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Managing financial resources: The Health Board has a track record of achieving its statutory financial duties and has generally robust financial stewardship and management controls in place. However, the Bridgend transfer has diverted management time significantly, and created some uncertainty over the Health Board's ability to achieve financial balance at the end of 2019-20. 20

Managing workforce productivity and efficiency: The workforce challenges identified in last year's structured assessment are still evident. There is high reliance on agency and locum staff, poor compliance with consultant job planning, above average levels of sickness absence and low levels of statutory and mandatory training compliance. Actions to tackle these challenges are being taken forward but workforce issues continue to present significant risks to the Health Board. 23

Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2019 structured assessment work at Cwm Taf Morgannwg University Health Board (the Health Board). The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.
- 2 Our 2019 structured assessment work has included interviews with officers, observations at board, committee and management meetings and reviews of relevant documents, performance and financial data. This review was delivered in August and September 2019, with our fieldwork and interviews undertaken during this period.
- 3 The key focus of structured assessment is on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. This year, auditors paid critical attention to the progress made to address recommendations and opportunities for improvement identified in 2018 and previous years. The report groups our findings under four themes – the Health Board's governance arrangements, strategic planning, managing financial resources and managing the workforce.

Background

- 4 Our [2018 structured assessment](#) found good arrangements for strategic planning and management of finance and assets but pointed to several significant workforce challenges including the factors driving the relatively high use of locum and agency staff. We also identified that there were aspects of quality governance, risk management and oversight of ICT arrangements that required improvement.
- 5 During our 2018 structured assessment and for the first quarter of 2019, the Health Board focused significant senior management time on the transfer of responsibility for the healthcare of the Bridgend population to Cwm Taf University Health Board and resulting boundary change. The transfer took place on the 1 April 2019, and the revised Health Board footprint was reflected in its new name: Cwm Taf Morgannwg University Health Board.
- 6 During the summer of 2018, concerns surfaced about under reporting of serious incidents in maternity services at the former Cwm Taf University Health Board. This led to the Minister for Health and Social Services commissioning a review by the Royal Colleges of Midwifery and Obstetrics and Gynaecology. The findings from the review¹ were published in April 2019. Following the report's publication, the Health Board's maternity services were placed into special measures and the

¹ [Review of Maternity Services at Cwm Taf](#)

organisation as a whole was escalated to the status of 'targeted intervention' within the [NHS Wales Escalation and Intervention Framework](#).

- 7 In addition to concerns around maternity services, there have also been issues in relation to Mental Health with Healthcare Inspectorate Wales (HIW) identifying a number of issues in relation to the maintenance and improvement of service environments for mental health patients. Concerns were also raised by the Human Tissue Authority in March 2018, relating to shortfalls against the Consent, Governance and Quality Systems, Traceability and Premises, Facilities and Equipment Standards within mortuary services at Royal Glamorgan Hospital². In 2018, a HIW IR(ME)R³ inspection at Prince Charles Hospital found the hospital to be non-compliant in respect of the assessment, monitoring and recording of patient radiation doses.
- 8 As a result of these cumulative concerns, HIW and the Wales Audit Office undertook an urgent and detailed examination of quality governance arrangements in the Health Board. The results of the examination were published in November 2019⁴. The review highlighted several fundamental weaknesses in the Health Board's governance arrangements in respect of quality of care and patient safety. In addition, the review highlighted a need for significant and urgent improvement at both directorate and corporate level to strengthen and fundamentally overhaul existing arrangements, organisational structures and roles.
- 9 The Health Board has met its statutory duty to break even over each rolling three-year period since the requirement was introduced. At the end of 2018-19 the Health Board achieved a small surplus of £57,000 against its revenue allocation and a small surplus against its capital allocation between 2016-17 and 2018-19. The Health Board's Integrated Medium-Term Plan (IMTP) was approved for the sixth consecutive year. However, the Welsh Government set out conditions to the IMTP approval including the need to develop a robust improvement plan with clear milestones and outcomes to strengthen governance and quality throughout the organisation. Welsh Government have signalled that failure to achieve this could affect the approval of the IMTP. Additionally, the Health Board also needs to provide ongoing assurance to the Welsh Government in relation to the transitional arrangements for the Bridgend boundary change, ongoing assurance and

² [Site visit inspection report on compliance with Human Tissue Authority licensing standards](#)

³ Ionising Radiation (Medical Exposure) Regulations 2000, known as IR(ME)R as amended in 2006. The regulations are intended to: Protect patients from unintended excessive or incorrect exposure to radiation and ensure that, in each case, the risk from exposure is assessed against the clinical benefit. To ensure that patients receive no more exposure than is necessary to achieve the desired benefit within the limits of current technology and to protect volunteers in medical or biomedical, diagnostic or therapeutic research programmes and those undergoing medicolegal exposures

⁴ [A joint review of quality governance arrangements at Cwm Taf Morgannwg University Health Board](#)

sustained improvement in the Health Board's role as a provider of specialist child and adolescent mental health services (CAMHS), provide increased clarity on actions, deliverables and milestones for all aspects of the IMTP and regional planning commitments and milestones must be transparent and accelerated.

Main conclusions

- 10 The overall conclusions from our 2019 structured assessment work are that **the Health Board finds itself in a very challenging position. It must urgently address significant weaknesses in governance and risk management arrangements. It must tackle on-going workforce challenges and its organisational culture. Delivering the Bridgend boundary change has been a significant achievement, but the transfer has added to the complexity of the new Health Board's organisational change priorities. New leadership in key executive roles, coupled with an acknowledgement and understanding of current challenges, and a good track record of financial management and strategic planning give some optimism that the required improvements can be achieved.**
- 11 The Health Board has significant challenges to address including implementing a new operating model, ensuring revised Board committees provide adequate scrutiny to key business and addressing significant gaps in its approach to risk management and quality governance.
- 12 Limited change management capacity could impact on the high priority work needed to complete the Integrated Health and Care Strategy. Changes to IMTP reporting arrangements have resulted in a reduction in detail on progress against delivering IMTP priorities. There is a risk that IMTP approval may be withdrawn if the Health Board does not make progress to strengthen governance and quality.
- 13 The Health Board has a track record of achieving its statutory financial duties and has generally robust financial stewardship and management controls in place. However, the Bridgend transfer has diverted management time significantly, and created some uncertainty over the Health Board's ability to achieve financial balance at the end of 2019-20.
- 14 The workforce challenges identified in last year's structured assessment are still evident. There is high reliance on agency and locum staff, poor compliance with consultant job planning, above average levels of sickness absence and low levels of statutory and mandatory training compliance. Actions to tackle these challenges are being taken forward but workforce issues continue to present significant risks to the Health Board.
- 15 Our findings are considered in more detail in the following sections.

Recommendations

16 Recommendations arising from this audit are detailed in [Exhibit 1](#).

Exhibit 1: 2019 recommendations

Recommendations	
Committee Structures	
R1	The Health Board needs to ensure that the new sub-committee structures support sufficient scrutiny of important areas of business and service delivery. We found that key areas such as Workforce and Mental Health would benefit from improved coverage.
Committee Processes	
R2	The Health Board needs to ensure that the deep dive process is used appropriately, and enough time is allocated to discuss the results of any deep dive process in relevant Board committees.
Performance Management Arrangements	
R3	We found that performance monitoring is sound and comprehensive, but some improvements could be made to information presented to the Board and its committees. The Health Board should review the format and legibility of the performance dashboard currently reported to Board and sub-committees to draw attention to performance improvements or deterioration to enable more effective scrutiny and greater transparency.
Change management	
R4	We found that the Health Board has a significant programme of work to develop and implement the Integrated Health & Care Strategy and strategic transformation plans within directorates. The Health Board should evaluate the capacity for change management within the Health Board to ensure it is sufficient to support service transformation projects effectively.
IMTP Reporting	
R5	We found that the Health Board has revisited IMTP reporting this year and is reporting against the Welsh Government accountability requirements. However, one of the Welsh Government's accountability requirements is increased clarity on actions, deliverables and milestones for all aspects of the plan which is scrutinised by the Board. We recommend that the Health Board should: <ul style="list-style-type: none">Review the content of the current IMTP quarterly reports to ensure they contain sufficient information on the delivery of the three-year plan, including performance against overall objectives and annual priorities.

Detailed report

Governance

- 17 As in previous years, our structured assessment work has examined the Health Board's governance arrangements. We looked at the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. We considered the information that the Board and its sub-committees receive to help it oversee and challenge performance and monitor the achievement of organisational objectives. We also reviewed the progress made in addressing our recommendations.
- 18 In 2019 **we found that the Health Board has significant challenges to address including implementing a new operating model, ensuring revised Board committees provide adequate scrutiny to key business and addressing significant gaps in its approach to risk management and quality governance.**

Conducting Business Effectively

The Board has significant challenges to address. It must oversee implementation of a new operating model, ensure revisions to board sub-committee arrangements achieve the intended benefits and develop a programme of board development. It needs to ensure there is sufficient central corporate governance capacity to support Board business.

- 19 This year has seen significant challenges and changes for the Health Board. The Board as it currently stands is relatively new, and there have been significant changes through the course of the year. The long-standing Chief Executive left the organisation in August 2019 with an Interim replacement appointment being made in July 2019. Currently the Health Board has an interim Director of Corporate Governance appointed in August 2019 and interim Director of Workforce and Organisational Development appointed in April 2019. These appointments are positive and will stabilise the Health Board in the short term. However careful consideration needs to be given to planning succession arrangements for these key roles.
- 20 Nursing Executive leadership has been subject to change this year. From August 2018 until March 2019, there was a temporary Director of Nursing in place. In April 2019 a substantive appointment was made to the Director of Nursing position. There is a significantly revised corporate structure in place supporting the Executive Director of Nursing, with an Assistant Director of Nursing and Patient Experience, Director of Midwifery, Assistant Director of Quality and Safety, Head of Safeguarding, Head of Corporate Nursing and Senior Nurse for Professional Standards and Quality Assurance. The Health Board are also recruiting a Deputy Executive Director of Nursing which is a new post, and as part of the new operating model is soon to advertise for three new Locality Nurse Director posts.
- 21 Other appointments have also been made. The Health Board has appointed a Director of Therapies and Health Sciences following a two-year vacancy. The Health Board has also successfully recruited a new Medical Director following the previous Medical Directors retirement.
- 22 Following the Bridgend transition, it was clear that the operating model needed to be revisited to ensure full integration of the sites. During our work the Health Board is continuing its work in revisiting the operating model. The new operating model has been developed and will be based on people, communities and quality. The delivery arm is organised around three integrated localities. Common outcomes and standards will be agreed through Health Board wide systems groups which will also

take responsibility for planning alongside standards and outcomes. The revised model is now out for consultation within the organisation and Executives are engaging with staff as part of this process.

- 23 Positively the Board has recognised the need for its continued development and is being supported by the Deloitte board development programme as part of targeted intervention. This programme includes observations, self-assessments and one to one development with Independent Members and Executives. The Health Board will use the output to design a Board Development Programme for 2020. The Health Board are also undertaking board briefings which are followed by informal board engagement visits across all localities to allow Board members opportunities to engage with staff informally and gain greater understanding of environments, culture and operational delivery. At the time of our review these informal sessions were being held across the Health Board and two sessions have been held to date in Bridgend.
- 24 Health Board business is conducted in accordance with Standing Orders, Standing Financial Instructions and a Scheme of Delegation which is monitored by the Audit Committee. Welsh Government has recently reviewed and issued model Standing Orders and Standing Financial Instructions to all Health Boards. The Health Board has reviewed its own Standing Orders and plans to review its Standing Financial Instructions on a different timeline. The latest version of Standing Orders was presented to Board in November 2019 for formal approval and implementation.
- 25 In our 2018 Structured Assessment we found that although the Scheme of Delegation was up to date and reviewed regularly it had not been updated to reflect the requirements of the Nurse Staffing Levels (Wales) Act. This year, we found that the Scheme of Delegation now reflects this requirement. We understand the Scheme of Delegation may be subject to further review considering the introduction of the new operating model.
- 26 Recently in response to the concerns around quality governance the Health Board has started to refresh some of its committees. The Health Board have made the following changes:
- The Quality, Safety and Risk committee is changing to become the Quality and Safety Committee with the responsibility for corporate risk monitoring of the corporate risk register moving to the Audit Committee. This committee has also moved from meeting quarterly to meeting ten times a year;
 - The Primary and Community services committee will become the Primary, Community, Population Health and Partnerships Committee reflecting the increasing role of partnership working; and
 - The Charitable Funds committee will now meet three times a year, as opposed to annually to bring it in line with other Health Boards.
- 27 The Health Board operate an Integrated Governance Committee which was made up of all the Chairs of all the Board's committees to ensure oversight of the work of the board sub committees, however the Health Board are currently considering the future of this committee. A decision is yet to be made and the committee has not met since December 2018.
- 28 These changes are positive; however, our board observations show that the remits of some committees remain quite large. For instance, Finance, Performance and Workforce committee has a significant workload, and our observations show that key items such as discussions on workforce are not receiving appropriate scrutiny. Considering the considerable issues within the Health Board in respect of workforce such as agency spending, developing of the values and behaviours framework

and poor training compliance it is of concern that oversight, and workforce issues receive limited airtime.

- 29 Recently the Finance, Performance and Workforce committee (October 2019) included three separate 'deep dives' on the same agenda. These 'deep dives' are designed to provide Independent Members with opportunities to look at aspects of the organisations business or performance in more depth than would usually be given on a typical agenda item. However, the time allocated to scrutinising these is insufficient, and the Health Board needs to use this process more strategically and allocate sufficient time to enable an effective review of this assurance mechanism.
- 30 Our review of board papers and observations also highlighted some gaps in coverage of Health Board business that needs to be addressed. A range of Mental Health Services within the Health Board have been subject to HIW reviews and inspections from 2015-2018. HIW raised concerns that, where they had undertaken follow ups and reinspections, it was clear that there was a lack of learning from previous visits. We are unclear currently where the routine performance and quality of Mental Health Services are scrutinised in detail, although we recognise early work looking at mental health quality within the Quality and Safety Committee.
- 31 Our work in 2018 found that there were gaps in the arrangements to oversee progress on ICT development such as the Digital Health Strategy. A new digital information and ICT committee was planned which would report to the Quality, Safety and Risk Committee. However, this has yet to meet which has resulted in an ICT scrutiny gap for the Health Board. The Health Board has approved the terms of reference for this group, and the first meeting is scheduled for February 2020.
- 32 The Stakeholder Reference Group includes a range of Health Board, partner and citizen representatives. It aligns its agenda with the Health Board's work plan and co-ordinates views from local stakeholders and interests from across the Cwm Taf Morgannwg area, providing feedback on key business issues. Our observation of the committee found a meeting scheduled in April 2019 was cancelled as it was not quorate, and the meeting held in June 2019 was not well attended with numerous apologies received. We also identified numerous vacancies in the committee membership. However, we note the committee has reviewed its terms of reference which proposes some changes around committee membership and quoracy that may help resolve the issues.
- 33 The capacity of the corporate services team to manage the changes in the Boards committee structures and the increase in demand for their services is of concern. Our previous two Structured Assessment reports have noted the challenges for the corporate services team in producing committee papers one week before meetings and there have been recent examples of late papers which needs to be monitored and addressed and the reasons clearly understood. The Corporate services team have refreshed Board paper templates in November 2019 and are providing training to staff on the writing of Board papers, and the process. It is also developing a flowchart of the process so that there is a clear understanding of the timescales, content and format of reports to assist in this area. The Health Board is planning to undertake a review of the Board and committee meeting calendars to ensure that meetings are well prepared and actioned, and that information flows in an efficient and timely way. We note however recent positive steps to refine the action plan templates reporting to committees with actions being updated prior to committee meetings to enable more effective scrutiny.
- 34 The Audit Committee has recognised and is addressing weaknesses in its arrangements to track audit recommendations. These concerns are mainly around improving its tracking mechanism, the clarity

and assurance required to remove recommendations from the tracker and the inclusion of recommendations from other assurance providers/external bodies such as HIW and the Delivery Unit. The Health Board is still refining and developing the Audit Recommendations tracker. It has engaged with the Wales Audit Office and the Internal Audit function. A Practice Note on the Acceptance, Implementation and Monitoring of Audit Recommendations was presented at the Audit Committee meeting in October 2019.

Previous recommendations

35 In 2018 we made the following recommendations in relation to the Scheme of Delegation and Audit Recommendation Tracker. **Exhibit 2** describes the progress made.

Exhibit 2: progress on previous Scheme of Delegation and Audit Recommendation Tracker recommendations

2018 recommendations	Description of Progress
The Health Board should update the Scheme of Delegation to reflect the requirements of the Nurse Staffing Levels (Wales) Act to designate a senior registered nurse to calculate nurse staffing levels.	<p>Completed</p> <p>The Health Board’s Scheme of Delegation now reflects the requirements of the Nurse Staffing Levels (Wales) Act.</p>
The Audit Committee should ensure the Audit recommendations tracker log records good information to enable Independent Members to review and take assurance that the recommendations are complete when removed from the tracker.	<p>In Progress</p> <p>The tracker remains under development within the Health Board, although we note a drive and commitment to ensure that information is clearer on the tracker and the development of the practice note on the Acceptance, Implementation and Monitoring of Audit Recommendations presented at the latest Audit Committee meeting in October 2019.</p>
The Audit recommendations tracker should be expanded to include the recommendations of other external agencies eg Healthcare Inspectorate Wales and the Delivery Unit.	<p>In Progress</p> <p>We note the Health Board has engaged with Internal Audit and the Wales Audit Office in this work. Progress that has been made to date including the development and agreement of the practice note on the Acceptance, Implementation and Monitoring of Audit Recommendations was presented at the Audit Committee meeting in October 2019. However, there is not yet a tracker in place to monitor recommendations from external agencies such as HIW and the Delivery Unit.</p>

Managing Risks to achieve strategic objectives

The Health Board needs to significantly improve risk management including updating the Board Assurance Framework, and ensuring there is sufficient knowledge, skills and capacity within risk management

- 36 A board assurance framework (BAF) supported by an effective risk management system is critical for focusing the Board's attention on the risks to achieving strategic priorities. The Internal Audit Report on Risk Management dated March 2019 gave reasonable assurance. The Internal Audit Team identified that the BAF had not been regularly updated or formally approved by either the board or an appropriate committee since May 2017. It also identified issues around risk appetite and scrutiny of the organisational risk registers.
- 37 Our joint review work with Healthcare Inspectorate Wales on the Health Board's governance arrangements also raised concerns around the lack of quality priorities and risk reporting arrangements to the Quality, Safety and Risk Committee. We also found no risk management group in place and a lack of clarity around how risks are escalated onto the corporate risk register. There is a need to enhance the skills and capacity within the organisation in relation to risk management.
- 38 The Health Board has recognised the weaknesses in its risk management arrangements and held a board development session on risk in August 2019. Following this session numerous changes were made, including: updates to the risk register to take account of the new organisational footprint and frequency of its review by the Board. Also, responsibility for risk at sub-committee level has transferred from the Quality, Safety and Risk Committee to Audit and Risk Committee. Other important work in respect of articulating the organisations risk appetite and updating the Board Assurance Framework is in progress. The Board Assurance Framework was presented at the January 2020 Audit and Risk Committee, there are some amendments needed and work still needs to be done to further map the current risks to committees and identify any gaps in scrutiny and assurance.

Previous recommendations

- 39 In 2018 we made the following recommendation in relation to risk management arrangements. **Exhibit 3** describes the progress made.

Exhibit 3: progress on previous risk management recommendations

2018 recommendations	Description of Progress
<p>To improve risk practice and provide assurance to the Board and Committees that risks to achieving strategic objectives are effectively managed, the Health Board should:</p> <p>a) undertake an organisational wide review of the directorate risk registers to ensure they are up to date and reflect the current risks facing services; and</p> <p>b) ensure timely on-going review of all directorate risk registers.</p>	<p>Overdue but superseded</p> <p>There remains significant work to be undertaken in this area. The work by the joint review highlighted areas of concern and recommendations have been made in relation to risk. We feel this recommendation has been superseded by the joint review work.</p>

Ensuring a sound framework for information governance and cyber security

Progress has been made in some areas of cyber security, although currently there is limited Board scrutiny of information governance and ICT

- 40 Our 2018 Structured Assessment work found that the Health Board had no cyber security action plan in place to address the findings from an external cyber security assessment. A plan is now in place although some of the actions are still outstanding mainly due to lack of ICT staff capacity. The Health Board has recently appointed additional staff and anticipates the outstanding actions will be implemented at the end of the calendar year.
- 41 The strengthening of governance structures in relation to ICT and Information governance is still to be completed. As noted in [paragraph 31](#), the Health Board has established an Information Governance / ICT sub-committee chaired by an Independent Member which will meet for the first time in February 2020. Once established, this committee will be supported by the current Digital Strategy Board chaired by the Chief Operating Officer and four further sub-groups: Change Advisory Board, Portfolio Management Group, Service Management Group and Cyber Security Group.

Previous recommendations

- 42 In 2017 and 2018 we made the following recommendations in relation to information governance, cyber security and the Digital Health Strategy. [Exhibit 4](#) describes the progress made.

Exhibit 4: progress on previous information governance and ICT recommendations

2018 recommendations	Description of Progress
<p>The Health Board should take steps to strengthen the oversight arrangements in relation to ICT and Information Governance by:</p> <ul style="list-style-type: none"> a) ensuring that minutes from the Digital Health Strategy Steering group and Information Governance group are scrutinised at the Quality, Safety and Risk Committee; and clarifying and articulating links between information governance and ICT to strengthen the oversight and scrutiny of the Trust’s digital business. 	<p>In Progress</p> <p>The Digital Strategy Steering Group has continued to meet on a regular basis this year. It has developed the agenda to cover a significant portfolio. The new Independent Member for ICT & IG has been in attendance throughout the year supporting the more informed discussion of cyber security at FPW and Audit Committees. However, the governance structure is not fully in place.</p>
<p>The Health Board should develop a cyber security action plan to implement recommendations from the NHS Wales External Security Assessment and any other cyber security reviews as appropriate. It should also be used to ensure that cyber security arrangements are in place to meet the Health Board’s needs.</p>	<p>Completed</p> <p>The Health Board has developed a Cyber Security action plan. Some actions on the plan are still outstanding mainly due to lack of ICT staff capacity, however the Health Board has recently appointed additional staff and anticipates the outstanding actions will be implemented at the end of the calendar year.</p>

2018 recommendations	Description of Progress
<p>The Health Board should ensure there is a detailed resourced action plan to enable delivery of the Digital Health Strategy.</p>	<p>In Progress</p> <p>Although there is not a fully detailed resourced action plan, the Health Board identified three areas for prioritisation, business case development and initiation. Good progress has been made on each of these projects with Board approval of records digitisation; WEDs; and EPrescribing. Each now has implementation programmes in place. Capital monies for ICT are still not ring-fenced and no extra funds have been made available as part of the Bridgend transfer.</p>

Performance management arrangements

The Health Board needs to review its performance management arrangements once the new operating model is implemented, and further develop its performance reports

- 43 In 2017 the Health Board developed its Performance Management Framework which aimed to support staff at all levels of the organisation to ensure they understand what is expected of them. However, it was never fully implemented throughout the Health Board and the current draft version refers to the 2017/18 Health Board priorities. The Health Board has recognised the need to review and update the framework as part of the revised organisation structure development. They expect this to be completed by the end of 2019/2020 depending on the completion of the new operating model.
- 44 As with previous years, the Health Board produces a comprehensive Integrated Performance Dashboard linked to the NHS Wales Delivery Framework and Tier 1 targets. The dashboard contains relevant benchmarking, trends and forecasting and supporting narrative for areas where performance needs to improve. This information being comprehensive but is difficult to read in places because some of the font is challenging and numbers can be very small. Although the target performance is indicated, the report does not signpost readers effectively to areas where performance has improved or deteriorated. The Health Board needs to review the content and format of the integrated performance dashboard to provide readers with a clear visual overview of performance to support effective scrutiny.
- 45 There are plans to develop the Health Board's performance report template and move to a more integrated performance dashboard which would bring together finance, performance, quality and workforce. We recognise recent engagement of Independent members in shaping the format and content of performance reporting, of note are the Health Board's finance reports which have improved during the year. However, issues with capacity and availability of business analysts are affecting the Health Board's progress in this area.
- 46 The summary of the Health Board's performance against the outcome's delivery framework measures shows that the Health Board's performance had improved against 38 measures, was sustained against 1 and performance had declined against 30 measures. The Health Board successfully achieved its end-of-year reported position for no patients waiting over 36 weeks for treatment but it

discovered some unreported waiting lists increasing the referral to treatment target position by 1822 patients. Work is underway to ensure the governance issues are being addressed. It is important that the Health Board maintains delivery of the referral-to-treatment time target throughout the year as this is a month-on-month target rather than an annual one

Quality Governance

The Health Board has to undertake a significant programme of work to address issues with quality governance

47 Our 2018 Structured Assessment found that systems in place for quality governance were not effective in highlighting issues and concerns or demonstrating responses to improvements. During July to August 2019 HIW and the Wales Audit Office undertook a joint review of the quality governance arrangements within the Health Board. The review examined whether the Health Board’s governance arrangements supported the delivery of high quality, safe and effective services. The review found weaknesses in the Health Board’s governance arrangements and raised concerns that these weaknesses compromised the Health Board’s ability to adequately identify and respond to problems that may arise within the quality and safety of patient care. The joint review made recommendations in relation to Quality Governance in addition to those we made in 2018. We feel that the joint review’s recommendations are timelier, reflecting the changes in structures already undertaken by the Health Board.

Previous recommendations

48 In 2017 and 2018 we made the following recommendations in relation to quality governance arrangements. **Exhibit 5** describes the progress made.

Exhibit 5: progress on previous quality governance recommendations

2018 recommendations	Description of Progress
<p>To improve quality governance arrangements the Health Board should:</p> <ul style="list-style-type: none"> a) ensure the Quality Steering Group meets with the appropriate frequency; b) ensure that the quality report is more explicit at highlighting quality concerns and, also articulates how the Health Board is learning lessons; c) consult with the public and service users when developing the new Quality Strategy; d) improve the quality and consistency of Quality, Safety and Risk Committee papers to ensure clarity and brevity, to enable areas of concern to be identified easily, to highlight action taken to address areas of concern and to demonstrate learning; 	<p>This section has been updated to reflect the current position, and to cross refer recommendations which have been superseded by the joint review.</p> <ul style="list-style-type: none"> a) No Longer required. The Quality Steering Group has been disbanded and is currently being replaced by new subcommittee structures as outlined in the Quality and Patient Safety Framework. This recommendation can be removed. b) Overdue. The Health Board needs to continue to address improving its Quality Report following the joint

2018 recommendations	Description of Progress
<p>e) audit the quality, safety and risk processes within directorates to gain assurance they operate effectively;</p> <p>f) review the relevance of organisation policies that the Quality, Safety and Risk Committee is asked to approve and reallocate responsibility to other committees; and</p> <p>g) provide bespoke induction for Independent Members newly appointed to the Quality, Safety and Risk Committee to ensure effective scrutiny and understanding of quality issues.</p>	<p>review, and this needs to be an ongoing consideration.</p> <p>c) Overdue. Work has not yet begun on a new Health Board Quality Strategy but there needs to be effective consultation with the public and service users during this process. This recommendation therefore needs to be addressed as work on the Quality Strategy is developed.</p> <p>d) Superseded. The Health Board needs to continue to develop the quality and consistency of the papers supporting the Health Board's Quality and Safety agenda, and this was raised in the Joint review.</p> <p>e) Superseded. The Health Board needs to address risk management arrangements throughout the organisation and a recommendation was made in the joint review which supersedes this recommendation.</p> <p>f) Completed. The Health Board has addressed this recommendation and arrangements are in place for a policy subcommittee reporting to the quality and safety committee for this process.</p> <p>g) Superseded. This area was identified in the joint review and further work needs to be done to appropriately support the independent members to meet their responsibilities.</p>
2017 recommendations	Description of Progress
<p>The Health Board needs to improve the quality of its papers presented to the quality, safety and risk committee:</p> <ul style="list-style-type: none"> • making the papers more succinct and focussed (some papers viewed were overly long and complex); and • consider the agenda management for example bringing more complex issues to the beginning of committee, and moving 	<p>Superseded.</p> <p>This has remained an issue and recommendations were made in the joint review to focus on this area. There remain issues with the quality and length of papers, as well as the volume of work expected of the committee. We note that work is ongoing in relation to the development of the Quality and Safety committee following</p>

2018 recommendations	Description of Progress
approval of polices to the latter end of the agenda.	the recent approval of the new terms of reference, however further work is needed.

Strategic planning

- 49 Our work considers how the Board sets strategic objectives for the organisation and how well the Health Board's plans to achieve these, using the resources that it has, or can, make available. We examined the Health Board arrangements for monitoring progress against its objectives and the difference it is making, and progress made in addressing our recommendations
- 50 In 2019, we found that **limited change management capacity could impact on the high priority work needed to complete the Integrated Health and Care Strategy. Changes to IMTP reporting arrangements have resulted in a reduction in detail on progress against delivering IMTP priorities. The Health Board must specifically strengthen governance and quality to maintain its IMTP approval.**
- 51 As with previous years the Health Board produces quarterly updates on the IMTP. However, this year the reporting requirements from the Welsh Government have changed. As the Health Board has moved into targeted intervention the Welsh Government have asked the Health Board to produce quarterly accountability updates against the issues identified in their IMTP approval letters. The Health Board has changed its IMTP reporting in line with these requirements. However, this has resulted in less detail being reported locally on implementation of the IMTP as whole and progress against the priorities set out within it.
- 52 Last year we reported that the Health Board was developing its long-term clinical services strategy (now called the Integrated Health and Care Strategy) but had paused its development due to the Bridgend boundary change. Following the completion of the Bridgend transfer on 1 April 2019, work on the strategy has continued with the Health Board scheduled to publish the Integrated Health and Care Strategy in March 2020. The finalisation of the Integrated Health and Care Strategy will support the development of supporting strategies such as those for ICT, Estates and Workforce.
- 53 Currently the Health Board has an approved three-year IMTP in place to deliver its strategic vision. This is the sixth consecutive year the Health Board developed its IMTP within the required timeframe and it was approved at Board in January 2019. The focus of the strategy has remained consistent, with the following themes:
- Wellbeing
 - Integrated community care
 - Care closer to home
 - Acute care
- 54 Within these themes the Health Board has articulated three-year outcomes as well as priorities for 2019-20 – 2021-22 priorities. There are 18 priorities detailed over a wide range of areas. In addition to the care themes, there is an overarching enabler theme, which includes further developing and delivering the digital strategy.
- 55 However, following the change in the escalation status of the Health Board there were a number of conditions attached to their IMTP approval which are aligned with its escalation status. Most

significantly the Health Board must accelerate and strengthen governance and quality throughout the organisation and develop a robust improvement plan with clear milestones and outcomes. Rapid progress is needed in key areas including developing the organisational capacity and capability for improvement and an associated Quality Improvement hub, maternity services (including achievement of the milestones set by the Independent Oversight Panel), serious incident and concerns management, Board leadership, organisational development and governance) and providing evidence of this through monthly reporting arrangements. The Welsh Government have signalled that failure to achieve this could affect the approval of the IMTP.

56 Furthermore, the Health Board were also tasked with the following:

- providing ongoing assurance in relation to the transitional arrangements for the Bridgend boundary change, including organisational development arrangements required and financial implications;
- ongoing assurance and sustained improvement in the health board's role as a provider of specialist CAMHS services for the Health Board population and for those services provided on behalf of other health boards;
- provide increased clarity on actions, deliverables and milestones for all aspects of the plan and effectively scrutinised by the Board; and
- regional planning commitments and milestones must be transparent and accelerated.

57 The processes for developing the IMTP have remained consistent with previous years, although there have been alterations to ensure that the IMTP reflects the new wider population following the 1 April 2019 Bridgend boundary change. The plan describes in threefold, an integrated perspective, a Cwm Taf perspective or Bridgend perspective with a commitment that the 2020-23 plan will be for a truly integrated Cwm Taf Morgannwg University Health Board IMTP, as by this time all the health functions and services will be fully integrated.

58 As with previous years the Performance and Information Department provide corporate support to ensure the timely completion of directorate, locality and corporate function IMTPs. Demand and capacity is considered as part of the IMTP development, Directorates are encouraged to embed prudent and values-based healthcare in their IMTPs, and there are good examples of services which have been developed and delivered with these principles in mind, for example the 'Stay Well @Home' project won an NHS Award in 2018 for outstanding contribution to prudent healthcare.

59 Previously the Health Board has developed several cross-cutting themes to raise productivity, enhance value for money and improve the quality of service by reducing waste and variation. The Efficiency, Productivity and Value Board oversaw this work. However, from 2019/20 the Health Board has started to move the ownership and accountability for the delivery of projects to the operational level, but Efficiency, Productivity and Value Board will still monitor progress. We are aware this work is ongoing, and a full programme of the plans is being developed and agreed, however the implications of this for the directorates is still be explored and plans are still in development.

60 In our two previous Structured Assessment reports we highlighted concerns around the limited capacity within the Health Board's Programme Management Office (PMO) as well as the change management capacity within the organisation. The Health Board has identified additional resources are needed following the Bridgend boundary change. If there is not sufficient capacity, there is a risk that the Health Board will not achieve its service transformation ambitions set out in the IMTP.

61 The Health Board has a Capital and Estates Integrated Medium Term Business Plan which outlines the service and key priorities including those for the Bridgend area for 2019 to 2022. It is anticipated that once the Integrated Health and Care Strategy is developed this will provide the necessary direction to enable the Estates department to develop an updated service strategy.

Previous recommendations

62 In 2017 we made the following recommendation in relation to IMTP reporting and capacity of the Programme Management Office [Exhibit 6](#) describes the progress made.

Exhibit 6: progress on 2017 IMTP and Programme Management Office recommendations

2017 recommendation	Description of progress
<p>IMTP Reporting</p> <p>The Health Board should further refine the IMTP reporting process to include detailed information on milestones to enable IMs to understand the current performance in line with expected trajectory.</p>	<p>Overdue</p> <p>The Health Board has changed its reporting arrangements following the latest IMTP approval. This has removed some of the detail that previously was reported.</p>
<p>The Health Board should review and consider enhancing current project management and data analytics capacity and skills.</p>	<p>In Progress</p> <p>The Health Board has reviewed the scope and capacity of the Programme Management Office with a view to growing its sustainable project management capacity. This will enable projects prioritised through the IMTP planning process to be more appropriately supported through project implementation and benefits realisation.</p> <p>Additional resource has been agreed and is being implemented to support the new, larger CTMUHB footprint.</p>

Managing financial resources

- 63 We considered the action that the Health Board is taking to achieve financial balance and create longer-term financial sustainability. We have assessed the financial position of the organisation, the approach to financial planning, financial controls and stewardship, and the arrangements for financial monitoring and reporting. We also reviewed the progress made in addressing our recommendations.
- 64 We found that **the Health Board has a track record of achieving its statutory financial duties and has generally robust financial stewardship and management controls in place. However, the Bridgend transfer has diverted management time significantly, and created some uncertainty over the Health Board's ability to achieve financial balance at the end of 2019-20.** Our findings are set out below.

Financial performance and planning

The Health Board met its statutory duty to break even in 2018-19, however the Bridgend transfer has diverted management time significantly and created uncertainty over the ability to achieve financial balance in 2019-20

- 65 The Health Board has met its statutory requirement to break even over a rolling three-year period since the requirement was first introduced. The most recent 2018-19 audited financial statements show that the Health Board achieved a small surplus of £57,000 against its revenue allocation and a small surplus of £21,000 against its capital allocation between 2016-17 and 2018-19.
- 66 However, the transfer of Bridgend services has brought additional challenges which have impacted on the Health Board's ability to break-even with the underlying recurring position now changed from a planned small recurring surplus of £0.6 million to a deficit of £11.9 million. This includes the initial underlying deficit relating to the Bridgend transfer of £7.3 million for which the Welsh Government has provided non-recurrent funding of £7.1 million to assist the Health Board break-even in 2019-20. The underlying Bridgend deficit of £7.3 million has been subject to a due diligence exercise that the Welsh Government commissioned Price Waterhouse Coopers (PWC) to undertake. This report was produced recently and requires further consideration by both the Health Board and Swansea Bay.
- 67 The Health Board utilises a Business Partner model which provides a link between corporate finance and the directorates to ensure cost pressures are fully understood and savings plans are identified to inform the development of the directorate financial plans. Business Partners are also key in providing cost analysis to central finance for areas of the service where savings can be made or where the Health Board is an outlier.
- 68 The Health Board understands the need to develop savings plans and cost improvement programmes that are transformational in nature in order to address the underlying recurring deficit. This is evident from the service change programme developed as part of the IMTP as well as the current savings scheme programme which is reporting 65% of schemes yielding recurrent savings. However, the pace of implementation of these schemes needs to be accelerated in order to reduce the reliance on short-term in-year savings.
- 69 We have previously reported that the Health Board has a good track record of achieving its savings target each year. However, with the transfer of Bridgend occurring this year, a significant amount of management time has been diverted away from the monitoring and delivery of these savings which is evident by the reporting of a year to date deficit of £0.6m at Month 9 against the year to date in-year

savings target. Currently the Health Board are forecasting year end position of a small over achievement of £0.2m. However, this is the in-year target and there is still a shortfall of £2.8m against their recurring savings target. The Bridgend transfer has brought significant challenges which has reduced the level of management time available in certain areas of the financial monitoring process. In particular, the Assistant Director meetings, that had been held on a monthly basis during 2018-19, were not held for the first four months of 2019-20. This has now been addressed and meetings re-instated from August 2019.

Previous recommendations

70 In 2017 we made the following recommendations in relation to savings planning and delivery. **Exhibit 7** describes the progress made.

Exhibit 7: progress on 2017 savings planning and delivery recommendations

2017 recommendation	Description of progress
The Health Board should review and strengthen the process to better facilitate joint savings schemes and identify similar or duplicate schemes.	<p>In Progress</p> <p>We are aware that work continues in this as part of the work of the Efficiency Productivity and Value Board which is working to identify suplicate schemes and support cross working.</p> <p>The Health Board has noted that further work has been undertaken for 2019 – 2022 to better define how cross-cutting theme savings opportunities impact on Directorates and where the benefits are realised.</p>
The Health Board should develop a set of principles for directorates, which encourages Health-Board-wide working.	<p>Completed</p> <p>The Health Board has developed IMTP planning guidance for all directorates which covers areas of health- Board wide working.</p>

Financial management and controls

There are clear financial management arrangements, and financial reports have been improved this year following work with Independent members

71 The Health Board has a clear framework in place for setting and monitoring its revenue and capital budgets. Through the IMTP process directorates work with central finance, via the business partners, to establish a budget position. This is an iterative process that starts with the base budget from the prior year and adjusts this for known cost pressures and opportunities for efficiencies and savings. Once the final version of the budget is agreed the budget is formally delegated to the directorate head who is then responsible for monitoring their budgets on a monthly basis.

- 72 A settled process is in place to monitor financial performance over the year. Finance reports are submitted to the Board meetings on a bi-monthly basis. In addition, minutes of the Finance, Performance and Workforce meetings are submitted for information.
- 73 The Finance reports are comprehensive in their content and analysis of financial performance. Since August 2018 an additional section has been included in the Finance report which outlines the key messages to the reader. This has provided a clearer and more succinct summary that is more easily digestible by Board members with the detail still attached if required. The key messages also include the action to be taken on the significant risks.
- 74 The Health Board has appropriate Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place which clearly set out the roles and responsibilities of staff. The SOs and SFIs were reviewed and approved by the Board during the year and now incorporate changes arising from the transfer of Bridgend and recommendations made in our 2018 Structured Assessment report.
- 75 The Health Board has various policies and procedures in place for dealing with fraud, corruption and Bribery which are made available to staff via the Health Board's intranet. Quarterly reports are presented to the Board detailing all losses and special payments for that period.
- 76 The Health Board also has a Counter Fraud department in place to investigate, monitor and report any potentially fraudulent activity. We have previously reported concerns that this department was not sufficiently resourced to fully discharge its responsibilities, particularly in relation to the pro-active aspect of the work. Our interview with the Local Counter Fraud Officer has confirmed that with the transfer of Bridgend the level of resource has now increased to a more sustainable level and comprises a higher skill mix of staff. While the pro-active work is still of some concern the Health Board is better placed to address this once the backlog of work is resolved.
- 77 The Auditor General is undertaking further work to examine the effectiveness of counter fraud arrangements across the public sector in Wales, with a view to publishing his findings in summer 2020. His work will be informed by local fieldwork commencing in late 2019.
- 78 The National Fraud Initiative (NFI) is a biennial data-matching exercise that helps detect fraud and overpayments by matching data across organisations and systems to help public bodies identify potentially fraudulent or erroneous claims and transactions. Participating bodies submitted data to the current NFI data matching exercise in October 2018.
- 79 In January 2019, the Health Board received 3,817 data-matches through the NFI web application. Of these, 345 were categorised as 'recommended matches'. These are matches considered to be of high risk and therefore recommended for early review. The NFI web-application shows that as at 15 October 2019, the Health Board has made good progress in reviewing its NFI matches, having concluded its review of most of the high-risk matches with enquiries ongoing in a small number of cases. However, we note that Health Board does not appear to have completed the review of matches between payroll, creditor payment and Companies House data. These are important matches because they can help to identify undisclosed staff interests and procurement fraud. We therefore recommend that the Health Board review these data-matches as a matter of urgency.

Previous recommendations

80 In 2018 we made the following recommendations in relation to National Fraud Initiative data matches
Exhibit 8 describes the progress made.

Exhibit 8: progress on 2018 National Fraud Initiative recommendation

2018 recommendation	Description of progress
<p>We recommend that the Health Board put in place an action plan to ensure that the matches it receives in future NFI exercises are reviewed. We expect the Health Board to:</p> <ul style="list-style-type: none"> a) commence review of the data-matches as soon as possible following the release of the next NFI matches in January 2019; b) in addition to reviewing all the high priority matches recommended for review, carry out a review of a sample of the remaining data matches; and c) ensure that where data-matches have been reviewed, the NFI web application is updated to clearly record how matches were reviewed and the outcomes of those reviews. 	<p>On track but not yet completed</p> <ul style="list-style-type: none"> • The Health Board has made good progress in addressing the NFI matches with enquiries ongoing in a small number of cases. Checks on the high priority Creditor matches have been completed, and the review of high priority payroll matches has commenced and is ongoing. Further work is planned although it is difficult to put a timescale on the completion of this exercise as the payroll checks in particular are dependent on receiving responses from other organisations. • In addition to the high priority matches, a sample of the remaining matches will also be reviewed by the Health Board. • The NFI web application is updated to record the action taken.

Managing the workforce

81 We considered the action that the Health Board is taking to ensure that its workforce is well managed. We also assessed arrangements for addressing training and development needs and action to engage and listen to staff and address wellbeing needs.

82 We found **that the workforce challenges identified in last year’s structured assessment are still evident. There is high reliance on agency and locum staff, poor compliance with consultant job planning, above average levels of sickness absence and low levels of statutory and mandatory training compliance. Actions to tackle these challenges are being taken forward but workforce issues continue to present significant risks to the Health Board.**

83 Our 2018 structured assessment found that the Health Board was trying to actively manage workforce issues, but sickness absence rates remain above the Welsh Government target and compliance with statutory and mandatory training, the appraisal process and consultant job planning need to improve.

84 The Health Board is continuing to experience problems reducing its reliance on agency and locum staff. As at July 2019, the Health Board’s agency spend was nearly 8% of its total pay bill, the highest proportion in Wales. Agency spend is particularly high for medical and dental staff, accounting for just over 15% of the medical and dental pay bill. Issues with Emergency Department consultant

recruitment are specifically prevalent at the Royal Glamorgan hospital where issues with the implementation of the South Wales plan have affected recruitment. Nursing and midwifery agency costs account for nearly 10% of the pay bill.

- 85 The Nurse Staffing update provided to Board in May 2019 suggests that extensive work has been completed to approve the staffing levels for the 20 wards affected by the Act and reasonable steps are being taken to maintain the correct staffing levels and review core quality indicators. At the time of our review the Health Board was working with Swansea Bay University Health Board to obtain the position at Princess of Wales Hospital. It is addressing inconsistencies in shift patterns across the new Health Board footprint which were affecting its ability calculate the whole time equivalent requested to achieve nurse staffing act compliance.
- 86 **Exhibit 9** shows the Health Board compares less favourably against the Wales average across all five workforce measures. We can not compare with previous year's results due to the Health Board boundary change.

Exhibit 9: Performance against key workforce measures

Workforce measures	Health Board Target	Health board July 2019	Wales average July 2019
Sickness absence	5%	5.9%	5.4%
Turnover	N/A	10.4%	7.1%
Vacancy	N/A	3.8%	2.9%
Appraisals	85%	62%	70%
Statutory and mandatory training	85%	76%	80%

Source: NHS Wales Workforce Dashboard, Health Education and Improvement Wales July 2019

- 87 Although the Health Board has arrangements in place to manage sickness absence, the rolling 12-month average has increased from 5.6% to 5.9% which is above the Health Board's target of 5%. Monthly reports to the Finance, Workforce and Performance Committee show the monthly rate has not reduced below 5.5% between January to July 2019. The Health Board's actions to reduce sickness have yet to secure any material improvements in sickness absence rates. Steps include rolling-out of a new attendance management policy, developing a toolkit to support health and wellbeing initiatives, sickness workstream meetings and developing organisational support systems for dealing with stress.
- 88 In July 2019 the Health Board's turnover rate is higher than the Wales average across all key nursing and medical staff groups. An Internal Audit follow-up report on retention of staff dated August 2019 again provided limited assurance. The report noted some progress made against the agreed recommendations but progress has slowed as the primary responsible officer for four of the six original management actions is no longer in post. The Nursing Retention Strategy and action plan has not changed since the original audit, and consequently the set of initiatives linked to the actions have not

advanced so there has been little progress in this key area to improve nursing retention across the Health Board.

- 89 The vacancy rate in July 2019, based on posts advertised was 3.8% compared to the Wales average (2.9%). Our analysis of the NHS Wales Workforce, Education and Development Service (WEDs) data shows the overall number of vacancies has marginally increased since 2018. The latest Workforce and Organisational Performance Update to Finance and Performance Committee indicates that nursing vacancies on the Health Board's acute and adult community wards and Accident and Emergency Units remain a concern with the position on acute wards being the most problematic. The Health Board has taken action through international recruitment from India; seven individuals due to arrive in September 2019 and 25 potential candidates currently undergoing the recruitment process. Other work involves open / recruitment days held at hospital sites, engaging with graduate nurses and offering an adaption programme for nurses trained overseas but residing in the UK.
- 90 Compliance with the appraisal process, Personal Annual Development Reviews (PADRs) is deteriorating. **Exhibit 9** shows that just over half of the Health Board's staff (62%) had an appraisal and development review as at July 2019. This is below the Wales average (70%) and target (85%). However, we found that appraisal information has not transferred over to the new Health Board's systems as part of the boundary change resulting in an under representation of the new Health Board's position. We understand the Learning and Development team are in the process of manually transferring records for those staff affected. Irrespective of this, numerous actions are being taken to address poor PADR compliance at directorate level including, encouraging managers to regularly monitor compliance within their areas of responsibility, providing monthly reports to Directorate Managers on the latest PADR compliance data and raising awareness of the PADR Awareness training course that is available to all managers.
- 91 A continuing challenge for the Health Board is improving compliance with statutory and mandatory training. **Exhibit 9** shows the Health Board's performance (76%) is below the Wales average (80%) and target (85%). Currently, however, the training records which exist within the Electronic Staff Record (ESR) only show training completed prior to 1 April for staff from the old Cwm Taf Health Board and Bridgend. Following the boundary change, work currently is underway to identify the actual training requirements for each member of staff from the Bridgend area and upload it to ESR. The target date for completion of this work was November 2019.
- 92 We found improvement in the proportion of consultants completing the job planning process from 36% in March 2019 to 51% in September 2019. Whilst this is a positive development, compliance is still well below the 90% target. An Internal Audit report on Consultant Job Planning dated October 2019 provided limited assurance. That audit identified high numbers of job plans which were either not current or not in place, job plan outcomes were generic, lacked detail and did not link to the Health Board's IMTP. There were also discrepancies in sessions recorded on job plans and the number of sessions being paid, and issues with controls over the payment of Additional Duty Hours and additional Commitment Award increments. The Health Board is acting in response to Internal Audit recommendations including a review of local job planning guidance following the boundary change.

Culture and Values

Necessary work has begun to develop the Health Board's values and behaviours to improve staff engagement and organisational culture

- 93 Positively, work has begun on developing a set of organisational values and behaviours and the Health Board have a clear timescale for implementation recognising the need to ensure these are embedded. Whilst the results of the 2018 NHS staff survey show some progress from the 2016 survey with significant improvements to some scores, the Health Board was below the overall NHS scores for many of the questions, and its overall response (22%) was below the all Wales average (29%). Improvements in the 2018 survey responses include team working, line management behaviours, visibility and vision of the Executive Team and staff resources. Areas that show some less positive movement in scores include stress at work, harassment, bullying and abuse. The Health Board will be aware that the staff survey undertaken as part of the recent Joint Review of Quality Governance also identified some worrying responses to questions around bullying and harassment.
- 94 An action plan is in place to tackle issues raised in the 2018 NHS staff survey, and recently the Health Board has taken other steps to improve staff engagement and culture. A series of 'Let's Talk' sessions have been held to support the development of a new Values and Behaviours framework. Sessions have been held throughout November, and further in-house sessions are planning for December, these have involved both staff and patients.
- 95 The Health Board has also developed a range of projects to improve engagement with executives, these include Let's Talk (with Executives), Breakfast with Greg (Director of Nursing and Midwifery), Twitter, Facebook live chats, CEO blog, Let's Talk Culture sessions; Board informal engagement walkabouts and 'A day in the life of'. These are all good examples of how the Health Board are striving to address the cultural issues and engage with staff across the Organisation. Additionally, the Health Board established an Employee Experience Steering Group that is positive and should help support the achievement of a positive employee experience for staff.

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