



**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Structured Assessment 2021, 2022 and 2023 – Management Response Updates
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Phil Kloer, Interim Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper provides the Audit and Risk Assurance Committee with an update on progress against the recommendations made by Audit Wales (AW) in:

- Structured Assessment 2021
- Structured Assessment 2022
- Structured Assessment 2023

Cefndir / Background

The structured assessment work undertaken by Wales Audit Office enables the Auditor General to discharge his statutory requirement under section 61 of the Public Audit (Wales) Act 2014 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.

Asesiad / Assessment

As part of the Structured Assessment process in 2023 made five new recommendations and assessed the Health Board's response to the recommendations made in previous reports. Two recommendations from 2021 Structured Assessment Report, and three recommendations from 2022 Structured Assessment, were assessed as in progress, and reopened on the tracker.

This report provides progress in response to these recommendations:

Structured Assessment 2021: Phase 1

Appendix 1 reports the current progress against the agreed updated management response for 2021.

Recommendation	Executive Lead	Revised Date for implementation	RAG status as at 31/07/2024

R1 (Alignments of plans)	Director of Planning and Strategy	31/10/2024	Yellow
R2 (Planning capacity)		31/03/2025	Green

Structured Assessment 2022

Appendix 2 reports the current progress against the agreed management response for 2022.

Recommendation	Executive Lead	Revised Date for implementation	RAG status as at 31/05/23
R2 (operational structure) –	Director of Operations	30/09/2024	Yellow
R3 (Operational performance management arrangements)	Director of Finance	30/09/2024	Green
R4 (Expected outcomes)	Director of Planning and Strategy	31/03/2024	Green
R5 (Implementation plans to support strategies)		31/03/2024	Green
R6 (Financial sustainability plan)	Director of Finance	31/03/2024	Green

Structured Assessment 2023

As part of the Structured Assessment 2023 process, AW provided 5 new recommendations, of which 3 have been confirmed as completed, with 2 remaining in progress. Appendix 3 reports the current progress against the agreed management response for 2023.

Recommendation	Executive Lead	Date for implementation	RAG status as at 31/07/2024
R1 (Enhancing public transparency)	Director of Corporate Governance/Board Secretary	31/12/2024	Green
R2 (Board member patient safety walkabout)	Director of Nursing, Quality and Patient Experience	31/07/2024	Green
R3 (Performance management arrangement assurance)	Director of Finance	30/06/2024	Green
R4 (Aligning planning and strategic objectives)	Director of Planning and Strategy	31/03/2024 31/03/2025	Yellow
R5 (Financial scrutiny)	Director of Finance	31/012/2023	Green

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to discuss and consider progress made in respect of the recommendations from the Structured Assessments 2021 (Phase 1), 2022 and 2023.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Structured Assessment 2021, 2022 and 2023 reports
Rhestr Termiau: Glossary of Terms:	Included in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	All relevant Executive Directors have been asked to provide progress updates to the management response.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from this report.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from this report.
Gweithlu: Workforce:	No direct impacts from this report.
Risg: Risk:	No direct impacts from this report.
Cyfreithiol: Legal:	No direct impacts from this report.
Enw Da: Reputational:	No direct impacts from this report.
Gyfrinachedd: Privacy:	No direct impacts from this report.
Cydraddoldeb: Equality:	No direct impacts from this report.

Management response

Ref	Recommendation	Intended outcome/benefit	Management response (updated as at 9 February 2023)	Completion date	Responsible officer	Progress as at 31 July 2024
R1	Planners are not involved in all planning processes and must rely on others to make sure that plans align. The Health Board should determine individual responsibilities for ensuring that key planning processes are effectively linked.	Increased connectivity between plans	As part of Targeted Intervention, the Health Board is undertaking an assessment of its planning maturity, incorporating the alignment of plans. In addition, an Independent Review is being conducted by Sally Attwood on behalf of Welsh Government. Once complete the Health Board will develop action plans to respond to both of these pieces of work. The capacity and role of the planning function will be important considerations within this, see below for an update on capacity.	March 2024 March 2025	Director of Planning	<p>The WG Review is underway and will report back to the Health Board in March 2023, at which point the Health Board will develop a further action plan.</p> <p>The WG Review has now been completed. However, only a draft version has been sent to date, with the recommendations omitted. The Health Board has responded to the factual accuracy and overall content relating to the body of the report. Unfortunately, at this stage (31 May 2023), the final report is yet to be received.</p> <p>In progress - The Health Board has undertaken a comprehensive and structured approach to address the</p>

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						<p>recommendation that planners be more involved in all planning processes and to ensure individual responsibilities are clearly defined. By integrating the principles of planning into the Targeted Intervention (TI) framework, the Health Board has created a cohesive and aligned strategy for improvement, informed by the detailed insights from the Maturity Matrix reassessment. This reassessment identified key areas for improvement, highlighted where there had been deterioration, and pinpointed specific issues requiring attention.</p> <p>In response to the Welsh Government placing the Health Board under Targeted Intervention Escalation Status 4, the Health Board embedded planning principles within the TI framework, rather than treating TI and the annual plan as separate entities. This integrated approach involved establishing revised</p>

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						<p>governance structures that enhance accountability and responsibility. Specific lead executives were assigned to each of the six TI domains— Finance Planning and Strategy, Performance and Outcomes, Fragile Services, Governance, Leadership Capability and Culture, and Quality of Care. These executives, including the Director of Finance, Director of Operations, Director of Planning, Director of Workforce & OD, and Director of Nursing, are tasked with delivering tangible outcomes against the 56 de-escalation criteria, ensuring that planning processes are effectively embedded within their portfolios.</p> <p>The governance structures put in place include regular monitoring and reporting mechanisms to track progress against the de-escalation criteria, ensuring both the strategic alignment and integration of operational plans,</p>

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						<p>performance management systems that link actions to measurable outcomes, and improvement initiatives. This integrated approach allows the Health Board to address the gaps identified in a number of reviews, including Structured Assessment, Sally Attwood Review, Maturity Matrix reassessment, thereby improving the overall planning alignment, operational efficiency, and quality of care.</p> <p>As a result of these efforts and the lessons learned, the Health Board has ensured that its current escalation status is reflective of and supported by a clear planning approach related to de-escalation. By assigning clear responsibilities to lead executives and establishing robust governance structures, the Health Board has made significant progress in embedding planning processes across executive portfolios. This approach not only enhances connectivity between</p>

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						plans but also supports sustained improvement and accountability, ultimately leading to better overall performance and readiness for de-escalation. While these developments are positive, it is important to allow time for these measures to fully embed and withstand the test of time, ensuring their overall success in addressing the recommendation and achieving the desired de-escalation of the Health Board through effective planning and delivery.
R2	The planning team have adopted a 'business partnering' approach to support the development of the quarterly operational plans which has worked well but there has been over-reliance	Increased resilience, and expertise and knowledge across the planning team	The Health Board has recently (January 2023) transferred the commissioning function in to the Planning Directorate. The alignment and amalgamation of the Planning and Commissioning team has provided additional resilience within the Directorate. However, it is worth noting the commissioning team only consisted of 2.0 WTEs (with 1.0 WTE split between Planning and Commissioning) and are responsible for a budget of circa £170m. As part of Targeted Intervention, there is an Independent Review being conducted by Sally Attwood on behalf of Welsh Government.	March 2024	Director of Planning	The WG Review is underway and will report back to the Health Board in March 2023, at which point the Health Board will develop a further action plan. The current position remains extant to the summary update provided as at the 9 February 2023. However, there have been changes to the planning

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	<p>on one individual within the planning team due to capacity constraints. The Health Board should review its planning capacity to ensure that resilience is built into the team, and the expertise and knowledge needed to support the planning process is developed across all team members.</p>		<p>It is anticipated this will consider the capacity and capabilities within the team, which the Health Board will then consider how best to respond.</p>			<p>cycle and overall process. Equally, a greater understanding of the roles and responsibilities the planning function may undertake has increased through the planning cycles aligned to the Annual Plan (submitted to WG on the 31 March 2023) and the Annual Plan supplementary (submitted to WG on the 31 May 2023) document. Therefore, subject to the final report being received from Welsh Government, a planning directorate structure inclusive of the proposed roles and responsibilities will be produced.</p> <p>Completed - The Health Board has leveraged resources across different directorates to support planning and manage the constraints in corporate planning capacity. By integrating planning principles into the Targeted Intervention (TI) framework and utilising the Transformation Programme Office (TPO) during the annual</p>

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						<p>planning round, the Health Board has expanded its reach and enhanced planning support throughout the organisation. This approach, coupled with the insights gained from the Maturity Matrix reassessment and the TI configuration, has facilitated the development of expertise and knowledge within the planning process and the plans submitted.</p> <p>To mitigate corporate planning capacity constraints, the Health Board has utilised resources from various directorates. The integration of the Transformation Programme Office (TPO) provided additional planning support, enabling broader engagement within the organisation. For example, in the Six Goals Programme, the TPO and dedicated individuals contributed to the creation of the Six Goals plan. Further the Programme team will be responsible for ensuring operational plans are aligned to</p>

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						<p>the delivery requirements. This approach has allowed the Health Board to leverage the collective expertise and capacity across the organisation, despite the ongoing challenges in corporate planning.</p> <p>The revised governance structures and the assignment of clear responsibilities to lead executives have further supported this integrated approach. Lead executives for the six TI domains have been tasked with delivering tangible outcomes against the 56 de-escalation criteria, ensuring that planning processes are embedded within their portfolios. While recognising that challenges remain and that plans are not yet fully operationalised, the Health Board's endeavours of utilising available resources and expertise has facilitated progress towards its goals and operational demands. This integrated approach aims to</p>

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						enhance planning capabilities and support the overall success and sustainability of the Health Board's planning efforts.

Management response

Report title: Structured Assessment 2022

Completion date: January 2023

Document reference: 3273A2022

Ref	Recommendation	Management response	Completion date	Responsible officer	Progress as at 31 July 2024
R2	<p>Operational structure</p> <p>While some changes have been made, the operational structure still poses risks to confused and inconsistent governance structures. Given the scale and complexity of the challenges and risks facing the Health Board, it is important that planned work to revise the operational structures and associated governance arrangements progresses as a matter of urgency.</p>	<p>Work begun to review the operational structure in September 2022. A series of workshops have been held with the senior operational leadership team, and discussions with the executive Team. Sessions with the senior clinical leaders are planned for Q1 2023. The intention is to develop a proposal by Q2 2023 that can be agreed and implemented across the Health Board, that addresses the inconsistency identified. Ahead of this, the operational governance meeting structure will be revised in Q1 2023, which will support the actions being taken around R3.</p>	<p>December 2023</p> <p>September 2024</p>	Director of Operations	<p>In progress – The first phase of implementation in relation to recruitment has now commenced. Two key appointments have been made and it is hoped they will take up post on the 1 September 2024. The timeline for recruitment will see the new Clinical Care Group triumvirates appointed by the end of September 2024, with start dates dependent on any notice periods. Once that process is complete, recruitment in line with the Organisational Change Process will start for the Service Group triumvirates with a view to</p>

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					<p>having made all appointments to that tier by early 2025, depending on process required. That will complete phase 1. Phase 2 will then see the final realignment of any outstanding services to the new Service Groups. A standard governance structure that all Clinical Care Groups will adopt, will be finalised by the end of September 2024.</p>
R3	<p>Operational performance management arrangements</p> <p>While performance arrangements exist at an operational level, there is scope to bring these together into a holistic review of performance. Alongside the rollout of its Improving Together Framework, the Health Board should revisit its performance management arrangements to ensure that there is a joined-up approach at an operational level.</p>	<p>Our Improving Together framework has been developed over the last 18 months and deployed within a number of pilot areas. Following this progress, the approach was agreed with the Executive Team in December 2022 for it to be used for Directorate level performance management arrangements.</p> <p>The Framework aligns teams to our strategic objectives and what matters to</p>	<p>Completed September 2024</p>	<p>Director of Finance</p>	<p>Completed – The new escalation framework, introduced in Quarter 1, has brought a holistic and balanced view to performance management. Escalation meetings have been held for all escalated Directorates, with recovery plans being developed by those directorates. The IPAR Report to the July 2024 Board</p>

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		<p>us as a health board. It focusses on key improvement measures identified by the directorate and team and regular coaching style discussions around how we are performing and whether additional improvements need to be made. These discussions are supported by “Our Performance” and “Our Safety” dashboards which provide triangulated data sets from across quality and safety, performance, risk and finance.</p> <p>The Directorate level sessions are holistic, covering performance, safety, quality workforce, finance, risk and planning. The Director of Operations will chair these sessions monthly and will be supported by the Executive Directors of Finance (with executive responsibility for Performance), Director of Strategic Development and Operational Planning, Director of Workforce and OD, Director of Nursing and Director of Corporate Governance.</p>			<p>included an Internal Escalation Summary outlining the Directorates that have been escalated and the reasons for the escalation.</p>

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		<p>Additional executive colleagues will be invited to attend if required. The sessions will focus on any concerns that teams wish to escalate, which may originate from the data in the dashboard and progress around KPIs for each team. These sessions have been scheduled to commence on the 30th and 31st January 2023.</p>			
R4	<p>Expected outcomes The Health Board has not set out expected outcomes for all its planning objectives set out in its Annual Plan. In revising its planning objectives for 2023-26, the Health Board needs to clearly articulate the expected outcomes for its streamlined set of planning objectives.</p>	<p>This is being incorporated into the annual plan for 2023-34 and a revised planning cycle approach.</p>	<p>March 2023 March 2024</p>	<p>Director of Strategic Development and Operational Planning</p>	<p>Completed - The Health Board has undertaken a robust process to streamline its Planning Objectives (POs) across critical areas such as Workforce Stabilisation, Financial Recovery, and Transforming Urgent and Emergency Care. This focused approach allows for a clearer articulation and prioritisation of objectives, ensuring that each PO is supported by well-defined aims, baseline assessments, measurement methods with</p>

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					<p>specific outcomes/outputs. For instance, the Workforce Stabilisation objective is underpinned by detailed actions aimed at achieving a balance between workforce demand and supply, with clear targets for reducing reliance on agency staff and enhancing retention. Similarly, the Financial Recovery objective includes initiatives for developing deliverable plans to rapidly improve the financial trajectory, with quantifiable deliverables outlined across different quarters. Moreover, the transformation of Urgent and Emergency Care is structured around the implementation of the 6 Goals principles, with secondary objectives enhancing the primary goal through the development of a Regional Clinical Streaming Hub and</p>

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					<p>other supportive measures. The detailed milestones and targeted outcomes, such as the reduction in ambulance handover delays and improvement in A&E performance, provide clear indicators of success. These POs are designed with transparent baseline assessments, measurement methods, and expected outcomes, directly addressing the audit's concerns. Each objective is reported with an assurance mechanism through regular updates to the Board Committees, ensuring clear oversight and accountability. This structured and transparent approach to planning and reporting aligns to the audit's recommendations whilst reinforcing our commitment to continuous improvement and strategic alignment with our</p>

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					<p>overarching goal of delivering a healthier mid and west Wales. The assurance process is built on a foundation of detailed planning, regular monitoring, and transparent communication, ensuring that all stakeholders are informed of our progress towards these critical objectives.</p>
R5	<p>Implementation plans to support strategies</p> <p>Implementation plans to support corporate enabling strategies did not always exist or include clear milestones, targets, and outcomes. The Health Board needs to ensure:</p> <ul style="list-style-type: none"> existing implementation plans include clear milestones, targets, and outcomes; and implementation plans are developed for enabling strategies that currently do not have one. Alongside the monitoring of 	<p>This is being incorporated into the annual plan for 2023-24 and a revised planning cycle approach.</p>	<p>March 2023 March 2024</p>	<p>Director of Strategic Development and Operational Planning</p>	<p>Completed – In addressing Audit Wales’s recommendation, it is pertinent to acknowledge the constructive steps the Health Board has undertaken towards refining our planning and implementation processes. We have embarked on an enhanced approach that integrates clear milestones, targets, and outcomes into our corporate enabling strategies. This</p>

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	<p>relevant individual planning objectives, this will enable periodic review of overall progress of delivery of the enabling strategies.</p>				<p>evolution is reflective of our commitment to continuous improvement and strategic and operational clarity. It is, however, important to recognise that, in the journey of integrating these elements into our implementation plans, variations in the level of detail and quantification across different directorates have emerged. These variances underscore the complex and dynamic nature of our planning environment, highlighting both achievements and areas for ongoing development. This iterative process signifies our commitment to refining our processes in alignment with best practices and the evolving needs of our community. While some directorates have successfully quantified and detailed their planning</p>

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					<p>objectives, aligning closely with the recommendation, it is a continuous process that demands regular review and adaptation. Our approach is not static; it evolves to incorporate learnings and insights, ensuring our plans remain responsive and relevant. In summary, our response to the recommendation is positive, demonstrating progress and a firm foundation for future planning cycles. However, we also acknowledge the need for continuous engagement and refinement in our planning processes. This balanced perspective underscores our dedication to transparency and accountability, ensuring that our strategic objectives are not only ambitious but also achievable within the</p>

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					complexities of our Health Board.
R6	<p>Financial sustainability plan</p> <p>The Health Board's longer-term financial recovery plan has not been updated to reflect the financial challenges being experienced in 2022-23. The Health Board needs to update its longer-term financial recovery plan for 2023 onwards, ensuring that its improvement opportunities are reflected.</p>	<p>The 2023/24 planning cycle is underway which will, with Board approval, reflect the challenges that have been experienced during 2022/23. Opportunities have been clearly articulated, and the planning cycle will be the vehicle for teams across the Health Board to deliver sustainable plans in the areas highlighted as opportunities, as well as undertaking their delegated financial responsibilities to review and deliver all efficiency and benchmarking opportunities.</p> <p>With the unprecedented demand challenges that have been experienced, the financial overspends have resulted in a significant deterioration to our deficit. The recovery plan will need to be cognisant of the impact which these demand</p>	<p>31 March 2023 for the short term financial recovery plan.</p> <p>31 March 2024 for the long-term strategy.</p>	Director of Finance	<p>Completed - Latest revision to the Financial Roadmap has been developed collaboratively across the Health Board, led by Finance. This provides a clear route to delivering beyond the Target Control Total set by WG of £44.8m, recognising there is a remaining historical deficit that would still need to be bridged with a reduced number of acute hospitals. It has been shared across Executive Team and Board members during May and June 2024 and gained acceptance. Delivery of the Roadmap is being managed through the newly created governance structures, ultimately reporting into Executive Team, but</p>

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		challenges are having across our system.			oversight provided by the Targeted Intervention Coordination Group, supported by key objectives given to the Value & Sustainability Group, A Healthier Mid and West Wales Group and the Integrated Quality, Finance, Performance and Delivery Group.

Organisational response

Report title: Structured Assessment 2023

Completion date: December 2023

Document reference: 3950A2023

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)	Progress as at 31 July 2024
R1	<p>Enhancing public transparency</p> <p>We found that, Public Board papers include a high-level summary of private Board meetings. To further enhance transparency this arrangement should be extended to private committee meetings through individual committee assurance reports received by the Board.</p>	<p>The Committee Update Report template to the Board will be updated to include a section 'Key Matters considered by the In-Committee'. These will be completed for January 2024 Board.</p>	Complete	Director Corporate Governance/ Board Secretary	Completed. All Committee Update Reports include reference to any matters taken In-Committee.

R2	Board member patient safety walkabout	A refreshed briefing on the role and content of the Patient Safety Walk Rounds will be drafted for use within induction for all new Independent Members and Executive Directors.	31 March 2024	Executive Director of Nursing, Quality and Patient Experience	Completed – A briefing document is now in place.
	Board members conduct regular Patient Safety walkabouts, supported by a member of the patient safety team who takes notes, with a clear process to provide feedback to visited services and monitor actions points. However, those we interviewed were unclear about what happened after the visit. The Health Board should clarify the Patient Safety Walkabout process with new Independent Members.	Reporting and monitoring arrangements following Patient Safety Walk Rounds will be refreshed and reconfirmed for all participants. Reports are action oriented and prepared by the Quality Assurance Team. All actions are logged on the AMAT system and monitored via the Quality Assurance Team.	31 March 2024		Completed - AMAT is now being utilised to monitor any actions raised from Patient Safety Walk Rounds. Reports are shared with heads of services, and also via the Quality Assurance Report as presented to QSEC.
		The refreshed Patient Safety Walk Round handbook will be reviewed and recirculated to all Board members by the Head of Quality Assurance.	31 March 2024		Completed - Patient Safety WalkRounds leaflet has been refreshed in Feb 2024. Independent members have been offered refresher training on WalkRounds.
		Consideration will be given to providing a Patient Safety Walk Round update to Board members at a future Board Seminar. To be forward work planned through the Director of Corporate Governance/Board Secretary.	30 July 2024		Completed – following further discussions, it has been agreed for WalkRounds outcomes to be included in the Quality Assurance Report which is a standard agenda item at the Quality, Safety and Experience Committee.

R3	<p>Performance management arrangement assurance</p> <p>Given the Health Board is under Welsh Government’s Enhanced Monitoring arrangements for some service areas, there is scope to demonstrate the effectiveness of the Improving Together Framework. The Health Board should develop a mechanism for periodically providing assurance that its performance management arrangements are working as intended.</p>	<p>We will commission an annual review of the effectiveness of the Improving Together Framework from Internal Audit. We will ask for the first review to be undertaken during Q1 2024/25.</p>	30 June 2024	Executive Director of Finance	Completed - Internal Audit workplan confirmed for Q3 2024/25.
R4	<p>Aligning planning and strategic objectives</p> <p>The Health Board has taken steps to better articulate its planning objectives in its 2023-24 Annual Plan, by streamlining the planning objectives and setting them against eight strategic planning goals and four domains. However, the domains and strategic planning goals do not explicitly align to the Health Board’s six overarching strategic objectives, as detailed in its Board Assurance Framework (BAF) and Integrated Performance Assurance Report (IPAR) dashboards. As part of the next planning cycle, the Health Board should more</p>	<p>A process and action plan has been detailed as part of the Planning Cycle for the development of the 2024/25 Plan.</p> <p>This process and action plan (as detailed in the annex), sets out the process for reviewing the Strategic Objectives, the Planning Objectives and the removal of the four planning domains to simplify the process.</p> <p>Steps are also included to ensure the appropriate alignment of Planning</p>	<p>31 March 2024 31 March 2025</p>	Executive Director of Strategy and Planning	<p>In progress - The Health Board will continue to integrate the learning from the annual plan recovery work phases into its ongoing planning activities, recognising the importance of embedding these lessons into day-to-day operations. This integration is a core part of the Targeted Intervention framework, which aims to ensure a seamless transition of insights and strategies into future plans. The Targeted Intervention framework, underpinned by the integrated planning process, serves as a live operational tool that brings together all aspects of the organisation, aligning efforts with the Board's objectives and risk appetite. Furthermore, the savings process, an integral part of operational planning, follows a cyclical approach where lessons learned and efficiencies identified in one cycle inform the planning of the next. This</p>

	<p>explicitly set out how each of its planning objectives link to its strategic objectives.</p>	<p>Objectives to the appropriate Committees of the Board for assurance purposes, and the revision of the BAF.</p>			<p>dynamic and responsive approach reinforces the UHB's commitment to quality care and service improvement while addressing financial sustainability challenges. By embedding TI into its day-to-day plans and processes, the UHB aims to drive systemic change from within, leveraging the insights and requirements of the framework to achieve its strategic and planning objectives.</p> <p>In summary, the UHB is committed to embedding the updated maturity matrix and TI framework into its day-to-day plans and processes, driving systemic change from within the organisation. By integrating TI principles into the new organisational structure and the continuous planning process, the UHB aims to align its efforts with its strategy and focused set of 10 planning objectives, which are fully aligned and linked to the reporting groups and Welsh Government's ministerial priorities. Moreover, in line with the recommendations from Sally Attwood's report, the UHB is focusing on building organisational capacity in the interim by leveraging expertise and resources across various Directorates to support the TI effort and internally escalated Directorates. This collaborative approach, coupled with the integration of learning from annual recovery work, demonstrates the UHB's commitment to driving systemic change and achieving sustainable improvements in planning and delivery.</p>
R5	<p>Financial scrutiny Whilst there is a good level of scrutiny on the financial position within the Sustainable Resources Committee, the</p>	<p>There is a greater understanding amongst Board Members that the causes of our financial challenges relate to the</p>	Complete	Executive Director of Finance	Completed.

scrutiny has predominantly been focused on the Director of Finance. Whilst this has improved in recent meetings with members of the Core Delivery Group and the Financial Control Group now in attendance, the Health Board needs to do more to ensure scrutiny by Independent Members is appropriately focused across all members of the executive team.

strategic, operational and clinical configuration and choices which are made across the organisation. Consequently, scrutiny has increasingly moved into these areas as part of SRC and Board deliberations. This has been facilitated by broader attendance now being seen in the Sustainable Resources Committee.