed. As agreed at the previous meeting, completed recommendations have been removed from the report.</p> <p>Members are asked to note that whilst the recommendations are not fully completed many actions have been completed, but are not quite at a stage when then can be considered as completed.</p> <p>The Structured Assessment for 2018/19 made 5 recommendations and these will now be incorporated into the work programme for 2019/20.</p> <p>The next update will be reported in <u>May 2019</u>.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to:		

	<ul style="list-style-type: none">• NOTE the report
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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	Audit Committee: 15 th March 2018, 19 th April 2018, 17 th May 2018; 31 st July 2018 and 15 th November. Executive Board: 13 March 2019				
Appendices	Appendix 1 : Governance Work Programme 2018-19				

GOVERNANCE WORK PROGRAMME 2018-19 AS AT END MARCH 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

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
GOVERNANCE FRAMEWORK					
1. Develop a Board Assurance Framework and determine whether further simplification of governance structures and reporting lines is required.	April 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 in development in place by April 2019 	SA 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 structured has begun and was reported to the Board in March 2018 Further work required on operational governance structures which will form part of the 	SA R5	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			development of the operational model		
<p>3. The Executive-led Quality and Safety Forum Needs to ensure that:</p> <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. • 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. 	September 2018 (to be completed by June 2019)	Director of Nursing and Patient Experience	<ul style="list-style-type: none"> • Mapping of groups reporting to the Forum is completed and an update report be presented to Audit Committee in September. • 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 • Learning and Assurance Group will become focussed on sharing learning and will not have an assurance function • Clinical Outcomes (including audit and effectiveness) group has been replaced by Clinical Senate 	SA R6	
<p>4. New Programme Board arrangements are being implemented within the Health Board. As part of this organisational change the Health Board needs to:</p>	September 2018	Director of Strategy	<ul style="list-style-type: none"> • Supporting delivery Boards have been established for USC, planned care, cancer, stroke and infection control. • The supporting delivery Boards will take responsibility for: 	SA R9	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<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 			<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 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 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 which will ensure clarity of interface and alignment of 		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>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 • A Transformation Portfolio is being established to bring together delivery of financial (previously R&S) commitments with the delivery of the wider organisational Strategy and Clinical Services Plan to ensure alignment between a number of change programmes. • The C4B Commissioning Board work programmes have all been mapped against the Programme Boards. These Boards will all be reviewed as part of the Transformation Programme, 		
5. Develop corporate standards and templates for all Board Papers (including the processes for agenda planning, timeliness of papers etc)	May 2018 (March 2019)	Director of Corporate Governance	<ul style="list-style-type: none"> • New template and Standard Operating Procedure in place. Further work to do on the board processes and the writing of board 	GS	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			papers with session planned for February 2019.		
6. 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 governance chart, terms of reference 	GS	
7. 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.	July 2018 (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	
8. Review the Executive Team meeting arrangements including the groups that report to the Executive	September 2018	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 	GS	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
STRATEGY AND BOARD DEVELOPMENT					
<p>9. Work to revise the Health Board's clinical plan 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"> • Produce a clear timetable for completing the development of its revised clinical plan . • Ensure the emerging clinical plan aligns to other strategic plans and change programmes within the Health Board. • Ensure that the clinical plan is underpinned by supporting plans in key areas such as workforce, quality, estates and asset management. 	September 2018	Director of Strategy/ Medical Director	<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 elements of the process • Clinical redesign groups will have three times each during September, October and November – last workshop 6th November • Process has been aligned with three year plan development process and will share joint workshop time • Drop in sessions and presentations at existing clinical cabinets and unit meetings used to promote clinical service plan discussions • Leadership summit on 7th September considered the emerging thoughts on the clinical services plan 	SA R8	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<ul style="list-style-type: none"> Regional Services discussed in joint workshops with Hywel Dda clinicians and managers Stakeholder engagement currently underway 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 apprised of progress. Board Development Days used for presenting draft Clinical Service Plan Clinical Plan approved by the Board in January 2019 		
10. It is imperative that the Health Board formulates an over-arching strategic document, underpinned by a clinical plan, which brings together the various work streams and sets the longer term vision for the organisation. This over-arching vision would then establish clear direction for the development of the IMTP, whilst also providing a framework against which to test proposed CIPs and service transformation plans.	September 2018	Director of Strategy	<ul style="list-style-type: none"> Organisational strategy approved by the board in November 2018. Clinical services plan approved by the Board in January 2019 	FGR R16	
PERFORMANCE MANAGEMENT					

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
11. 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.	April 2018	Director of Finance	<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. A Transformation Portfolio is being established to bring together delivery of financial (previously R&S) commitments with the delivery of the wider organisational Strategy and Clinical Services Plan to ensure alignment between a number of change programmes. At March 2019, the Health Board had established a Healthcare Value and Efficiency Board jointly chaired by the MD and DoF to drive efficiency, value and to respond to the Efficiency 	SA R11	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>Framework benchmarks. This is part of the Transformation Programme Governance.</p> <p>At March 2019, the Board is continuing to refine and develop its approach to delivering of financial recovery and financial balance in 2019/20. It is taking a Hybrid approach blending transactional opportunities and strategic high value opportunities. For 2019/20, the battle rhythm of governance and assurance meetings has been refreshed to bring in a system-wide delivery and assurance mechanism that will oversee both unit board delivery as well as high value opportunities.</p> <p>A Financial Management group will meet monthly to oversee both the in-year financial position as well as delivery of savings, hold both units and Exec leads to account for their respective areas.</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:	June 2018	Chief Executive	<ul style="list-style-type: none"> The Chief Executive reviewing the Executive Directors responsibilities. This review will clarify where responsibilities and accountabilities sit, including those for performance 	SA R15	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<ul style="list-style-type: none"> executive accountabilities for performance information and management, where business intelligence sits and how it relates to informatics. 			information, reporting and management. <ul style="list-style-type: none"> Further discussion on portfolios to be considered on 30 January 2019 		
FINANCIAL GOVERNANCE					
13. To foster a more sustainable approach to managing savings, the Health Board should: <ul style="list-style-type: none"> Set realistic savings targets. 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 	March 2019	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 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- 	SA R1	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
aim to reduce pressure on future budgets. For example by ensuring savings related to pay are linked to long-term service change.			<p>wide view of 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 explored how we could use zero based budgeting approaches to examine key areas of spend. However, this work was delayed because staff prioritisation and the Bridgend financial arrangement, and support for the Transition programme. • 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. 		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			(see above item 11 for the governance and assurance arrangements for financial recovery, and value and efficiency.		
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.					
1.1 The Board Committee structure and membership to be reviewed and revised to strengthen the approach to scrutiny and challenge.	01/03/2018	Director of Corporate Governance	Completed The committee structure was reviewed and agreed by the board in March 2018	DUTIR	
1.2 Wales Audit Office to deliver a session on scrutiny and challenge for the Board.	01/10/2018	Director of Corporate Governance	Planned for delivery in 2019/20	DUTIR	
1.3 Kings Fund Leadership Programme 2018/19 for Non Officer Members, Executive Directors and Unit Directors.	01/04/2019	Director of Corporate Governance	Leadership programme underway and will be complete by June 2019.	DUTIR	
1.4 Head of Patient Experience, Risk & Legal Services to deliver a Putting Things Right Regulations Board development session.	01/04/2018	Director of Nursing & Patient Experience	Completed Board development tool place on 26th April 2018	DUTIR	
1.5 Review process of patient stories to the Board to ensure learning is included	01/05/2018	Director of Nursing & Patient Experience	Completed All patient stories include learning	DUTIR	
1.6 Review the membership of the Quality and Safety Committee has been completed.	01/08/2018	Director of Corporate Governance	Completed. Change in Chair from 2019.	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
1.7 Review of reports submitted to Quality and Safety Committee has been completed. A report on SI's/NE's identifying the issues and learning will now be a separate report reviewed at each meeting.	01/05/2018	Director of Corporate Governance	Completed Reports separated and standing item on health board agendas.	DUTIR	
1.8 Process to be established to issue a Local Safety Notice following the identification of a never event and shared Health Board wide. On completion of the investigation 7 minute briefing to be issued.	01/09/2018	Director of Nursing & Patient Experience	Previous separate SOP's relating to Serious Incidents and Never Event incidents have been combined into a new SOP entitled, Significant Incident Review & Learning Process. The new SOP details the issuing of a Local Patient Safety Notice either Corporately by the Serious Incident Team or the relevant Hospital Managed Unit when a significant Incident occurs. Revised SOP to be approved by Quality & Safety Forum. Local Patient Safety Notices have been issued for several incidents. In addition, Significant Incident 7 Minute Incident Briefs are now being developed for corporately investigated incidents	DUTIR	
1.9 Review the role of the Assurance & Learning Group and Quality & Safety Forum to be considered.	01/09/2018	Director of Corporate Governance	This is being progressed as part of the structured assessment and included within the action plan for 2019/20.	DUTIR	
1.10 Ward to Board reporting to be piloted in NPTH and evaluated.	01/09/2018	Director of Nursing & Patient Experience	Presentation to Quality & Safety Committee in June 2018 which approved the pilot. Improvement plan being developed.	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
1.11 A review of report template has been completed and new templates have been issued.	01/04/2018	Director of Corporate Governance	Completed. Refer to earlier entry.	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					
2.1 Review roles and responsibilities within the SI SOP and re issue following any revision.	01/09/2018	Director of Nursing and Patient Experience	Completed Significant Incident Review & Learning Process SOP will be amended to reflect agreed criteria. Quality & Safety Forum members to be consulted.	DUTIR	
2.2 Update Datix to reflect the changes and ensure the Units and Corporate Teams are aware of the revised Criteria.	01/04/2018	Director of Nursing and Patient Experience	Completed Datix updated and Units/Corporate Teams notified	DUTIR	
2.3 The terms of reference, membership and scope of the Mental Health & LD Delivery Unit's Serious Incident Group have been reviewed. The reporting template utilised by the Health Board's SI Team has been adapted and will be used for future investigations undertaken.	01/05/2018	Head of Operations & Unit Medical Director.	Revised arrangements now in place.	DUTIR	
2.3.1 Review changes in Mental Health through quality assurance assessment.	31/03/2018	Director of Nursing & Patient Experience	All Never Event investigations for financial years 2016/2017 & 2017/2018 have been assured and closed therefore a formal and independent evaluation to be undertaken in ¼ 4 of 2018/2019	DUTIR	
2.4 Formal evaluation to be undertaken once all never events for 2017/18 have been	31/03/2018	Director of Nursing &	Formal and independent evaluation to be commissioned once all Never	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
investigated and results presented to the Assurance & Learning Group for consideration of the evaluation and recommend further actions.		Patient Experience	Event investigations for financial years 2016/2017 & 2017/2018 have been assured and closed. Evaluation will consider but not limited to; Timescales for undertaking investigations, staff participation, experience of staff during the process, patient experience of the process, quality and learning		
2.5 Datix User Group to review terminology used for grading and make recommendations to the Assurance & Learning Group.	01/08/2018	Director of Nursing & Patient Experience	In progress	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.					
3.1 A restructure of the Patient Experience, Risk and Legal Services Department has been completed.	01/04/2018	Director of Nursing & Patient Experience	Complete	DUTIR	
3.2 Current Competency Framework and Training Needs Analysis for the SI team to be reviewed and updated and shared with the Units.	01/11/2018	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	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			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		
3.3 New role to be established to take forward the SI/NE methodology and share the learning Health Board wide.	01/09/2018	Director of Nursing & Patient Experience	<p>Complete Recruitment of a band 7 Concerns Quality Improvement Manager. The post holder will be responsible for promoting a Health Board wide learning culture using areas of improvement identified through concerns investigations under the requirements of Putting Things Right.</p> <p>A key responsibility will be to reduce variation of approach to concerns investigations across the Health Board, leading on improvements to all 'Concerns' investigations from minor concerns (complaints) investigations through to Serious and Never Event incidents. The post holder, working directly with the Assistant Head of Concerns Assurance, will be responsible for ensuring Health Board concerns practices and systems contribute to reducing harm and</p>	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			improving patient experience, through a reflective approach to reviewing and investigating concerns.		
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.	01/09/2018	Medical Director	In progress	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.					
4.1 SI SOP to cover staff support and HR to be consulted with as well as Units and staff side representatives.	01/09/2018	Director of Nursing & Patient Experience	Complete Revised SOP (Significant Incident Review & Learning Process) will reflect responsibility for supporting staff involved in significant events. Initial strategy meeting agendas cover staff support Supporting staff to learn and reflect in the new reflective method of approach to significant event reviews/investigations is fundamental to learning and improving.	DUTIR	
Recommendation 5: The Health Board should strengthen how action plans from SIs are developed.					
5.1 SI Team to start the action plan during the investigation and hand over to the Unit for completion. SI SOP to be updated to reflect this change in practice and that SI Strategy meetings will be chaired by Units Directors and Never Event Strategy meetings by Executive Directors.	01/04/2018	Director of Nursing & Patient Experience	Completed Now current practice	DUTIR	
5.2 Action plan training to be included in Level 2 Risk Management Training.	01/09/2018	Director of Nursing &	In progress	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
		Patient Experience			
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.					
6.1 Review of the sign off process has been completed and revised. Unit Directors will sign off from a Unit perspective and then Corporate sign off will be obtained before sharing with the patient/family and Welsh Government. Scrutiny training provided by Welsh Risk Pool for Pressure Ulcer Scrutiny Panels.	01/05/2018	Director of Nursing & Patient Experience	Complete Now current practice	DUTIR	
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.					
7.1 Executive Team to consider options for the management and monitoring of risks through the establishment of a Risk Management Group reporting to the Senior Leadership Team.	01/06/2018	Director of Nursing & Patient Experience	Report being considered by the Executive Team on 4th June 2018. Agreed establishment of A Risk Management Group, first meeting being held on 16th July 2018. This Group will oversee and challenge/scrutinise risks from a Unit/Operational level and Corporate level feeding into the BAF	DUTIR	
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					
8.1 Theatre Management Restructure with enhanced senior leadership following full consultation.	01/10/2018	Unit Medical and Nurse Directors - Morriston	Senior Theatre Matron appointed and commenced Two theatre Matrons appointed and commenced	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			Full workforce plan developed – workforce reconfiguration underway (ongoing grievance re T&O theatre element of revised structure) Speciality manager roles created- weekly speciality meetings being undertaken- clear roles & responsibilities being defined & appropriate training programme being developed		
8.2 Weekly Theatre Improvement Report to Morriston unit Business & Performance Meeting Theatre Improvement Plan progress monitored through Morriston Unit Quality & Safety Group	Implemented in 2017	Unit Service, Medical & Nurse Directors	Actioned from 2017 and ongoing.	DUTIR	
8.3 All trauma & Orthopaedic & Theatre Teams to undergo Human Factors Training	01/10/2018	Unit Medical and Nurse Directors - Morriston	Full afternoon Human Factors training session undertaken – attended by theatre & Trauma & Orthopaedic staff Further short sessions being arranged to ensure all staff attend Unit Director oversight of Human Factor Training delivery	DUTIR	
8.4 Senior Matron to attend T&O Business meeting 22nd June 2018 to discuss serious incidences / never events and agree any further joint actions in addition to those already progressed. Also, to develop enhanced joint working relationships and agree the Joint OD support programme required going forward	01/07/2018	Unit Service, Medical & Nurse Directors	Completed	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
8.5 Ongoing joint OD theatre / trauma & orthopaedic programme to be developed and implementation commenced	01/08/2018	Unit Service, Medical & Nurse Directors	In progress	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.	01/09/2018	Director of Therapies & Health Science	In progress	DUTIR	
9.2 Task & Finish Group to be established chaired by Director of Workforce & OD	01/09/2018	Director of Workforce and OD	In progress	DUTIR	
Recommendation 10: The Health Board should review and strengthen its approaches to corporate support.					
10.1 Ward to Board reporting, including 15 Step Challenge, to be implemented	01/09/2018	Director of Nursing & Patient Experience	Complete Pilot underway in NPT Unit. Refer to earlier entry.	DUTIR	
10.2 Health Board to consider proposal for a Quality Improvement Hub	01/09/2018	Director of Therapies & Health Science	Health Board has included the requirement of a Quality Improvement Hub within the IMTP and has requested support from Welsh Government to support the establishment of the framework for the Quality Improvement Hub as part of Targeted Intervention support.	DUTIR	
10.3 Review of Health Boards position on the re establishment of the Health Professional	01/09/2018	Director of Therapies &	In progress	DUTIR	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
Forum and seek a view from each professional Group.		Health Science			

Key

GS	Governance Stocktake
SA	Structured Assessment
FGR	Financial Governance Review
DUTIR	DU Targeted Intervention Review



Management response

Abertawe Bro Morgannwg University Health Board

Report title: Structured Assessment 2018

Completion date: [\[Insert date\]](#)

Document reference: 000A2018-19

Ref	Recommendation	Intended outcome/ benefit	High priority (yes)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1	Governance 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.	To detect potential fraud or overpayment and gain assurance that counter-fraud arrangements are working effectively.	Yes	Yes	The allocation of resource to undertake work on matches generated as part of the 2018/19 National Fraud Initiative with be addressed as part of the process for producing the overall counter fraud work plan for 2019/20. Once details of all matches have been	31 st May 2019	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (yes)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					<p>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>		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R2	Governance 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, and ensure reports more clearly identify risks and assurances.	To ensure that the information received by the Quality & Safety Committee meets its needs for effective scrutiny of risks and assurance on quality, safety and patient experience, and performance against quality priorities.	Yes	Yes	<p>The recommendation is accepted. 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.</p> <p>The review will consider good practice in other organisations and will be complementary to the broader Health Board Integrated Performance report.</p>	18 th April 2019	Associate Director of Performance

Ref	Recommendation	Intended outcome/ benefit	High priority (yes)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R3	Governance 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.	To ensure sufficient strategic oversight to help the Health Board deliver its digital strategy and wider digital ambition.	-	Yes	The Information Governance Board has not been constructed to provide strategic oversight of the 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	30th June 2019	Interim Chief Information Officer

Ref	Recommendation	Intended outcome/ benefit	High priority (yes)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					Action: 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.		
R4	Productivity and efficiency 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.	To make better use of benchmarking data for identifying where efficiencies can be made and to inform prudent and values-based approaches.	Yes	Yes	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	March 2019	Director of Finance

Ref	Recommendation	Intended outcome/ benefit	High priority (yes)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					<p>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>.</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</p>		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					<p>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>.</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.</p>		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					<p>Key to the development of benchmarking of both technical and allocative value will be clinical engagement. A Medical Directors Variance Forum has been established and the Board will look to develop a framework to work with clinicians across the organisation.</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</p>		

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					will establish a platform to inform 3 year IMTP Planning.		
R5	Asset management The Health Board should develop an estates strategy, linked to the clinical services plan and IMTP, and reflected in the capital plan.	To support resource prioritisation and reduction in backlog maintenance, and delivery of the Health Board's longer-term plans.	Yes	Yes	<p>The Health Board has commissioned an Independent Consultant who provided the Cardiff & Vale UHB with their Estates Strategy to undertake the same exercise for ourselves, providing a gap analysis on the current information available. Clearly any Estate Strategy is based on the Clinical Strategy and the IMTP.</p> <p>A specification was gained in January and it was shared with the Director of Strategy</p>	March 2019	Director of Therapies and Health Science/COO

Ref	Recommendation	Intended outcome/ benefit	High priority (yes)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					for comment. Currently going through the procurement process. It is hoped that Ms. Powell will commence work in the next few weeks		