

## Bundle Audit & Risk Assurance Committee 27 August 2019

- 4.2 WAO Structured Assessment 2017 and 2018 - Progress to Date  
*Presenter: WAO/Joanne Wilson*  
SBAR SA2017 and 2018 ARAC August 2019  
Appendix 1 - SA2017 Action Plan ARAC August 2019  
Appendix 2 - Mgmt Resp to SA2018 ARAC August 2019



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Wales Audit Office Structured Assessment – Progress to date on: <ul style="list-style-type: none"> <li>• Structured Assessment 2017</li> <li>• Structured Assessment 2018</li> </ul>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Charlotte Beare, Head of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This paper provides the Audit & Risk Assurance Committee with an update on progress against outstanding actions developed in response to the recommendations made by Wales Audit Office (WAO) in their Structured Assessment process for 2017 and 2018.

**Cefndir / Background**

The Structured Assessment undertaken by Wales Audit Office examines the robustness of NHS bodies' arrangements for corporate governance and financial management, and the ability to meet key service performance targets in the context of on-going financial pressure. It reviews the progress made in addressing issues and concerns identified in previous years' structured assessments to help gauge the extent to which the NHS bodies can demonstrate the continued strengthening of its governance arrangements.

**Structured Assessment 2017**

The overall conclusion from the 2017 structured assessment work is that 'the Health Board continues to face financial challenges and although there have been a number of improvements in strategic planning, stakeholder engagement and informatics, increasing maturity at an operational level is required to support its governance and performance arrangements'.

**Structured Assessment 2018**

WAO Structured Assessment work concluded that 'the Health Board continues to strengthen governance and management arrangements, but there is recognition that there remain some weaknesses in quality and safety governance arrangements, more needs to be done to streamline the organisational structure to support implementation of the new strategy, and the efficiency of both resources and assets in the short to medium term could be further improved'.

## Asesiad / Assessment

### **Structured Assessment 2017**

Appendix 1 reports the current progress against the agreed management response for 2017. The final action of Recommendation 10 which related to the development of a primary care dashboard has been completed. Phase 2 of the Primary Care dashboard was released in July 2019 and includes data for GP Out of Hours and Minor Injury Unit attendances by GP Practice. The dashboard will be updated monthly and shared with operational leads to help them highlight any areas of concern. The Primary Care Team and the Performance Team are continuing to work collaboratively to further develop the dashboard. The majority of Primary Care data currently available cannot be broken down below the Hywel Dda level due to restrictions relating to the release of Practice level data and General Data Protection Regulation (GDPR) compliance as per guidance issued by General Practice Council Wales (GPCW) / British Medical Association (BMA). However, it is anticipated more data become available over the coming year and the dashboard will be enhanced.

This update has been shared with WAO who agreed that this action can now be closed.

### **Structured Assessment 2017 Recommendations Status Report**

Rec	Exec Lead	Overall Date for implementation	WAO SA18 assessment – Completed?	RAG status as at 31/07/19
1	Director of Finance	Mar 19	<i>Part</i>	
2	Director of Finance	Mar 19	<i>Completed</i>	
3	Director of Finance	Mar 19	<i>Part</i>	
4a	Medical Director	<del>Sep 18</del> Nov 18	<i>Completed</i>	
4b	Director of Planning, Performance & Commissioning	Mar 18	<i>Completed</i>	
5	Medical Director	Mar 19	<i>Part</i>	
6	Chief Executive Officer	Mar 19	<i>Part</i>	
7	Director of Operations/Director of Primary Care, Community and Long Term Care	<del>Dec 18</del> N/K	<i>Part</i>	
8	Chief Executive Officer	Apr 18	<i>Part</i>	
9	Board Secretary	Mar 19	<i>Completed</i>	
10	Director of Planning, Performance & Commissioning	<del>Sep 18</del> <del>Nov 18</del> Mar 19 Jul 19 Aug 19	<i>Part</i>	
11	Director of Planning, Performance & Commissioning	Mar 18	<i>Completed</i>	

#### RAG

Red – Not completed/behind schedule

Amber – Not completed but on schedule

Green – Completed

### **Structured Assessment 2018**

Appendix 2 reports the current progress against the agreed management response for 2018.

### **Structured Assessment 2018 Recommendations Status Report**

Rec	Exec Lead	Date for implementation	RAG status as at 31/07/19
1	Board Secretary	Sep-19	Amber
2	Board Secretary	Apr-19 Completed	Green
3a	Director of Planning, Performance & Commissioning	Action 1 – Jun19 TBC Mar-20	*See below
		Action 2 - Mar-20	Amber
3b	Medical Director	Sep-19	Amber
4	Director of Finance	Completed	Green
5	Director of Finance	Completed	Green

**RAG**

Red – Not completed/behind schedule

Amber – Not completed but on schedule

Green – Completed

**Update on Recommendations behind schedule**

\*R3a – An Executive workshop took place in May 2019, where it was agreed that the Executive Team will be working towards a single goal with each director having a sub-set of objectives which support the overall goal. With agreement from the Board, this will be worked through as a process over the coming months; and with the conclusion of the exercise, the outputs and supporting actions / enablers will also need to be incorporated into the Performance Management Assurance Framework going forward.

**Argymhelliad / Recommendation**

The Audit & Risk Assurance Committee is asked to discuss and consider progress made in respect of the recommendations from the Structured Assessment 2017 and 2018, and note that all recommendations within Structured Assessment 2017 have now been implemented.

**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:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability

Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable
<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Structured Assessment 2017 and 2018
Rhestr Termiau: Glossary of Terms:	BPPAC – Business Planning & Performance Assurance Committee QSEAC – Quality, Safety & Experience Assurance Committee RTT – Referral to Treatment
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 contribute to the management response

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	There are no direct financial implications from this report
<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>	Not applicable.
<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.

## The Health Board's management response to 2017 structured assessment recommendations

The Health Board's management response will be inserted once the response template has been completed. The appendix will form part of the final report to be published on the Wales Audit Office website once the report has been considered by the board or a relevant board committee.

### Exhibit 17: management response

The following table sets out the 2017 recommendations and the management response.

Ref	Management response	WAO Feedback on Progress (SA18)	Completion date	Progress as at 31 <sup>st</sup> July 2019
R10	<p><b>Recommendation - The Health Board needs to strengthen its performance management framework at an operational level by:</b></p> <ul style="list-style-type: none"> <li>ensuring sufficient time is allowed within the bi-monthly performance management reviews to consider all elements of performance, including finance, workforce and delivery against plan;</li> <li>ensuring that the process includes wider representation from across the directors;</li> <li>ensuring that governance approaches at operational and service level are standardised and include a comprehensive review of performance;</li> <li>expanding the range of performance metrics that are considered at an operational level, particularly in relation to quality and safety;</li> <li>exposing the operational directorate teams to scrutiny at BPPAC and QSEAC on areas of underperformance.</li> </ul>			
	<p><b>Intended Benefit/Outcome - Performance management reviews are co-ordinated and focus attention on all aspects of performance. A wider range of performance metrics support reviews. These metrics are also monitored through operational governance arrangements. Committees are able to take assurance that performance is improving, and where there is continued underperformance, that appropriate actions are being taken.</b></p>			
	<p><b>Responsible Officer - Director of Planning, Performance &amp; Commissioning</b></p>			
	<p>The Performance Management Assurance Framework (PMAF) is currently being revised to address these issues. This includes reviewing the current governance arrangements for performance management. Once the revised draft PMAF is complete it will be</p>	<p><b><u>WAO Feedback on Progress (SA18) – Part completed</u></b> The performance reviews continue to cover performance, workforce, quality and safety and finance, and now include consideration of risk but delivery against plan is not as explicit as it could be. Depending on the directorates financial</p>	<p>April 2018 Completed</p>	<p>Completed – on the Exec team agenda for 11<sup>th</sup> April 2018, and Public Board for 31<sup>st</sup> May 2018. From July 2019 the Executive Team Performance Reviews will include scrutiny on delivery against the 2019/20 Annual Plan actions. A review has been undertaken on the length of time allocated to each directorate following which some slots have been extended. Review slots have been built into the 2019/20 schedule to allow the Executive Team to re-call directorates</p>

Ref	Management response	WAO Feedback on Progress (SA18)	Completion date	Progress as at 31 <sup>st</sup> July 2019
	<p>submitted to relevant Committees for discussion.</p> <p>A Quality dashboard is being developed to expand the range of quality and safety performance metrics routinely reported. The first iteration of the dashboard will be presented to QSEAC on 20<sup>th</sup> February and the dashboard will be further developed in the coming months to further expand the range of metrics and to provide a drill down facility to ward where available.</p>	<p>position, finance discussions may be limited as more detailed discussions take place through the separate turnaround holding to account meetings.</p> <p>Since our last structured assessment, the performance reviews are now chaired by the Chief Executive on a quarterly basis. This has reduced the frequency of reviews for each directorate. The length of time available for the meeting is still not sufficient to cover everything that is needed.</p> <p>As well as being chaired by the Chief Executive, more executive officers are also included in the review meetings. Attendance by some directors is considered essential, although not all have been able to attend. Attendance by clinical directors from the operational teams also remains an issue.</p> <p>The governance arrangements at an operational level are variable and do not all include the same range of information as that needed at the performance reviews. Quality and safety arrangements still need strengthening with the development of quality and safety dashboards at an early stage. Operational directorates have not yet been exposed to scrutiny by either the BPPAC or QSEAC, although themes of underperformance are now more routinely considered.</p>	<p>Completed</p>	<p>where there are particular issues / concerns so as to allow protected time to undertake a deep dive analysis into a specific issue. Clinical director attendance at the performance reviews has improved but there are still gaps for some directorates which are being addressed. The Executive Team Performance Reviews provide detailed data to directorates on a quarterly basis. Following the recent WAO feedback on corporate arrangements for reporting at a directorate level, work is underway to make as much of the data available as possible to directorates on a monthly basis.</p> <p>Operational teams are exposed to scrutiny at BPPAC or QSEAC for areas of underperformance e.g. delayed follow-ups and GP Out of Hours.</p> <p>Completed – QSEAC received this dashboard on 20<sup>th</sup> February 2018.</p> <p>A new quality and safety dashboard group was established on 6<sup>th</sup> June 2019. The group membership includes:</p> <ul style="list-style-type: none"> <li>• Director of Quality Nursing and Patient Experience;</li> <li>• Director of Planning, Performance, Informatics and Commissioning;</li> <li>• Assistant Director of Nursing Assurance and Safeguarding;</li> <li>• Head of Quality and Governance;</li> <li>• Head of Information Services;</li> <li>• Performance Manager;</li> <li>• Senior Performance Management Analyst.</li> </ul> <p>Service leads will be co-opted onto the group to assist with particular work products as required.</p> <p>The group is currently meeting weekly to develop a plan and determine the resource needed for developing and sustaining a quality and safety dashboard. The dashboard will consist of a series of mini quality dashboards that will be topic specific e.g. falls, medicines management, sepsis. There will also be an</p>

Ref	Management response	WAO Feedback on Progress (SA18)	Completion date	Progress as at 31 <sup>st</sup> July 2019
	<p>Dashboards are also being developed for unscheduled care, referral to treatment, stroke, diagnostics &amp; therapies and cancer.</p> <p>In February 2018 work will begin on developing a primary care dashboard.</p>		<p>September 2018 November 2018 March 2019 June 2019 Completed</p> <p>September 2018 October 2018 March 2019 August 2019</p>	<p>overarching quality dashboard which will provide a summary of all quality indicators included in the mini dashboards at various levels including Health Board, hospital site, ward and specialty.</p> <p>Dashboards have been developed for USC, RTT, Stroke, Diagnostics, Therapies and Cancer. Performance dashboards have also been created for delayed follow ups, mental health, primary care (see below) and hospital cancellations. All of these dashboards have been developed using Microsoft Excel, are updated monthly and are easily accessible by operational leads via the <a href="#">Health Board's intranet site</a>. The dashboards are used to enhance the Integrated Performance Assurance Report (IPAR) and inform the Executive Team Performance Reviews. Due to the technical limitations, the Excel dashboards are not accessible to Board members using iPads/iPads so screenshots of the dashboards are included in the 'Data' section of the IPAR. Moving forward the aim is to migrate the existing performance dashboards to Microsoft's Power BI software (a business intelligence tool). This will be part of a larger project looking at all dashboards across the Health Board to ensure dashboards are developed using consistent standards and avoid duplication. The Health Board plans to establish a business intelligence group that will be responsible for agreeing corporate standards and determining the work programme for dashboard developments.</p> <p>Primary Care metrics reported under the Delivery Framework have been included within the QSEAC Dashboard for April's update. There are existing dashboards currently in use within Primary Care that report on other KPI's. The Quality and Safety dashboard presented to QSEAC in October 2018 included indicators for antimicrobial prescribing in primary care, patient satisfaction with their NHS dentist and other quality of dental care provided. The Primary Care team continues to work with colleagues across Wales to improve access to data for primary care. Primary Care data will be reviewed by BPPAC moving</p>



Ref	Management response	WAO Feedback on Progress (SA18)	Completion date	Progress as at 31 <sup>st</sup> July 2019						
				<p>forward. <del>Work has started on a</del> <b>A new Primary Care dashboard has been developed.</b> The first iteration was included in the final month 12 IPAR which was presented to Board in May 2019 and includes national Primary Care measures. <b>Phase 2 of the Primary Care dashboard was released in July 2019 and includes data for GP Out of Hours and Minor Injury Unit attendances by GP Practice.</b> The dashboard will be updated monthly and shared with operational leads to help them highlight any areas of concern. The Primary Care Team and the Performance Team are continuing to work collaboratively to further develop the dashboard. The majority of Primary Care data currently available cannot be broken down below the Hywel Dda level due to restrictions relating to the release of Practice level data and General Data Protection Regulation (GDPR) compliance as per guidance issued by General Practice Council Wales (GPCW) / British Medical Association (BMA). However, it is anticipated more data become available over the coming year and the dashboard will be enhanced:</p> <table border="1" data-bbox="1397 831 2152 1230"> <tbody> <tr> <td data-bbox="1397 831 1529 911">Aug 2019</td> <td data-bbox="1529 831 2152 911">Community Pharmacy Triage and Treat data.</td> </tr> <tr> <td data-bbox="1397 911 1529 1150">Sept 2019</td> <td data-bbox="1529 911 2152 1150">Based on current timescales further information on the detail of the GMS contract negotiations will be available by September 2019 and that this will be inclusive of an All Wales Workforce Planning tool. When this becomes available, a plan will be developed to determine what indicators can be included in the dashboard and timescales.</td> </tr> <tr> <td data-bbox="1397 1150 1529 1230">2020/21</td> <td data-bbox="1529 1150 2152 1230">During 2020/21 the Delivery agreement milestones will be added to the dashboard.</td> </tr> </tbody> </table> <p><del>The Performance Team will continue to</del> <b>are working collaboratively with the Primary Care Team to develop a plan for how the Primary Care measures can be enhanced and inclusion of indicators for the other Primary Care Service contractors.</b></p>	Aug 2019	Community Pharmacy Triage and Treat data.	Sept 2019	Based on current timescales further information on the detail of the GMS contract negotiations will be available by September 2019 and that this will be inclusive of an All Wales Workforce Planning tool. When this becomes available, a plan will be developed to determine what indicators can be included in the dashboard and timescales.	2020/21	During 2020/21 the Delivery agreement milestones will be added to the dashboard.
Aug 2019	Community Pharmacy Triage and Treat data.									
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2020/21	During 2020/21 the Delivery agreement milestones will be added to the dashboard.									

Ref	Management response	WAO Feedback on Progress (SA18)	Completion date	Progress as at 31 <sup>st</sup> July 2019
				Phase 2 of the Primary Care dashboard will be released in July/August 2019.

**COMPLETED RECOMMENDATIONS**

Ref	Management response		Completion date	Progress as at end of July 2019
R1 a.	<p><b>Recommendation - The Health Board needs to improve the identification and design of saving schemes through: increasing the use of data and intelligence to identify opportunities for efficiency improvements reflecting them in more meaningful and realistic savings targets for different areas of the business</b></p>			
	<p><b>Intended Outcome/Benefit - Greater understanding of the extent of inefficiency in the system to help improve budget management and the targeting of schemes, which will result in recurring savings. A greater focus on recurring schemes will also help reduce budgetary pressures in following years.</b></p>			
	<p><b>Responsible Officer – Interim Director of Finance</b></p>			
	<p>The Health Board recognises the issues raised and has established an Efficiency Opportunities Control Group to both review efficiency opportunities identified at a National level (via the NHS Wales Efficiency, Healthcare Value and Improvement Group and the Efficiency Framework) for local application and to highlight other improvements through benchmarking exercises. This will form the basis of savings targets. The Group has met since autumn 2017. The Directors of Finance and Turnaround are currently assessing the membership and role of the Group to ensure it is best placed to undertake these key functions.</p>	<p><b><u>WAO Feedback on Progress (SA18)</u></b>  <i>The Health Board is starting to make use of data to better identify opportunities for efficiencies, including the use of cost data but this is still at the early stage. Overall targets remain a top-down approach.</i></p>	<p>Completed</p>	<p>The Turnaround Programme Group has superseded the Efficiency Opportunities Control Group. It is meeting monthly to review overall savings progress and the individual 60 day cycles. This Group will be the forum to review in detail the recently released Efficiency Framework developed on a National level and agree how best to take forward new opportunities identified.</p> <p>A full review of savings opportunities based on an analysis of the Efficiency Framework has been undertaken in December/January 2019. Initial findings have been presented to both the Executive Team and the Finance Committee who have endorsed the proposed direction of travel. Work is now progressing to translate these opportunities into deliverable savings plans both in the short and medium term. In this way while there will be a requirement to deliver a base general level of CIP; savings will be targeted at those areas where the greatest opportunity for delivery has been identified.</p>
R1 b.	<p><b>Recommendation - The Health Board needs to improve the identification and design of saving schemes through: avoiding over-reliance on in-year cost control, accountancy gains and non-recurrent savings.</b></p>			
	<p><b>Intended Benefit/Outcome - Greater understanding of the extent of inefficiency in the system to help improve budget management and the targeting of schemes, which will result in recurring savings. A greater focus on recurring schemes will also help reduce budgetary pressures in following years.</b></p>			
	<p><b>Responsible Officer – Interim Director of Finance</b></p>			

Ref	Management response		Completion date	Progress as at end of July 2019
	<p>Cost control must be ingrained into the organisation and the Turnaround Programme is trying to engender a culture where every decision to spend is thoroughly scrutinised by budget holders to ensure value for money is delivered. It is also recognised that this by itself is not sufficient and the main savings schemes will look at different ways of working that deliver value services rather than just relying on technical savings opportunities.</p>	<p><b><u>WAO Feedback on Progress (SA18) – Part completed</u></b></p> <p><i>The level of non-recurrent savings planned for 2018-19 is a slight decrease on the previous year but for the Health Board to deliver its intended financial position, it is going to be reliant on in-year cost control and accountancy gains.</i></p>	Completed	<p>The focus for 2019/20 savings delivery is to target areas where savings can best be delivered based on the areas of greatest variation identified through the Efficiency Framework. A number of these areas will require project management support and clinical buy-in to deliver but it is anticipated that this more robust approach will provide recurring, sustainable savings plans in the long run. However, there will always be the need to exploit non-recurring opportunities when they arise.</p>
R1 c.	<p><b>Recommendation - The Health Board needs to improve the identification and design of saving schemes through: embedding the 60-day cycle process to identify where longer term and sustainable efficiencies can be achieved through service modernisation, and approaches such as value based healthcare and productivity improvements.</b></p>			
<p><b>Intended Benefit/Outcome - Greater understanding of the extent of inefficiency in the system to help improve budget management and the targeting of schemes, which will result in recurring savings. A greater focus on recurring schemes will also help reduce budgetary pressures in following years.</b></p>				
<p><b>Responsible Officer – Interim Director of Finance</b></p>				
	<p>The initial assessment of opportunities, that suggest the organisation could deliver similar or even enhanced services for less financial cost, has produced a target list of circa £44m. It builds on the headings from 2017/18 but with an increased focus on efficiency and productivity – Length of Stay bed day reduction, low acuity medically fit model, Outpatients, Theatres. The Health Board is also moving to implementing evidence based pathways that will offer increased value in Orthopaedics, Ophthalmology etc. In part this is by pulling forward opportunities identified through the</p>	<p><b><u>WAO Feedback on Progress (SA18) – Part completed</u></b></p> <p>The 60-day cycle continues to form part of the Health Board’s turnaround process with new areas of efficiencies identified for 2018-19. The Turnaround Director post is due to end in June 2019 however, and it is unclear whether the 60-day cycle process will continue beyond then. The Health Board is however now starting to focus on embedding value-based healthcare although this is still at the early stages and will require the availability of cost and outcome data to significantly improve.</p>	Completed	<p>A local Value Based Healthcare Steering Group (the VBHC Group) has been established as a group of the Executive Team to support the identification and delivery of opportunities to deliver better value based healthcare within the health board. The inaugural meeting took place on 8<sup>th</sup> January 2019. This complements the work of the already established regional VBHC Steering Group. The group will consider -</p> <ul style="list-style-type: none"> <li>• Technical Efficiency and Allocative Efficiency sections</li> <li>• Finance Delivery Unit / NHS Efficiency Group outputs</li> <li>• Key Turnaround efficiency programmes planned for 19/20</li> </ul> <p>Value posts have been advertised with finance support secured for a 9 month secondment from a recognised expert in the field.</p>

Ref	Management response		Completion date	Progress as at end of July 2019
	<p>Transforming Clinical Services process as they arise. In order to ensure delivery, the Health board is strengthening further governance structures around delivery. During 2017/18, nine 60 day cycles were run for six themes which identified a series of actions to support the delivery of the savings plan. This approach will continue. Each theme identified may be subject to more than one 60 day cycle during the course of 2018/19 and this will be dependent upon the number and type of opportunities identified during each initial cycle</p>			<p>A clinical workshop has been arranged for 7<sup>th</sup> February 2019 where the concept of VBHC will be introduced. There will be presentations from national leads in the first session followed by what this means for us in Hywel Dda in the second session. The draft strategy will be shared and the intention is to agree a programme of work for the next few months.</p> <p>A draft project plan/scope of what would be entailed for one pathway (knee replacement) will be undertaken in advance of the workshop to determine feasibility of how many areas should be considered in the first instance.</p> <p>Two sets of partners (one clinical the other from finance) have been accepted on to the Finance Academy Value Partnership Programme.</p>
R2	<p><b>Recommendation - The Health Board needs to develop the financial management capabilities within the operational directorates and service departments by progressing with the organisational change process for the finance department. The change will see the finance staff align with the operational structure and provide greater opportunity for them to provide support and challenge on a day-to-day basis.</b></p>			
	<p><b>Intended Outcome/benefit - Operational teams at directorate, service and department levels will have the skills to effectively manage their budgets and identify opportunities for financial efficiencies.</b></p>			
	<p><b>Responsible Officer – Interim Director of Finance</b></p>			
	<p>The Finance OCP proposal recognises the importance of the following;</p> <ol style="list-style-type: none"> <li>1. Investing in Business Partnering with service areas</li> <li>2. Developing a “Business Partner” approach which is fundamentally different from Management Accounting</li> <li>3. Getting out into the service on a more consistent basis to support and challenge</li> </ol>	<p><b><u>WAO Feedback on Progress (SA18) – Completed</u></b></p> <p>The organisational change process within the finance department is nearing completion with the final posts recently filled. The new structure does promote a business planning model, which is welcomed by the operational directorates, but it will take some time to embed.</p> <p>During the organisational change process, the Director of Finance stood</p>		

Ref	Management response		Completion date	Progress as at end of July 2019
	<p>4. Making investments in and full use of systems.</p> <p>5. Establishing “Centres of Excellence” in key deliverables such as Value Based Healthcare techniques, Benchmarking and Costing, data analysis &amp; financial Reporting.</p> <p>Consultation on the Finance OCP was issued before Christmas 2017 and closed on 17<sup>th</sup> January 2018. The following milestones have been set:</p> <ul style="list-style-type: none"> <li>• Comments received will be considered and changes agreed by Mid Feb 2018.</li> <li>• Appointments of staff spring 2018.</li> </ul> <p>• Training &amp; development throughout 2018/19.</p>	<p>down and the newly appointed Assistant Director of Finance is currently acting as Interim Director until a substantive appointment is made. This has placed some immediate pressure on capacity as several staff are backfilling during the interim period.</p>	<p>Completed</p> <p><del>June 2018</del> <del>December 2018</del> 2018/19 financial year</p> <p>March 2019</p>	<p>A revised paper was presented to the Executive Team on 16<sup>th</sup> May in respect of funding the Finance OCP. This was approved and a request for pump priming of the OCP in 2018/19 has been submitted to WG under Targeted Intervention. Assistant Director of Finance JDs have been matched and appointments have now been made, two of which are from outside the Health Board. Existing Band 8c staff have been slotted in and appointment to the remaining Band 8c posts has been completed. Band 8a staff have been slotted in and appointments to all but 3 of the remainder have been completed. The remaining 3 8a's and below will be slotted in and vacancies appointed over the remainder of 2018/19 financial year.</p> <p>The Interim Director of Finance and 2 Senior Business Finance Partners are on the Finance Leadership Pipeline program run by the Finance Academy.</p> <p>Senior staff will be undertaking the CIPFA Business Partnering Training commencing in October 2018.</p>

Ref	Management response		Completion date	Progress as at end of July 2019
	<ul style="list-style-type: none"> <li>The new Finance function is expected to be in place and fully operating to expectations by Christmas 2018 (funding permitting).</li> </ul>		<p>December 2018</p> <p>March 2019</p>	<p>Senior staff will be undertaking coaching workshops in November/December 2018 with more planned for 2019.</p> <p>A staff development day took place in September 2018 with a further day planned for December and further days are planned quarterly going forward.</p> <p>Risk workshop planned for senior staff in January 2019.</p> <p>Project submitted, 'Transforming our Finance Function', to the Bevan Commission to be an exemplar for 2018/19. Workshops and attendees to be finalised.</p> <p>Formal training and development leading to Accountancy qualifications is being supported for a number of staff.</p> <p>Finance staff regularly attend the Finance Academy programme of events.</p> <p>Progress is good. The timeline has been reviewed and it is now expected to be in place for the start of the new Financial Year.</p>
R3	<p><b>Recommendation - The Health Board needs to adopt a more proactive approach to learning and sharing good practice about savings and wider financial planning. This should include making more use of initiatives such as the Welsh Government's 'Invest to Save' schemes.</b></p>			
<p><b>Intended Benefit/Outcome - Shared learning is embedded across the Health Board so that good ideas are shared and rolled out on a regular basis. Opportunities to make financial efficiencies across directorates are also maximised.</b></p>				
<p><b>Responsible Officer – Director of Finance</b></p>				
	<p>The review of the Efficiency Opportunities Control Group will look at how the organisation can improve sharing good practice.</p>	<p><u><b>WAO Feedback on Progress (SA18) – Part completed</b></u></p> <p>The routine turnaround meetings continue to be embedded within each of</p>	<p>Completed</p>	<p>See R1 above.</p> <p>The Health Board is actively participating in the Efficiency Sub-group of Directors of Finance Group. Schemes that have been successful elsewhere have been followed up to review</p>

Ref	Management response		Completion date	Progress as at end of July 2019
	<p>The Health Board has over the years had a number of 'Invest to Save' bids funded. It was also successful in the September 2017 funding round with 4 bids approved. Internal invest to save projects have also been undertaken over the years and are considered if the options arise.</p>	<p>the directorates, along with the 60-day cycle to focus on areas of efficiencies. Learning and sharing is made available through the turnaround meetings on an ad hoc basis but there is no formal mechanism for sharing learning across the Health Board when developing savings plans. Although the Health Board has made use of initiatives to help save money in the long-run, such as through the Invest to Save schemes, this is limited largely due to the Health Board's short-term in year focus, rather than over a longer period to aid transformational change.</p>	Completed	<p>applicability locally. The Turnaround Director is also making connections with counterparts in other Health Boards.</p> <p>The governance framework around savings development is being reviewed and this will include a lessons learnt mechanism.</p> <p>Two out of the 4 'Invest to Save' bids submitted in September 2018 were successful. These are both cross directorate schemes – with investments being made in Pharmacy and other staff resulting in drugs reductions in directorate budgets.</p> <p>Bids have also been made to the Transformation Fund to help facilitate longer term service change models that will drive efficiencies.</p>
R4 a.	<p><b>Recommendation - To enable the development of a three-year integrated medium term plan, the Health Board needs to ensure that it has a clear outcome from its Transforming Clinical Services programme to inform the 2019-22 planning round</b></p>			
	<p><b>Intended Benefit/Outcome - A three-year integrated medium term plan that is able to set out the Health Board's longer-term strategic vision, increasing the potential for the IMTP to be approved by Welsh Government. If approved, the Health Board will meet its statutory requirement to have an approved IMTP.</b></p>			
	<p><b>Responsible Officer - Medical Director</b></p>			
	<p>The Transforming Clinical Services (TCS) programme was launched at Board in June 2017 as a three phase programme. Phase 1, the Discovery phase concluded in November 2017, an output paper considered by Board in December 2017 and Phase 2, the Design Phase commenced. The Board has agreed a project plan and timeline for Phase 2. Key milestones for Phase 2;</p> <ul style="list-style-type: none"> <li>Option development, refinement, testing and shortlisting</li> </ul>	<p><b><u>WAO Feedback on Progress (SA18) – Completed</u></b></p> <p>The outcome of the TCS consultation exercise was considered at the September Board meeting. This has now enabled the development of a 10-year clinical strategy to commence. An outline strategy was presented to the November Board meeting, and approved, the first three years of which will now form the IMTP process for 2019-22.</p>	Completed	<p>Completed - The TCS Programme has made excellent progress and completed the options development and shortlisting work and finalised the documentation required to support the public consultation that commenced in April 2018 (following Board approval).</p>



Ref	Management response		Completion date	Progress as at end of July 2019
	<ul style="list-style-type: none"> <li>Commence formal consultation</li> <li>Output report following consultation setting out the preferred way forward</li> <li>Approval to move to Phase 3 – Implementation</li> </ul>		<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Completed – Extraordinary Board Meeting in Public held on 19<sup>th</sup> April 2018. All relevant documentation was finalised and approval to proceed was agreed by the Board on the date specified and the formal public consultation has now commenced.</p> <p>Completed - Extraordinary Board Meeting in Public held on 26<sup>th</sup> September 2018, where a formal report on the findings of the consultation was presented alongside a Closing Report that outlined a number of recommendations for consideration by Board Members. All recommendation were approved (subject to some minor amendments).</p> <p>The strategy will be shared at the Public Board meeting scheduled for Thursday 29 November, where approval will be sought from members to sign-off the strategy and progress through to implementation as part of Phase 3 - Deliver.</p>
R4 b.	<b>To enable the development of a three-year integrated medium term plan, the Health Board needs to ensure that it has a clear outcome from its Transforming Clinical Services programme to inform the 2019-22 planning round</b>			
	<b>Intended Benefit/Outcome - A three-year integrated medium term plan that is able to set out the Health Board's longer-term strategic vision, increasing the potential for the IMTP to be approved by Welsh Government. If approved, the Health Board will meet its statutory requirement to have an approved IMTP.</b>			
	<b>Responsible Officer - Director of Planning, Performance &amp; Commissioning</b>			
	The timescales for the development of the Transforming Clinical Services (TCS) programme were included as part of the January 2018 draft submission to the In-Committee Board of the Annual Plan 2018/19. The final March 2018 iteration will include pertinent updates from TCS to inform the planning cycle for the development of the 2019/22 IMTP.	<b><u>WAO Feedback on Progress (SA18) – Completed</u></b> As per 4a	31st March 2018 Submission to WG Completed	Completed 29 <sup>th</sup> March 2018 with the submission to WG of HDUHB's 2018/19 Annual Plan.
R5	<b>Recommendation - The Health Board needs to progress its work to develop its clinical directors at pace, and provide the necessary support to its wider triumvirate teams to develop their management capabilities.</b>			
	<b>Intended Benefit/Outcome - Stronger leadership and management at an operational level, freeing up the capacity of the Director of Operations.</b>			

Ref	Management response		Completion date	Progress as at end of July 2019
	<p><b>Responsible Officer - Medical Director</b></p> <p>A number of actions are being taken to support and develop the current cohort of clinical leaders and also to develop leaders for the future.</p> <ul style="list-style-type: none"> <li>• Establishment of a Clinical Executive connecting clinical leaders with Executive Directors</li> <li>• Medical Leadership Forum quarterly</li>   <li>• Action Learning Programme for Aspiring Clinical Leaders</li>   <li>• Annual Clinical Leaders Conference</li> <li>• Further development of the Medical Peer Mentor Programme</li>   <li>• Further development of the New Consultants Programme</li> </ul>	<p><b><u>WAO Feedback on Progress (SA18) – Part completed</u></b></p> <p>The Health Board has put in place a substantive programme of organisational development following receipt of funding from the Welsh Government. The programme has focused on a wide range of staff groups, including all the operational management teams and medical leaders. Progress in implementing the medical leadership organisational development programme however has been slow.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Completed.</p> <p>Completed - The Inaugural Medical leadership Forum took place on 22 November 2018 where it was agreed that these would be held three times a year.</p> <p>Programme design in place, applications received and candidates selected. Cohort 1 begins Jan 2019 and Cohort 2, May 2019.</p> <p>Medical Leaders Conference held February 2019</p> <p>Completed - Partnership between BMA/Health Board very successfully delivered. To date there are 11 active Consultant Pairs operating within the network and 20 mentoring pairs within SAS grades. (approx 20% of coverage) Ongoing twice yearly development programme planned. This is the first development of its kind which has been devised and delivered in partnership with the BMA. This is now business as usual.</p> <p>A review of current in-house programme is in progress. Introduction of new programme design from Autumn 2018. The programme will be finalised by end of October 2018 and will be launched in the Spring of 2019.</p>

Ref	Management response	Completion date	Progress as at end of July 2019
R6	<b>Recommendation - Following the implementation of the proposed planned changes to the finance department, the Health Board needs to ensure that the structures of the other corporate functions appropriately support and challenge the operational directorates.</b>		
	<b>Intended Benefit/Outcome - Operational directorates and departments have improved access to the skills of the corporate functions to enable them to manage the totality of the resources more effectively.</b>		
	<b>Responsible Officer - Chief Executive Officer</b>		
	A review of corporate functions will be undertaken by the Director of Workforce and OD and the Head of Organisational Development.	<b><u>WAO Feedback on Progress (SA18) – Part completed</u></b> Although the OCP in the finance department is only just coming to an end, the Health Board has used the OCP to reflect on changes needed elsewhere in the corporate structures which will start to take shape in early 2019.	March 2019
R7	<b>Recommendation - The Health Board needs to revisit its operational structure, and the position of primary care and community services in particular, to ensure that it fully supports integrated working and effective management of operational issues.</b>		
	<b>Intended Benefit/Outcome - Improved communication flows and integrated working to effectively manage issues that cut across a range of services, particularly those based 'out of hospital'.</b>		
	<b>Responsible Officer - Director of Operations/Director of Primary Care, Community and Long Term Care</b>		
	Community Services are already part of the Operations Integrated Management Team. Each County Director is directly responsible to the Director of Operations. The recent appointment of the Director of Primary Care, Community and Long Term Care (DoPCCLTC) will provide further opportunity to better integrate primary care into the operations management structure. Primary Care was always invited to the monthly Operations Business Meeting, however the appointment of the DoPCCLTC will	<b><u>WAO Feedback on Progress (SA18) – Part completed</u></b> All County Directors are now responsible for many aspects of primary care, including the GP cluster leads, which has helped to realign the focus on primary and community care. Changes have also been made to the management of scheduled care, with the hospital directorates now responsible for the ward staff and the beds. The medical staff, support functions and service delivery managers remain under the	

Ref	Management response		Completion date	Progress as at end of July 2019
	<p>further progress integrated working between primary and secondary care.</p> <p>Better integration between primary care, community and secondary care will also be improved through the joining of the Acute Services Quality, Safety and Experience Sub Committee and the Community and Primary Care Quality, Safety and Experience Sub Committee. The newly formed sub-committee will report to the Health Board's Quality, Safety and Experience Assurance Committee.</p> <p>The DoPCCLTC will review the operational interface between primary, community and secondary care in 2018/19.</p>	<p>management of the Scheduled Care Directorate. These changes have helped an improved whole system focus, and improved line management of ward staff, but have created other challenges in the effective management of operational issues, for example, managing bed flow.</p>	<p>Completed</p> <p>Complete</p>	<p>The Operations Quality Safety and Experience Sub-Committee had its first business meeting on 20<sup>th</sup> September 2018.</p> <p>The Deputy CEO and Director of Primary Care, Community &amp; Long Term Care have made significant progress in this area already in terms of amending the reporting lines of the County Directors to the DPCCLTC to enable and facilitate significantly improved integration between community and primary care teams. These officers also remain an integral part of the operational delivery arm of the Health Board including key members of the operational board and other delivery groups such as unscheduled care and winter planning. The interface with Primary Care has been significantly strengthened through this arrangement and we are in the process of further integrating operational delivery arrangements such as Primary Care Development posts being part of the county teams.</p> <p>There have been several discussions with the Executive Team about the interface between the operational portfolios, followed by discussions with County Directors and engagement with hospital triumvirates. In addition over the past months and in line with 'A Healthier Wales' and the recently approved Health Board Clinical Strategy, discussions have taken place between the</p>

Ref	Management response		Completion date	Progress as at end of July 2019
				Executive Team of the Health Board and Chief Executives and Directors of Social Services in particular regarding the development of an integrated Health and Social Care model of service delivery. This would be supported by the development of 7 integrated localities and an integrated governance and accountability arrangement for shared business areas through the West Wales Regional Partnership Board. Work is underway to define the scope of such a structure, the benefits and indeed functions of an integrated model, and also how any supporting resource such as the Transformation fund, will be used and monitored.
R8	<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.</b>			
	<b>Intended Benefit/Outcome - Increased capacity for operational teams to focus their time on managing the business and an increased understanding of operational challenges by directors that are not currently as visible as they could be.</b>			
	<b>Responsible Officer - Chief Executive Officer</b>			
	The Board QSEAC and Clinical Executive Team meetings are rotated across the 3 counties and not held in Headquarters. As part of developing the Board Performance Assurance Framework consideration will be given to holding these meetings on hospital sites. The new Framework should reduce the number of meetings operational management staff are asked to attend.	<b><u>WAO Feedback on Progress (SA18) – Part completed</u></b> The revised executive objectives which have been put in place should help to engage some of the executive directors in operational issues, but feedback from the operational teams indicates that the visibility of some executive directors, particularly when services are under pressure, remains an issue. Wider involvement of the executive team in the performance reviews is helping address this gap, but not all directors are present, and these meetings are held in headquarters. Many other meetings are also held in headquarters, except for the routine turnaround meetings which are held across the various sites. The visibility of the executive team was	Superseded	An Integrated Executive Team has been established which will include key clinical leads from across the UHB, Directors of Social Services and the UHB Executive Team. This will be supported and underpinned by a Health and Care Strategy Delivery Group which will link with hospital directors and cluster leads to drive delivery of the UHB's clinical strategy.  The Executive Team have recently directed that no meetings involving the operational teams will be held on Mondays.  The improved visibility of the Executive Team has been recently recognised by the Joint Executive Team (JET).

Ref	Management response		Completion date	Progress as at end of July 2019
		highlighted as an issue in the recent staff survey, albeit that the proportion of staff who were positive was the highest in Wales.		
R9	<b>Recommendation - The Health Board needs to further embed its revised risk management framework and to continue its work with its operational teams to refine the recording of risk.</b>			
	<b>Intended Benefit/Outcome - A continued improvement across the Health Board in the recording of risks, clarification of the escalation process, and the relevant controls and actions.</b>			
	<b>Responsible Officer - Board Secretary</b>			
	<p>The Health Board's risk management framework will be reviewed in year to enable closer alliance the strategic objectives following the refresh that is currently underway.</p> <p>The whole risk management framework and supporting infrastructure will be reviewed in year to support delivery of the Strategic Objectives.</p> <p>The risk Datix module will continue to be rolled out within the new financial year which will improve risk identification, assessment and reporting and will enable these to feed into the decision making framework.</p>	<p><b><u>WAO Feedback on Progress (SA18) – Completed</u></b></p> <p>The Head of Assurance and Risk has been working closely with all directorates over the last 12 months to improve the identification and recording of risks, which is evident in the improved quality of directorate risk registers. The Corporate Risk Register is also now routinely considered monthly by the Executive Team, and the management of risks at a directorate level are now also considered as part of the regular performance reviews. The Health Board would benefit from grouping together consistent or common directorate risks to enable easier identification of risks that should be escalated.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>New Corporate Risk Register and Board Assurance Framework has been developed and agreed by the Board. Further work will be undertaken following development of the Health Board's Health and Care Strategy which will set out the strategic direction, which will be delivered in 3 year planning cycles.</p> <p>As above.</p> <p>All Directorates are now on Datix.</p>
R11	<b>Recommendation - The Health Board needs to continue to improve its integrated performance assurance report by drawing the reader's attention to areas of underperformance, expanding the range of local performance metrics that are included within the report to provide a more rounded view of performance, where appropriate.</b>			
	<b>Intended Benefit/Outcome - The integrated performance assurance report (IPAR) enables focused scrutiny and challenge at committee and Board on areas of underperformance.</b>			
	<b>Responsible Officer - Director of Planning, Performance &amp; Commissioning</b>			

Ref	Management response		Completion date	Progress as at end of July 2019
	<p>The IPAR has been reformatted to give greater prominence to areas of under-performance, including an executive summary that highlights particular areas of concern. This will be reported to the Business Planning and Performance Assurance Committee on 27<sup>th</sup> February 2018.</p> <p>Alongside the report, the dashboards mentioned in R10 above provide a drill down facility for the under-performing metrics so that any areas of concern areas (e.g. hospital, ward) can be more easily identified and targeted for improvement.</p>	<p><b><u>WAO Feedback on Progress (SA18) – Completed</u></b></p> <p>The IPAR has since been developed into an interactive tool which ensures key areas of underperformance are more prominent. The report includes both key delivery targets as well as a suite of locally developed targets. The report is continually being improved and there is a recognition that more measures, which focus on patient experience and outcomes, are needed.</p>	<p>Completed</p> <p>Completed</p>	

## Management response to Structured Assessment 2018

**Report title:** Structured Assessment

**Completion date:** January 2019

**Document reference:** 1033A2018-19

Ref	Management response	Completion date	Progress as at 31 <sup>st</sup> July 2019
R1	<b>Recommendation - Board effectiveness</b>		
	To enable Independent Members to make well-informed decisions and to effectively scrutinise, the Board should agree the level and quality of information that it expects to receive, using the findings from the Board member survey to inform where improvements need to be made.		
	<b>Intended Outcome/Benefit - Shorter but more focused Board and committee papers</b>		
	<b>Responsible Officer – Board Secretary</b>		
	The key themes from the Board Members' Survey will be reviewed and an improvement plan drafted for discussion and agreement at a workshop with Independent Members. Feedback will also be incorporated within the existing Standard Operating Procedure for the Management of Board and Committees and training programmes to reinforce the agreed level and quality of papers expected by the Board and Committees.	Sep19	Responses from the Board Members Survey have been reviewed and pulled into key themes and will be considered alongside the outcome from this year's Committee Self-Assessment exercise into one over-arching Action Plan to address any areas of improvement. There is also a new Independent Member induction process and a suite of Committee handbooks all of which will aid members' ability to scrutinise and to make informed decisions.
R3a	<b>Recommendation - Operational meetings</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: <ul style="list-style-type: none"> <li>• reviewing the frequency and timing of these meetings; (a)</li> <li>• reviewing the location of these meetings, to improve visibility of the executive team; (a) and</li> <li>• aligning these meetings with management sessions contained within job plans for clinical directors to enable them to participate fully (b).</li> </ul>		
	<b>Intended Benefit/Outcome –</b>		
	<ol style="list-style-type: none"> <li>1. Increased capacity for both executive and operational teams.</li> <li>2. Increased engagement from medical leads.</li> </ol>		



Ref	Management response	Completion date	Progress as at 31 <sup>st</sup> July 2019
	<p>3. Improved visibility of executive teams across the Health Board.</p> <p>4. A more streamlined focus on the use of resources.</p> <p><b>Responsible Officers – Director of Planning, Performance &amp; Commissioning/Turnaround Director</b></p> <p>Agreed to review the PMAF and how this fulfils the wider organisational objectives, not just NHS outcomes.</p> <p>At this stage, the Health Board is unlikely to step down the HTA process as financial discussions/ plans do require more time than current performance management meetings allow. This aspect will be reviewed at the end of 2019/20.</p>	<p>Jun19 TBC Mar20</p> <p>Mar20</p>	<p>A workshop has been arranged by the Chief Executive Officer for 23<sup>rd</sup> &amp; 24<sup>th</sup> May to determine our organisational goals. When these have been agreed, an updated timescale will be provided for reviewing the PMAF. <del>An Executive workshop took place in May19 however Director of Planning, Performance and Commissioning will be meeting the Chief Executive on 25<sup>th</sup> June to discuss the enhancement of the PMAF.</del> This Executive Workshop did take place in May19, where it was agreed that the Executive Team will be working towards a single goal with each director having a sub-set of objectives which support the overall goal. With agreement from the Board, this will be worked through as a process over coming months, and with the conclusion of the exercise, the outputs and supporting actions / enablers will also need to be incorporated into the PMAF going forward.</p> <p>However, in the interim, the WAO recommendations have been taken on board in respect of the need for 'quality' to feature higher up in Executive Team Performance Reviews and for progress against in-year planning objectives, as per the 2019/20 Annual Plan, to be part of performance management. As requested by the Board, run-charts and Statistical Process Control (SPC) have been incorporated into Board reporting.</p>
R3b	<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> <ul style="list-style-type: none"> <li>aligning these meetings with management sessions contained within job plans for clinical directors to enable them to participate fully.</li> </ul> <p><b>Intended Benefit/Outcome –</b></p> <ol style="list-style-type: none"> <li>Increased capacity for both executive and operational teams.</li> <li>Increased engagement from medical leads.</li> <li>Improved visibility of executive teams across the Health Board.</li> <li>A more streamlined focus on the use of resources.</li> </ol>		

Ref	Management response	Completion date	Progress as at 31 <sup>st</sup> July 2019
	<b>Responsible Officers – Medical Director</b>		
	As much as possible the UHB aligns job plans and arrange operational meetings at times convenient for clinical leaders, the UHB also recognise that clinicians' leadership roles are normally on top of almost full-time important, productive clinical roles, and it is sometimes difficult to completely align all medical leadership sessions across the UHB. Therefore the interaction with and support of other members of the triumvirate (manager and nurse) who are normally in full-time positions is key to allowing the medical leaders to be effective. The operational and medical leadership structure is being reviewed and expected to be implemented in Q1 /Q2 of 2019/20.	Sep19	The need for the UHB to align job plans to allow for clinical leadership roles to be optimised without the expense of lost clinical time has been relayed to the General Managers and Service Delivery Managers through the job planning process. The alignment of performance management meetings into one session and the ring-fencing of Monday's (where there is high unscheduled care demand) has also improved the effectiveness and efficiency of clinical time of both Clinical Leads and Hospital Directors.  The medical leadership structure <del>has been shared with the Executive team and is currently out for consultation within the Medical Directorate</del> <b>is in the process of being recruited to, with the 3 most senior posts being interviewed by the end of August and the remainder completed by October 2019.</b>

### Completed Recommendations

Ref	Management response	Completion date	Progress as at end of July 2019
R2	<b>Recommendation - Board effectiveness</b>		
	To improve the effectiveness of committees, the Health Board should consider including time on committee agendas to reflect on the administration and conduct of the meeting, and the quality of information provided for scrutiny and assurance.		
	<b>Intended Benefit/Outcome –</b>		
	<ol style="list-style-type: none"> <li>1. Increased opportunities to review and reflect during the year, and to make any appropriate changes.</li> <li>2. To reduce reliance on external agencies for providing these skills.</li> </ol>		
	<b>Responsible Officer – Board Secretary</b>		
	A 'reflective summary of the meeting' is already included at the end of the agenda template for ARAC, BPPAC and QSEAC on ibabs. The minutes capture these reflections and any actions are taken forward and considered for shared learning. The following actions will be undertaken:		Currently, a reflective summary of the discussions held is captured with the purpose of highlighting and escalating any areas of concern to form the basis of the Committee Update Report to Board. The minutes capture these reflections, ensuring any actions are taken forward including those considered appropriate for shared learning.

	<ul style="list-style-type: none"> <li>Extend reflective summary to include time for a reflection on the administration and conduct of the meeting.</li> <li>Ensure all Board level committees have a reflective summary on agendas and understand the purpose of this requirement.</li> </ul>	<p>Completed</p> <p>Completed</p>	<ul style="list-style-type: none"> <li>From April 2019, a separate reflection session will be held on conclusion of the meeting between the Independent Members of the Committee and members of the Corporate Governance Team to consider the administration and conduct of the meeting, and the quality of information provided for scrutiny and assurance. Once this process is embedded it is intended that this separate session will become part of the reflective summary held as part of the meeting. The collective knowledge from this exercise will be brought together by the Corporate Governance Team with Lead Directors and Chairs/Vice-Chairs of Committees.</li> <li>Executive Directors will have the opportunity to undertake a similar exercise at Executive Team.</li> </ul> <p>The current reflective summary arrangements in place for Audit and Risk Assurance Committee, Business Planning and Performance Assurance Committee and Quality, Safety and Experience Assurance Committee will be extended to Charitable Funds Committee, Finance Committee, Mental Health Legislation Assurance Committee and Primary Care Applications Committee from April 2019. These arrangements will not be extended to University Partnership Board and Remuneration and Terms of Service Committee.</p>
R4	<p><b>Recommendation - Strategic planning</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.</p>		
<p><b>Intended Outcome/benefit –</b></p>			
<p>1. Increased capacity to implement the Health and Care Strategy. 2. Reduced risk of delays to implementing the strategy.</p>			
<p><b>Responsible Officer – Director of Finance</b></p>			
<p>Funding has been agreed for the Health Board by Welsh Government for the 2018/19 financial year; and this allocation has been provided in Month 10.</p>		<p>Completed</p>	
R5	<p><b>Recommendation - Financial sustainability</b> To support its longer-term financial position, the Health Board should ensure that the Finance Committee continues to develop its role and to provide increasing scrutiny and challenge on the plans to achieve efficiency savings in the medium to long term.</p>		
<p><b>Intended Benefit/Outcome - Improved financial position in the medium to long-term, which will help the Health Board gain approval of the three-year IMTP.</b></p>			
<p><b>Responsible Officer – Director of Finance</b></p>			

<p>One of the key operational objectives of the Finance Committee is to undertake detailed scrutiny of the organisation's overall performance against savings delivery and the cost improvement programme. It receives updates at each meeting on delivery and challenges progress. More detailed work regarding savings strategy for 2019/20 and beyond is being presented to the Committee for scrutiny and will continue to be on a regular basis.</p>	<p>Completed</p>	
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