

**SWANSEA BAY UNIVERSITY HEALTH BOARD (SBUHB)**  
**GOVERNANCE WORK PROGRAMME (AS AT END FEBRUARY 2020)**

**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 November 2019 members were provided with an update on progress against the recommendations outlined within the Governance Work Programme. The position at the end of February is as follows:

- Overarching Governance Work Programme 18 recommendations of which 2 are not fully completed
- Governance Priorities 2019/20 6 recommendations of which 4 are considered to be completed
- Serious Incident Report (Delivery Unit) 10 Recommendations of which all are fully completed.

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:**

<b>Performance Rationales</b>	<b>Key</b>
Action(s) are either completed, require ongoing maintenance or on profile to achieve the target/objective.	<b>GREEN</b>
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.	<b>AMBER</b>
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.	<b>RED</b>

## GOVERNANCE WORK PROGRAMME 2019-2020

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<b>GOVERNANCE FRAMEWORK</b>					
<b>1. COMPLETED</b> 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	The board assurance framework was endorsed by Audit Committee in November 2019 and the board on January 2020. It will be implemented from April 2020	SA 2017 R5 GS	
<b>2. COMPLETED</b> (confirmed by Audit Committee Sept 2019) 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	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.  The new structures emanating from the transformation programme will be published by December 2019, and the new structures will be mapped to ensure clarity on structures.	SA 2017 R5	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<p><b>3.</b> The Executive-led Quality and Safety Forum Needs to ensure that: All management groups, which are required to report into the Forum, do so on a regular basis to avoid gaps in assurance.</p> <p>Assurance reports from the Forum to the Quality and Safety Committee meet the committee's requirements in terms of discharging its scrutiny role</p> <p>It keeps the quality and safety sub-structures under review to determine whether further simplification of current structures would be desirable.</p> <p>There is clarity on the relationship between the Quality &amp; Safety and other groups, particularly the Assurance and Learning Group and the Clinical Outcomes Steering Group.</p>	Dec 2019	Director of Nursing and Patient Experience	Quality and Safety Governance Group terms of reference were approved by the Executive Board and Quality and Safety Committee in February 2020. This will streamline the report arrangements for the Quality and Safety Committee.	SA 2017 R6	
<p><b>4. COMPLETED</b> (confirmed by Audit Committee Sept 2019)</p>	June 2019	Director of Transformation	Supporting delivery Boards have been established for USC, planned care, cancer, stroke and infection control.	SA 2017 R9	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
<p>New Programme Board arrangements are being implemented within the Health Board. As part of this organisational change the Health Board needs to: ensure that the new Programme Boards do not focus solely on areas of targeted intervention in secondary care, and that sufficient attention is paid to other service areas and improvements</p> <p>Re-map the Changing for the Better strategic change programmes formerly overseen by the Commissioning Boards and determine how they align to the new Programme Boards;</p> <p>Ensure the new arrangements and interfaces between the Programme Boards and the delivery unit structures are clear and better understood than the previous arrangements;</p> <p>Clarify reporting lines for the new Programme Boards and the relationship to the Strategy and Planning, and Performance and Finance Committees</p>			<p>The supporting delivery Boards have taken responsibility for: Short term performance improvement actions against the Targeted Intervention Areas</p> <p>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.</p> <p>Developing the equivalent plans for the 2019/20 element of the IMTP/Annual Plan.</p> <p>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.</p> <p>This portfolio brings together the ongoing programmes from the</p>		

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>Recovery and Sustainability programme and has a primary focus on delivering the organisational strategy and CSP</p> <p>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.</p> <p>The first meeting of this Board in in May 2019.</p> <p>The change programmes will have Executive level leadership and oversight and coordination provided through the PMO.</p>		
5. Develop a Governance Toolkit that provides relevant guidance to staff in Corporate Teams and Units	June 2020	Director of Corporate Governance	<p>As procedures are developed these will be incorporated into the Toolkit.</p> <p>Outline framework for toolkit developed which currently includes the NHS Wales governance map, SBUHB governance structure and relevant terms of reference.</p>	GS	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			Toolkit will include information and guidance on declarations of interest, standing orders, SFI's duty of candour, anti-fraud, FOI's etc.		
<b>6. COMPLETED</b> 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  Dec 2019	Director of Corporate Governance /Director of Transformation	Standard operating procedure for management corporate meetings has been agreed and issued to all units. Alongside this, governance arrangements for the management of Health and Safety meetings including terms of reference have been approved.  Further work to be addressed as part of the operational model.  Standard operating procedures agreed in December 2019	FGR R19	
<b>7. COMPLETED</b> (confirmed by Audit Committee Sept 2019) Review the Executive Team meeting arrangements including the groups that report to the Executive	April/May 2019	Director of Corporate Governance	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.	GS	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>Terms of Reference for the Executive Board have been approved.</p> <p>Executive Team session planned for 30 January 2019 to work through current arrangements.</p> <p>Review of the governance structure for reporting to the Health &amp; Safety Committee is complete and new health and safety document templates have been introduced to strengthen governance reporting.</p>		
<p><b>8. COMPLETED</b> (confirmed by Audit Committee Sept 2019) 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.</p>	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</p>	SA 2018 R1	

Recommendation	Timescale	Lead Executive	Current position	Reference	Status
			<p>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>		
<p><b>9. COMPLETED</b></p> <p>Whilst the Quality &amp; 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.</p>	July 2020	Associate Director of Performance	Work is continuing with Quality & Safety Committee to develop a performance report which meets its needs.	SA 2018 R2	
<p><b>10. COMPLETED</b></p> <p>(Confirmed by Audit Committee November 2019)</p> <p>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</p>	June 2019	Interim Chief Digital Officer (CIO)	<p>The governance arrangements have been reviewed which include the establishment of a digital management group which reports to the transformation board. Therefore, it is proposed that this recommendation is considered to be complete.</p>	SA 2018 R3	



Recommendation	Timescale	Lead Executive	Current position	Reference	Status
sufficient strategic oversight of its digital ambition.					
<b>STRATEGY AND BOARD DEVELOPMENT</b>					
All Actions completed and delivered in 2018-2019.					
<b>CLINICAL STRATEGY</b>					
All Actions completed and delivered in 2019-2020					

PERFORMANCE MANAGEMENT					
<b>12. COMPLETED</b> (confirmed by Audit Committee Sept 2019) In progressing the planned work to develop a more integrated approach to the provision of management information, the Health Board needs to clarify:  Executive accountabilities for performance information and management, where business intelligence sits and how it relates to informatics.	April/May 2019	Associate Director of Performance	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	
<b>13. COMPLETED</b> 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.	Sep 2019	Associate Director of Performance	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	SA 2017 R11	

			needed is still needed to give greater certainty and confidence in delivery. Developing a new performance management framework is to be 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.		
<b>STRATEGIC CHANGE MANAGEMENT AND PROGRAMME MANAGEMENT OFFICE</b>					
<b>14.COMPLETED</b> (confirmed by SA 2019) 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	

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FINANCIAL GOVERNANCE					
<p><b>15. COMPLETED</b>  <b>(Superseded by SA R4 2019)</b>  To foster a more sustainable approach to managing savings, the Health Board should:</p> <p>Set realistic savings targets.</p> <p>Make better use of benchmarking data and internal performance intelligence to better identify inefficiencies (and efficiencies) to feed into savings planning.</p> <p>Link financial budgets to activity through zero based budgeting to identify efficient and inefficient areas and to effectively benchmark against good practice</p> <p>Ensure savings schemes are not planned in isolation but are linked to wider programmes of work or changes in activity.</p> <p>Adequately profile savings over the course of the year so that delivery is not concentrated in the last six months of the year.</p> <p>Reduce reliance on short-term transactional savings in favour of long-term and transformational savings which aim to reduce pressure on future</p>	January 2020	Director of Finance	<p>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.</p> <p>The Board is committed to setting realistic savings targets based on the levels of opportunities and investments. The Board is also committed to taking a system-wide view of service, quality and financial management which means that it will, by definition,</p>	SA 2017 R1	

<p>budgets. For example by ensuring savings related to pay are linked to long-term service change.</p>			<p>not only examine 'each Delivery Unit'.</p> <p>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.</p> <p>The Board's approach to 18/19 One Year Service Planning, 18/19 Financial Planning and delivery of the Recovery and Sustainability Programme is designed to address this. However it will take more than a single financial planning cycle to fully mature and embed a different approach. 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,</p>		
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			<p>Board assurance and CEO oversight. (See above item 11 for the governance and assurance arrangements for financial 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</p>		
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			<p>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.</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>		
<b>LEARNING AND DEVELOPMENT</b>					
All actions completed in 2019-20				SA 2017 R18	
<b>PRODUCTIVITY &amp; EFFICIENCY</b>					
<b>17. CLOSED</b> <b>(Superceded by R5 SA 2019)</b> The Health Board should broaden its use and reporting of benchmark data (such as CHKS) to reduce unwanted variation	March 2020	Director of Finance	The Health Board, from April 2019, is establishing a Health Care Value and Efficiency Group under the joint chairmanship of the Executive Medical Director	SA 2018 R4	



and inform service and efficiency improvements.			<p>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 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.</p> <p>Key to the development of benchmarking of both technical</p>		
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			<p>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>		
<b>ASSET MANAGEMENT</b>					
<p><b>CLOSED</b> <b>(Superceded by R1 SA 2019)</b></p> <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>	July 2020	Director of Therapies and Health Science/Chief Operating Officer (COO)	<p>The Health Board has commissioned by an Independent Consultant to provide 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>	SA 2018 R4	

			Discussion to take place at Executive Board in April 2020		
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SERIOUS INCIDENTS					
<b>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.</b>					
All actions completed (confirmed by Audit Committee Sept 2019)					
<b>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</b>					
<b>COMPLETED</b> 2.3.1 Review changes in Mental Health through quality assurance assessment.	August 2019	Director of Nursing & Patient Experience	03/01/2020 - Targeted work in MHL D has been completed. Improvements in SI reporting, investigating and identifying lessons have been made. SIG now has a fully implemented new TOR and improvement work/actions are logged clearly via a learning matrix, linking learning with improvement. Targeted SI investigation training was delivered in the unit and maintenance of skills/standards is now overseen by the SI Team. Unit specific SI Investigator has completed several SI investigations (including in-patient suicide) to a good standard. New Q&S facilitator is in post together with lower banded administrative support. Seperate AP developed and	DUTIR	

			completed. Closure performance monitored through Q&S Group.		
<b>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.</b>					
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	03/01/2020 - The Competency Framework has been updated. We are working with medical colleagues and colleagues in OD to sense check and will be completed and shared with the Units end of January 2020. We have provided training buddy support to the Units. HB has linked in with the University although is outside of our control so should not be in the plan.	DUTIR	
<b>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.</b>					
All Actions completed and delivered in 2018-2019					
<b>Recommendation 5: The Health Board should strengthen how action plans from SIs are developed.</b>					

All actions completed (confirmed by Audit Committee Sept 2019)					
<b>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.</b>					
All Actions completed and delivered in 2018-2019					
<b>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.</b>					
All Actions completed and delivered in 2018-2019					
<b>Recommendation 8: Further work is required to address risks concerning the safety culture within Morriston Unit's theatres and the interface with the Trauma &amp; Orthopaedics department. The work should include OD approaches and cross professional boundaries ensuring a whole system approach involving all staff</b>					
<b>COMPLETED</b> 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 <b>Full afternoon Human Factors training session undertaken – attended by theatre &amp; Trauma &amp; Orthopaedic staff</b> <b>Further short sessions being arranged to ensure all staff attend</b> <b>Unit Director oversight of Human Factor Training delivery</b>	DUTIR	
<b>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.</b>					

All actions completed (confirmed by Audit Committee Sept 2019)					
Recommendation 10: The Health Board should review and strengthen its approaches to corporate support.					
<b>COMPLETED</b> 10.2 Health Board to consider proposal for a Quality Improvement Hub	Sept 2019	Director of Therapies & Health Science	Update 03/01/2020 Head of Quality and Safety appointed and will be starting in April 2020 - a key component of this role will be to match the now Q&S Governance Framework to the concept and development of the Quality Improvement Hub (iHub)	DUTIR	

GOVERNANCE PRIORITIES 2019-2020					
Quality Governance arrangements including role and accountabilities of supporting structures	December 2019	Director of Nursing	A review of quality governance arrangements has been undertaken and a draft Quality & Safety Assurance Framework has been developed and will be supported by a quality governance structure.	GWP 19-20	
COMPLETED Implementation of a Board Assurance Framework	December 2019	Director of Corporate Governance	Significant work has been undertaken in relation to the development of the Board Assurance Framework. This is intended 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.  Endorsed by Audit Committee and Board (Nov 2019) to be implemented from April 2020	GWP 19-20	
COMPLETED (confirmed by Audit Committee November 2019) Further development of Risk Management arrangements	July 2019	Director of Corporate Governance	Risk management arrangements have been reviewed and continually improved throughout the year. This is continually improvement and a key priority for the Health Board. Will be kept	GWP 19-20	



			under review. Risk reporting is now being considered at Committee level.		
Governance Framework between Corporate and Delivery Units as part of the operating model including legislative compliance framework	June 2020	Director of Corporate Governance	A review has developed a framework to operate between corporate and units. A legislative compliance framework and register is being developed.	GWP 19-20	
<b>COMPLETED</b> 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	March 2020	Director of Corporate Governance	Review to be undertaken of the committee structures, to include quality of papers and financial consequences of papers.	GWP 19-20	
<b>COMPLETED</b> <b>(Confirmed by Audit Committee November 2019)</b> Review and refresh the assessment process in terms of compliance and reporting against the Health and Care Standards	March 2020	Director of Nursing	Refreshed approach to the assessment of the Health and Care Standards agreed. This will be kept under review throughout the year. Review to be undertaken of compliance and reporting against the Health and Care Standards.	GWP 19-20	

**Key**

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