

Review of Operational Governance – Swansea Bay University Health Board

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Summary report

Introduction

- 1 The Health Board has four service groups¹ which are the operational units responsible for delivering services. Each service group is led by a leadership team made up of an operations director, nurse director and medical director. Over recent years our structured assessment work² at Swansea Bay University Health Board has highlighted that whilst corporate governance arrangements are sound, there had been capacity gaps within the service group leadership teams. Morriston Service Group has been of particular concern, with senior leadership vacancies and the Service Group escalated to 'special measures' under the Health Board's Performance Management Framework due to performance concerns and challenging financial position since 2021.
- 2 In addition to our structured assessment work, our 2022 review of the [Health Board's quality governance arrangements](#) identified gaps in the service group arrangements to manage the quality and safety of services. This meant that issues were potentially not being identified and escalated to the Board and its committees. Internal Audit have also raised concerns with the Health Board's quality and safety framework and in 2022, gave limited assurance. The Internal Audit review recommended the Health Board refresh the framework and develop a plan for implementation. Since this time, the Health Board has undertaken considerable work in response to both the Internal Audit review and our quality governance review and outlined a new quality and safety governance structure for introduction into the service groups. However, these are not yet in place, and concerns around the governance arrangements to manage finance, performance and the quality of services remain.
- 3 The Health Board has been going through a period of change. In May 2022, the Health Board approved the Acute Medical Services Redesign (AMSR) programme. The AMSR programme is a key foundation of the Health Board's wider 'Changing for the Future' plans, which focuses on the evolution of Morriston, Singleton and Neath Port Talbot hospitals to become individual 'Centres of Excellence'³. The programme affects approximately 1700 staff across Singleton, Morriston and Neath Port Talbot to varying degrees with services being restructured accordingly, and in June 2022 a formal Organisational Change Process (OCP) commenced. At the time of our work the process was around 6 months from completion.

¹ Morriston Service Group, Singleton and Neath Port Talbot Service Group, Primary and Community Service Group, and Mental Health and Learning Disabilities Service Group

² [Swansea Bay University Health Board – Structured Assessment 2022 & Swansea Bay University Health Board – Structured Assessment 2023.](#)

³ Morriston Hospital to become the "centre of excellence" for urgent and emergency care, specialist care and regional services for Swansea Bay, including complex medical interventions and Singleton and Neath Port Talbot to become "centres of excellence" for planned care services and rehabilitation services.

- 4 This report describes the findings from our review of operational governance arrangements within the Health Board's four service groups. Our work focused on arrangements for overseeing finance, performance and quality and safety of services, and the flows of assurance from the service groups to the Board and its committees. The work was undertaken between October 2023 and March 2024. The audit methods used to support the review are set out in **Appendix 1**.

Key messages

- 5 Overall, **we found that operational governance arrangements in the Health Board's service groups need strengthening. Action is needed to address long standing vacancies and reliance on interim roles, and to strengthen escalation arrangements, quality and safety reporting, and risk management. The AMSR needs to be concluded as quickly as possible and accompanied by an assessment of the operational capacity needed within services groups to support the required governance arrangements.**
- 6 There are clear leadership structures in place for the service groups and progress has been made with substantive recruitment to leadership roles. However, delays in fully implementing the AMSR programme have led to many vacancies not being filled, or interim appointments being in place for a significant period of time. This has resulted in instability within teams. The roll out of the AMSR has been hampered by a lack of a detailed implementation plan and limited Board oversight.
- 7 Whilst there are clear governance arrangements within the service groups, the AMSR has led to a change in the size and complexity in three of the four service groups with associated concerns about the capacity of the operational teams to manage the governance workload associated with these changes. The capacity pressures, linked to the frequency of meetings, were leading to problems with consistency of reporting, timeliness of papers and issues with attendance.
- 8 The arrangements for escalation of concerns need strengthening to ensure divisions and directorates are clear on when issues require escalation to the service groups, and to introduce a formal route of escalation from the service group management boards to the Health Board's Management Board. The mechanisms to facilitate cross organisational working and enable service groups to collaborate across boundaries also need to be more effective and formalised, given these arrangements were largely ad hoc at the time of our work.
- 9 There are opportunities to strengthen systems of assurance within service groups. There is scope to improve reporting of quality and safety and ensure that the quality dashboard is implemented as soon as possible. Quality and safety data in some reports was not up to date, and although reports were detailed, they lacked metrics and measures to enable comparison, or targets for improvement. Service groups also have inconsistent arrangements for risk management and there is a need to ensure operational risk registers are up to date and clearly set out mitigating actions, timescales and intended outcomes.

Recommendations

- 10 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	<p>The Health Board should develop an implementation plan for the remaining work on the Acute Medical Services Redesign programme. The implementation plan should set out:</p> <ol style="list-style-type: none">1.1 the revised organisational structure showing operational lines of accountability from ward to Board (paragraph 15);1.2 the timescale for completion of the remainder of the programme (paragraph 15); and1.3 arrangements for board scrutiny of the remaining implementation work (paragraph 15).
R2	<p>Upon completion of the Acute Medical Services Redesign Programme, the Health Board should work with service groups to ensure operational governance arrangements adequately reflect their change in size and complexity (paragraph 16).</p>
R3	<p>The Health Board should establish a formal route of reporting from the service group management boards to the Health Board's Management Board (paragraph 19).</p>
R4	<p>Service groups should strengthen their governance arrangements by ensuring:</p> <ol style="list-style-type: none">4.1 that all their groups have up to date and final versions of terms of reference in place (paragraph 20);4.2 the scheduling of meetings enables medical leadership to fully participate where appropriate (paragraph 21);4.3 that there is appropriate representation at each meeting from their divisions and directorates as per its terms of reference (paragraph 21); and

Recommendations

4.4 that papers are received in time to support effective discussion and scrutiny (**paragraph 21**).

R5 The Health Board should work with the service groups to review the frequency of their various meetings with a view to maintaining the necessary governance and oversight both corporately and at a service group level, whilst also protecting operational capacity to take forward the service improvements which are required (**paragraph 21**).

R6 The Health Board and service groups should:

- 6.1 amend report templates to ensure a clear focus on items for escalation (**paragraph 21**); and
- 6.2 agree a clear process and threshold for escalation of issues (**paragraph 21**).

R7 The Health Board should protect against silo working by ensuring governance processes support cross working across the service groups (**paragraph 22**).

R8 Service groups should ensure that there is sufficient time within meetings to discuss all agenda items and that there is adequate coverage of the breadth of the service group responsibilities (**paragraph 27**).

R9 The Health Board should review the capacity within its Business Intelligence Unit to ensure it is adequately resourced to support service groups in effectively interrogating data and information (**paragraph 28**).

R10 The Health Board should ensure all service groups review the entirety of their risk registers to ensure they are up to date and set out clear mitigating actions, milestones and intended outcomes (**paragraph 29**).

R11 The Health Board needs to urgently implement its new quality dashboard, with clarity around performance to enable outliers to be identified (**paragraph 36**).

Detailed report

Leadership and structure

- 11 We found that **the delay in fully implementing the acute medical services redesign programme has impacted on stability within directorates and divisions. Whilst there has now been substantive recruitment to leadership roles within the service groups, there are still vacancies and a reliance on long term interim roles within the directorates and divisions. There is also a need to ensure adequate capacity to support governance processes within the revised service group structures.**
- 12 The Health Board has four service groups each led by a management triumvirate made up of a service group operations director, nurse director and medical director. Below this are divisions and directorates with leadership structures that mirror that of their service group management triumvirate above.
- 13 Service group leadership is stable. For some time, we have highlighted concerns with vacancies and interim appointments within the service group leadership teams, but substantive appointments have now been made. This has improved the capacity of service groups and provides a strong leadership structure upon which to drive improvements.
- 14 However, our work has identified there are vacancies and long-standing interim appointments in the divisions and directorates within three of the service groups⁴. This is due to delays in fully implementing the Acute Medical Services Redesign (AMSR) programme, and the supporting Organisational Change Programme which has meant vacancies have not been filled, or interim appointments have been in place for a significant period. The impact of this has been a lack of:
 - capacity for the divisions and the directorates to fully discharge their responsibilities;
 - direction for some divisions and directorates as a result of delays in recruiting substantively to leadership roles; and
 - capacity for teams to implement the necessary reporting structures to escalate issues to service groups in a timely manner.
- 15 The Health Board has no implementation plan for the AMSR programme (**Recommendation 1.1**), and no updates have been provided to the Board or its committees on the progress with implementation (**Recommendation 1.2**). The lack of an implementation plan means it is difficult to understand the timeline and map the changes in the operational lines of accountability. At the time of our work, teams were estimating it would be a further 6 months before the restructuring would be completed (**Recommendation 1.3**).
- 16 As divisions and directorates have moved between service groups this has led to a shift in the size of some service groups. The Primary, Community and Therapies Service Group estimates that it has increased in size by over 30 percent, and the

⁴ The Mental Health and Learning Disabilities Service Group has not been affected by the AMSR programme.

leadership team indicated that within the AMSR programme, no consideration has been given to the need to revise governance frameworks or assess the staff capacity that is needed to support and administer those frameworks (**Recommendation 2**).

Governance arrangements

- 17 We found that **governance arrangements within the service groups are in place and can be clearly articulated by the operational teams. However, issues resulting from operational capacity and frequency of meetings are impacting on effectiveness, and cross organisational working and flows of information up to the Health Board's Management Board need improving.**
- 18 Each service group has a similar structure to monitor overall performance, finance, and quality. These are:
- **Service Group Management Board** - oversight of operational, quality and finance matters, as well as workforce within each service group.
Membership of these groups is multidisciplinary, including the senior service group leadership team, divisional representation across the breadth of the service group and business partners from finance and workforce. At the time of our work, each service group management board met monthly, however due to operational pressures the Morriston Service Group had not met since October 2023, and the service group was intending to move its management board to quarterly. Given the performance and financial concerns within this service group, this may be too infrequent to ensure sufficient assurance and timely action.
 - **Operational Business Meeting (OBM)** – these monthly meetings are attended by Health Board Executives. There are two parts, the first part covering workforce, performance, and finance, and the second digital and procurement. The OBMs have a standard set of agenda items including an operational performance report, workforce report and finance update. There are also papers on relevant service group issues as well.
 - **Quality and Safety Groups** – service groups maintain oversight of quality and safety through monthly meetings. These cover patient safety, patient and stakeholder experience, performance against the Health Board's quality priorities as well as infection prevention and clinical audit.
- 19 At the time of our work there were no formal lines of reporting from the service group management boards into the Health Board's bimonthly Management Board. Despite routine meetings with the Chief Operating Officer in relation to service group performance, interviewees felt a lack of formal reporting to the Health Board's Management Board affected their ability to escalate concerns, and limited oversight of issues (**Recommendation 3**).
- 20 Our work found there was a good understanding of the governance arrangements within the service groups, although these arrangements were not documented corporately. Service groups could outline their arrangements and there were

diagrams available to articulate the flows of assurance. However, some terms of reference for the service group meetings were out of date, in draft or not available (**Recommendation 4.1**).

- 21 Through our work we were able to observe these meetings, and several themes emerged.
- **Attendance and representation at meetings are an issue, especially with medical staff** - some meetings had limited medical leadership presence, with, people coming and going which affected the flow and effectiveness. This was a particular issue within the Singleton and Neath Port Talbot Service Group, with similar issues observed in the other service groups to a lesser extent. Potential clashes with clinical commitments may be impacting attendance (**Recommendation 4.2**). The effectiveness of some meetings was also being diminished by not having the appropriate representation from all directorates and divisions (**Recommendation 4.3**).
 - **Papers were frequently late** - several papers to the service group management boards and the quality and patient safety meetings were tabled late, or in some cases were missing from the meetings, which impacted on the quality of the discussion and the effectiveness of scrutiny and oversight of issues (**Recommendation 4.4**).
 - **Capacity constraints were a consistent issue** - many of the staff we spoke to felt the volume and frequency of service group meetings they needed to attend, and the associated reporting requirements, was having a negative impact on their capacity to deliver the operational service improvements needed. The monthly cycle of the Board's Quality and Safety Committee, in particular, was felt to be driving the frequency of service group meetings and reporting requirements. Many felt a significant pressure on staff time to attend all the service group meetings and ensure that the timing of these meetings enables timely flow of information. The frequency and number of meetings was also felt to be having an impact on capacity within teams to deliver improvements as they felt constrained by a cycle of reporting which felt onerous (**Recommendation 5**).
 - **Issues for escalation were not clear** - meetings we observed were well chaired, and the papers that were presented were logical and clear. However, it was not clear what issues were to be escalated to the service group management board or the Health Board Management Board (**Recommendation 6.1**), nor were we able to find detail around thresholds as to when to escalate issues (**Recommendation 6.2**).
- 22 Operationally service groups span both geographical and service boundaries. For instance, Singleton and Neath Port Talbot Service Group has operational responsibility for outpatient services across the Health Board. We noted from our observation of meetings that service groups were focused on their areas of responsibility but there was a lack of focus on the wider system and the connectivity with services in other service groups. Service groups were starting to develop informal arrangements to work together, but there needs to be

improvements to the mechanisms to facilitate cross organisational working more formally and enable service groups to collaborate across boundaries more effectively to transform services or address service pressures (**Recommendation 7**).

- 23 Corporate teams support the service groups well. Interviewees were particularly complimentary about the support from business partners in finance. There are close working relationships, and throughout our work service groups reported they were happy with the support and guidance provided by corporate teams, although more support on helping service groups deal with workforce planning and HR issues was raised as a potential area for improvement.

Systems of assurance

- 24 We found that **there are opportunities to strengthen systems of assurance within service groups, with scope to improve quality and safety reporting and risk management, and there remains a lack of a quality dashboard.**
- 25 Corporately the Health Board has clearly documented its systems of assurance. These include a Performance Management Framework (PMF), Risk Management Policy and a Quality and Safety Process Framework.

Performance management

- 26 The Performance Management Framework (PMF) sets out how the Health Board will manage performance, setting the quality, performance and financial expectations of service groups and corporate directorates. Within this, executive and service group level roles and responsibilities are clearly set out. Two⁵ of the four service groups currently have escalated performance management arrangements in line with the PMF due to performance concerns. In our 2023 Structured Assessment we found that the Health Board had strengthened its PMF by adopting a balanced scorecard approach which brings quality, performance, finance, and workforce together. This has strengthened scrutiny of performance within the service groups, and we found that the routine performance and finance reports received at the operational business meetings were very good.
- 27 More generally, we found reports received by the service groups across the quality and safety groups, operational business meetings and management boards were well written and covered all aspects of the business. Reports covered a range of areas including quality and safety, patient experience, financial and operational performance, and workforce as well as risk. However, at the time of our work several directorate and divisions had recently moved service group so not all the services were included in the directorate and divisional reports received by the service group. Some meeting agendas were understandably dominated by services of concern, such as maternity. However, this limited the time available to

⁵ Singleton and Neath Port Talbot Service Group and Morriston Service Group

ensure sufficient oversight of the breadth of the service group responsibilities
(Recommendation 8).

- 28 During our fieldwork, service groups raised concerns about the availability and quality of management information. Whilst the expertise within the Health Board's Business Intelligence Unit was recognised, its limited resources was seen as a barrier to providing the data analytical support that was required.
(Recommendation 9). Interviewees also raised concerns about the quality of information held in the Electronic Staff Record (ESR) system which was impacting on the ability to monitor compliance with mandatory training.

Risk management

- 29 The Health Board's Risk Management Policy sets out the framework for operational risk management arrangements. The corporate team provides training and monthly workshops are in place for operational teams to attend, although training does not appear targeted to specific roles. Service groups were nonetheless complimentary of the training received. However, within service groups there are issues with risk management. Whilst we were able to see evidence of service groups routinely discussing high level risks, there was significant variation across service groups in terms of reviewing other risks, largely due to time and capacity constraints. Not all service groups had updated their risk registers fully and we found that the quality of information contained on the risk registers needs improving to ensure that there are clear mitigating actions, milestones and intended outcomes. To address this issue the Primary, Community and Therapies Service Group now has a dedicated meeting to discuss risk, but other service groups consider risks through their management boards which does not always allow sufficient time for full consideration of all risks. At the time of our work, Morriston Service Group had 293 open risks on their risk register, with 260 (89%) of these without up-to-date actions which is a concern **(Recommendation 10).**
- 30 The transfer of divisions and directorates between service groups has also led to the need to realign risk registers to ensure that these services were included. Service groups were working through the realignment of risk registers at the time of our work. We also observed a variation in the level of detail and time spent considering risks within the divisional and directorate reports. Teams are using DATIX⁶ to manage risks but they reported difficulties being able to obtain complete risk registers from the system. It is unclear whether this is due to a lack of training or issues with the functionality of DATIX.

Quality and safety of services

- 31 In 2019 the Health Board agreed its first Quality and Safety Process Framework which was subsequently updated in October 2023 to reflect the requirements of the

⁶ DATIX is a risk management information system used to record incidents.

new Duties of Quality and Candour, as well as the Health Board's new Quality Strategy and Quality Management System which were launched in February 2023.

- 32 Despite variations, our review found that that service groups are fulfilling the requirements of the Quality and Safety Process Framework. For example, the Mental Health and Learning Disabilities Service Group has recently introduced a Service Improvement and Learning Hub. This hub provides a focus for staff development, quality improvement, research, and evaluation as well as a forum to reflect on learning from reviews and also NICE⁷ guidance.
- 33 However, our work has found that reporting on quality and safety needs to be improved. In some cases, quality and patient safety data was not up-to-date, and there was variation in the depth and breadth of quality and patient safety data being reported. This was reflective of the different maturity levels across the service group reports in their ability to draft reports and the level of analytical skills available. We also found that there was variation in the detail and depth of quality and safety reports from directorates and divisions into service groups.
- 34 Overall, reports were narrative based, and whilst they did contain a lot of detailed information, they would benefit from a more focused approach to identifying key areas of concern and issues to escalate. It was also not clear from some papers as to whether targets had been set which would enable clearer identification of where performance was not in line with expected. Quality and safety reports also lacked metrics and measures and there was little use of patient reported outcome measures or metrics, although there is consistent use of patient stories which is positive. Reports covering similar issues across services groups were also reported differently, making comparison across service groups difficult.
- 35 As a general observation, it felt as though service groups have not yet been able to develop processes that identify the quality and performance issues they need to focus upon. Reporting felt mechanical and not linked to areas where risks had been identified or where improvements were required. Whilst there were discussions on where quality standards were not being met, there was no evidence of the reporting of any harm associated with this.
- 36 At the time of our review, the Health Board was strengthening its quality monitoring arrangements by developing a Health Board quality dashboard. However, progress on this has been slow. At the time of our work, service groups were having to manually pull information from a range of different sources, such as DATIX and patient feedback, to provide assurance which was not an effective use of time and resource (**Recommendation 11**).

⁷ National Institute for Health and Care Excellence

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.

Exhibit 2: audit methods

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Health Board Quality Strategy• Health Board Performance Management Framework• Health Board Quality and Safety Process Framework• Health Board Quality and Safety Committee papers, minutes, and agendas• Health Board Management Board papers, minutes, and agendas• Service group governance documents and terms of reference• Service group documents, agendas and minutes from Management Boards, Quality and Safety Groups and Operational Business Meetings.• Documents relating to risk management within service groups
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Deputy Director of Finance• Primary, Community and Therapies Service Group – Quality and Safety Lead• Singleton & Neath Port Talbot Service Group - Quality and Safety Lead• Mental Health and Learning Disabilities Service Group - Quality and Safety Lead• Head of Quality and Safety• Head of Risk Management• Director of Corporate Governance• Morriston Service Group - Director• Morriston Medicine Divisional Director• Primary, Community and Therapies Service Group - Clinical Director
Focus Groups	<p>We held focus groups with the leadership teams in:</p> <ul style="list-style-type: none">• Morriston Service Group• Primary, Community and Therapies Service Group• Mental Health and Learning Disabilities Service Group

Element of audit approach	Description
	<ul style="list-style-type: none"> • Singleton and Neath Port Talbot Service Group
Observations	<p>We observed the following meetings:</p> <ul style="list-style-type: none"> • Primary, Community and Therapies Service Group - Quality, Patient, Safety and Experience Group • Primary, Community and Therapies Service Group- Management Board • Singleton and Neath Port Talbot Service Group - Quality, Patient, Safety and Experience Group • Singleton and Neath Port Talbot Service Group - Management Board • Morriston Service Group - Quality, Patient, Safety and Experience Group • Mental Health and Learning Disabilities Service Group - Quality, Patient, Safety and Experience Group • Mental Health and Learning Disabilities Service Group - Management Board

Appendix 2

Organisational response to audit recommendations

Exhibit 3: Swansea Bay University Health Board 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	<p>The Health Board should develop an implementation plan for the remaining work on the Acute Medical Services Redesign programme. The implementation plan should set out:</p> <p>1.1 the revised organisational structure showing operational lines of</p>	<p>An Organisational Change process was undertaken and the revised structure has been implemented</p> <p>The Service Group via the Chief Operating Officer report to Management Board and operational performance scrutiny is via established forums: Planned Care Board;</p>	Completed	Chief Operating Officer

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)
	<p>accountability from ward to Board (paragraph 15);</p> <p>1.2 the timescale for completion of the remainder of the programme (paragraph 15); and</p> <p>1.3 arrangements for board scrutiny of the remaining implementation work (paragraph 15).</p>	<p>Urgent Emergency Care Board and Quarterly Performance Reviews.</p> <p>Report to be submitted to the Performance & Finance Committee setting out the implementation of the Acute Medical Service Redesign programme which will include the changes implement in the structure.</p>	November 2024	Chief Operating Officer
R2	Upon completion of the Acute Medical Services Redesign Programme, the Health Board should work with service groups to ensure operational governance arrangements adequately reflect their change in size and complexity (paragraph 16) .	Review of the governance arrangements and staff to support the Service Groups to be completed and presented to the Management Board for consideration in terms of any actions which need to be taken following the service change to support the governance arrangements.	January 2025	Director of Corporate Governance/Executive Director of Nursing

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)
R3	The Health Board should establish a formal route of reporting from the service group management boards to the Health Board's Management Board (paragraph 19) .	Revised Terms of Reference of the Management Board to be considered by members and to include reporting from the Service Groups into Management Board and reporting up to the Board.	December 2024	Director of Corporate Governance
R4	Service groups should strengthen their governance arrangements by ensuring: 4.1 that all their groups have up to date and final versions of terms of reference in place (paragraph 20) ; 4.2 the scheduling of meetings enables medical leadership to fully participate where appropriate (paragraph 21) ;	Service Groups to review the reporting of governance groups to their group management board and ensure the Terms of Reference for each group are up to date. Subgroup to complete a review of the groups reporting to their service group board and consider the frequency of meetings to allow	February 2025 February 2025	Service Group Directors Service Group Directors

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)
	<p>4.3 that there is appropriate representation at each meeting from their divisions and directorates as per its terms of reference (paragraph 21); and</p> <p>4.4 that papers are received in time to support effective discussion and scrutiny (paragraph 21).</p>	<p>improved reporting and increased clinical participation.</p> <p>Service Groups, following completion of recommendation 4.1 and 4.2 to review attendance and report findings to the service group Board to consider whether each meeting has appropriate attendance from their division and directorates.</p> <p>Service Group Board business protocol to be developed which will include timeliness of reports, effective discussion and constructive scrutiny by members.</p>	<p>July 2025</p> <p>February 2025</p>	<p>Service Group Directors</p> <p>Service Group Directors</p>
R5	The Health Board should work with the service groups to review the frequency of their various meetings with a view to	Review of health board meetings frequency and how this links in with the timings of the service group meeting's structure to ensure a	February 2025	Director of Corporate Governance/Executive Director of Nursing

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)
	maintaining the necessary governance and oversight both corporately and at a service group level, whilst also protecting operational capacity to take forward the service improvements which are required (paragraph 21) .	balance between allowing staff time to attend meetings and timeliness of reporting. Report to be considered by the Management Board.		
R6	The Health Board and service groups should: 6.1 amend report templates to ensure a clear focus on items for escalation (paragraph 21) ; and	Revised template to be developed and approved by management board for reporting of groups within service groups and at a corporate level. Process and threshold for escalation of issues to be set out in a management Board business protocol.	November 2024 November 2024	Director of Corporate Governance/Executive Director of Nursing Director of Corporate Governance/Executive Director of Nursing

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)
	6.2 agree a clear process and threshold for escalation of issues (paragraph 21).			
R7	The Health Board should protect against silo working by ensuring governance processes support cross working across the service groups (paragraph 22).	Review to be completed by the Quality & Safety Improvement Team to understand current ways of reporting on governance matters crossing more than one service group and to report to the Q&S Group with recommendations.	February 2025	Executive Director of Nursing
R8	Service groups should ensure that there is sufficient time within meetings to discuss all agenda items and that there is adequate coverage of the breadth of the service group responsibilities (paragraph 27).	This is part of the reset of Terms of Reference of the groups reporting to the service group management board. Quality & Safety Improvement Team to undertake a review on the revised arrangements, which will include considering the time to cover the agenda and report to the management board.	June 2025	Director of Corporate Governance/Executive Director of Nursing

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)
R9	The Health Board should review the capacity within its Business Intelligence Unit to ensure it is adequately resourced to support service groups in effectively interrogating data and information (paragraph 28) .	<p>The Business Intelligence team structure has recently changed so that the Business Intelligence partners cover subject areas rather than service delivery groups. This ensures a greater balance of support across the health board areas, including Quality and Safety, while still allowing the same level of support for the SDGs.</p> <p>Under the direction of Executive Leads, a new business intelligence delivery model is being developed which aims to use the skillsets across multiple corporate and service group teams in a more effective way to help address resourcing capacity issues.</p>	January 2025	Director of Digital

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)
R10	The Health Board should ensure all service groups review the entirety of their risk registers to ensure they are up to date and set out clear mitigating actions, milestones and intended outcomes (paragraph 29).	<p>Risk Scrutiny Panel work programme to be revised to include a presentation from all Service Groups, on a rotational basis, which will allow scrutiny and challenge.</p> <p>Reminder will be issued to all service groups of the escalation process to the Risk Scrutiny Panel on a monthly basis and process of escalating risks outside of this timeframe.</p> <p>Service Groups to review their current risk register to ensure they cover all the services in their portfolio following the service changes.</p>	<p>December 2024</p> <p>November 2024</p> <p>November 2024</p>	<p>Director of Corporate Governance</p> <p>Director of Corporate Governance</p> <p>Service Group Directors</p>
R11	The Health Board needs to urgently implement its new quality dashboard, with clarity around performance to enable outliers to be identified (paragraph 36).	At the time of the review, the Health Board was strengthening its quality monitoring arrangements by developing a Health Board quality dashboard. While the development had initially taken some time and required elements of manual reporting, the first phase	Phase 1 - October 2024	Director of Digital

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)
		of this dashboard is due for live at the end of October 2024. Phase 2 of the dashboard, which will include further automation to reduce manual effort and increase data timeliness and accuracy, will be launched by the end of December 2024.	Phase 2 - Dec 2024	



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.