

5.2 Audit Wales Structured Assessment 2019 - Progress to Date

*Presenter: Joanne Wilson*

Audit Wales SA2018 2019 ARAC October 2020

Appendix 1 - Mgmt Response to SA2018 ARAC October 2020

Appendix 2 - Mgmt Response to SA2019 ARAC October 2020

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	20 October 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Audit Wales Structured Assessment Report and Management Response for Structured Assessment 2019 and Revised Responses to Previous Recommendations that are 'not yet complete'
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, 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 their Structured Assessment process for 2019, as well as the recommendations from Structured Assessment 2018 that AW assessed as 'not yet completed'.

**Cefndir / Background**

The structured assessment work undertaken by AW 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.

The Structured Assessment 2019 report groups the findings under five themes - Strategic planning; transformation and organisational structure; performance and turnaround; governance arrangements; and managing the workforce. The report can be accessed via the following link -

[https://www.audit.wales/system/files/publications/hywel\\_dda\\_structured\\_assessment\\_2018\\_english.pdf](https://www.audit.wales/system/files/publications/hywel_dda_structured_assessment_2018_english.pdf).

The overall conclusion from AW was 'that the Health Board continues to strengthen governance and management arrangements. It has a clear strategic direction and is developing the infrastructure to support delivery of strategic plans. There are improvements in performance but challenges in relation to finance and unscheduled care remain. Finally, oversight and scrutiny of planning needs clarifying'. AW made 3 recommendations in relation to:

- Monitoring delivery of plans
- Performance management reviews
- Staff engagement

The Structured Assessment work in 2019 also paid particular attention to the progress made to address recommendations and opportunities for improvement identified in 2018 and previous years and advised that the Health Board would also need to address any outstanding recommendations. Within the report, AW considered that four previous recommendations were 'not yet complete'. These are related to:

- Operational meetings - R8 (2017) and R3 a, b and c (SA2018)
- Strategic planning - R4 (SA2018)

## Asesiad / Assessment

### **Structured Assessment 2018 (SA18)**

Appendix 1 reports the current progress against the SA18 recommendations AW assessed as 'not yet complete'.

#### RAG

*Red – Not completed/behind schedule*

*Amber – Not completed but on schedule*

*Green – Completed*

Rec	Exec Lead	Date for Implementation	RAG status as at 07/08/20
3a	Director of Planning, Performance & Commissioning/Director of Operations	Apr20 Mar21	Red
3b	Director of Planning, Performance & Commissioning/Director of Operations	Mar20	Green
3c	Medical Director/Director of Operations	Apr20 Dec20	Red
4	Director of Finance	Mar20	Green

#### Update on Recommendations behind schedule

Recommendation 3a – The original response to this recommendation was developed pre-COVID-19 and has changed since the previous meeting. The COVID-19 pandemic has seen a maturing of relationships across the organisation with increased engagement from staff which the UHB wishes to build on and therefore new actions have been developed which will aim to strengthen performance management arrangements. Phase 1 of the project is underway with initial work progressing on scoping and developing corporate dashboards for workforce, finance and risk management. In parallel to this, Executive Directors are re-evaluating which metrics to track locally (in line with planning objectives) on top of mandated Welsh Government performance targets. This objective also facilitates the need to align performance management to common Health Board objectives/goals (as established by a previous workshop facilitated by KPMG in July 2020).

Recommendation 3c – The Deputy Medical Director for Acute Services has worked with clinical and hospital directors and clinical leads to identify the most mutually convenient day to allocate protected time and enable engagement with relevant executive and operational meetings. It has been agreed that, as much as possible, Thursday mornings should be allocated to leadership responsibilities. Since COVID-19, there have been changes to the arrangements in place for performance review meetings. Allocation of a specific day and period for protected time for leadership roles should be incorporated into the development of Executive Team Performance Review meeting schedules, in order to help ensure availability and engagement of clinical leaders.

Job plan reviews were suspended during the earlier stages of the pandemic and the need to transform practices in response to the pandemic has led to a number of changes in clinician activity. This has resulted in challenges around the formulation of annual job plans for many specialties, especially when considering future uncertainties relating to how COVID-19 might manifest over coming months. Despite these challenges however, there is clear engagement from clinicians and managers and where possible job plan reviews are going ahead. Each one of the clinician leads has a job plan which is either up to date and fully signed off, or is in the process of review on the online Allocate system.

### **Structured Assessment 2019 (SA19)**

Appendix 2 reports the current progress against the agreed management response for 2019.

Rec	Exec Lead	Date for Implementation	RAG status as at 09/06/20
1	Board Secretary	Apr20	Green
2	Director of Planning, Performance and Commissioning	Apr20 Mar21	Red
3	Action 1 - Medical Director	Apr20 Oct20	Red
	Action 2 - Medical Director	Feb20 Oct20	Red
	Action 3 - Medical Director	Jun20	Green
	Action 4* - Director of Planning, Performance and Commissioning	Oct20	Yellow
	Action 5* - Director of Planning, Performance and Commissioning	Sep20	Red
	Action 6 - Director of Nursing, Quality and Patient Experience	Apr20 Not Known	Red
	Action 7 - Director of Planning, Performance and Commissioning	Jul20 Oct20	Red
	Action 8 – Director of Workforce and OD	Apr20 Not known	Red

*\* Original actions have been removed and replaced with new actions following discussion at previous ARAC meeting.*

#### Update on Recommendations behind schedule

Recommendation 2 – As per 3a above.

Recommendation 3 –The Directors of Workforce and OD and Nursing, Quality and Patient Experience have advised that COVID-19 has impacted delivery of their actions. The remaining actions have been reviewed by the Transformation Programme Office. Following agreement of the strategic objectives by the Board in September 2020, the Transformation Steering Group (TSG) plans to invite people to submit new ideas in support of the strategic objectives on a continual basis. It will receive ideas from a wide range of sources including individual members of staff, staff networks, clinical advisory groups, and wider networks as well as the Board itself. A toolkit to enable people to submit and present their ideas to TSG is currently being developed. New intranet pages for the Transformation Programme Office will be published in October 2020. An engagement plan to support our new transformation programmes is also currently being developed.

## Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to consider progress made in respect of the recommendations from the Structured Assessment 2018 and 2019, and note the recommendations that have now been implemented to date.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.3 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:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Structured Assessment 2019.
Rhestr Termiau: Glossary of Terms:	Included in document.
Partion / 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 contribute to the management response.

### **Effaith: (rhaid cwblhau)**

#### **Impact: (must be completed)**

#### **Ariannol / Gwerth am Arian:**

No direct impacts from this report.

<b>Financial / Service:</b>	
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from this report.
<b>Gweithlu: Workforce:</b>	No direct impacts from this report.
<b>Risg: Risk:</b>	No direct impacts from this report.
<b>Cyfreithiol: Legal:</b>	No direct impacts from this report.
<b>Enw Da: Reputational:</b>	No direct impacts from this report.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts from this report.
<b>Cydraddoldeb: Equality:</b>	No direct impacts from this report.

## UPDATED Management response to Structured Assessment 2017 & 2018 (Following WAO Feedback in Structured Assessment 2019)

Ref	Management response	Completion date	Progress as at September 2020
R3a (SA18)	<p><b>Recommendation - Operational meetings</b></p> <p>To free up capacity for both executive and operational teams, and to enable a more joined up focus on the use of resources, the Health Board should streamline the number of holding to account (HTA) or performance review meetings with operational teams by:</p> <p>(a) reviewing the frequency and timing of these meetings;</p> <p><i>SA19 FEEDBACK - separate Holding to Account meetings are held with the Turnaround Director. Additional Holding to Account meetings are held with the Chief Executive and a number of Executive Directors where directorates are escalated. Separate check and challenge meetings are also taking place. The number of meetings that directorates have to attend, including the transformation groups, place considerable time pressures on directorate teams and the executives. The Health Board has recognised the opportunity to bring the Holding to Account meetings into the EPRs, particularly with the recent appointment of the Turnaround Director into the Executive Director of Operations role. The Health Board has increased the frequency of EPRs for directorates which are underperforming, although this is not yet reflected in the performance management framework.</i></p> <p><i>Intended Benefit/Outcome –</i></p> <ol style="list-style-type: none"> <li>1. <b>Increased capacity for both executive and operational teams.</b></li> <li>2. <b>Increased engagement from medical leads.</b></li> <li>3. Improved visibility of executive teams across the Health Board.</li> <li>4. <b>A more streamlined focus on the use of resources.</b></li> </ol> <p><b>Responsible Officers – Director of Planning, Performance &amp; Commissioning/Director of Operations</b></p>		
	<p>The previous intention was to merge the Holding To Account (HTA) meetings with the Executive Team Performance Reviews (ETPR) in quarter one 2020/21, with the aim to reduce the burden on service leads and make it more feasible for medical leads to attend. However, the COVID-19 pandemic has seen a shift from a parent-to-child relationship to adult-to-adult across the organisation with increased engagement from staff which we want to build on.</p>	<p>April 2020 March 2021</p>	<ul style="list-style-type: none"> <li>• On 15 and 17 July the Transformation Steering Group held design sessions to seek opinions on what the organisational goals should be for Hywel Dda. Alongside this the Transformation Programme Office (TPO) also sought opinions from clinical leads across the organisation through staff interviews. Combined these flagged the need to concentrate on actions to improve: <ul style="list-style-type: none"> <li>○ Joy at work</li> </ul> </li> </ul>

Ref	Management response	Completion date	Progress as at September 2020
	<p>Performance management is most effective when an organisation has agreed goals that all staff are aware of and can contribute to. During 2020/21 we will:</p> <ul style="list-style-type: none"> <li>• Through the Transformation Steering Group, scope and agree organisational goals which will be embedded into our Integrated Medium Term Plan (IMTP) and communicated to staff.</li> <li>• Identify key performance indicators to monitor progress and determine success.</li> <li>• Build corporate performance dashboards to provide service leads with all relevant information in one place to identify issues and improve performance. The dashboards will cover a wide variety of areas e.g. sickness, PADR, core skills, finance, risk management, incidents, concerns, NHS delivery framework.</li> <li>• Develop a new mechanism for performance managing areas against the new organisational goals and corporate priorities.</li> <li>• Revise our Performance Management Assurance Framework to capture the new arrangements.</li> </ul> <p>Consideration to be given to the scheduling of new meetings to allow Clinical Directors to attend (Thursday morning are preferable for this).</p>		<ul style="list-style-type: none"> <li>○ Digitally enabled working</li> <li>○ Social model for health</li> <li>○ Decision making, empowerment and leadership</li> <li>○ Care pathway - prevention</li> <li>○ Care pathway - treatment</li> <li>○ Care pathway - access and coordination</li> <li>○ Care pathway – transfer / discharge and ongoing support</li> </ul> <ul style="list-style-type: none"> <li>• The Director of Finance has established a Corporate Performance Dashboard Steering Group to oversee the development of the corporate dashboards. <del>The group met on 9 and 21 July; it</del> <b>It</b> is chaired by the Director of Finance and the project is being managed by the Performance Manager. Phase 1 of the project aims to build dashboards for workforce, finance and risk management with close links from the relevant corporate leads, Informatics and the Performance Team. <b>Phase 1 is underway with initial work progressing on scoping and developing corporate dashboards. In parallel to this, Executive Directors are re-evaluating which metrics to track locally (in line with planning objectives) on top of mandated Welsh Government performance targets. This objective also facilitates the need to align performance management to common Health Board objectives/goals (as established by a previous workshop facilitated by KPMG in July).</b></li> </ul> <p><del>On 22 July a workshop was held to discuss performance management and alignment to priorities. The session was arranged by the Director of Finance and facilitated by KPMG. Some key findings of the session were the need to identify common objectives/goals and align performance management accordingly.</del></p>
R3c (SA18)	<p><b>Recommendation - Operational meetings</b></p> <p><b>To free up capacity for both executive and operational teams, and to enable a more joined up focus on the use of resources, the Health Board should streamline the number of holding to account (HTA) or performance review meetings with operational teams by:</b></p> <p>(b) aligning these meetings with management sessions contained within job plans for clinical directors to enable them to participate fully.</p>		



Ref	Management response	Completion date	Progress as at September 2020
	<p><i>SA19 FEEDBACK - Medical representation at these meetings is still lacking. The newly appointed Deputy Medical Director for Acute Hospital Services is taking a lead identifying and streamlining which meetings require clinical directors and realigning job plans to allow them to attend meetings, such as the EPRs, which should improve medical attendance over time.</i></p> <p><i>Intended Benefit/Outcome –</i></p> <ol style="list-style-type: none"> <li>1. Increased capacity for both executive and operational teams.</li> <li><b>2. Increased engagement from medical leads.</b></li> <li>3. Improved visibility of executive teams across the Health Board.</li> <li>4. A more streamlined focus on the use of resources.</li> </ol> <p><b>Responsible Officers – Medical Director/Director of Operations</b></p> <p>The Deputy Medical Director for Acute Hospital Services is now in post and has been working to fill vacancies within the clinical leadership structure, which will help to strengthen medical representation at operational meetings. The Deputy Medical Director for Acute Hospital Services will communicate the need for job plans for those clinicians holding managerial and leadership positions to be robust and for protected time to be allocated to enable clinical director engagement with relevant executive and operational meetings. The job plans of clinical leads need to ensure that leadership responsibilities can be managed and prioritised accordingly. Details of meetings requiring attendance need to be regular and consistent with sufficient advance communication to be provided of any changes to meeting arrangements (at least 6 weeks if the change results in a clash with clinical commitments) to enable clinicians/medical leads to attend without the risk of any disruption to service provision.</p>	<p>April 2020 December 2020</p>	<p><del>The Deputy Medical Director for Acute Services has identified time for Clinical Directors to attend managerial meetings. However this does not currently align with the current or proposed schedule for ETPRs. Performance management arrangements are currently under review by the Director of Planning, Performance, Informatics and Commissioning in conjunction with the CEO, Director of Operations and Director of Finance.</del></p> <p><del>The review of all job plans in the current and post-COVID-19 period is being agreed with Clinical Leads/Hospital Directors. The allocation of time to allow Clinical Directors and Senior leaders to attend management meetings (including EPR's) will be included within this process.</del></p> <p><del>Assurance on the process of job planning, and the evolving amendments of job plans within revised operational plans, has been provided to ARAC; and a revised compliance plan, including timescales for completion in-line with GMC expectations for revalidation.</del></p>

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			<p>The continued focus on filling outstanding vacancies within the clinical leadership structure has meant that appointments have now been made which cover the full range of Health Board specialties.</p> <p>The Deputy Medical Director for Acute Services has worked with clinical and hospital directors and clinical leads to identify the most mutually convenient day to allocate protected time and enable engagement with relevant executive and operational meetings. It has been agreed as much as possible, that Thursday mornings should be allocated to leadership responsibilities. Since Covid, there have been changes to the arrangements in place for performance review meetings. Allocation of a specific day and period for protected time for leadership roles should be incorporated into the development of ETPR meeting schedules, in order to help ensure availability and engagement of clinical leaders.</p> <p>Job plan reviews were suspended during the earlier stages of the pandemic and the need to transform practices in response to the pandemic has led to a number of changes in clinician activity. This has resulted in challenges around the formulation of annual job plans for many specialties, especially when considering future uncertainties relating to how Covid might manifest over coming months. Despite these challenges however, there is clear engagement from clinicians and managers and where possible job plan reviews are going ahead. Each one of the clinician leads has a job plan which is either up to date and fully signed off, or is in the process of review on the online Allocate system.</p>

## Completed Recommendations (previously reported to ARAC)

Ref	Management response	Completion date	Completed as at September 2020
R8 (SA17)	<b>Recommendation - To show leadership, visibility of the executive directors across the Health Board needs to extend to all directors and consideration needs to be made to holding meetings with operational teams away from the headquarters. (See R3b SA18 below)</b>		
R3b (SA18)	<p><b>Recommendation - Operational meetings</b>  <b>To free up capacity for both executive and operational teams, and to enable a more joined up focus on the use of resources, the Health Board should streamline the number of holding to account (HTA) or performance review meetings with operational teams by:</b></p> <p>(c) reviewing the location of these meetings, to improve visibility of the executive team.</p> <p><i>SA19 FEEDBACK - The executive team are now much more visible through the EPRs and the Transformation Programme, although executive visibility in front-line operational services could be further strengthened as meetings continue to be held at headquarters.</i></p> <p><i>Intended Benefit/Outcome –</i></p> <ol style="list-style-type: none"> <li><b>Increased capacity for both executive and operational teams.</b></li> <li>Increased engagement from medical leads.</li> <li><b>Improved visibility of executive teams across the Health Board.</b></li> <li><b>A more streamlined focus on the use of resources.</b></li> </ol> <p><b>Responsible Officers – Director of Planning, Performance &amp; Commissioning/Director of Operations</b></p> <p>Due to car parking issues, corporate meetings will not be routinely held at our hospitals in order to protect as many parking spaces as possible for our patients and hospital staff. Therefore, the Executive Team Performance Reviews / Holding To Account meetings (and their successor (see SA18 3b below)) will continue to be held in Hafan Derwen, Carmarthen.</p> <p>However, the Health Board agrees Executive Directors need to be visible across the organisation and, as recognised in the 2019 Structured Assessment, steps have already been taken to improve and we continue to build on this.</p>		
		Completed (reported to ARAC Feb20)	<ul style="list-style-type: none"> <li>There has been an increase in the number of Board walkabouts which has led to greater Executive Director and Independent Member presence across the organisation. Meeting dates for the coming months are: <ul style="list-style-type: none"> <li>3<sup>rd</sup> February 2020 - Ward 5 PPH</li> <li>18th February 2020 - Ystwyth Ward, BGH</li> <li>10th March 2020 - PPH</li> <li>17th March 2020 – site to be confirmed</li> <li>1st April 2020 – site to be confirmed</li> <li>4th May 2020 – a.m. Carmarthenshire and p.m. GGH</li> <li>18th May 2020 - site to be confirmed (BGH or GGH)</li> </ul> </li> </ul>

Ref	Management response	Completion date	Completed as at September 2020
			<p>These will continue further, with on 2-3 meetings per month already scheduled until May 2021.</p> <ul style="list-style-type: none"> <li>• The Clinical Executive Directors and Director of Operations are visiting the acute sites: <ul style="list-style-type: none"> <li>○ 2<sup>nd</sup> December 2019 – Witybush General Hospital</li> <li>○ 16<sup>th</sup> January 2020 – Glangwili General Hospital</li> <li>○ 14<sup>th</sup> February 2020 – Prince Philip Hospital</li> </ul> </li> </ul> <p>Date to be confirmed – Bronglais General Hospital</p>
<p><b>R4</b> <b>(SA18)</b></p>	<p><b><i>Recommendation - Strategic planning</i></b>  <b>To ensure the delivery of its health and care strategy, the Health Board should seek to resolve the outstanding request for funding from the Welsh Government to support the capacity needed to implement the strategy with the intended timescales.</b></p> <p><i>SA19 FEEDBACK - Funding relating to costs incurred in 2018-19 was agreed by Welsh Government in December 2018 and allocation received in January 2019. Recurring funding for 2019-20 has not yet been confirmed.</i></p> <p><b>Intended Outcome/benefit –</b>  <b>1. Increased capacity to implement the Health and Care Strategy.</b>  <b>2. Reduced risk of delays to implementing the strategy.</b></p> <p><b>Responsible Officer – Director of Finance</b></p> <p>The Health Board have identified that funding of £4.4m per annum is required in total in order to provide support to deliver the programme of change and to undertake work to develop the Programme Business Case.</p> <p>Welsh Government have confirmed that funding of £1.6m will be made available to the Health Board. This leaves a shortfall of £2.8m, which will need to be addressed as part of our planning deliberations.</p>	<p>March 2020</p>	<p>The financial consequences of the requirement have been incorporated into our financial plans. Discussions on this year's funding envelope for the Health Board are ongoing with WG in view of the ongoing COVID-19 pandemic. Suggest recommendation is closed.</p>

## Management response

**Report title:** Structured Assessment

**Completion date:** December 2019

**Document reference:** 1661A2019-20

Ref	Management response	Completion date	Progress as at September 2020
R2	<p><b>Recommendation (High Priority)</b></p> <p>We found that the Executive Performance Reviews (EPRs) do not apply to corporate directorates, with the exception of Estates. The Health Board should apply EPRs to corporate directorates not already covered within the process.</p> <hr/> <p><i>Intended Benefit/Outcome – Consistent performance management processes across both clinical and non-clinical areas</i></p> <hr/> <p><b>Responsible Officers – Director of Planning, Performance and Commissioning</b></p> <p>The Health Board agrees corporate directorates should also be included in the EPRs.</p> <p>A new Performance Management Assurance Framework will be developed and will focus on agreed organisational goals with supporting key performance indicators. These will cut across both operational and corporate teams for which a new mechanism will be developed to performance manage effectively. See the 2018 R3a response for further details.</p>	<p>April 2020 March 2021</p>	<ul style="list-style-type: none"> <li>• On 15 and 17 July the Transformation Steering Group held design sessions to seek opinions on what the organisational goals should be for Hywel Dda. Alongside this the Transformation Programme Office (TPO) also sought opinions from clinical leads across the organisation through staff interviews. Combined these flagged the need to concentrate on actions to improve:             <ul style="list-style-type: none"> <li>○ Joy at work</li> <li>○ Digitally enabled working</li> <li>○ Social model for health</li> <li>○ Decision making, empowerment and leadership</li> <li>○ Care pathway - prevention</li> <li>○ Care pathway - treatment</li> <li>○ Care pathway - access and coordination</li> <li>○ Care pathway – transfer / discharge and ongoing support</li> </ul> </li> <li>• The Director of Finance has established a Corporate Performance Dashboard Steering Group to oversee the development of the corporate dashboards. <del>The group met on 9 and 21 July; it</del> <b>It</b> is chaired by the Director of Finance and the project is being managed by the Performance Manager. Phase</li> </ul>

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			<p>1 of the project aims to build dashboards for workforce, finance and risk management with close links from the relevant corporate leads, Informatics and the Performance Team. Phase 1 is underway with initial work progressing on scoping and developing corporate dashboards. In parallel to this, Executive Directors are re-evaluating which metrics to track locally (in line with planning objectives) on top of mandated Welsh Government performance targets. This objective also facilitates the need to align performance management to common Health Board objectives/goals (as established by a previous workshop facilitated by KPMG in July).</p> <p>On 22 July a workshop was held to discuss performance management and alignment to priorities. The session was arranged by the Director of Finance and facilitated by KPMG. Some key findings of the session were the need to identify common objectives/goals and align performance management accordingly</p>
R3	<p><b>Recommendation (High Priority)</b></p> <p>We found that there is scope to empower the wider workforce to contribute to the transformational change agenda. The Health Board should implement practical solutions to engage the wider workforce in the change programme, for example by identifying change champions within individual services.</p> <p><i>Intended Benefit/Outcome – Increased engagement from staff in the transformational change agenda</i></p> <p><b>Responsible Officers – Medical Director/Director of Planning, Performance and Commissioning</b></p> <ul style="list-style-type: none"> <li>(Medical Director) Through the appointment of the clinical team within the TPO there is a focused direction of reaching and empowering the workforce to become engaged in delivering the Strategy. Leads are attending meetings within service areas to increase awareness, understanding and help staff to become involved.</li> </ul>	<p>April 2020 October 2020</p>	<p>Prior to the COVID-19 pandemic, leads had been attending meetings and holding workshops within service areas to increase awareness, understanding and help staff to become involved. Since March 2020, the clinical leads have been required to focus on operational service delivery. However, they continue to engage with colleagues to link the developments during the Health Board response to the pandemic to delivery of the Strategy. The clinical team will support colleagues with the priorities and pathway developments. The Clinical Team supported the Clinical, Operational, and Corporate Engagement Exercise to learn how the</p>

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			<p>innovation and change that took place due to COVID accelerated delivery of some elements of our strategy. Clinical Leads will continue to focus on engaging the workforce involved in workstreams to deliver the new programmes, supporting colleagues with priorities and pathway developments. Clinical Leads are aiming to achieve a balance between focusing on operational delivery and strategic development.</p>
	<ul style="list-style-type: none"> <li>(Medical Director) Formation of a core clinical group, comprising of the Associate Medical Director of Acute Services, Associate Medical Director of Primary Care, Associate Medical Director Transformation, Lead for Therapies &amp; Health Sciences, Lead for Nursing, Medicines Management Lead.</li> </ul>	<p>February 2020 October 2020</p>	<p>Group developed however, the members' focus has been on operational clinical delivery since the pandemic. Discussions will be required to determine support for the Transformation Steering Group.</p>
	<ul style="list-style-type: none"> <li>(Medical Director) Prioritise the formation of a wider reference group of leaders from across the system to support the clinically led delivery of the Strategy with a programme of regular meetings to test / challenge and inform the delivery of the priorities.</li> </ul>	<p>June 2020 August 2020</p>	<p>Engagement interviews undertaken with clinical colleagues to capture the learning from the response to the pandemic as an integral part of Discover report submitted to Board on 30 July for approval. This included emerging strategic priorities reached by system leaders at a virtual Design workshop (15 and 17 July). Formation of 4 reference groups to agree the strategic priorities and present to the Transformation Steering Group (August 7<sup>th</sup>). These groups will test delivery of the agreed priorities and direction.</p>
	<ul style="list-style-type: none"> <li>(Director of Planning, Performance and Commissioning) Use a continuous discovery approach where information will be gathered and analysed on a continuous basis, and fed to staff to support our ongoing work to deliver the strategy. This approach includes detailed engagement with our staff during the 'discover' phase for individual projects.</li> </ul>	<p>October 2020</p>	<p><del>Planning is underway following agreement of priorities and pathway transformation required to be undertaken following the Design workshop and direction from Transformation Steering Group. Following the agreement of priorities, we will agree the methods for broad engagement with the wider population and staff.</del></p> <p>The Transformation Steering Group (TSG) plans to invite people to submit new ideas in support of the strategic objectives on a continual basis. It will receive ideas from a wide range of sources including individual members of staff, staff networks, clinical advisory groups, and wider networks as well as the Board itself. A toolkit to enable people to submit and present their ideas to TSG is</p>

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			currently being developed. It will be presented to TSG on the 30th September.
	<ul style="list-style-type: none"> <li>(Director of Planning, Performance and Commissioning) Development of a Communications strategy to share developments and to engage with wider staff to empower them to become involved in transformation projects.</li> </ul>	September 2020	<p>The transformation programme office are working with the communication team in the development of a communication strategy including the use of intranet pages, a newsletter and blogs to engage with wider staff.</p> <p>New intranet pages for the Transformation Programme Office will be published in October 2020. The pages will update staff about our recent clinical, operational, and corporate engagement, our initial learning about the impact of the pandemic (published in our Discover Report in July 2020), and how that learning will be applied to delivering our health and care strategy, including the transformation programmes. The pages will link to the above Toolkit, providing a range of ways for staff to submit their ideas for transformation or service improvement. An engagement plan to support our new transformation programmes is currently being developed.</p>
	<ul style="list-style-type: none"> <li>(Director of Nursing, Quality and Patient Experience) Cohort 2 of the EQIIP programme have ensured projects identified are supportive of teams delivering change projects in line with the Strategic direction.</li> </ul>	April 2020 Not Known	Cohort 2 of EQIIP has been placed on hold due to COVID. The projects initially chosen by selected teams will now need to be reviewed to ensure their continued relevance in light of service changes associated with the operational response to COVID and how services will be 'reset'. Team projects will align to improvements which reflect the UHB Risk Register and/or the strategic priorities. The start date for cohort 2 will be determined by the level of COVID related service activity.
	<ul style="list-style-type: none"> <li>(Director of Planning, Performance and Commissioning) Development of the "Hywel Dda Way", a single gateway-managed process, standardised for all change programmes, large and small, that wraps governance and control around delivery whilst supporting all staff to be involved and lead in change; Providing project buddy system to advise and guide change projects, alongside appropriate project management skills development and training.</li> </ul>	July 2020 October 2020	This has been impacted by COVID and the requirement to focus on supporting operational delivery. Discussions are required to align the process with new governance arrangements that are being phased in. Clear guidance and templates will be utilised and support will be provided to empower staff with transformation projects. The TSG Toolkit being developed to encourage ideas about improvement and innovation could be utilised to further develop our model for the 'Hywel Dda Way'.



Ref	Management response	Completion date	Progress as at September 2020
	<ul style="list-style-type: none"> <li>(Director of Workforce and OD) Continuation of leadership development programme delivery for: System Level Leadership for Improvement (SLLIP, Aspiring Medical Leaders Programme (AMLP), Medical Leadership Forum (MLF), Senior Nurse Leadership Development (STAR), with alignment to strategy direction and feeding in programme cohort graduates into involvement on priority change projects</li> </ul>	<p>April 2020 Not known</p>	<p>All leadership programmes continue to be delivered and expanded. A workshop was held with all participants on the leadership programmes to discuss how they could become more involved in shaping the delivery of the strategy moving forward. Regrettably COVID-19 has impacted on these programmes. However regular contact and support has been provided to participants as well as coaching provision to enable them to continue on their leadership journey. Discussions are underway to establish new ways of connectivity to enable group learning to be reviewed later this year.</p>

### Completed Recommendations (previously reported to ARAC)

Ref	Management response	Completion date	Progress as at September 2020
R1	<b>Recommendation (High Priority)</b>		
	We found scope to reduce potential duplication of assurance between the Business Planning and Performance Assurance Committee (BPPAC) with the Health and Care Strategy Delivery Group (HCSDG). The Health Board should clarify the reporting lines of the Health and Care Strategy Delivery Group to ensure that the risk of duplication of assurance is mitigated.		
	<i>Intended Benefit/Outcome</i> – Simplified lines of assurance in relation to delivery of the Health Board’s plans, which reduces duplication between HCSDG and BPPAC		
	<b>Responsible Officers – Board Secretary</b>		
	The Board agreed the new governance arrangements at its meeting held on 30th January 2020. The paper clearly detailed the roles of the new BPPAC and the HCSDG (HCSDG will report to Executive Team instead of the Board which will reduce the risk of duplication with	<p>April 2020</p>	<p>As a result of COVID-19, the new governance arrangements have been implemented in a phased approach from 1 April 2020. The new BPPAC, the People, Planning and Performance Assurance Committee (PPPAC) will have its first meeting on 30 June 2020.</p>

Ref	Management response	Completion date	Progress as at September 2020
	<p>BPPAC). Terms of Reference and the Scheme of Delegation in terms of matters delegated to Committees will be reviewed and revised and presented to the Board in March 2020. The new arrangements will come into operation from 1st April 2020.</p>		<p>Terms of Reference for all assurance Committees PPPAC were reviewed and revised and approved by the Board in March 2020. The Scheme of Delegation in terms of matters delegated to Committees was also reviewed and revised and presented to the Board in April 2020.</p> <p>A Transformation Steering Group has been established, reporting directly to the Board under the leadership of the Chief Executive, to provide advice to the Board on changes to be adopted into current services and ways to enhance future plans. This is intended to become a permanent feature of the Health Board arrangements and will be a key driver of our ambition to deliver our social model for health. Its inaugural meeting was held on 8 June 2020.</p>