Archwilio Cymru
Audit Wales

Review of Operational Governance – Hywel Dda University Health Board

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Summary report

Introduction

1 Over recent years, our structured assessment work[1] at Hywel Dda University Health Board (the Health Board) has highlighted that whilst corporate governance arrangements are sound, operational level arrangements have the potential to cause confusion and operate in an inconsistent manner. In addition, our structured assessment work and our 2021 review of the Health Board's quality governance arrangements identified weaknesses in operational risk management and quality governance, and in 2022, we identified scope for the Health Board to streamline its performance management arrangements at an operational level and to take a holistic view of performance, finance and quality. Internal Audit reviews of governance arrangements within several departments and hospital sites that sit within the operational directorates have found similar weaknesses to those reported through our work.

2 The Health Board is aware of these issues and in recent years has made some changes to streamline governance arrangements and improve performance management arrangements, for example by introducing the Improving Together Framework in April 2023. At the time of our review the Health Board had reviewed its operations structure and was going through an Organisational Change Process. However, these changes will take several months to be fully embedded, and concerns around the governance arrangements to manage finance, performance and the quality of services remain. In January 2024, Welsh Government escalated the Health Board to targeted intervention[2]. Prior to this and since 2022, the Health Board had been in targeted intervention for its planning arrangements and financial position, and enhanced monitoring for its performance position.

3 The key focus of our work has been on whether directorate level arrangements support the economic, efficient, and effective use of resources. Specifically, whether directorates have clear leadership and governance arrangements, are conducting business effectively and have good performance and risk management arrangements. Below the Executive Team, the Health Board has directorates which are responsible for delivering clinical and corporate services. We used three directorates, two clinical and one corporate, as tracers. These are:

[1] 2019 Structured Assessment, 2021 Structured Assessment (Phase two - corporate governance and financial management arrangements), and 2022 Structured Assessment

[2] Under the Joint Escalation and Intervention Arrangements, Welsh Government officials meet Audit Wales and Healthcare Inspectorate Wales at least twice a year to discuss the performance of each health body. There are five escalation levels: routine arrangements, area of concern, enhanced monitoring, targeted intervention, and special measures.

- Primary Care, Community and Long-Term Care (Primary Care) Directorate[3] and the Secondary Care Directorate, which are part of the operations structure; and
- Finance, Digital and Performance (FDP) Directorate, which covers the three functions in its title.

4 This report sets out the findings from our review and forms part of the wider work programme designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

Key messages

5 Overall, we found that **the Health Board's current operations structure is complex resulting in blurred lines of accountability, and governance arrangements within directorates are inconsistent. Whilst the Health Board is progressing its new operations structure, presenting opportunities to improve governance arrangements, delays in rolling out the new structure is causing instability within directorate leadership teams. Governance arrangements within the Finance, Digital and Performance Directorate are clearer, but there is scope to strengthen them**.

6 The current operations structure is complex and multilayered, leading to unclear lines of accountability within operational directorates. The Health Board is taking positive steps in addressing these issues with the introduction of a new operations structure. However, delays in rolling out the new structure is causing instability in directorate leadership teams. The structure and leadership arrangements within the Finance, Digital and Performance Directorate are clearer, and whilst there is a stable leadership team, there has been recent turnover in several roles within the Finance Team. This is being managed within the new Organisational Change Process, which has arisen from a recognition that further improvements could be made to the finance business partnering function.

7 Governance arrangements within the operations structure are not clearly documented. Whilst we found some good arrangements within individual areas, arrangements across the operations structure are inconsistent and do not support good flows of information. Implementing the new structure provides an opportunity to strengthen flows of information by mapping governance arrangements and standardising agendas and reporting templates for business meetings held within

[3] Our review of the Primary Care, Community and Long-Term Care Directorate focused only on the county directorates and the governance arrangements at the senior leadership level. The governance arrangements associated with the primary care contractor professions were considered as part of our separate review of primary care.

directorate teams. Arrangements within the Finance, Digital and Performance Directorate are clearer, but also need to be documented.

8 There are adequate systems of assurance at directorate level, supported by good performance information and risk management systems. But there is inconsistent practice within directorates with scope to strengthen and standardise performance and risk managements arrangements within directorate teams.

Recommendations

9 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's organisational response to these recommendations is summarised in **Appendix 2**.

Exhibit 1: recommendations.

Recommendations
R1 Once the new operations structure is in place the Health Board should protect against silo working by ensuring governance processes support cross working across the three integrated systems and between the clinical care groups (**paragraph 14**).
R2 The Finance, Digital and Perfomance Directorate should enhance its governance arrangments by: 2.1 Mapping the governance structure for the directorate as a whole to ensure arrangements are supporting good flows of information and assurance (**paragraph 19**); and 2.2 The Finance Team should develop a standard reporting template to support flows of information and assurance within the team (**paragraph 32**).
R3 To ensure the new operations structure supports good governance the Health Board should: 3.1 Design an appropriate governance structure, showing how meetings interact and how flows of assurance and escalation work (**paragraph 20**). 3.2 Review the Operational Planning, Governance and Performance Group, to consider whether it is fit for purpose, has appropriate membership and where it fits in the context of the new governance structure (see R3.1) (**paragraph 22**).

Recommendations

3.3 For business meetings held within directorates, develop a standard terms of reference, agenda and reporting template which aligns with the Improving Together Framework (**paragraph 24**).

3.4 Once recommendation 3.3 is operational, the Health Board should ensure teams are compliant with standard arrangements for both operational business meetings and quality safety and experience meetings through compliance testing (**paragraph 24**).

3.5 Review and update the Scheme of Delegation as the new operations structure is rolled out (**paragraph 27**).

3.6 Review the Directorate Improving Together Sessions to ensure sessions are targeted at the appropriate tier within the new operations structure (**paragraph 28**).

R4 To improve risk management arrangements the Health Board should ensure directorates:

4.1 Incorporate the risk management review process into routine business meetings held by operational teams, building on good practice seen within the Carmarthenshire County Team (**paragraph 34**).

4.2 Review risk management training within their teams and where appropriate request refresher training from the corporate risk and assurance team (**paragraph 35**).

Detailed report

Leadership and structure

10 We found that **the current operations structure is complex and multilayered, leading to unclear lines of accountability, and whilst the Health Board is taking steps to introduce a new, clearer structure, delays with the process is causing instability within operational teams. The structure and leadership arrangements within the Finance, Digital and Performance Directorate are clearer, there is a stable leadership team and recent turnover within the Finance Team is being managed through the team's Organisational Change Process.**

11 Below the Executive Team, the Health Board has directorates which are responsible for delivering clinical and corporate services. We used three directorates, two clinical and one corporate, as tracers. These are:

- Primary Care, Community and Long-Term Care (Primary Care) Directorate and the Secondary Care Directorate, which are part of the operations structure; and
- Finance, Digital and Performance (FDP) Directorate, which covers the three functions in its title.

12 Led by the Executive Director of Finance, we found that the FDP Directorate's structure is clear and easy to understand, with an established team for each of its three functions. The structure supports clear lines of accountability, with the leads for each of the three functions reporting directly to the Executive Director of Finance.

13 The operations structure, which is led by the Executive Director of Operations, and the Director of Primary Care, Community and Long-Term Care, is more complex, multilayered, and ambiguous. It is currently designed around separate sub-structures for the three counties, four acute hospitals, and planned care services. But there are also some services which do not fit neatly into existing directorates such as the out of hours service, diagnostics, and pathology. There are several issues with the current structure that complicate and blur lines of accountability. The terminology used to describe the different tiers within the structure is confusing, for example we found the term directorate used to describe what should be classed as divisions or departments and the job title 'director' used to describe both executive director and those leading the tier below. There are also confused lines of accountability caused by some senior leaders performing the same or similar duties reporting up to different levels.

14 The Health Board acknowledges there are weaknesses with its current structure. As a result, it has developed a new operations structure, which at the time of our review was going through the Health Board's Organisational Change Process. The new structure is designed around four clinical care groups[4]; including a Community

[4] The four clinical care groups are Mental Health and Learning Disabilities Clinical Care Group, Community and Integrated Medicines Clinical Care Group, Planned and Specialist Care Clinical Care Group and Allied Health and Health Sciences Clinical Care Group.

and Integrated Medicines Clinical Care Group and Planned and Specialist Care Clinical Care Group. The former will house three integrated systems, one for each county, which brings together acute and community care. The first phase of the Organisational Change Process focuses on establishing the top tier of the new structure, which the Health Board aims to have in place by late summer 2024. Once in post, the new leadership team will help to shape the structure below. Whilst it is too early to judge the effectiveness of the proposed new structure, compared to the current structure, it is clear, supports integrated working and shows clear lines of accountability. However, once the new structure is in place the Health Board should protect against silo working by ensuring governance arrangements support cross working across the three integrated systems and between the four clinical care groups (**Recommendation 1**).

15 The Finance, Digital and Performance Directorate leadership team is relatively stable, and the directorate works with minimal reliance on interim or agency staff. However, at the time of our review the Finance Team was going through some changes. In January 2024, the team began an Organisational Change Process, which aims to strengthen the levels of support offered by finance business partners. The Health Board reported that the process arose from a recognition within the team that further improvements could be made to the business partnering function. Recently there has also been turnover in several roles, especially at middle management level. These vacancies are being managed through the Organisational Change Process. In addition, the team has identified the need to strengthen leadership skills and is working with the HR team to develop an appropriate leadership programme.

16 At the time of our review, the Primary Care and Secondary Care Directorates were managing varying degrees of instability, partly due to a number of vacancies within the directorate leadership teams. Due to the plans to implement the new operations structure some of these vacancies have not been recruited to substantively. This has resulted in several interim roles, acting-up arrangements and leads taking on additional responsibilities resulting in large remits for some senior leaders to cover. This exacerbates existing arrangements which already sees some staff holding large portfolios due to taking on additional responsibilities over the course of several years. Over time this has caused a disparity in the portfolio size of some staff and confused lines of accountability. Collectively, this has created some instability within the operations structure, with blurred lines of responsibilities and an imbalance of roles and responsibilities across senior leaders. The Health Board needs to urgently implement its new operations structure to prevent further instability.

17 Each of the directorates which sit below the Director of Primary Care and the Secondary Care Director have a triumvirate management structure consisting of a general hospital manager or county director, a clinical lead, and a nursing lead. Feedback from our interviews suggest that these arrangements work relatively well and that the senior leaders have the right skills and experience to direct and manage the work and staff within their service areas. Although it was suggested that some middle managers, including clinical leads may benefit from further

support to develop their people management and leadership skills. The Health Board recognises this challenge and will be developing a leadership programme to support its new operations structure. The triumvirate management structure is not as clearly defined at the Director of Primary Care and Secondary Care Director level. However, the new operations structure will go some way to clarifying the leadership structure, as there will be a triumvirate leadership team for each of the clinical care groups which will be mirrored in the tiers below.

Governance arrangements

18 We found that **governance arrangements within the operations structure are not clearly documented with inconsistent arrangements which do not support good flows of information. Implementing the new operations structure provides an opportunity to strengthen these arrangements. Governance arrangements within the Finance, Digital and Performance Directorate are clearer, but also need to be documented.**

19 The Finance, Digital and Performance Directorate has clear governance arrangements, which are working well. The Executive Director of Finance holds monthly Business Meetings with his senior leadership team which focuses on performance, finance, quality and safety, workforce, and the delivery of key projects. The meetings are supported by good quality information, there is a standard agenda to guide the meetings, and action points are recorded. There are no terms of reference for the Finance, Digital and Performance Business Meetings, but this is proportionate given the leadership team is relatively small. Each of the three teams within the Finance, Digital and Performance Directorate have their own governance arrangements. However, the directorate would benefit from mapping its overall governance structure to ensure arrangements are supporting good flows of information (**Recommendation 2.1**).

20 Governance arrangements within the operations structure are not as clear, reflecting its complex structure. Whilst interviewees were able to describe in detail the meetings held within their own directorates, there is no documented governance structure. This makes it difficult to understand how different meetings and groups within the structure interact, how information flows between them and how matters are escalated. To ensure the success of the new operations structure, the Health Board will need to design an appropriate governance structure, with supporting business arrangements, which is applied consistently across all directorates (**Recommendation 3.1**).

21 Currently, the top governance group within the operations structure is the Operational Planning, Governance and Performance (OPGP) Group. Chaired by the Executive Director of Operations the fortnightly meeting brings together leads from each of the directorates within the operations structure. Its purpose is to oversee planning, performance, and delivery of operational services. At the time of our review the OPGP Group had adopted a new format, merging two former

operations group meetings[5]. The group's scope is large, so the agenda is split allowing greater focus on matters for consideration. Every other fortnight the meetings cover 'performance, planning and finance' and then 'risk, quality and safety, and workforce.'

22 We observed some of the earlier meetings of the new OPGP Group. It was clear that the meeting is supported by extensive information from across operational directorates and there was good discussion. But the group was still evolving, with debate about the type and levels of information needed, which might have caused the meetings we observed to either overrun or not fully cover all items on the agenda. The OPGP Group has an up-to-date terms of reference, which includes a defined governance framework for the group. The framework states that four groups report directly into the OPGP Group, these are the Senior Leadership Team, Performance Watchtower, Health Pathways and Operational Delivery Groups. However, from the meetings we observed this line of reporting was not explicitly evident from the papers or discussion (see recommendation 3.2). Positively, the OPGP meetings are well attended and supported by corporate functions such as finance, risk and assurance and planning. However, overall, the group has a large membership[6], which reflects the flat leadership structure below the Executive Director of Operations. Also, whilst group membership includes clinical leads there was little clinical representation at the meetings we observed. Considering the new operations structure the Health Board should review the OPGP Group, to consider whether it is fit for purpose, where it fits in the new governance structure and ensure appropriate group membership (**Recommendation 3.2**).

23 Below the OPGP Group, each of the directorates has their own governance arrangements. We found neither the primary nor secondary care directorates have documented governance structures (see recommendation 3.1). The Director of Primary and the Secondary Care Director routinely hold meetings with their senior leadership teams to discuss operational service matters. The Primary Care Senior Management Team meeting is also supported by finance and pharmacy business partners. However, both the Primary Care Senior Management Team and Acute Leadership meetings are informal in nature and do not form part of a formal reporting structure. We would expect these meetings to formally report up to the OPGP Group, but this is not the case. Instead, the teams which make-up the Primary Care Directorate each report to the OPGP separately, but the Secondary Care Director represents all the services within his remit. This creates an imbalance and complicates reporting to the OPGP Group. The new operating structure should lend itself to a more streamlined governance framework, but as

[5] Senior Operations Board and the Operational Planning and Delivery Programme

[6] Membership of the OPGP Group consists of Directors and Deputy Directors from across operational directorates, including the Director of Primary Care, Community and Long-Term Care, the Secondary Care Director, the Mental Health and Learning Disabilities Director and the three County Directors.

part of reviewing the OPGP Group arrangements, the Health Board should consider reporting structures (see recommendation 3.2).

24 The teams and services which sit within the primary and secondary care directorates also each have their own governance arrangements. Overall, we found inconsistent arrangements between the teams. The teams that we reviewed all held business meetings and quality meetings, but meeting titles differed between teams and not all areas had a documented meeting structure. We did, however, find good arrangements in some areas with formal meeting structures, and clear reporting arrangements aligned to the Improving Together Framework, for example within the Scheduled Care Directorate and Glangwili and Prince Philip hospital sites. The Business Meetings held within the operational teams all tend to cover finance, performance, and risk, however for consistency and to ensure good flows of information the Health Board should develop a standard terms of reference, agenda and reporting template for use within all operational teams (**Recommendation 3.3**). A similar approach is used for operational and service level Quality, Safety and Experience meetings. However, we found that whilst arrangements for Quality, Safey and Experience meetings are clear, operational teams do not consistently follow them. In October 2023, Internal Audit issued a limited assurance report related to quality and safety governance at Bronglais General Hospital. The report raised concerns about the hospital site not fully adopting the Health Board's standard arrangements for quality, safety, and experience groups. Introducing standard arrangements supports good governance, but the Health Board must ensure compliance (**Recommendations 3.4**).

25 We found that directorates are well supported by corporate teams. Interviewees were particularly complimentary about the support provided by finance business partners and the risk and assurance team. However, some interviewees expressed the need for more support from the planning team. This chimes with our structured assessment findings over recent years, which highlight capacity issues within the planning team. Although there is planning team support and attendance at larger meetings such as the OPGP Group. While we found some examples of cross directorate working, for example, county and hospital teams working together to manage hospital discharge and within secondary care, at Glangwili Hospital a joint business meeting is held covering scheduled and unscheduled care. However, it is unclear if consistent arrangements for joint working exist across all directorates.

Systems of assurance

26 We found that **there are adequate systems of assurance at directorate level, supported by good performance information and risk management systems. But there is inconsistent practice within directorates with scope to strengthen and standardise performance and risk management arrangements.**

27 The Health Board has an up-to-date Scheme of Delegation, which details delegated responsibilities at executive director and operational director level. This includes those within the Finance, Digital and Performance Directorate and within

the operations structure. This negates the need for individual directorates to develop separate schemes of delegation. However, some of the ambiguities in the current operations structure have filtered to the Scheme of Delegation. The Health Board will need to review and update the Scheme of Delegation as the new operation structure is implemented (**Recommendation 3.5**).

28 The Improving Together Framework is the Health Board's performance management framework, this sets out Board to team level performance management arrangements. The executive team hold directorates to account through Directorate Improving Together Sessions (DITS). For the purposes of these sessions some of the operational directorates have been grouped together, for example DITS sessions for unscheduled care are held on an integrated systems basis for each county. In practical terms this means county team and hospital teams within each county have joint DITS sessions. This is more in line with the new operations structure. Up until April 2024, the 13 operational directorates (or directorate groupings) had quarterly sessions and the six corporate directorates every six months. However, even with these groupings the number of meetings could become cumbersome. The Health Board has recently refreshed its performance and escalation[7] arrangements, part of which reduces the number of DITS meetings for all directorates to twice a year. The new operations structure also has the potential to reduce the number of meetings, focusing on systems rather than individual services. Once the new operations structure is in place the Health Board needs to consider which tier of the structure DITS should apply to (**Recommendation 3.6**).

29 At the time of our review, the Directorate Improving Together Sessions were relatively new[8] and still embedding. Those we interviewed were generally positive about the sessions citing their supportive nature. The sessions are supported by good information and directorates are expected to prepare a report using a standard reporting template. The template covers key areas such as finance, performance, quality, risk, and workforce issues and support good use of data. In February 2024, we observed a selection of sessions, these were not standard sessions, focusing instead on planning for 2024-25. We observed open dialogue and supportive challenge from executives, but between directorates there was some variation in the quality of the discussion and information presented.

30 Performance within the operations structure is overseen through the Operational Planning, Governance and Performance Group. The OPGP Group is supported by good performance data, each month it reviews the Integrated Performance Assurance Report (IPAR) which provides a summary of the Health Board's key

[7] The Health Board's new performance and escalation arrangements are similar to the Welsh Government escalation and intervention arrangements.

[8] The Health Board launched the Directorate Improving Together Sessions in January 2023.

performance measures[9], giving a good balance of performance metrics. Teams within the Finance, Digital and Performance Directorate support the production of reports such as the IPAR.

31 The Performance Team has developed and maintains a comprehensive performance dashboard. The dashboard covers metrics related to quality and safety, workforce and finance, the delivery framework and operational activity data. The dashboard, which is accessible to all staff, provides, good quality data and information allowing individual directorates and teams to interrogate and triangulate operational, quality, and financial data. Several interviewees indicated that they use the performance dashboard to guide and structure their business meetings. But as highlighted above business meetings are not run in a consistent manner across all directorates and teams (see recommendation 3.3).

32 In general, there are good financial reporting arrangements at directorate level, with finance forming part of DITS and OPGP Group reports and discussions. Finance reports provided to directorates contain generally good quality information and interviewees were complimentary about the level of support received from finance business partners. As highlighted earlier, the Finance Team is going through an Organisational Change Process to strengthen business partnering arrangements. Within the Finance, Digital and Performance Directorate, the monthly Business Meetings are supported by good quality information presented through routine reports such as the Finance and Digital Highlight report, finance section of the performance dashboard and a summary of finance and digital risks. However, performance management arrangements within the individual teams can be variable, for example the Digital Team uses a standard reporting template to support flows of assurance. The Finance Team should consider adopting a similar approach (**Recommendation 2.2**).

33 Corporately, the Health Board has an up-to-date risk management framework, which details roles and responsibilities for risk management at all levels of the organisation. We found that corporate and operational level risks are routinely scrutinised through the Directorate Improving Together Sessions, at the top tier business meetings within the Finance, Digital and Performance Directorate and by the OPGP Group for the operations structure.

34 Directorates and teams are generally managing risk effectively with risk registers in place and clear escalation processes. Senior leaders within the Finance, Digital and Performance Directorate and Primary and Secondary Care Directorates demonstrate a sound understanding of risk management requirements and processes. We did not receive papers for the informal Primary Care Senior Leadership Team or the Acute Leadership Group meetings, so we are unable to comment on risk management arrangements at directorate level. However, business and quality and safety meeting agendas for the teams that sit within the

[9] The measures include accountability conditions from Welsh Government, the Minister for Health and Social Care's priorities for the financial year and the Health Board has included additional local measures which are impacting performance across several services areas such as for delayed pathways of care and nurses in post.

Primary and Secondary Care Directorates show that risk is routinely considered. But it is unclear whether there is a consistent approach across all teams within the directorates. For example, Internal Audit's limited assurance report related to quality and safety governance at Bronglais General Hospital made recommendations related to reviewing and updating the directorate risk register. But we found the Carmarthenshire County Team holds a monthly Risk Management Review meeting to agree which risks should be recorded on DATIX and escalated to the corporate risk register. This is a good example of risk management and could be duplicated by including similar discussions at routine team business meetings (**Recommendation 4.1**).

35 Across the Health Board, DATIX is used to record risk, however, most interviewees described negative experiences using this system, including challenges with recording incidents. The Risk and Assurance Team provide on-going risk management support to teams and risk management training is being delivered across directorates and teams. Although some interviewees fed back that they were unclear how often staff receive risk management training (**Recommendation 4.2**).

Appendix 1

Audit methods

Exhibit 2 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Minutes, agendas, terms of reference and papers from a range of meetings within directorates • Quality, Safety & Experience Committee Meeting agendas and minutes • Organisational structures, including the Consultation Briefing Document on the Operational Management Structure • Scheme of Delegation • Key risk management documents, including the Corporate Risk Register • Key reports relating to organisational performance and finances • Performance and finance dashboards • Reports prepared by Internal Audit.
Interviews	We interviewed the following Senior Officers working within the Operations Structure: • Executive Director of Operations • Deputy Director of Operations • Director of Primary Care, Community and Long-Term Care • Secondary Care Director

Element of audit approach	Description
	• Clinical Director of Therapies • Mental Health & Learning Disabilities Director • General Manager – Scheduled Care • General Manager - Withybush Hospital • General Manager - Bronglais Hospital • Interim County Director – Carmarthenshire, and General Manager - Glangwili Hospital, Prince Philip Hospital, Pathology and Radiology • Head of Nursing for Glangwili and Prince Philip hospitals • Head of Radiology • Head of Pathology • Interim County Director - Pembrokeshire • County Director - Ceredigion We interviewed the following Senior Officers working within the Finance, Digital and Performance Directorate: • Executive Director of Finance • Deputy Director of Finance • Head of Strategic Performance Improvement, and Performance Improvement Analyst • Digital Director
Observations	We observed the following meetings: • Finance, Digital and Performance (FDP) Directorate Management Meeting • Operational Planning, Governance and Performance Meeting (OPGP) Part 1 • Operational Planning, Governance and Performance Meeting (OPGP) Part 2 • Directorate Improving Together Meeting (DITs) – Pembrokeshire System • Directorate Improving Together Meeting (DITs) – Carmarthenshire System • Directorate Improving Together Meeting (DITs) – Therapies & Health Sciences • Directorate Improving Together Meeting (DITs) – Women & Children

Appendix 2

Organisational response to audit recommendations

Exhibit 3: Hywel Dda University Health Board's response to our audit recommendations.

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	Once the new operations structure is in place the Health Board should protect against silo working by ensuring governance processes support cross working across the three integrated systems and between the clinical care groups (**see paragraph 14**).	Agree. Creation of the proposed Clinical Care Group model will facilitate the bringing together of the senior leadership triumvirates across key areas of operational service delivery into an integrated operational management meeting, that also aligns with and supports the Health Board's revised Executive Team Governance Arrangements. As an example, the creation of the Community and Integrated Medicine Clinical Care Group is intended to ensure a more consistent approach is taken across the three integrated systems, led by a triumvirate at Care Group level.	31st December 2024	Director of Operations

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R2	The Finance, Digital and Perfomance Directorate should enhance its governance arrangments by: 2.1 Mapping the governance structure for the directorate as a whole to ensure arrangements are supporting good flows of information and assurance (**see paragraph 19**); and	Agree. While the arrangements are understood internally, this does rely on the stability of the directorate's staffing arrangements. Consequently, the governance structure will be mapped to ensure arrangements are supporting good flows of information and assurance.	30th September 2024	Director of Finance
	2.2 The Finance Team should develop a standard reporting template to support flows of information and assurance within the team (**see paragraph 32**).	Agree. The Finance Team will adopt the standard reporting template currently utilised for reporting by the digital team.	30th September 2024	Deputy Director of Finance
R3	To ensure the new operations structure supports good governance the Health Board should: 3.1 Design an appropriate governance structure, showing how meetings interact and how flows of assurance and escalation work (**see paragraph 20**).	Agree. The Health Board's Governance Team will support the Director of Operations in mapping the operational governance and meeting arrangements to reflect the new operational structure and revised Executive Team Governance Arrangements.	31st December 2024	Director of Operations

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	3.2 Review the Operational Planning, Governance and Performance Group, to consider whether it is fit for purpose, has appropriate membership and where it fits in the context of the new governance structure (see R3.1) (**see paragraph 22**).	Agree. A review of the existing OPGP is in progress to confirm its role and relationship with the new Executive Team Governance Arrangements as an enabling/support group.	31st December 2024	Director of Operations
	3.3 For business meetings held within directorates, develop a standard terms of reference, agenda and reporting template which aligns with the Improving Together Framework (**see paragraph 24**).	Agree. A standard terms of reference, agenda and reporting template, aligned with the Improving Together Framework, will be introduced.	31st December 2024	Director of Operations
	3.4 Once recommendation 3.3 is operational, the Health Board should ensure teams are compliant with standard arrangements for both operational business meetings and quality safety and experience meetings through compliance testing (**see paragraph 24**).	Agree. The Health Board utilises Internal Audit for a rolling review of Directorate Governance Arrangements; these audits will be prioritised and compliance with the standardised arrangements introduced to business meetings will be built into the scope of those audits.	31st March 2025	Director of Operations

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	3.5 Review and update the Scheme of Delegation as the new operations structure is rolled out (**see paragraph 27**).	Agree. The Interim Chief Executive has been reviewing Executive Portfolios and the Scheme of Delegation will be amended at its annual review to reflect any changes made. Once the Clinical Care Groups are established, any required changes will be made to the Scheme of Delegation as part of its on-going review.	31st March 2025	Director of Operations
	3.6 Review the Directorate Improving Together Sessions to ensure sessions are targeted at the appropriate tier within the new operations structure (**see paragraph 28**).	Agree. The Improving Together Process will be reviewed to reflect the new operational structure.	30th November 2025	Director of Finance/Director of Operations
R4	To improve risk management arrangements the Health Board should ensure directorates: 4.1 Incorporate the risk management review process into routine business meetings held by operational teams, building on good practice seen within the Carmarthenshire County Team (**see paragraph 34**).	Agree**.** Please see 3.3 this will form part of the standardised approach.	31st December 2024	Director of Operations
	4.2 Review risk management training within their teams and where appropriate request refresher training from the	Agree.	31st March 2025	Director of Operations

Ref	Recommendation	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	corporate risk and assurance team (**see paragraph 35**).			

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