

Bundle Audit & Risk Assurance Committee 7 May 2019

2.4 Draft Governance, Leadership and Accountability Standard

Presenter: Joanne Wilson

SBAR Governance, Leadership & Accountability Standard ARAC May 2019

GLA Standard Report - Final draft 26 04 19



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 May 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Draft Governance, Leadership and Accountability Standard
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary Charlotte Beare, Head of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of the paper is to present the Audit and Risk Assurance Committee with the attached Draft Governance, Leadership and Accountability (GLA) Standard, which supports the Annual Governance Statement, and sets out expectations for health organisations of working within a legal and regulatory framework.

Cefndir / Background

The Governance, Leadership and Accountability Standard is one of the required elements underpinning the compilation of the Annual Governance Statement and contributes to the end of year processes.

Asesiad / Assessment

The Governance, Leadership and Accountability (GLA) Standard sets out the expectations of healthcare organisations for working within a legal and regulatory framework and organisations are expected to consider the following criteria for meeting the standard:

- Demonstrating effective leadership by setting direction, igniting passion, pace and drive and developing people.
- Strategy is set with a focus on outcomes and choices based on evidence and people insight with an approach of collaboration building on common purpose.
- Having a system of governance which supports successful delivery of its objectives and partnership working. The organisation will provide leadership and direction so that it delivers effective, high quality and evidenced based services, meets patient needs at pace, with staff that are effective and appropriately trained to meet the needs of patients and carers.
- Health services innovate and improve delivery, plan resource and prioritise, develop clear roles, responsibilities and delivery models and manage performance and value for money.
- Foster a culture of learning and self-awareness and personal & professional integrity.

The UHB's self-assessment considered all the questions as set out in the Welsh Government's supporting guidance in relation to the standard criteria, has been completed in terms of the current position. It should be noted that although overall collation has been undertaken centrally by the governance team, this has been reviewed by relevant leads across the organisation. The self-assessment identified areas where reasonable progress continues to be made with some aspects of good practice identified, whilst also recognising that further development is required in other spheres.

The draft GLA will be circulated to Board Members and Executive Directors to provide the opportunity for comment and amendments before being finalised and presented to the Committee on 29th May 2019 with the final accounts.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is requested to consider the content of the Draft Governance, Leadership and Accountability Standard and whether it reflects the current systems and processes relating to governance, leadership and accountability within the UHB providing any comments to the Board Secretary by Wednesday 15th May 2018

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Assurance reports to Committees and Board aligned to relevant standards. Triangulation with Fundamentals of Care audit.

Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Board Secretary Leads within the Health Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are no direct financial implications within this report.
Ansawdd / Gofal Claf: Quality / Patient Care:	There are no direct quality or patient care implications within this report.
Gweithlu: Workforce:	There are no direct workforce implications within this report.
Risg: Risk:	A poor assessment of GLA could lead to increased scrutiny from Welsh Government.
Cyfreithiol: Legal:	There are no direct legal implications within this report.
Enw Da: Reputational:	There are no direct implications within this report.
Gyfrinachedd: Privacy:	There are no direct implications within this report.
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqlA screening been undertaken? No • Has a full EqlA been undertaken? No

In relation to the standard criteria below (in bold) the following key questions need to be considered:

Health services demonstrate effective leadership by setting direction, igniting passion, pace and drive, and developing people			
		Executive Lead	Position
1	Have you identified and set objectives for your organisation/ service which take values and behaviours into account?	Chief Executive Officer	<p>In November 2018, the Board approved its <i>Health and Care Strategy – A Healthier Mid and West Wales: Our future generations living well</i>, which was developed based on the 11 clinical recommendations that emerged from the University Health Board’s (UHB) public consultation ‘Our Big NHS Change’ The strategy describes the UHB’s:</p> <ul style="list-style-type: none"> • 20 year vision for the population health outcome for current and future generations; and • 10 year health and care strategy <p>This strategy provides a long term vision that underpins the UHB’s short and medium term planning over the coming months and years. During 2018/19, the UHB has been developing its strategy and the 2019/20 Annual Plan demonstrates how the UHB intends to begin delivery of the recommendations, with a particular emphasis on the shift from hospital focused care to population health, community and primary focused care. This will be supported by the resources approved from the Transformation Fund, together with those bids hopefully still to be approved by Welsh Government (WG).</p> <p>To deliver the Health and Care Strategy, the UHB needs to make changes to the way in which it delivers its services, which means it needs a flexible and adaptable workforce which is competent, confident and engaged. The UHB strives to be an employer of choice and the health and well-being of its staff is paramount. Hywel Dda’s Values and Behaviours Framework has now been in place for more than two years. The values were developed to support the organisational mission and vision. The values are the driving change of organisational culture and bring a consistent level of leadership to Hywel Dda. This shift in cultural change and leadership capabilities will impact positively in employee experience and increase staff engagement. It is recognised that higher levels of staff engagement impacts positively on quality, financial, performance and patient outcomes.</p> <p>The UHB have three value statements which are:</p> <ul style="list-style-type: none"> • Working together, working as one to be the best we can be.

			<ul style="list-style-type: none"> • Putting people at the heart of everything we do. • Striving to deliver and develop excellent services. <p>In addition to the organisation's value statements, there are nine personal values within the Values and Behaviours Framework which represent the personal values expected of staff on a day to day basis:</p> <ul style="list-style-type: none"> • Dignity, respect and fairness. • Integrity, honesty and openness. • Caring, kindness and compassion. <p>These nine personal values have been underpinned by three behavioural frameworks which define the types of behaviours that should be demonstrated on a daily basis to embed the values. These step up in categories, as follows:</p> <ul style="list-style-type: none"> • Core behaviours – for all staff throughout the UHB. • Advanced behaviours – for all staff working up into leadership roles. • Excellence behaviours – for all leadership and senior roles. <p>These behavioural frameworks have been added and measured through the annual Personal Appraisal Development Review (PADR) process for all staff.</p>
2	Do you have mechanisms and systems of assurance in place to ensure your organisation operates in accordance with the Health and Care Standards?	Director of Nursing, Quality & Patient Experience	<p>All SBAR reports that are presented to the Board and Committees are aligned to the Health and Care Standards (HCS). A template identifying appropriate links to committees/sub-committees has been compiled and will support the methodology in use for the self-assessment by Internal Audit.</p> <p>Internal Audit undertook a review of the self-assessment of the HCS completed by the UHB during 2018. The Internal Audit Review considered the processes that were in place for the preparation and completion of the self-assessments for HCS. It also considered how the standards are embedded in the organisation at all levels. Following this self-assessment, Internal Audit awarded a reasonable assurance rating in 2018.</p> <p>An Integrated Impact Assessment (IIA) Tool, which incorporates the HCS, was developed in 2016/2017; following approval by the Executive Team in March 2017 this was rolled out for use in</p>

			<p>papers submitted to the Board and its Committees from April 2017. The IIA has been further developed to support the new 'check and challenge' process approved by the Board in March 2019.</p> <p>The Quality, Safety and Experience Assurance Committee (QSEAC) continues to receive a report on Healthcare Inspectorate Wales (HIW) and Community Health Council (CHC) inspection activity. The reports are written to reflect the relevant Health Care Standards, which will support embedding the standards into practice. The reports will identify any areas that require immediate assurance as well as noting full findings. Action plans are formulated by service areas, and monitored through the Executive Performance Reviews. Any incidents in respect of Ionising Radiation (Medical Exposure) (IR (ME)) Regulations are also reported to QSEAC, and assurance is given when investigations have been completed in relation to these reports.</p> <p>The UHB tracks all inspections and reviews undertaken by HIW to ensure that all recommendations are implemented within the UHB. Progress on implementing recommendations from any external review is reported through the UHB's Committee structure. The UHB's Audit Tracker maintains a record of progress and is regularly presented to the Audit and Risk Assurance Committee (ARAC). QSEAC also receive the HIW, CHC and peer review elements of the UHB's Central Tracker which will provides the Committee with a status report on the number of recommendations that are outstanding.</p>
3	<p>Has your Board undertaken an assessment of its effectiveness and developed a prioritised action plan in response?</p>	Board Secretary	<p>Over the last few years, there have been a number of commissioned external reviews which have considered the effectiveness of the Board and its arrangements. These have included an External Review of Governance Arrangements as well two WG commissioned external reviews, a zero based review of Hywel Dda UHB's acute cost base and a review of its financial arrangements. The UHB developed improvement plans following each review and almost all of the recommendations have been implemented.</p> <p>In addition, the Wales Audit Office (WAO) undertakes an assessment of the UHB's governance arrangements, financial management and the effective use of its resources on an annual basis. In January 2019, the Board received the WAO Final Structured Assessment 2018 report (SA18). WAO concluded that the UHB continues to strengthen governance and management arrangements, however there is recognition that some weaknesses remain in quality and safety governance arrangements, more needs to be done to streamline the organisational structure to support</p>

			<p>implementation of the new strategy, and the efficiency of both resources and assets in the short to medium term could be further improved. There were two recommendations made specifically around Board effectiveness, one of which related to the level and quality of information enabling Independent Members to make well-informed decisions, and the other was to improve the effectiveness of committees by allowing time on the agenda for reflection. The management response to the SA18 was presented to ARAC in February 2019, along with the outstanding recommendations from SA17. ARAC will continue to monitor progress on implementing recommendations from both reports.</p> <p>In September 2017, the Board approved the proposed approach to, and content of, the Board Development Programme which takes into account the recommendations made in the review of financial governance. The 3 stage programme has involved separate sessions held initially for Independent Members and Executive Directors based on facilitated discussions to provide a foundation for continued learning and development. The programme is delivered in-house with support from Academi Wales and focuses on key development areas that once completed will provide members with the enhanced knowledge, skills and behaviours for them to improve individual and collective performance. Stages 2 and 3 of the programme have been undertaken during 2019/20. Sessions for Executive Directors have included the following areas: Executive Director Performance Management Framework; Myers Briggs Step 2; Leadership Diagnostics and Coaching; Leadership Well-being and Resilience; Team Stock Take; Executive Coaching Round 2; Action Learning; Working in Integrated Partnership for Transformation; Leadership Diagnostics and Team Climate, Values & Behaviours. Independent Members' sessions have covered the following subjects: Integrated Governance; New Member Induction; Committees Self-Effectiveness Feedback; Myers Briggs Step 2; Chairing Effective Sub-Committees; Team Stock Take; Scrutiny in Turnaround (KPMG); Risk Profiling & Tolerance and New Induction Programme.</p> <p>The above sessions have been supplemented by Joint Board Development Sessions which have focused on the following topics: Financial Governance and Assurance; Working Together Better; Board to Floor walkabouts; Compassionate Leadership; High Performing Organisation; Bespoke support; Financial Modelling & Simulation; and Myers Briggs Board Member Mapping.</p> <p>To complement the local provision, Board Members have also participated in the national available development through Academi Wales. In addition, Board Members have participated in a number of development sessions through the Board Seminar programme. The combination of Board OD</p>
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4	Have you established effective reporting structures for all services?	Board Secretary	<p>The current Board and Committee structure was approved by the Board in May 2015 as part of the recommendations from the External Governance Review. All Terms of Reference for the Committees and Sub-Committees structure are reviewed at least annually and all Committees/Sub-Committees and groups work to these. During 2017/18, the Board and Committee structure was further strengthened by adding clear reporting structures for both strategic and operational delivery to support the existing assurance Committee structure. In September 2017, the Board approved the Standard Operating Procedure for the Management of Board and Committees (including the Governance Wiring Diagram).</p> <p>In March 2018, the Standing Orders and Standing Financial Instructions were reviewed and agreed by Board; these have been reviewed in preparation for presentation to the Board in May 2019. Following presentation to ARAC, in September 2018 the Scheme of Delegation was approved by Board, as was a detailed Scheme of Delegation for Board, Committees and Officers which provides clarity on the responsibilities of Executive Directors, their Directorates and Committees. The detailed electronic Scheme of Delegation encompasses all delegations including Standing Orders, Standing Financial Instructions, financial delegations, legislative compliance, other delegations and responsibilities, both at delegated lead and operational responsibility level. This has been kept under review, and further expanded through Directorate delegations.</p>

			<p>In addition to the above, the UHB has refreshed its internal performance review process and the new Performance Management Assurance Framework will commence in April 2018. The objective of the Quadruple Aim Performance Management & Assurance Framework (PMAF) is to ensure that information is available which enables the UHB and senior management teams to understand, monitor and assess the UHB's quality and performance, enabling appropriate action to be taken when performance against set targets deteriorates. The PMAF also incorporates how we track our performance and delivery against the UHB's Mission Statement, our strategic objectives and our values.</p> <p>It is recognised that there is further work to be undertaken in relation to reviewing reporting structures, with particular reference to QSEAC, to ensure that good governance is embedded throughout the UHB and that further work is required in relation to the Sub-Committees of the Board's Assurance Committees. This will be an area of focus for 2019/20, following receipt of the WAO review of local arrangements.</p>
5	Do you have effective leadership, direction and decision making within your organisation/ service?	Chief Executive Officer	<p>There is an expectation that all Executive Directors will demonstrate effective leadership in accordance with their portfolios and through their lines of accountability.</p> <p>To achieve our organisational vision, the UHB has been developing a culture of engagement, openness and honesty in which all elements of the workforce are encouraged to be innovative. Central to this is the need for clear and supportive leadership, including robust and empowering clinical leadership and staff engagement, and clear schemes of delegation.</p> <p>2018/19 brought an improved level of stability to the Executive Team. Although there were changes in respect of Executive Directors and Independent Members, the UHB did not have any significant gaps and had interim arrangements in place prior to appointing to vacant posts. All Executive Directors participate in a consistent framework for Executive Objective setting and development, which helps to focus on key priorities and achieve more integrated team work. Executive Directors have been undertaking leadership diagnostics to deepen their understanding of themselves and others in the team, all of which helps to strengthen team performance and consequently organisational leadership for improvement.</p> <p>The UHB has a Board-approved comprehensive Board Development Programme designed to</p>

		<p>provide ongoing development to support the Board. The programme has involved separate sessions held initially for Independent Members and Executive Directors based on facilitated discussions to provide a foundation for continued learning and development. The programme is delivered in-house with support from Academi Wales and focuses on key development areas that once completed will provide members with the enhanced knowledge, skills and behaviours required to improve individual and collective performance.</p> <p>Throughout 2018/19, the Board and Executive Directors took part in separate organisational development programmes. A comprehensive programme of development for Independent Members is in place, making good use of both internal and external resources, and there are effective arrangements to support handover for Independent Members, and when new members are appointed and new chairs of committees are put in place. A programme of organisational development is currently in place to develop the Independent Members, as well as strengthen the Board as a whole, supported by regular six-monthly reviews on an individual basis. Independent Members have been complimentary regarding the training and development opportunities in place, although scope to make use of visits to departments and wards to develop their knowledge was highlighted during recent appraisals. Plans are in place to address this feedback, including the involvement of Independent Members in the Chair's Employee of the Month visits. (WAO SA18).</p> <p>A new Executive Performance Development Framework was implemented in 2018/19, wherein all members of the Executive Team had new objectives agreed; delivery of which was monitored by the Chief Executive Officer (CEO). These objectives provided clarity with regard to executive roles and responsibilities, were directly linked to objectives set out in the 2018/19 operational plan and promoted joint working. Executive Directors shared these with their direct reports and the totality of the objectives and how they interrelate have also been shared across the Executive Team and Board. The executive objectives have also encouraged wider involvement in operational issues, than has previously been the case. (WAO SA18).</p> <p>The UHB has implemented an organisational structure which is designed to be clinically-led; however, WAO found that directorate medical leads and GP cluster leads were not as involved as they might be in day-to-day management, due to their own clinical workload and trying to maintain fragile clinical services. Clinical Executive Team meetings were established, however medical staff struggled to attend, therefore they were put on hold. In 2017/18, the UHB put in place a</p>
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		<p>substantive programme of organisational development following receipt of funding from WG, however WAO reported in SA18 that progress had been slow.</p> <p>During 2018/19, a number of steps have been taken to further develop Medical Leaders across the UHB. A Medical Leadership Forum has been established, co-chaired by the Medical Director and Director of Operations, with membership comprised of Hospital Directors; GP Cluster/Locality Leads and Assistant Medical Directors. The purpose of this forum is to develop the capability of our most senior medics to collectively and effectively address issues relating to professional development and services affecting the whole system.</p> <p>The Aspiring Medical Leaders Programme was launched in November 2018 to develop a community of Medical Leaders from the various sites, specialities and including primary care. These Medical Leaders have critical leadership roles in supporting the transformation and delivery of clinical services. Cohort 1 with 20 participants is underway with Cohort 2 commencing in May 2019.</p> <p>The System level Leadership Improvement Programme was launched in Autumn 2018 for 16 of our Senior Operational Leaders including General Managers; Heads of Nursing; Heads of Therapies; GP Cluster Leads and Hospital Directors. Cohort 1 completes in July 2019, with Cohort 2 commencing in June 2019 and running into the spring of 2020. The programme intention is to create a body of leaders capable of leading sustained improvement in services and systems. The programme offers opportunities to address complex service challenges and also a pipeline for succession.</p> <p>WAO reported in SA18 that there had been strong medical leadership in the Transforming Clinical Services (TCS) Programme, with the Medical Director responsible for developing the UHB's clinical strategy. The clinical directors and lead clinicians have also been at the forefront of the consultation exercise, with positive involvement from a wider range of other health professionals.</p> <p>The UHB recognises that high quality leadership is crucial to the achievement of organisational objectives and to ensure sustainability and future development. The UHB has a strong commitment to leadership development and acknowledges its role to increase the capability of current leaders and to develop future leaders.</p>
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6	<p>What levels of delegation have been agreed? Do they provide a robust framework for accountability?</p>	<p>Board Secretary</p>	<p>In March 2018, the Standing Orders and Standing Financial Instructions were reviewed and agreed by Board, and will be presented to the Board in May 2019 following the annual review. In September 2018, the Scheme of Delegation was approved, as was a detailed Scheme of Delegation for Board, Committees and Officers which provides clarity on the responsibilities of Executive Directors. The detailed electronic scheme of delegation encompasses all delegations including Standing Orders, Standing Financial Instructions, financial delegations, legislative compliance, other delegations and responsibilities, both at delegated lead and operational delegation responsibility level. This has been kept under review, and further expanded through Directorate delegations.</p> <p>The Board has a Committee Structure in place to provide assurance to the Board. Terms of Reference have been reviewed and agreed for all Committees, and were approved by the Board as part of the review of Standing Orders in March 2018. SA2018 reflected that the UHB has an effective system of internal control to support Board assurance. WAO found that some aspects of governance are stable and well-organised, but others need to be further developed particularly in relation to quality and safety arrangements.</p> <p>During 2018/19, the UHB refreshed its internal performance review process and introduced the new Performance Management Assurance Framework (PMAF). This is currently under review to include corporate functions and align with delivery of objectives. The Quadruple Aim PMAF will ensure that information is available which enables the UHB and senior management teams to understand,</p>

			<p>monitor and assess the UHB's quality and performance, enabling appropriate action to be taken when performance against set targets deteriorates.</p> <p>The Board received an updated and detailed Governance Wiring Diagram in September 2017 which provided a clear map of the Committees, Sub-Committees and Groups which underpin the three arms of the UHB's governance structure – Assurance arm; Operational Delivery & Performance Management arm; Strategy Development arm. It also described the relationships with each other, the connectivity between them, and key partnerships. The Governance Wiring Diagram provided assurance to the Board that there is a clear line of reporting for all identified Committees, Sub-Committees and Groups and that they have purposeful roles and responsibilities which support the UHB's governance structure. This Governance Wiring Diagram remains under regular review.</p> <p>To support the Scheme of Delegation a Corporate Scheme of Financial Delegation provides clarity for the Health Board on financial limits and approvals. The summarised scheme was presented to the Finance Committee in September 2018. Budgets have been aligned to Directorates and accountability letters sent from the Chief Executive to all budget managers detailing their responsibilities. During 2018/19, a restructuring of the Finance Directorate has taken place, thereby strengthening support to Directorates through Business Partnering. This will help deliver increased accountability in 2019/20 as the model is embedded.</p>
7	How do you communicate organisation/service priorities effectively through the organisation, ensuring that these are delivered at pace?	Director of Partnerships and Corporate Services	<p>There is an expectation that all Executive Directors will disseminate information in accordance with their portfolios and through their lines of accountability.</p> <p>The UHB holds its Board meetings, with these now being webcast live to increase reach, in public to improve openness and transparency about the business of the organisation. In accordance with Standing Orders, the role of the Board is to:</p> <ul style="list-style-type: none"> • Set the organisation's strategic direction. • Establish and uphold the organisation's governance and accountability framework, including its values and standards of behaviour. • Ensure delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across all areas of activity.

			<p>The Board's agendas follow a set format which ensures that strategic decisions and issues are considered, and quality, safety and performance is reported and discussed by the Board. Following every Board meeting, an update is cascaded through 'Team Brief' to managers and staff of the UHB to communicate the Board's decisions and discussions to staff. This is circulated via global e-mail to staff, with managers expected to brief their staff through the Team Briefing process. Board decisions are also disseminated through the work of the Sub-Committees and respective meeting structures.</p> <p>Whenever the UHB undertake engagement or consultation activities, one of the important first steps is to identify who it needs to work with through a robust stakeholder mapping and analysis process. Engagement activities are planned using the most appropriate methods. The UHB's engagement activities and public consultations are communicated to staff through a number of methods including 'Global bulletins', intranet pages, surveys and questionnaires and drop-in events. Staff are encouraged to become members of our Siarad Iechyd/Talking Health involvement and engagement scheme which provides members with up-to-date information and opportunities to shape health services. Members receive information and can support the UHB through several methods including providing feedback via surveys, participation in engagement activities such as focus groups, world cafe events, etc, and test patient information documents to see if they are user-friendly.</p> <p>The UHB developed and implemented its PMAF in 2018/19 to enable the Executive Team to enhance its understanding, monitoring and assessment of the UHB's quality and performance, enabling appropriate action to be taken when performance against set targets deteriorates. The PMAF also incorporates delivery against the service and directorate plans set out in the Annual Plan 2018/19. The PMAF will be strengthened further in 2019/20 following feedback from WAO SA18.</p> <p>The Annual Plan 2018/19 was underpinned by a number of enabling plans to translate actions and behaviours into delivery. These plans were developed by clinical and service leads with Executive sign off and were the subject of quarterly monitoring through the committee structure of the Board and reporting to Welsh Government.</p>
8	Have you identified risks and barriers to achieving these objectives?	Board Secretary	In 2018/19, the UHB further developed its Board Assurance Framework (BAF) and Corporate Risk Register (CRR). The BAF was refreshed and risks were aligned/identified to the existing strategic objectives 9 and 10 agreed by the Board in March 2016 (as strategic objectives 1 – 8 were under review as part of the Health and Care Strategy). The BAF was received by the Board in September

			<p>2018 and January 2019, and will continue to be received by the Board twice a year. SA18 concluded that the UHB has a well-developed BAF in place which will be refreshed as new strategic objectives are developed and that it is supported by a well-documented CRR, which was refreshed and updated following a Board Development Session in August 2018. The content of the CRR is agreed by the Executive Team and includes significant risks to achieving the organisation’s strategic objectives and significant operational risks which could cause substantial harm, loss or damage to the UHB and require oversight by the Board.</p> <p>Directorates across the organisation continue to identify, articulate, and manage/mitigate risks that affect the day to day operations of the UHB. Each Directorate has a risk register which is fed by department/service risk registers. 2019/20 will see further development of directorate and service risk registers to ensure that they reflect risks to achieving their directorate and service objectives and compliance with legislation/standards.</p>
9	How do you identify, assess and manage your risks?	Board Secretary	<p>As set out in the UHB’s Risk Management Framework, the UHB follows the 3 line of defence model whereby the first line of defence relates to the functions that own and manage risk. The various risk control and compliance oversight functions established by management are the second line of defence, and independent assurance is the third. Each of these three “lines” plays a distinct role within the UHB’s wider governance framework. All three lines need to work interdependently to be effective.</p> <p>Roles and responsibilities are set out in the Risk Management Framework, making it clear that risk ownership and management sits with management and staff. There are 3 types of risks within the UHB. These are strategic (principal), operational and project risks and are managed through 3 different processes, which are mutually complimentary.</p> <p>In respect of strategic risk management, the Board agreed the structure and process for the Board Assurance Framework in September 2018 - BAF Process App1(page 7).</p> <p>Principal risks are generally identified in a top down and bottom up approach, whereby the Executive Lead for each strategic objective, proactively identifies risks that could affect delivery of the strategic objectives and any significant operational risks, from their directorate risk register, that needed oversight by the Board. These risks were then assessed and analysed, taking into account the</p>

			<p>controls that were already in place and the assurance on their effectiveness, and appropriate actions were planned to address any gaps in both controls and assurances. The content of the BAF/CRR is considered and agreed by the Executive Team. The risks on the BAF/CRR are aligned to a Board Committee, responsible for monitoring and reviewing the management of the risks on behalf of the Board at alternate meetings. Where the Committee are not assured that risks are being managed effectively, it will seek further assurances at the following meeting. The Board receives updates on this process via the Committee Update Reports, and considers the BAF/CRR twice yearly.</p> <p>In respect of operational risks, this is predominantly achieved through a bottom up approach whereby service areas are responsible for identifying, assessing and managing risks and maintaining their own risk registers. Where these affect the Directorate achieving its objectives, day to day operations or compliance, these will be escalated for Directorate oversight.</p>
10	Do you have a risk framework and a system of assurance?	Board Secretary	<p>In September 2017, the Board approved the Risk Management Framework which detailed the 3 lines of defence model in respect of risk management. The first line of defence is where operational management have ownership, responsibility and accountability for directly assessing, controlling and managing/mitigating risks. The second line of defence consists of activities covered by several components of internal governance, i.e., specialist risk management functions such as corporate risk management, health and safety, quality, counter-fraud, business continuity, etc), which monitors and facilitates the implementation of effective risk management practices by operational management and assists the risk owners in reporting adequate risk related information up and down the organisation. The third line of defence is provided by Internal Audit which provides an independent assessment on how the UHB assesses and manages its risk and the effectiveness of the first and second lines of defence. Success of the 3 lines of defence model is reliant on all 3 lines working effectively with each other. The Risk Management Framework also detailed the risk architecture of the organisation clarifying the roles and responsibilities for risk management, as well as the reporting and communication mechanisms throughout the organisation.</p> <p>The UHB has further developed the BAF in 2018/19. This was reviewed and discussed by the Board in its Seminar in August 2018 and formally presented to the Board Meeting in Public in September 2018. The BAF sets out the risks to achieving strategic objectives, the internal controls for mitigating those risks and the assurances the Board needs to know that controls are effective and risks are being managed. The BAF process was also set out to the Board in September 2018</p>

		<p>which documented the 3 stage process of mapping and assessing assurances related to the principal risks.</p> <p>The WAO SA18 was relatively positive in its report, in that it assessed that the UHB has a well-developed BAF in place and had addressed its previous recommendation that further work was required to embed the revised risk management framework. WAO also stated that the UHB had an effective system of internal control to support board assurance, and found that some aspects of governance are stable and well-organised, although others needed to be further developed particularly in relation to quality and safety arrangements.</p> <p>WAO also advised in SA18 that the UHB had a robust process for tracking recommendations by all regulators, not just those identified by External and Internal Audit, which they identified as good practice. The tracker is regularly reported to ARAC and executive officers are held to account for the pace of delivery, with detailed progress updates reported back to ARAC at regular intervals. During 2018/19 ARAC approved an escalation process for late or non-delivery of recommendations which facilitated focus on addressing outstanding recommendations, with progress monitoring now delegated to the performance reviews.</p> <p>The Legislative Assurance Framework (LAF) has been reviewed in 2018/19 with an assurance report presented to ARAC as part of end of year reporting. The statutory obligations of UHB are wide ranging and complex, therefore in order to provide the Board, via ARAC, with a level of assurance of compliance, the LAF has been reviewed focusing on those matters that present the highest risk in terms of likelihood and impact of non-compliance. Where an assurance rating of 'limited' or 'no assurance' has been given, Services were asked to undertake a risk assessment for these areas (if not already in place) in order that the impacts are understood and the planned actions detail the risk management plan and mitigation in place. Documenting and understanding of the level of risk ensures will help to inform UHB's annual prioritisation process going forward. These will also be included in the performance management reviews undertaken with services.</p> <p>A register of Ministerial Directions is maintained and compliance is reported to ARAC annually as part of end of year reporting.</p> <p>A Decision Tracker from Board and Committees in place to ensure actions from meetings are logged</p>
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			and detailed, these are RAG rated. A log of Welsh Health Circulars (WHCs) is maintained and progress on implementation/compliance is reported through the Board's Committee and Sub-Committee structure. This is also presented to ARAC as part of the end of year reporting.
11	How do you gain assurance about your organisation/service?	Board Secretary Director of Nursing, Quality and Patient Experience	<p>The UHB gains both positive and negative assurance from a number of internal and external sources of assurance. Where positive assurance is gained, this provides the organisation with the opportunity to share good practice, however where negative assurance is identified, the Board expects management to take appropriate action to reduce the risks. SA18 reported that in respect of embedding a sound system of assurance, some aspects of governance are stable and well-organised, however others needed to be further developed particularly around quality and safety arrangements.</p> <p>Most assurance is gained from internal sources such as the Integrated Performance Assurance Report (IPAR) which is presented on a bi-monthly basis to the Business Planning and Performance Assurance Committee (BPPAC) and the Board, self-assessment processes such as the Health and Care Standards, reports to Committees and the Board, and monitoring and scrutiny of risks through the Board and Committee structure. SA18 reported that the IPAR had been further developed as an interactive tool which ensures areas of underperformance are more prominent and recognised the continual improvement being made by the UHB to focus on patient experience and outcomes.</p> <p>Executive Performance Reviews were introduced in 2018/19 as part of the PMAF, chaired by the CEO, and currently cover performance, workforce, quality and safety, risk and assurance and finance. These are under review following feedback from WAO in SA18.</p> <p>Internal Audit is classed as an internal source of assurance which provides the UHB with an honest and independent opinion of its systems and processes. The UHB agree the Internal Audit Plan in advance with Internal Audit and reports are presented to ARAC throughout the year. Recommendations are taken forward by management and progress is tracked via the UHB Audit Tracker.</p> <p>Clinical Audit reports are received by various committees and groups within the clinical services and governance structures. All clinical audits are expected to have an action plan for improvement. These are submitted to the Clinical Audit Department and progress updates are expected. Whole hospital</p>

		<p>audit meetings are held to highlight the learning involved and share best practice. The UHB implemented a forward Clinical Audit Programme in 2018/19. This pre-planned list of audits is intended to address the highest priority audit projects with a “risk based” approach to Clinical Audit and matching the programme to available resources. An annual report will be presented to ARAC in August 2019. There is an established process for the reporting of mandatory national audits. When a national audit report is published this triggers the process whereby services are asked to complete an assurance form outlining the report recommendations and subsequent action plan. This plan is signed by senior service leads and a representative of the Medical Director and then submitted to Welsh Government. A new process for non-participation in mandatory audits was developed and implemented in 2018/19 and services now undertake a risk assessment relating to non-participation, in line with their service’s other risks. Non-compliance is reported through individual specialty risk registers. However, it is recognised through the work of ARAC that further work is required to increase participation and learning from these audits.</p> <p>In addition, the HCS Fundamentals of Care audits, which are undertaken on an annual basis, will support UHB assurance mechanisms. The results from these audits are presented to the Board and QSEAC. Information from complaints, compliments, patient surveys and patient stories, can provide the UHB with information which will support assurance mechanisms.</p> <p>The UHB developed the Quality Improvement Strategic Framework which was formally launched in March 2019.</p> <p>Throughout 2018/19, formalised Board to Floor walkabouts were undertaken. These included executive and independent members and staff from the Assurance, Safety and Improvement (ASI) team. The walkabouts have been well received from clinical staff. There is on-going evaluation of the programme and themes and trends are being reported to QSEAC. A planned programme of IM site visits is also being developed and rolled out.</p> <p>Although the quality dashboard continues to be developed for use by QSEAC members, there are dashboards in place at operational level, which Heads of Nursing and other identified staff use, to oversee the management of incidents, and concerns.</p> <p>External assurance is gained from outside organisations. WAO undertake a review of the UHB’s</p>
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		<p>governance and financial management arrangements. The SA18 followed similar themes to previous years' work in respect of the focus on reviewing the UHB's corporate governance and financial management arrangements and progress made in addressing the recommendations made in the previous assessment, whilst broadening the scope to include commentary on arrangements relating to procurement, asset management and improving efficiency and productivity. The SA18 was reported to the Board in January 2019, with the management response presented to ARAC in February 2019. The Committee will monitor progress against the recommendations throughout 2019/20.</p> <p>The UHB also agreed an Annual Audit Plan with the WAO, who are the UHB's official external auditor. Progress against this Plan is routinely reported to ARAC, with final reports and the management responses developed to address the recommendations, presented throughout the year. Progress on implementing recommendations is undertaken via the UHB's Committee structure and the Executive Performance Reviews, and is tracked via the UHB Audit Tracker. ARAC approved a new escalation process in June 2018, and now invite Executive Directors to account for late or non-delivery of recommendations. SA18 reported that the UHB has a robust process in place for tracking recommendations by all regulators, and has identified this as an area of good practice.</p> <p>External reviews by organisations such as HIW or the CHC will also provide rich information to advise on how the UHB is performing and provide further assurance mechanisms. HIW assesses the health services provided by the UHB to check whether standards are being met. HIW undertake inspections of hospitals, mental health and learning disabilities facilities, GP practices and dental services, and monitor compliance on the use of ionising radiation. All HIW reports and other external reviews are presented to QSEAC. Management responses are subsequently developed to address recommendations and delivery of these is now monitored through the Executive Performance Reviews.</p> <p>The UHB also gains assurance from its management responses to the Public Service Ombudsman for Wales (PSOW) S16 and S21 reports, Coroner Regulation 28 reports into unexpected deaths and the Welsh Risk Pool (WRP) claims reviews which demonstrate that the UHB is addressing the causes and issues of incidents that have led to complaints and claims.</p> <p>The UHB maintains a Legislative Assurance Framework which lists the key legislative and regulatory</p>
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			requirements, as well as the accreditations and inspections, which the UHB is subject to. An Assurance Report is presented annually to ARAC. This has been developed in 2018/19 to ensure it aligns to the UHB's risk management process and informs the development of the Internal Audit Plan going forward.
12	Have you mapped out your sources of assurance to build an assurance framework?	Board Secretary	<p>The BAF was received by the Board in September 2018 and January 2019, detailing the information that the Board relies on to gain assurance on the effectiveness of the controls it has in place in respect of managing principal risks (risks that could affect delivery of the strategic objectives of the UHB).</p> <p>When the Board approved the refreshed BAF in September 2018, it also approved the 3 stage process for mapping and assessing assurances which enables the Board identify whether there are any gaps in assurance.</p> <p>WAO SA18 reported that the UHB had a well-developed BAF.</p>
13	How do you use internal and clinical audit mechanisms to provide assurance?	Board Secretary Medical Director Director of Nursing, Quality and Patient Experience	<p>An Internal Audit Plan is agreed annually and monitored by ARAC. The UHB uses a risk based approach to develop the Plan and this is undertaken in conjunction with the Chair of ARAC, ARAC Members and the Executive Directors. Internal Audit is also requested to undertake specific pieces of work related to risk areas that are identified within the financial year.</p> <p>Internal Audit reports and management responses are presented to ARAC. Recommendations are taken forward by management and progress is tracked via the UHB Audit Tracker which is reported to ARAC on a regular basis. The introduction of Team Central, which is an electronic tracking system, specifically for Internal Audit reports, will strengthen assurance on the timely implementation of recommendations.</p> <p>The UHB has developed a forward plan of Clinical Audits for 2018/2019. The plan was compiled by asking the senior committees within the already established UHB governance structure to provide a list of high priority projects, focusing on key risks, areas of concern and where possible, linked to the strategic objectives. The plan was approved by ARAC in August 2018. It is recognised that this programme will require improvements in the future and with increased engagement, led by the Clinical Audit Department and Senior Committees, the programme will build in quality in subsequent</p>

			<p>years. It remains a concern for the UHB that the Clinical Audit Department and the services carrying out the projects continue to face resource challenges which impact on the organisation's ability to participate fully with mandatory national audits and key local audits. The developing work streams around the forward clinical audit programme have led to improvements in this area and the UHB has seen some increase in compliance within key projects. Clinical Audit has been highlighted as an area of concern from ARAC to the Board with progress being regularly monitored in the 2018/19 financial year.</p> <p>There is a governance structure in place for reporting clinical audit; Effective Clinical Practice Sub-Committee, QSEAC, other specialty/directorate specific governance committees. A Clinical Audit Group has been approved as a reporting group to the Effective Clinical Practice Sub-Committee. This group's primary focus will be on providing further assurance that there is a robust clinical audit function within the organisation. Whole Hospital Audit meetings are held regularly on all sites to highlight the learning from these. In 2018/19 a total of 19 of these events were held with 79 audits presented and discussed. It is recognised that work is needed to be undertaken to strengthen the role and governance of the ECPSC and this work will be led by the Medical Director.</p> <p>ARAC maintains an oversight of the work undertaken by Clinical Audit in order to be able to provide assurance to the Board and to discharge the Committee's duty in accordance with the Audit Committee Handbook. Due to resource pressures within operational teams for data collection and implementation of audit outcomes the UHB did not participate in all mandatory audit projects for 2018/19. Reported compliance with a number of these projects increased during this time period from 26 to 28 and the number of projects without any participation from the UHB was reduced. Whilst this is a positive trend, the programme consists of 34 unique and variable projects which require continuous monitoring and support. Participation in the national clinical audit programme is a risk on the risk register. Reports on compliance with the national programme are to be presented at ARAC in April and August 2019.</p>
14	Have you discussed, agreed and communicated clear values and behaviours for your	Director of Workforce and OD	<p>In July 2016, the Board approved the UHB's Values and Behaviours Framework for staff. http://www.wales.nhs.uk/sitesplus/documents/862/Item13BoardSBARReportTemplateValuesFinal.pdf.</p> <p>To ensure the UHB makes a difference and performs to its optimum, three organisational value statements wrap around the individual personal values. These being:-</p>

	organisation/service?		<ul style="list-style-type: none"> • To always put people at the heart of everything we do; • To work together to be the best we can be; • Strive to deliver and develop excellent services. <p>In September 2017, the Board reaffirmed their commitment to the Values and Behaviour Framework, when they were presented with an annual update in the implementation of the Values and Behaviours Framework and how they have been brought to life within the organisation. The report demonstrated the work that had been undertaken since July 2016 to implement the values and behaviours throughout the organisation and how success has been measured. However there is also a growing evidence base which is showing that there are improved staff behaviours/ engagement, although it is difficult to solely attribute this to the values being implemented. There will be ongoing reviews to review the project to implement of the Values and Behaviours Framework, although embedding the framework will be a continuous process.</p> <p>The Organisational Development (OD) team, leading on cultural change, have developed a values session which showcases the values and asks the team/department or service what the values look like for them. A values charter has been designed with staff contributing and agreeing on the types of behaviours they expect from that team. These sessions are being conducted across the organisation and have resulted in some significant improvements in staff engagement. The leadership module of leading people also has a values session which outlines the need for consistent behaviours and the need for leaders to role model organisational values.</p>
15	How do you constantly communicate the values and behaviours to staff and the maintenance of high standards and codes of conduct?	Director of Workforce and OD	<p>Information on the Values and Behaviours Framework of the UHB is available on both the staff intranet and public website. A staff information booklet is also available. This is integral to the UHB's induction and is included in all managerial and team development programmes. The UHB has a twitter account linked to the UHB values where staff and members of the public can comment on when our staff have lived up to our values.</p> <p>The Values and Behaviours Framework is part of the annual PADR process whereby managers and staff members review where they have met the organisation's values and behaviours during their day to day work. The UHB is working towards a culture of open consistent reflection where employees are encouraged to reflect and discuss their behaviours in line with organisational values and the associated behavioural frameworks. The building of psychological safety will support employees to</p>

		<p>appropriately challenge any improper behaviours at any level.</p> <p>The UHB is in the early stages of introducing values-based recruitment and has used values-based exercises as part of its Health Care Support Worker Bank, Student Nurse recruitment, Overseas recruitment, and Executive Director recruitment processes.</p> <p>The values continue to be showcased in the Chair's employee/team of the month awards which are shared on social media and global e-mails. Any applications for the award need to demonstrate how the recipient has demonstrated the values in their work.</p> <p>The OD department has designed new values workshops that have been run now for a number of wards and services throughout the organisation. The team has facilitated these sessions for teams in Special Care Baby Unit (SCBU), Nutrition and Dietetics, Children's Play Specialists, Estates, Pharmacy, Research and Development and many more. The sessions conclude with the team developing and agreeing a list of values behaviours for their department or ward, which are then drawn into a values pledge that they will adopt and which will support the amending of the organisational values. The feedback for the sessions has been excellent and the OD department have many more to complete for 2019/20.</p> <p>The Standards of Behaviour Policy enables the UHB to ensure that its employees and Independent Members practice the highest standards of conduct and behaviour. Regular reminders are issued to staff to declare interests, gifts, hospitality, honoraria and sponsorship which always reference the wider policy. Recognising that further work is needed to be undertaken to communicate the key elements of this policy to the wider workforce, standards of behaviour now features routinely at both corporate induction and Managers Passport/Plus programmes. Other initiatives to communicate acceptable standards of behaviour include a poster introduced for ward areas, reminders via payslip information, and targeting of specific groups of staff, i.e. Finance, Procurement, Safeguarding, etc.</p> <p>Work has taken place during 2018/19 to enable the electronic completion of declaration forms and all declarations are now publicly available from the UHB's website. Work is also ongoing in conjunction with Betsi Cadwaladr University Health Board on a 'Once for Wales' basis to link the declaring of interests, gifts, hospitality, honoraria and sponsorship to the UHB's Electronic Staff Record (ESR) system to enable more easily identifiable information and reports. The UHB's Standards of Behaviour</p>
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			<p>Policy will also undergo a wholesale review in May 2019 as part of an all Wales approach.</p> <p>Following their introduction in 2017/18, Board to Floor walkabouts are now embedded. Walkabouts have enabled Independent Members and executive officers to undertake visits to specific departments and clinical areas. These visits demonstrate the increasing focus by Independent Members on the need to triangulate sources of assurance, and feedback to date has suggested that the visits have proved useful in providing triangulation for Board members on the key quality and safety challenges that the UHB faces. Walkabouts, together with other safety initiatives, demonstrate strong commitment of senior leadership to a culture that encourages safety, as well as a tool to connect senior leaders with people working on the front line, both as a way to educate senior leadership about safety issues and to signal to front-line workers the senior leaders' commitment to creating a culture of safety. Visits have taken place in a number of wards and units across the UHB and feedback has been provided to QSEAC.</p>
16	<p>How do you know your staff are aware of the vision and values of the organisation and the high standards of behaviour and codes of conduct expected of them?</p>	<p>Director of Workforce and OD</p>	<p>Following the launch of the Values and Behaviours Framework in July 2016, the organisation has continued to embed them into the organisation. The organisation has continued to communicate them through –</p> <ul style="list-style-type: none"> • A communication campaign to ensure the organisational values are embedded across the UHB; and • Drafting of suitable values based questions for recruitment practices for both core and leadership roles. <p>The Corporate Induction for all new starters continues to include a session on our organisational values and why they are so important. It outlines what the values are and what behaviours underpin these values. Induction also includes information on the PADR process and how employees are measured using the values when they complete their yearly review.</p> <p>September 2017 saw the Board reaffirm their commitment to the Values and Behaviour Framework, when they were presented with an annual update in the ongoing implementation of the Values and Behavioural Framework and how they have been brought to life within the organisation. It was recognised that behaviours of leaders are integral to the embedment of the values. The leaders in Hywel Dda should not only be ensuring that all team members are behaving to expectations but</p>

		<p>should be role models within the organisation. It has been recognised that there are some inconsistencies within the leadership in the organisation and there is a need for uniformity. The need for further skills regarding effective appropriate leadership styles have led to the team designing and facilitating modules on living the values, effective communication, conflict management and compassionate leadership.</p> <p>The UHB's leadership development programmes are now focused on both operational and effective people skills to ensure compassionate leaders who role model and challenge where the values are contradicted in any way. The new leadership programmes – Managers Passport and Passport Plus are designed to highlight accepted behaviours and build a psychological safe culture; a culture where employees can speak out and challenge any behaviour that is not deemed appropriate according to the values.</p> <p>The organisational values are now part of the PADR process where employees are expected to review both past performance in their roles and also how they have embodied and lived the values through their associated behaviours. The PADR conversation is only part of an open reflection and feedback culture where employees are encouraged to reflect on themselves and how they are performing within the role and any future aspirations. This culture is supported through high levels of psychological safety and effective leadership performance management with efficient feedback methods such as supervisions, 121's and regular, meaningful PADR's. The UHB has achieved a combined compliance rate of 78% as up to March 2019 which is a vast improvement from 2017/18.</p> <p>The Corporate Induction also includes an introduction to the Standards of Behaviour Policy and sets out the expectations of the UHB in respect to the standards of conduct and behaviour. The policy ensures that there are arrangements in place to support staff to act in a manner that upholds the Standards of Behaviour Framework as well as setting out specific guidance for the appropriate declarations of interests and acceptance/refusal and recording of offers of gifts, hospitality, honoraria and sponsorship.</p> <p>All new starters to the UHB, and all existing staff who change roles, are issued with Contracts of Employment within 8 weeks of their start date. When staff are asked to sign their Contract of Employment, which is a legal requirement, they are also asked to confirm their requirement to abide by the UHB's Standards of Behaviour Policy.</p>
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			Other initiatives to communicate acceptable standards of behaviour are also regularly progressed (see 15 above).
17	Does your Board actively monitor standards of behaviour throughout the organisation? (This could be via the Audit and Risk Committee, complaints; disciplinary action; or the PADR process)	Board Secretary	<p>An annual compliance report for standards of behaviour is presented to ARAC. This report, presented in March 2018 and April 2019, provided an update on the adequacy of arrangement in place for declaring, registering and handling gifts, hospitality and sponsorship. The report also advised on the work undertaken since the WAO survey on the management of interests, gifts, hospitality, honoraria and sponsorship at the UHB in early 2016. The Committee reviewed the adequacy of the arrangements currently in place for the register of interest and the hospitality and gifts register, and noted the proposed steps to improve the adequacy of these arrangements. In 2018/19, further development has been undertaken to increase the number of gifts, hospitality, honoraria and sponsorship registered by further promotion of the Standards of Behaviour Policy, and by the introduction of more user friendly electronic declaration forms.</p> <p>The Improving Experience Sub-Committee (IESC) monitors complaints on behalf of QSEAC, and would identify any issues of poor standards of behaviour, with complaints performance a bi-annual discussion item on the Board's agenda. Any trends or areas of concern are reported through to the relevant Associate Medical Director (Workforce) or the Assistant Director of Nursing (Practice). For 2019/20, a Listening and Learning from Events Working Group will be established which will report to the IESC on lessons learnt assurance, monitoring of corporate level actions plans from concerns, and external reports.</p> <p>The HCS - Fundamentals of Care (FOC) audits, which are undertaken on an annual basis, will support UHB assurance mechanisms. The results from these audits are presented to the Board and QSEAC. Since 2015, the FOC annual audit has been undertaken using the Health and Care Standards which provide the framework for how services are organised, managed and delivered. Feedback from patients, family and carers show that, in the vast majority of cases, the UHB does get their care right and they rated their overall satisfaction as 93% (RAG rating of green for fifth year but a 1% decrease on last year's position). Staff were also asked to rate their overall satisfaction with the care provided to patients and relatives, staff gave the organisation a satisfaction rating of 81%, (RAG rating of amber but an increase of 1% on last year's position) for this question however when staff were asked to rate their overall satisfaction with the organisation, staff gave the organisation a</p>

			<p>satisfaction rating of 73% (RAG rating of amber but an increase of 1% on last year's position). The audit provided QSEAC with assurance that the care delivered by the UHB continues to achieve a high level of satisfaction amongst patients, whilst also identifying areas of improvement which are being addressed by the organisation.</p> <p>Information regarding individual performance, arising from the concerns process, is submitted for discussion as part of appraisal and revalidation processes.</p> <p>The Workforce & OD Sub-Committee monitors PADRs and disciplinary cases and this is also a regular feature of the Board performance report. PADR levels are also monitored at the Executive Performance Reviews.</p> <p>The OD Department continue to gain feedback from leavers through the exit interview process and questionnaire, where feedback is sought on behavioural standards. This feedback is analysed and any areas of concern investigated and appropriate interventions supplied to support the relevant individuals/teams. Interviews that have being completed by the OD department in the last 18 months show that a high proportion of leavers were aware of the values, with approximately 80% of respondents answering positively.</p> <p>In accordance with the All Wales Disciplinary Policy, the In-Committee Board is provided with a regular update on all employment suspensions, highlighting cases where the suspension has exceeded a period of four months and including details of suspensions lifted or closed since the previous report. In addition, employee relations activity, which includes all disciplinary cases, is regularly reported to Workforce & OD Sub-Committee. Disciplinary trends are also examined, analysed and reported to Workforce & OD Sub-Committee.</p>
18	How do you actively promote, embed and robustly support high professional standards and quality requirements and challenge poor	<p>Director of Workforce and OD</p> <p>Medical Director Director of Nursing, Quality</p>	<p>There is an expectation that Executive Directors, e.g. Director of Nursing, Quality and Patient Experience, Medical Director and Director of Therapies and Health Sciences will enact these principles in accordance with their portfolios and through their lines of accountability.</p> <p>Registration is confirmed at the point of recruitment and monitored by line managers, whilst arrangements are in place to ensure that all registered nurses and consultants revalidate. For nursing and midwifery staff, the individual, professionally focussed reflective discussions that underpin</p>

	behaviour?	and Patient Experience	<p>the revalidation process is reported as being a positive, individual reminder of the professional standard expected of every registrant.</p> <p>A PADR process is in place and PADR compliance is monitored at Board and BPPAC. As at Month 12 of 2018/19, PADR compliance was 78% (IPAR Month 12) which demonstrates a positive trend in this area. Overall, PADR performance improved by 15.63% over the last 12 months with the main reasons for this increase being the review of service/team compliance rates within the performance monitoring process and the ongoing building of a culture wherein leaders recognise the benefits of the PADR process. There remains ongoing focus through training and support mechanisms via the Workforce & OD teams, but improvement is still failing to meet required targets.</p> <p>Respective Codes of Practice are referenced in appropriate workforce policies i.e. All Wales Disciplinary Policy. The standards require a nurse or midwife to declare that they have practiced for 450 hours during the last three years and followed requirements on Continuing Professional Development (CPD) and practice related feedback. They are expected to have indemnity insurance and be of good health and character. Revalidation also requires nurses and midwives to have a professional discussion with another registrant about their practice, and obtain confirmation from a third party that they have met the revalidation standards. It is expected in the majority of cases that the professional discussion and confirmation takes place during the registrant's Personal Appraisal and Development Review, and be undertaken by the line manager. PADR are central to the nurse and midwifery revalidation process. Monthly meetings of the Senior Nursing and Midwifery Team (SNMT) discuss a range of local and national professionally focussed issues and this agenda is cascaded through professional forums held regularly with nurse leaders within each service.</p> <p>Medical staff are required to undertake annual appraisal and five year revalidation in line with UK legislation. The UHB has a dedicated team to monitor and coordinate this process, with independent screening to identify and flag up issues of concern with the General Medical Council (GMC) and to take action accordingly. Appraisal rates are monitored monthly through the Performance and Revalidation Panel, chaired by the Deputy Medical Director, and action taken to address any issues which arise. The second five year cycle commenced in April 2018 and the same process will be followed. All revalidation of the medical workforce continues to be managed and monitored by the Medical Directorate and monthly exception reporting is acted upon at monthly revalidation meetings. As at March 2019, medical appraisal remains above target at 95% (IPAR Month 12) which</p>
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			<p>demonstrates a positive improvement in this area.</p> <p>The OD Department is working to develop a culture of psychological safety within the organisation, where employees are encouraged and empowered to speak out against poor behaviours. The Department will be looking at various means of confidential communication so that staff who fear repercussions feel more comfortable in raising issues. The UHB actively promotes a ‘See Something, Say Something’ programme to encourage all staff to feel empowered to challenge poor practise and conduct.</p> <p>All managers are encouraged to address shortcomings in behaviour and performance. Managers receive training in addressing poor performance through the Managers Passport programme. Managers are closely supported by the Operational Workforce team in addressing performance issues. In addition, the development of the medical management model and infrastructure within the UHB has helped to ensure a more robust approach to addressing shortcomings relating to medical staff performance whether relating to clinical performance or behaviour.</p> <p>In addition, the Workforce Department place strong emphasis on problem solving at an early stage and encourages early resolution wherever possible. Managers, including Senior Clinical Managers are being strongly encouraged to address shortcomings as soon as they present. Training is also being provided for senior staff.</p> <p>Reviewing complaints can also provide the UHB with a mechanism for challenging poor behaviours. During the year, significant work has been undertaken on improving reporting, including establishing a quality dashboard, escalation processes, and strengthening the Datix system to provide better reporting mechanisms. Monitoring reports are provided to services to ensure earlier identification of emerging themes/trends and any concerns regarding the management of investigations. This work will be further strengthened by the establishment of the Listening and Learning From Events Group.</p> <p>The sharing of patient stories at Board and at Sub-Committees is an additional step in the feedback process which can lead to reflection of practices and suggestions for improvement. Patient stories are also shared at departmental and service level for reflection and discussion about lessons learnt and at internal/external training events.</p>
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			<p>A new patient experience charter and associated programme will be implemented in 2019/20. This will include the introduction of a new patient experience system and roll out of the friends and family test to all services. This will result in improved level of feedback on experiences of services users, family and friends and will enable the measurement and evaluation of feedback on individual service areas.</p>
19	<p>Do your service priorities, values and behaviours influence your staff development programmes?</p>	<p>Director of Workforce and OD</p>	<p>The UHB's core values are embedded within all developmental programmes and induction. Currently some appointments are using values based questions. This will be further explored and expanded so that all staff will be recruited and trained in line with the UHB's core values.</p> <p>The Managers Passport and Passport Plus leadership programmes have the core values running through all sessions. The modules of:</p> <ul style="list-style-type: none"> • Managing Services • Managing People • Managing Yourself <p>Have been designed with service priorities, patient feedback and organisational values throughout all of them. There are direct links to research that outlines how compassionate, values led leadership directly impacts patients safety. The programmes have been continually tweaked from feedback from attendees to ensure they are meaningful and continue to provide added value for leaders across the organisation.</p>
20	<p>Does your organisation publish a statement in your Annual Report/ Quality Statement on the adequacy of its arrangements for safeguarding high standards?</p>	<p>Director of Nursing, Quality & Patient Experience</p>	<p>The UHB publishes annually the Annual Quality Statement (AQS) and the 2018/2019 Statement was submitted in draft to the April 2019 meeting of QSEAC. Minor amendments are to be made following the Committee and this will be published, in line with guidance, following presentation to the Board on 29th May 2019 and accessed via the UHB's website.</p> <p>An Extraordinary Public Board meeting will be held prior to publication to support formal sign off by the UHB prior to publication. The final AQS will be presented at the UHB's Annual General Meeting (AGM) in July 2019.</p> <p>The AQS provides an opportunity for the organisation to let its local population know in an open and</p>

			<p>honest way what it is doing to ensure all its services are meeting local need and reaching high standards. It brings together, each year, a summary highlighting how the organisation is striving to continuously improve the quality of all the services it provides and commissions in order to drive both improvements in population health and the quality and safety of healthcare services.</p> <p>The UHB has launched its Quality Improvement Strategic Framework in March 2019, with the first cohort starting in June 2019. The quality dashboard is being further developed, this dashboard has identified key quality indicators, which will support triangulation of data and support the development of next year's AQS.</p>
21	Does the culture of your organisation support the personal responsibility of individuals in the maintenance of high standards?	<p>Director of Workforce and OD</p> <p>Director of Nursing, Quality & Patient Experience</p>	<p>The values are now embedded into all development programmes which begin to shape our culture. The culture expected in the organisation is one where poor standards are not accepted and employees are encouraged to celebrate successes and speak out where standards have not been met.</p> <p>The values sessions and leadership programmes outline the need for individual responsibility of the culture desired at the UHB. It is the responsibility of everyone to influence the culture and to challenge appropriately when poor standards or inappropriate behaviours are witnessed that damage the UHB's culture. Compassionate leadership is vital to build the correct level of psychological safety for individuals to challenge. The need for leaders to role model and demonstrate organisational values and behaviours is paramount to achieving this.</p> <p>The UHB has a Whistle-Blowing Policy in place for staff to raise concerns, which can be accessed via the UHB staff intranet.</p> <p>The UHB actively encourages staff to report incidents through Datix for investigation. Since 2018 Datix incident reporting training has been included on the Staff Induction Programme. Incident investigation training is now also provided on the Managers Passport Programme. The UHB continues to work hard to ensure the timely management of incidents. The performance against the 60 working day target for investigation and closure of serious incidents reported to WG has improved, however, there are some areas where further work is required. A targeted approach has been implemented to support areas of poor compliance. A process for setting up Control Groups has been established for incidents and events which meet certain criteria. There is also a panel, chaired</p>

			<p>by the Executive Director of Nursing, Quality and Patient Experience, with the Medical Director and the Executive Director for Therapies and Health Sciences also in attendance. Services with poor compliance against the 60 day closure target for Serious incidents (SI) are asked to attend and explain the reasons for poor compliance. Action plans are devised and monitored through this panel.</p> <p>Training in relation to the quality of investigations has been given to staff within the ASI team. These training sessions were led by Delivery Unit and WRP. There has been a vast improvement in the quality of SI investigations and this has been recognised and acknowledged by WG. A quality and safety newsletter has also been developed.</p>
22	Is this supported by induction, training, and personal appraisal?	Director of Workforce and OD	<p>The Values and Behaviour Framework is now embedded within all developmental programmes and induction. Going forward, all staff will be recruited and trained against these core values.</p> <p>The PADR documentation has been amended to incorporate the UHB values so that the conversations during PADR focus on the behaviours required ensuring the values are demonstrated in every area of work.</p> <p>Performance monitoring of PADRs/medical appraisals improved during 2018/2019 and is evidenced on ESR. A new values PADR was developed in December 2017 and this new documentation combined with leadership and bespoke PADR training has seen a hugely improved position of 76.04% compliance for non-medical appraisals and 95% for medical appraisals which gave the organisation a combined compliance rate of 78% up to March 2019 and was reported to WG as part of Tier 1 targets.</p>
23	What corporate policies exist within your organisation / service to guide your staff and others on how you do business?	Director of Partnerships and Corporate Services Board Secretary	<p>All written control documents are developed/reviewed in accordance with the UHB Written Control Document Policy. This policy describes the policy development/review process, ensuring that all documents are in line with current legislation, guidance and evidence. Once approved the documents are circulated via the global email and are accessible on the policy pages of the staff intranet and UHB website. All corporate written control documents are approved through an agreed scheme of delegation and are published on the UHB website. http://www.wales.nhs.uk/sitesplus/862/page/58594.</p> <p>The Standards of Behaviour Policy sets out the expectations required and provides supporting</p>

		<p>guidance in order that all employees and Independent Members are supported in delivering this requirement. The Health Board's Standards of Behaviour Policy will undergo a wholesale review in May 2019, as part of an all Wales approach.</p> <p>The revised Standard Operating Procedure Setting out the Requirements and Standards for the Management of Board and Committees, approved by Board in September 2017, sets out best practice for the management of Board and Committee meetings and the production of Board and Committee papers. An accompanying toolkit provides guidance to staff on this best practice. This Standard Operating Procedure and Toolkit is kept under regular review.</p> <p>The UHB Standing Orders and Standing Financial Instructions and Standing Orders and Terms of Reference for the Joint Committees of the Board such as Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) are reviewed by Board and were presented to the March 2018 meeting for approval.</p> <p>A Framework for Partnership Governance was approved by the Board in March 2017 to ensure there are effective arrangements in place for the governance of partnerships. This is reviewed annually.</p> <p>The Integrated Impact Assessment Tool which was approved by Board in March 2017 ensures that our plans, programmes and initiatives are cognisant of equality issues, and also assess the impact these have on health inequalities and adherence to prudent healthcare principles. As part of the portfolio management approach to deliver the health and care strategy, a supportive Check and Challenge process will be in place, which provides assurance that the delivery of any projects, service changes and pathway re-design meets the UHB's priorities, is consistent with the principles set out within '<i>A Healthier Mid and West Wales: Our future generations living well</i>', and fully aligned across the portfolio. The approach will also provide a supportive space to test and challenge the proposals to ensure that they are delivering truly aspirational and transformational change. The approach will also ensure that the programme or project can progress more confidently to the next stage of development, implementation or realisation. The approach is not designed to be linear, but rather will allow for a cyclical view, recognising the inter-relationship between key elements and principles. The approach will check and challenge against the Health Board's key priority areas:</p> <ol style="list-style-type: none"> a. Health and Wellbeing Framework
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			<ul style="list-style-type: none"> b. Framework for Continuous Engagement c. Equality, Diversity and Inclusion d. Evidence based innovation, research and benchmarking e. <i>A Healthier Mid and West Wales</i> Design Principles f. Clinical Input g. Quality/Patient Care h. Applying the Teulu Jones Lens i. NHS Wales Planning Framework j. Workforce supply and feasibility k. Finance/Affordability (including Turnaround and Value Based Health Care) l. Legal Impacts m. Risk <p>The approach will develop as the portfolio of programmes develops. It will be continually reviewed and will allow flexibility to facilitate meaningful conversations which are both challenging and supportive, in order to deliver the best and most transformational proposals for the Health Board. The approach to Check and Challenge is fully aligned to the Health Board's Integrated Impact Assessment and as part of the ongoing review of the approach, opportunities to amalgamate into a single process and mainstream across the Health Board will be explored.</p>
24	How do your corporate policies uphold the values of your organisation/ service?	Director of Partnerships and Corporate Services	<p>To function safely and effectively the UHB needs to work within a framework of agreed written control documentation. The UHB approved policy 190 - Written Control Document Policy, provides a robust and clear governance framework surrounding the system to manage written control documentation. This system includes the organisational arrangements, the governance, assurance and accountability for the development, review and implementation of all written control documentation (ensuring that they are developed in line with current legislation, guidance and evidence) and helps to achieve compliance with corporate and clinical governance standards. This document differs significantly to the previous version, particularly in relation to the involvement of key stakeholders, decentralisation of the approval process and the associated responsibility of 'groups' for the quality assurance of the document. As part of the implementation, help guides and flow charts to support authors in the development/review process of written control documentation have been created.</p> <p>Annual summary reports detailing the status of relevant written control documentation. The reports</p>

			<p>will also include information on:</p> <ul style="list-style-type: none"> • Any new documentation currently in development; • Any documents which have been removed from the internet during the financial year; • Details of documentation highlighted as requiring review in light of the revised Data Protection Act/General Data Protection Regulations 2016 or any subsequent legislation to the same effect; • Information on relevant written control documentation highlighted as part of the cleansing exercise of the intranet which have been uploaded onto various library pages. <p>A Privacy Impact Assessment Policy is currently being drafted by the Information Governance Manager which will detail the new regulations and the process for undertaking privacy impact assessments for all new/revised written control documentation.</p>
25	Do you use patient/user feedback in staff and organisation reviews?	Director of Partnerships and Corporate Services	<p>Information received via patient/user feedback is recorded and any themes/trends are reported to the services involved or to individual managers, where individual staff are involved. Details of claims/complaints are also recorded against individual staff, where appropriate, and this information is provided to individuals to assist with the revalidation and appraisal process.</p> <p>Any thematic or organisational wide reviews take account of any issues recorded on the risk management system, as a result of the feedback obtained, including compliments, claims, complaints.</p> <p>The sharing of patient stories at Board and at Sub-Committees is an additional step in the feedback process which can lead to reflection of practices and suggestions for improvement. Patient stories are also shared at departmental and service level for reflection and discussion about lessons learnt and at internal/external training events. The introduction of a new patient experience system, including friends and family and strengthened surveys and “Care to Share” sessions in clinical areas will greatly enhance the level and quality of patient experience feedback, allow improved triangulation of data, and identification of any emerging themes/trends.</p> <p>The UHB has a statutory duty to continuously engage and consult around any changes to health services. The TCS programme is clinically-led, so the UHB has worked with hundreds of doctors,</p>

		<p>nurses, therapists and other healthcare professionals to design and test new models of care fit for our current and future generations. The UHB’s public engagement “The Big Conversation” took place from June to September 2017 and involved engaging with around 4,000 members of the public, staff and stakeholders about the UHB’s health and care services.</p> <p>The findings from engagement were used to design options. This process was clinically-led through the Options Development Advisory Group (ODAG) which was tasked with developing and co-designing options to be tested and challenged by a wide number of stakeholders at workshops and check and challenge sessions. A fictional family “Teulu Jones” was developed to test scenarios and help challenge the UHB’s ideas and models.</p> <p>Formal consultation “Our Big NHS Change” took place for 12 weeks between 19 April 2018 and 12 May 2018. There was an unprecedented level of activity throughout the consultation period and this included:</p> <ul style="list-style-type: none"> - 17 public drop-in events reaching over 1,400 people - 44 staff events involving over 1,100 staff members - 77 activities / meetings with community groups involving over 1,300 attendees - 17 independently run public workshops reaching 241 people - 7 independently run staff workshops with 43 people <p>A particular emphasis was placed on seldom heard voices and targeted activity was undertaken with key groups – this accounted for approximately 45 activities.</p> <p>A diverse range of activities included face to face meetings, existing groups, poster campaigns, press releases and an unprecedented level of digital communication. The feedback was independently analysed and a series of conscientious consideration sessions including clinicians, wider staff and stakeholders were used to help understand the outcome of the formal public consultation and the significance of key emerging themes. The outcomes of these sessions were used to determine the final clinical recommendations.</p> <p>This has been a co-designed approach and the UHB has responded openly and dynamically to change and challenge throughout this process. The UHB has strengthened its commitment to continuous engagement and the Joint Framework for Continuous Engagement and Consultation</p>
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			<p>developed by the UHB and CHC was signed off at Board in January 2019.</p> <p>In addition to the phenomenal amount of work undertaken throughout the consultation period, the UHB continued to support continuous engagement in practice around key projects including Cylch Caron Integrated Resource Centre, and the Cardigan Integrated Care Project</p> <p>The Siarad Iechyd/Talking Health involvement and engagement scheme continues to provide members with up-to-date information and opportunities to shape our services. Members receiving information can support the UHB through activities including feedback via surveys, participation in engagement activities such as focus groups, world café events, online events as well as testing information documents to see if they are user friendly.</p>
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Strategy is set with a focus on outcomes, and choices based on evidence and people insight. The approach is through collaboration building on common purpose.			
		Executive Lead	Position
26	Do you consider the Citizen Centred Governance Principles in developing the organisation's strategic planning process (IMTPs)?	Director of Planning, Performance & Commissioning	<p>Whilst not explicitly mentioned in the Annual Plan 2017/18 and 2018/19, the Citizen Centred Governance Principles were implicit through our plans and its underpinning enabling plans. The 2019/20 Annual Plan recognises that it is a continuing journey to ensure that our governance processes are aligned to the WG's Citizen Centred Governance Principles.</p> <p>Work has also been undertaken through the Board's development programme in terms of refreshing understanding of the principles. This has been further supported with target training awareness-raising sessions with the CHC, groups and individual officers within the UHB.</p> <p>The Citizen Centred Governance Principles are reflected in the management of individual change processes and is particularly important in the development of the UHB's TCS programme. The first stage of this being the Transforming Mental Health Services strategy which was approved by Board in January 2018 and with the Board approved <i>Health and Care Strategy: A Healthier Mid and West Wales</i> in November 2019.</p>

27	How do you ensure prudent healthcare principles are embedded in your strategies and plans?	Director of Planning, Performance & Commissioning	<p>The Bevan Commission defines prudent healthcare as <i>‘healthcare which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients.’</i></p> <p>The Board Paper in January 2016 ‘Embedding Prudent Healthcare in Hywel Dda’ stated that the UHB was committed to embedding the four principles into its planning as well as day-to-day delivery of healthcare.</p> <p>The Board encourages the principles of prudent healthcare in all activities rather than this being seen as a separate stand-alone plan. The principles of prudent healthcare form the basis of our TCS Programme, which directly informs our work to ensure all of our health and care services are fit for the future and are <i>Safe, Sustainable, Accessible and Kind</i>. This is now the underlying philosophy of the 2019/20 Annual Plan, developed through 2018/19, and building upon the previous years’ endeavours on the same.</p> <p>Furthermore, the UHB has begun developing its Value Based Healthcare approach. Whilst acknowledging that Value Based Health Care (VBHC) is at a relatively early stage of development in the UHB, <i>A Healthier Wales</i> alongside our own clinical strategy, <i>A Healthier Mid and West Wales</i>, provide both a clarifying context and strategic direction for the developing work programme in this area. The noted Zero Based Review highlighted significant efficiency opportunities for the UHB. A VBHC approach can support exploration here in several ways.</p> <p>For example, it has been acknowledged that workforce review and changes will be necessary to ensure safe and sustainable services in the future, the technical aspects of the financial approach to value are perfectly placed to support the contrasting of different grades or professions of staff when redesigning both the who and the how our services are provided.</p> <p>In reviewing services themselves, a VBHC approach contrasts the desirable clinical and patient outcomes with the cost of achieving those outcomes. In doing so the VBHC approach can deliver both visibility and a consistent currency for all the activities in a pathway, allowing technical efficiency comparisons between organisations, sites or clinical teams but also allocatively reviewing where resources are best deployed in a pathway.</p>
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28	How do you ensure that your strategies and plans contribute to the strategic vision for health services in Wales?	Director of Planning, Performance & Commissioning	<p>Whilst it was agreed the UHB would produce an Annual Plan for 2018/19, this has nevertheless been produced to comply with the NHS Planning Guidance Framework and therefore follows the prescribed structure and content for IMTPs. Within the context of an Annual Plan, the UHB has addressed the strategic vision demonstrating how plans and actions align to duties, legislation and national programmes, the development of regional planning and the key delivery metrics of Welsh Government i.e. NHS Wales Outcomes Framework.</p> <p>Both the Annual Plan 2017/2018 and 2018/2019, as well as the 2019/20 Annual Plan developed during 2018/19, ensure that the UHB values and mission statements are at the core of what we do. The UHB values, through a comprehensive organisational development strategy which is already underway, are becoming firmly embedded in the way it conducts its day-to-day business. The UHB's mission statement has also informed the <i>Health and Care Strategy</i> and in particular our intention to develop services that are 'Safe, Sustainable, Accessible and Kind' for today's patients and for future generations, and is as follows:</p> <ul style="list-style-type: none"> • Prevention and early years intervention is the key to our long term mission to provide the best health care to our population and this will be further strengthened by our continued collaboration and partnership working with other organisations, stakeholders and the public • We will be proactive in our support for our local population, particularly those living with health issues, and carers who support them • If you think you have a health problem, rapid diagnosis will be in place so that you can get the treatment you need, if you need it or move on with your day-to-day life • We will be an efficient organisation that does not expect you to travel unduly or wait unreasonably; is consistent, safe and of high quality, and, has a culture of transparency and

			<p>learning when things go wrong</p> <p>Similarly, the enabling plans to the Annual Plans 2017/2018 and 2018/2019 also demonstrated contribution to national strategy in workforce, informatics, capital, quality, finance and performance agendas. These were all subject to performance monitoring throughout 2017/2018, The Annual Plan 2018/2019 continued the UHB's journey to becoming a population health organisation focused on keeping people well, developing services in local communities and ensuring our hospital services are safe, sustainable, accessible and kind as well as efficient in their running.</p> <p>Regional working is a strong theme in our Plan and is reflected in the key collaborative arrangements with neighbouring health boards, universities and local authorities.</p>
29	How do you ensure you work in constructive partnership to develop policies and strategies on cross cutting issues and deliver the best outcomes for people?	Director of Partnerships and Corporate Services	<p>The UHB recognises the importance of regional and partnership working and can evidence this through the high profile collaboratives which are a central part of the UHB's strategy to maximise opportunities and address a number of our key regional challenges. The relationship between Hywel Dda UHB and Swansea Bay University Health Board (SBUHB) has strengthened, through the mechanisms and opportunities provided by ARCH and the Joint Regional Planning and Delivery Committee (JRPDC). The Annual Plan 2019/20 sets out planned regional developments to deliver improvements in immediate priority areas, many linked to the UHB's Planned Care Action Plan, subject to resource and capacity (endoscopy; catheter laboratories; orthopaedics; vascular, dermatology; ophthalmology; cellular pathology; neurology; interventional radiology; cardiology; digitalisation of services and hyper acute stroke unit (HASU). In addition, a joint Board to Board meeting has been held between both organisations.</p> <p>As part of the Mid Wales Joint Committee for Health and Care, which leads on the implementation of the findings and recommendations of the Mid Wales Healthcare Study, the UHB worked in partnership to deliver the Mid Wales programme during 2018/19 and will continue to do so through 2019/20 This will include development of integrated community focussed ophthalmic and respiratory services across mid Wales, a multi-agency dementia care service through joint working with social care, voluntary services and other agencies, improve access to community based oncology services, reviewing the colorectal pathway, implementation of the Telemedicine Strategy and development of the Bro Ddyfi integrated Health and Care facility to improve access to health and social care, well-being, prevention and health promotion services.</p>

		<p>The UHB has made significant progress to develop the integration of service planning and delivery at a locality level which was a key area of focus for 2018/19. Working with partners in primary care, there are plans in place for each of our 7 GP Clusters. The Integrated Care Fund (ICF) has funded frailty work in Ceredigion and has funded an End of Life project working in partnership with third sector in Pembrokeshire. The UHB also has a Regional Plan in collaboration with Local Authority colleagues.</p> <p>The UHB is also a statutory member of the West Wales Regional Partnership Board (RPB) established under part 9 of the Social Services and Well-Being (Wales) Act 2014, and is working in partnership with local authorities, independent and third sector organisations. The UHB was an active partner in the production of the West Wales Area Plan which was published in March 2018 and during 2018/19 the RPB submitted a successful bid to WG to secure transformation funding to accelerate the pace and scale of change in health and social care integration.</p> <p>The Well-Being of Future Generations (Wales) Act 2015 places a well-being duty on specified public bodies to act jointly within established statutory Public Services Boards (PSBs). The UHB is a statutory member represented on the three PSBs within the Hywel Dda region, and on all appropriate sub-groups. Each PSB must improve the economic, social, environmental and cultural well-being of its area by contributing to the achievement of the well-being goals identified within the Act. The PSB Well-being Plans set out the well-being objectives and priorities of the PSB and reflect the aspiration of PSB members to add value through collaboration. Work is currently underway to ensure these are integrated within existing UHB's frameworks for delivery and governance. The UHB approved and has published its Well-Being Statement and Objectives in March 2017 and the organisational objectives were maintained in 2018/19.</p> <p>The University Partnership Board (UPB) assures the UHB that the work of the UPB, through partnership working with the Universities, is leading to continual improvement in the quality of care being provided and patient outcomes. Year 2 of the UPB Strategy has identified key priorities which will be met through specific missions; these are the basis for collaborative developments and a focus for reporting within the active partnership. This year has seen the university partners contribute to the Health and Care Strategy and their detailed responses will form a three year work programme that starts to deliver on the ambitions of that plan in a range of ways. This will be across workforce,</p>
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			<p>training, research, innovation and the full range of wider benefits that universities can bring with an emphasis on making real impact on the lives of our population.</p> <p>This is further strengthened by the implementation of the Well-Being of Future Generations (Wales) Act 2015. The Sustainable Development principle is in the process of becoming embedded across the organisation, which in itself will provide focus toward collaboration within partnerships maximising the sustainability of benefits to individuals.</p> <p>Recognising that the UHB will need to work increasingly in partnership to deliver its strategic aims, objectives and priorities, the Board approved an approach to strengthening partnership arrangements with the West Wales RPB. This will see the establishment of a new Integrated Executive Group to support joint working and integrated at an operation level and oversee the delivery of regional strategies. In addition, the RPB will establish a Regional Leadership Group comprising the four statutory Chief Executives, Chair of the Health Board and Cabinet Members for Social Services from the three local authorities. This will provide strategic advice and support in relation to setting an overall vision for the integration of health, care and support in the region, agreeing objectives in support of the vision, and ensuring appropriate links with other local and regional transformation programmes.</p>
30	Do you know about all partner organisations/networks?	Director of Partnerships and Corporate Services	<p>Through statutory membership of the three PSBs within the Hywel Dda region and the relevant sub-groups, there is the ability to demonstrate the wide range of interaction and links with many partner organisations. With representation from leaders of national and local public sector organisations and the third sector, there is a common duty to meet the well-being needs of the population collaboratively.</p> <p>Partnerships that the UHB actively participates in have been mapped and the Partnership Governance Framework and Toolkit was approved in September 2017. The partnerships, which vary in size and purpose, with representation from across sectors and at a national, regional and local level, have been registered by UHB partnership leads. This information populates a partnership register, through completion of a partnership registration form, the purpose of which is to record key details of partnerships, particularly those which meet the UHB's 'significant' definition i.e:</p>

			<ul style="list-style-type: none"> • How strongly the partnership supports delivery of the UHB's key/strategic objectives, priorities or statutory obligations; • The amount of resources the UHB contributes to the partnership; and • The levels of liability consequent on any serious failures within the partnership, particularly from a delivery or liability perspective. <p>This enables the UHB to demonstrate an awareness of its key commitments, and evidence the performance and risk management arrangements it has in place for each partnership. Whilst the UHB will have governance and reporting arrangements in place for its main partners, it has not mapped out all its partnerships' networks.</p> <p>Each registered partnership was reviewed in September/October 2018 and will continue to be reviewed annually with new partnerships added, details updated and partnerships where UHB has disengaged; recorded and removed from the register.</p>
31	Do you identify and engage with stakeholders and have formal processes in place to capture feedback from stakeholders to inform future strategic planning?	Director of Partnerships and Corporate Services	<p>The role of the UHB's Stakeholder Reference Group (SRG) is to provide early engagement and involvement in the determination of the UHB's overall strategic direction, provide advice to the UHB on specific service improvement proposals prior to formal consultation and feedback to the UHB on the impact of the UHB's operations on the communities it serves.</p> <p>The membership is drawn from within the area served by the UHB, and ensures involvement from a range of bodies and groups operating within the communities services by the UHB. Membership includes representation from the Armed Forces, Bevan Advocate, carers, County Equality Group Chairs, Dyfed Powys Police, Fire and Rescue Service, Health and Social Well-Being Partnerships/Public Service Boards, UHB Public Health, Housing Associations, Community Health Council, Independent Sector, Mental Health, Senior Officers of Directors in Social Care/Social Service Carmarthenshire, Ceredigion and Pembrokeshire Local Authorities, Sensory Impairment, Third Sector (Ceredigion Association of Voluntary Organisations, Carmarthenshire Association of Voluntary Services and Pembrokeshire Association of Voluntary Services), Town and Community Councils, Well-being of Future Generations and Children and Young People Partnership, Welsh Ambulance Services NHS Trust and a patient representative.</p> <p>The SRG is an important advisory group of the UHB. SRG is one of the key forums used to share</p>

			<p>early service change plans, with a voice at Board on key issues that stakeholders wish to raise, the services that need to be improved, as well as an opportunity to shape the way the UHB delivers its services.</p> <p>Over the past year the SRG has played a key role in the work of both the TCS and TMH programmes of work. For the next year, the focus of this group will predominantly focus on the Health and Care Strategy programme of work.</p>
32	Do you involve patients/service users and staff and focus on their needs and experiences, putting them at the heart of strategic plans?	Director of Partnerships and Corporate Services	<p>Hywel Dda's Big NHS Change Consultation used a mix of engagement methods to elicit views from the population it serves which includes citizens, patients, service users, carers, staff, third sector, and partners. This includes attendance at existing meetings, community groups and setting up specific activities to meet different needs. These programmes of work are strategic approaches to how the UHB can develop services to better meet the needs of the population it serves with co-production integral to how they operate.</p> <p>The UHB has strengthened its commitment to continuous engagement and the Joint Framework for Continuous Engagement and Consultation developed by the UHB and CHC was signed off at Board in January 2019.</p>
33	How do you ensure that everyone involved in the delivery chain understands each other's roles and responsibilities and how together they can deliver the best possible outcomes?	Director of Planning, Performance & Commissioning	<p>The Annual Plan 2018/19 and its underpinning enabling plans set out deliverables and milestones through detailed actions, timescales and measures of success. This remains true for the Annual Plan 2019/20 and is being developed through the Integrated Planning Assurance Report (IPLAR) which provides assurance on the planning cycle process and products.</p> <p>PSBs provide the leadership to meeting county-wide Well-Being Objectives. Through co-ordination of representation at a senior level and those supporting the underpinning thematic groups, information is shared and actions taken within the UHB. Governance is in place to provide assurance to the Board regarding integrated delivery and development. Recognising that the UHB will need to work increasingly in partnership to deliver its strategic aims, objectives and priorities, the Board approved an approach to strengthening partnership arrangements with the West Wales RPB. This will see the establishment of a new Integrated Executive Group to support joint working and integrated at an operation level and oversee the delivery of regional strategies. In addition, the RPB will establish a Regional Leadership Group comprising the four statutory Chief Executives, Chair of the UHB and</p>

			<p>Cabinet Members for Social Services from the three local authorities. This will provide strategic advice and support in relation to setting an overall vision for the integration of health, care and support in the region, agreeing objectives in support of the vision, and ensuring appropriate links with other local and regional transformation programmes.</p> <p>The Scheme of Delegation for Board, Committees and Officers details responsibilities and accountability, and was reviewed and updated in January 2017 to reflect recent changes in Executive portfolios.</p> <p>There have been a number of OCPs in Directorates within the UHB which clarified the roles and responsibilities for delivery.</p> <p>In 2018/19, the UHB further developed an interactive Scheme of Delegation to clarify delegated responsibility, authority and accountability within the organisation. This is supported by ensuring that all enabling and action plans have an assigned Executive lead both for their development and their monitoring through the Committee structure of the UHB.</p>
34	How do you ensure your business planning procedures effectively prioritise key deliverables to meet your strategic objectives?	Director of Planning, Performance & Commissioning	<p>Board Committee work plans, particularly BPPAC, are aligned to the planning cycle and ensures both the delivery of agreed plans, and the development and prioritisation of deliverables for the Annual Plan.</p> <p>The UHB established a new Planning Sub-Committee which reports directly to BPPAC. The role of the Sub Committee is to ensure the UHB develops its Integrated Medium Term Plan (IMTP)/Annual Plan in line with latest NHS Wales Planning Guidance and to advise and guide the UHB's planning arrangements and implementation of major change (one year, medium and longer terms plans).</p> <p>The Planning Sub Committee has also been established to: provide assurance to BPPAC that the planning cycle is being taken forward and implemented in accordance with the UHB and Welsh Government requirements; guidance and timescales; ensure the development of, and quality assure all Together For Health delivery plans; ensuring their alignment with the UHB's strategy and priorities; and ensuring their alignment to the planning cycle; have an overview of on-going regional planning work and the impact on local planning, including strengthening of the commissioning of these services, determining local targets, and repatriation opportunities; ensure that risks relating to</p>

			<p>planning are being effectively managed across the whole of the UHB's activities; receive updates from CHC Service Planning Committee; and agree issues to be escalated to BPPAC with recommendations for action.</p> <p>One of the roles of the Capital, Estates and IM&T Sub-Committee is to prioritise recommendations for discretionary capital sums and All Wales Capital Schemes and investment proposals, in response to an assessment of the organisation's risks, and to support the UHB's service strategy (including delivery plans) and vision for healthcare and its strategic objectives including, performance and financial improvement and is managed through the Board committee structure.</p> <p>The Executive Team oversees implementation arrangements for the vision, goals and priorities set by the Board, which can then be signed off by relevant committees, and the development of strategic change/business cases that have been signed off by the Board, ensuring robust appraisal processes are in place and utilised.</p>
35	How do you plan and prioritise resources and evaluate your performance against strategic goals and delivery plans?	Director of Planning, Performance & Commissioning	<p>The Annual Plans and their underpinning enabling plans set out deliverables and milestones through detailed actions, timescales and measures of success for both 2018/2019 and 2019/20, each with an assigned Executive lead. During 2018/19, the UHB monitored these on a quarterly basis through appropriate governance structures and reporting to WG.</p> <p>The BAF identified the significant risks which could prevent the UHB from delivering its strategic objectives and details the required actions to address any gaps in controls such as the need for any additional resources.</p> <p>BPPAC is responsible for monitoring and scrutinising on overall performance and delivery against UHB plans and objectives. These include the delivery of Tier 1 targets and the financial control giving early warning on potential performance issues and making recommendations for action to continuously improve the performance and the financial position of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>In 2018/19, the UHB further developed an interactive scheme of delegation to clarify delegated responsibility, authority and accountability within the organisation.</p>

36	Do your objectives have specified and measurable outcomes and do you monitor against them?	Director of Planning, Performance & Commissioning	<p>The UHB's Annual Plan 2018/19 included specific and measurable outcomes, which have been monitored through action plans and through BPPAC. This is the same for the 2019/20 Annual Plan.</p> <p>Performance objectives are monitored through regular performance review meetings and through the Board Committee structure.</p> <p>In 2018/19, the Director of Public Health undertook a review of the UHB's strategic objectives with the aim of developing cross-cutting programmes of work that will implement the objectives and instigate a whole system change. The Board approved the Health and Care Strategy in November 2018, which describes the long term vision for the population health outcomes for current and future generations and the UHB's 10 year health and care strategy. This will be further developed into the UHB's short and medium term planning in 2019/20 and beyond.</p>
37	Are you clear about what evidence you need to demonstrate the success of a strategy, and how you will collect this? (outcome focus)	Director of Planning, Performance & Commissioning	<p>The Board agreed in January 2017 that strategic objective reporting arrangements needed to be strengthened and refined to include a clear and detailed narrative on progress against delivery of the strategic objectives, supported by the BAF which would detail the principal risks to achieving objectives, and how gaps in controls and assurance would be addressed.</p> <p>One of the reasons why the UHB has not been in the position to produce an IMTP has been the lack of a clear, sustainable Clinical Services Strategy. The Health and Care Strategy has now been approved following extensive public consultation and the delivery and governance mechanisms have been agreed by Board in March 2019. The advanced part of the TCS programme was concluded in January 2018 when the Board approved the TMH strategy. Planning and delivery for this has been included in the 2019/20 Annual Plan.</p> <p>The 2019/20 Annual Plan demonstrates how the UHB intends to begin delivery of the <i>A Healthier Mid and West Wales: Our future generations living well</i>, with a particular emphasis on the shift from hospital focused care to population health, community and primary focused care. This will be supported by the resources approved from the Transformation Fund, together with those bids hopefully still to be approved by WG.</p>

38	What accountability arrangements exist for partnerships and networks?	Director of Partnerships and Corporate Services	<p>Partnership and network arrangements are supported by the development of formal partnership governance arrangements, Memorandums of Understanding e.g. UPB; Section 33 of the NHS (Wales) Act 2006 Partnership Agreements with Local Authorities e.g. Carmarthenshire and Pembrokeshire Integrated Provision of Community Equipment Services and Terms of Reference for partnership working Committees/Groups e.g. Carmarthenshire Integrated Services Board.</p> <p>A Partnership Governance Framework and Toolkit has been developed which facilitated a review of the UHB's partnership and network arrangements. The Framework ensures that accountability is clear in regard to partnership reporting through the UHB's own corporate governance arrangements, which is particularly important where partnerships are focused on some of our most vulnerable groups, and where there needs to be even more trust and confidence in the arrangements in place. The Framework was approved by the Board in September 2017 and is reviewed annually to ensure it is current and up to date.</p> <p>In March 2019, the Board received a paper setting out the plans to strengthen the governance arrangements of the West Wales RPB to ensure there is a shared approach going forward. In addition there will be an integrated Executive Team meeting established which will further strengthen partnerships working between the health Board and local authorities.</p>
39	Are you compliant with local compact arrangements between the NHS and Third Sector?	Director of Partnerships and Corporate Services	<p>The Three County Compact has now been absorbed into the work with each Public Services Board. The UHB led the way in co-designing with the third sector 'The Third Sector Role in Health and Social Care (2013)'. This took the Compacts to another level and embedded best practice in all our work with the third sector across the whole UHB. The ethos of the Compact is actively demonstrated through partnership working and has influenced development of the Partnership Governance Framework. Co-producing future models of care and service provision with third sector partners is a continued commitment of the UHB as well as in its joint working with PSBs and the West Wales RPB.</p>
40	Do you communicate evidence and research to teams that develop	Medical Director	<p>The Research and Delivery Strategy sets out the way in which clinical research and development (R&D) activities will be prioritised, supported and integrated into everyday clinical practice, and describes how the clinical research infrastructure will be developed and maintained to ensure capacity and capability to deliver R&D across the UHB.</p>

	strategy?		<p>Nursing and Midwifery has its own underpinning R&D strategy, approved through QSEAC, whilst the Directorate also use evidence at professional meetings to base clinical developments/practice.</p> <p>A new R&D enabling plan has been developed as part of the 2019/20 Annual Plan with new objectives that are designed to further develop R&D and innovation during the next year.</p> <p>The UPB is a formal, partnership arrangement between the UHB and its University partners. It is a creative hub, and will drive and monitor developments in three domains: Research, Innovation, Translation and Adoption, Workforce and Organisational Development and Collaborative Partnerships.</p> <p>An Organisational Development Innovation Hub has been developed and was launched on 8th July 2018. This concept is designed to bring people with different expertise together, to develop and drive new ways of thinking and reflect 'prudent' ideas. It aims to identify research and development opportunities locally and regionally, and where appropriate internationally to maximise health impact and critically contribute to service sustainability. The Hwyl Hub consists of a physical and virtual hub (designed to encourage learning, creativity, fun, innovation and service improvement).</p>
41	Do you communicate this to your teams delivering the service?	Medical Director	<p>The purpose of the R&D Sub-Committee is to promote and support involvement in high quality healthcare research, to promote evidence-based healthcare, to build research capacity and to foster a research culture and promote the dissemination of research findings in order to contribute to clinical effectiveness and evidence-based healthcare delivery.</p> <p>The R&D budget is ring fenced and allocated on a formula, based on activity i.e. The numbers of patients recruited into clinical trials. The UHB has seen a decrease in its annual funding allocation for R&D in 2019/20 and this will mean restructuring resources to accommodate.</p> <p>Hwyl Hub is a light, open, modern and creative space where individuals, teams from across the UHB and partner organisations can come together to work collaboratively on innovation projects and research and development. Hwyl Hub is a place for people who are looking for an inspiring environment, helping them to develop innovative ideas in a space that promotes new and different ways of thinking and working, where new concepts can emerge and flourish. It will also be a</p>

			resource to support team development and group learning.
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Health services innovate and improve delivery, plan resource and prioritise, develop clear roles, responsibilities and delivery models, and manage performance and value for money

		Executive Lead	Position
42	How do you ensure your organisation/ service is always learning and look for creative ways and innovation to improve the delivery of services?	Director of Planning, Performance & Commissioning	<p>The UHB will seek to maximise opportunities from commissioning, collaboration and innovation, including working with:</p> <ul style="list-style-type: none"> • Powys and Betsi Cadwaladr University Health Boards to implement more sustainable solutions for Bronglais Hospital through the Mid Wales Joint Health and Social Care Committee; • Swansea Bay UHB (SBUHB) and Swansea University to improve sustainability of our services through networking solutions for a population of over a million – A Regional Collaboration for Health (ARCH) - as well as improving access to more specialist services and the development health and well-being and the development of local skills and talent for the future workforce; • A greater regional operational delivery focus is now being providing through the JRPDC which is Hywel Dda UHB and SBUHB, also attended by the Director General; • Universities developing more innovative clinical practice like that of Mental Health and the Trieste model, as well as more innovative workforce solutions involving international training and recruitment which we are growing in Withybush, and also new bespoke clinical roles that fit rural service delivery such as Physician’s Assistants and Advanced Practitioners. This has not been incorporated into the approved Transforming Mental Health Strategy; • The Swansea Bay City Deal working in collaboration with local authorities on economic regeneration, digitisation and education and training initiatives. <p>Towards the end of 2017, the UHB was successful in being awarded seven Bevan Exemplar projects. These projects, together with previous Bevan Exemplars provide a platform for the creation of the community of innovators and the basis for the UHB’s Innovation Hub that was launched in 2018. Through sponsorship by the Bevan Commission the process for development of a</p>

		<p>UHB Innovation Hub was commenced in 2017/18 led by the Assistant Director of OD and the Head of Service Improvement and Transformation. A site has been secured for the Hub at the Beacon Centre in Llanelli which provides a resource centre for improvement and innovation materials and information and an environment for staff to meet.</p> <p>Throughout 2017/18, the UHB took forward an ambitious TCS Strategic Programme. The programme had a key focus on redesigning health and care services with the aim of delivering care closer to home, and reducing the demand impact on secondary care, and thereby enabling people to be seen and treated in the most appropriate place by the appropriately skilled professional. The programme resulted in the development of a long-term strategy – Health and Care Strategy – <i>A Healthier Mid and West Wales: Our future generations living well</i> – which was approved by the Board in November 2018.</p> <p>The Turnaround Programme was established in 2017 to provide a robust process for the delivery of savings as part of ensuring the Health Board meets its statutory duty to break-even over a three-year rolling basis. Activity focuses on:</p> <ul style="list-style-type: none">• Corporate Savings plans including workforce, medicines management and non-pay procurement;• Directorate Holding to Account meetings; and• 60 Day Cycles. <p>The 60 day cycles provide a creative and innovative space focusing on pan organisation opportunities in order to ensure patient focused benefits as well as savings are achieved. They provide an environment in which the Turnaround Team can positively engage across the organisation. The 2018/19 themes were:</p> <ul style="list-style-type: none">• Continuing Healthcare;• Operational Effectiveness;• Outpatient Redesign;• Theatres;• Patient communication;• Travel & Subsistence;• Roster Efficiency;
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			<ul style="list-style-type: none"> • Ophthalmology pathway. <p>As part of the process for reviewing what has been successful in the past year, a review of the overall approach to Turnaround continues. A new programme structure is being worked through but essentially will include 10 Executive Director led delivery programmes that build on the current Turnaround 60 Day Cycle model. A review of the 60 day cycle and Holding to Account (HTA) meetings will also be undertaken as part of providing a response to the WAO structured assessment.</p> <p>The Quality Improvement Strategic Framework was approved by the Board in July 2018 and was launched to the whole Health Board in April 2019. A collaborative steering group chaired by the Director of Nursing, Quality & Patient Experience and the Director of Workforce and OD has been established to oversee and monitor the implementation of the collaborative approach. The first collaborative cohort will commence in June 2019, it is anticipated that 10 teams of 8 staff will attend and will on 10 projects aligned to at least one of the 'quality goals' identified in the Strategy. To support these teams, 10 collaborative coaches have been identified to provide expert support to the improvement teams on the programme. These coaches come from the UHB's improvement resource and from collaborative working with 1000 Lives and Swansea University.</p>
43	How do you ensure you work from evidence?	Director of Public Health/Medical Director	<p>The strategic objectives are based on a Health Needs Assessment (HNA) which has been produced by the Public Health Directorate to provide evidence about the population of Hywel Dda in order to plan services and address health inequalities amongst our local communities. The purpose of the HNA is to gather the information required to bring about changes beneficial to the health of the population and draws upon epidemiological, comparative and corporate information.</p> <p>The Board is committed to population health led organisation that promotes good health, prevents illness and better manages disease. In January 2019, the Board approved its Health and Wellbeing Framework - <i>Our Future Generations: Living Well</i>. This builds upon and supplements UHB's Health and Care Strategy, <i>A Healthier Mid and West Wales</i>, approved by Board in November 2018, and designed to help us focus on our long-term ambitions to deliver better health and wellbeing for all. The framework's implementation will be fundamental to the success of the strategy, and will help drive and align our short and medium term planning to deliver our vision for the future.</p> <p>The UHB has strengthened its commitment to continuous engagement and the Joint Framework</p>

		<p>for Continuous Engagement and Consultation developed by the UHB and CHC was signed off at Board in January 2019. This has been designed to ensure a coherent, consistent approach towards co-production and service change around health (and in the future social care, or any other integrated service with other public sector partners) that is fit for the future and takes into account the duties of both the CHC and Health Board.</p> <p>Ensuring robust evaluation is undertaken in respect of new projects or pilots is crucial in terms of making informed decisions regarding the mainstreaming of effective services and decommissioning services that are not shown to be ineffective or of low value. We should be taking an outcome focussed approach in all that we do and consider opportunities to work alongside our partners particularly our academic institutions to maximise local research and the development of evidence that supports community development and locally-based action.</p> <p>The UHB employs a Clinical Effectiveness Co-ordinator who ensures that all new National Institute for Health and Care Excellence (NICE) and other guidelines are distributed to the relevant operational management teams throughout the organisation. Each team then considers the guidelines and develops action plans. Compliance with NICE guidelines is reported to the Effective Clinical Practice Sub Committee (ECPSC). .</p> <p>Work has continued during 2018/19 to embed the process for providing assurance on compliance with standards. During 2019/20 there will be a greater emphasis on the compliance with standards and guidelines with proposal for a revised system and a dedicated group under ECPSC to provide additional focus and assurance.</p> <p>During the development of the Health and Care Strategy, the Health Board worked with local, national and international partners to learn key lessons from service transformation in other areas, and the UHB is currently working with The Advisory Board Company (a Global Healthcare network) to establish key connections internationally. Additionally, our work has taken into account key sources of information from the likes of The Health Foundation, The Kings Fund and The Welsh NHS Confederation, and all of this work presents us with the evidence-base that has directly informing our design principles around how we deliver health and care services that are fit for the future.</p> <p>The UHB uses the Institute for Healthcare Improvement (IHI) model for improvement to underpin all</p>
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			its improvement activities and training.
44	How do you empower your staff to innovate and learn to improve quality and service delivery?	Director of Nursing, Quality and Patient Experience	<p>During 2018/19, the Director of Nursing, Quality and Patient Experience has continued to lead on the work that was undertaken during 2017/18. A formalised Ward to Board programme continues which gives staff the opportunity to discuss quality and experience issues and improvement opportunities directly with Board Members.</p> <p>The further development of a quality dashboard will allow QSEAC and also staff within service areas to have an overview of quality information. In developing the dashboard, consideration has been given to quality indicators which are reported to WG, key quality indicators which will support and inform patient safety and the quality improvement strategy for the UHB. It is further intended to triangulate information that could support identifying 'hot spot' areas across the Hywel Dda. Significant progress has been made through working with service areas, IT and the performance team; as this dashboard develops front line clinicians will be better able to interrogate and manage quality related issues.</p> <p>The UHB Quality Improvement Strategy has been developed through consultation with staff and service teams. The document describes how the UHB will adopt a collaborative approach to build quality improvement capability and capacity across its workforce. This process supports and encourages staff to suggest ideas for quality and service improvement which are supported both during and after the training period. The collaborative training will align with and underpin the UHB's leadership development programmes. The strategy was approved by the Board in July 2018. A collaborative steering group chaired by the Director of Nursing, Quality and Patient Experience and the Director of Workforce and OD has been established to oversee and monitor the implementation of the collaborative approach. The first collaborative cohort will commence in June 2019, it is anticipated that 10 teams of 8 staff will attend and will on 10 projects aligned to at least one of the Quality Goals identified in the Strategy. To support these teams 10 collaborative coaches have been identified to provide expert support to the improvement teams on the programme. These coaches come from the UHB's improvement resource and from collaborative working with 1000 Lives and Swansea University.</p> <p>In addition to what is integral to the portfolio of the Director of Workforce & OD, the Medical Director/Director of Clinical Strategy provides the lead for innovation. Through sponsorship by the</p>

		<p>Bevan Commission the process for development of a UHB Innovation Hub was commenced in 2017/18 led by the Assistant Director of OD and the Head of Service Improvement and Transformation. A site has been secured for the Hub at the Beacon Centre in Llanelli which provides a resource centre for improvement and innovation materials and information and an environment for staff to meet. The Hwyl Hub is a light, open, modern and creative space where individuals, teams from across the UHB and partner organisations can come together to work collaboratively on innovation projects and research & development.</p> <p>The UHB successfully achieved support for 7 Bevan Exemplar Programmes during the year, within services including Organisational Development, Chronic Conditions & Primary Care. Through these programmes staff are provided with support and advice on improvement methodology and techniques.</p> <p>Expertise in relation to the promotion of quality improvement methodology has been enhanced during the year through the sponsorship and successful completion of the first All Wales Institute of Healthcare Improvement (IHI) Advisor Programme by the Assistant Director of Quality Improvement, the Head of Quality Improvement and the Head of Service and Transformation. The UHB now has 3 expert improvement advisors to support and advise staff on improvement activity design and implementation. As part of the programme 3 projects were undertaken with service teams on Inpatient Falls, Improvement of Inpatient Mobility and Outpatient Improvement. These projects were undertaken using a team approach providing the opportunity to share and disseminate improvement techniques and methodologies. The projects have been presented at The All Wales IHI Graduation Event.</p> <p>The management and leadership programmes delivered throughout the year have included Quality and Service Improvement training. Sessions are actively linked to development work within individual service manager's portfolios. Improving Quality Together (IQT) training has also been provided to individual staff outside of these programmes, resulting in over 60 staff having now attended and working on individual improvement projects.</p> <p>Operational teams have further developed service level governance structures, where quality and service improvement activities undertaken and needed are discussed and planned. The Quality Improvement team attend the acute site Triumvirate Governance meetings to support and advise on</p>
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			<p>the outcomes of these activities. These activities include inpatient falls reduction, Sepsis bundle compliance, Hospital Acquired Thrombosis prevention processes, pressure damage prevention, Acute Kidney Injury prevention processes.</p> <p>A proof of concept project 'breaking the cycle' was commenced in early 2018 as part of the Turnaround programme, with a specific focus on the quality and improvement of patient experience.</p> <p>The Service Improvement and Transformation Team and the Quality Improvement Team have been working with the Scheduled and Unscheduled Care teams, encouraging staff to share their views and ideas on how services can be improved. Workshops and meetings have been regularly held with different groups of staff across UHB sites to work through identified issues using the service improvement methodology and actively encourage innovative ideas. The team are visible and receptive to individual or team approaches, to listen, support and empower staff across the UHB to take forward their ideas for service improvement and transformation.</p>
45	How do you identify and share best practice and benchmark?	Executive Directors shared responsibility throughout respective portfolios	<p>There are a number of All Wales Peer groups and network meetings where best practice is identified. The UHB will be actively engaging the revised All Wales Peer Review process through the Quality Improvement Strategic Framework, so that the outcome of reviews informs quality improvement priorities and activities.</p> <p>WAO reports benchmark the UHB against best practice and other health organisations. Reports are presented to ARAC and published on the UHB's website.</p> <p>HCS Fundamentals of Care (FOC) audits continue to be undertaken annually across the organisation. The findings are reported to Board and QSEAC and outcomes are fed back through clinical nursing networks. Action plans are developed in order to improve on individual clinical areas performance by the responsible clinical teams.</p> <p>A full review of savings opportunities based on an analysis of the Efficiency Framework was undertaken in December/January 2019. Initial findings were presented to both the Executive Team and the Finance Committee, who have endorsed the proposed direction of travel. Work is now progressing to translate these opportunities into deliverable savings plans both in the short and medium term.</p>

			<p>A local Value Based Healthcare Steering Group (the VBHC Group) has been established as a sub-group of the Executive Team to support the identification and delivery of opportunities to deliver better value based healthcare within the health board. The inaugural meeting took place on 8th January 2019. This group complements the work of the already established regional VBHC Steering Group, and will routinely consider</p> <ul style="list-style-type: none"> • Technical Efficiency and Allocative Efficiency opportunities • Finance Delivery Unit / NHS Efficiency Group outputs • Key Turnaround efficiency programmes planned for 2019/20 <p>Value posts have been appointed to, with Finance support secured for a 9 month secondment from a recognised expert in the field.</p> <p>In line with the review of the Turnaround Programme, it is proposed that identification of best practice and benchmarking should be led by the VBHC Group in 2019/20.</p> <p>The Service Improvement & Transformation team encourage staff to share examples of good practice and where possible present and share their experience and learning at various meetings including Outpatient and Follow up meetings, Watchtower and site specific weekly meetings. The team work closely with the 1000 Lives Programme and will direct and share good practice case studies across unscheduled and scheduled care teams.</p> <p>An Organisational Development Innovation Hub has been developed and was launched on 8th July 2018. This concept is designed to bring people with different expertise together, to develop and drive new ways of thinking and reflect 'prudent' ideas. It aims to identify research and development opportunities locally and regionally, and where appropriate internationally to maximise health impact and critically contribute to service sustainability. The Hwyl Hub consists of a physical and virtual hub (designed to encourage learning, creativity, fun, innovation and service improvement). Individuals, teams from across the UHB and partner organisations can come together to work collaboratively on innovation projects and research & development.</p>
46	How is this communicated	Executive Directors shared	Clinical audit learning is shared through Whole Hospital Audit meetings. National Clinical Audit action plans are being shared with key governance groups to help ensure that learning is carried out

	throughout the organisation?	responsibility throughout respective portfolios	<p>appropriately. The implementation of assurance processes around this are continually monitored and are being improved upon.</p> <p>The work undertaken by both the practice development and Service Improvement teams is also used to identify and disseminate best practice.</p> <p>HCS Fundamentals of Care (FOC) audits continue to be undertaken annually across the organisation. The findings are reported to Board and QESAC and outcomes are feedback through clinical nursing networks. Action plans are developed in order to improve on performance individual clinical areas by the responsible clinical teams.</p> <p>The Turnaround Programme Group is responsible for the following:</p> <ul style="list-style-type: none"> • Seeking assurance from groups taking forward schemes that this is being undertaken in a timely way and that there are no internal barriers to progress. • Identifying, with suitable advice where required from experts, who should be tasked with addressing opportunities not currently being progressed. • Cross-referencing schemes to Turnaround projects to ensure no duplication of effort or conversely potential lost opportunities. • Quantifying opportunities where possible and those with the biggest gains will be prioritised in respect of providing additional support for delivery in conjunction with the PMO, Transformation, Turnaround and or Service Improvement Teams. • Establishing suitable mechanisms so that staff throughout the organisation are able to highlight opportunities for consideration. This could be in the format of global e-mails to all staff or the requirement for specific consideration on other appropriate groups' agendas similar to the requirement to review risks. <p>In line with the proposed review of the Turnaround process it is likely that these functions will be discharged differently in 2019/20 with the VBHC Group focusing on the identification of best practice opportunities and benchmarking.</p>
47	Have you got a clear methodology	Director of Planning,	The Executive Team has been the key forum for prioritisation decisions. In January 2018, the Terms of Reference of the Executive Team were reviewed to reflect a new and more focused approach.

	<p>to prioritise work streams to deliver targets? Does this relate to resource allocation?</p>	<p>Performance & Commissioning/ Director of Finance</p>	<p>The Terms of Reference defined the purpose of the Executive Team was to:</p> <ul style="list-style-type: none"> • Ensure oversight and co-ordination of the overall management of the UHB, ensuring efficient, effective and appropriate planning, operation and monitoring of internal and external business and relationships. • Oversee implementation arrangements for the vision, goals and priorities set by the Board, which can then be signed off by relevant committees, and incorporated into personal objectives as appropriate. • Oversee the development of strategic change/business cases that have been signed off by the Board, ensuring robust appraisal processes are in place and utilised. <p>The Executive Team has a weekly meeting cycle that includes regular meetings with clinical leaders across the organisation, Clinical Executive Meetings and meetings in respect of the Turnaround Programme.</p> <p>In addition, as part of the Planning Cycle during 2018/19, Chief Executive review panels were held with each of the UHB's triumvirates and key service delivery departments, to ensure departmental plans are appropriately prioritised to meet UHB targets.</p> <p>The UHB has developed an Infrastructure & Investment Enabling Plan which aligns to the Annual Plan and the Health and Care Strategy. In addition, the developments within the Infrastructure Investment Plan have key strategic alignment with national policies and drivers and are the subject to prioritisation through the UHB's capital management process.</p> <p>In January 2018, the CEO introduced a formal (monthly) Turnaround meeting to hold Directors to account for the planning, implementation and delivery of in year cost improvement programmes. In September 2018, the UHB established a monthly Finance Committee to scrutinise and provide oversight of the UHB's financial performance and delivery against the UHB financial plans. The current UHB governance structure is able to fulfil both the internal and external assurance requirements for the Turnaround Programme in line with the 3 lines of defence model set out in the UHB's Risk Management Framework. A proposal to use the Turnaround Executive Team as a Programme Board is being worked through.</p> <p>In 2018/19, the UHB built on work undertaken in 2017/18 but with an increased focus on efficiency</p>
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			<p>and productivity – length of stay bed day reduction, low acuity medically fit model, outpatients and theatres. The UHB is also moving to implementing evidence based pathways that will offer increased value in orthopaedics, ophthalmology etc. In part this is by pulling forward opportunities identified through the TCS process as they arise. The Service Improvement and Transformation team support the Turnaround programme, ensuring that teams are supported to take forward ideas that can contribute to efficiency savings and improve delivery. Priority is given to those areas with the greatest impact.</p> <p>In 2019/20, a number of Director-led Turnaround Delivery Programmes will be established. These will be supported by Turnaround Improvement Groups, which will use a rapid improvement methodology to support a stepped approach to delivery. The Turnaround Delivery Programmes are aligned to year 1 of the Health and Care Strategy implementation, increasing focus on transformation and efficiencies, and moving the organisation from Turnaround to Transformation.</p> <p>A stronger project management methodology has been introduced in 2019/20, including the requirement for Directorates to complete a Project Initiation Document (PID) for each savings scheme, with clear objectives and associated measurements for success. Schemes will be considered at HTA meetings and signed off at Executive Team. This will assist in the allocation of resources.</p> <p>During 2019/20 we will continue to focus on efficiency and productivity with the implementation of the Efficiency Framework set out by the NHS Wales Efficiency, Healthcare Value and Improvement Group and the opportunities identified in the UHB’s Efficiencies and Opportunities group. There will be an increased focus on value, which will include identifying work which is of low clinical value or impact, tackling clinical variation etc.</p>
48	Do you use feedback from patients/service users/carers to innovate and change delivery?	Director of Nursing, Quality and Patient Experience	<p>As above re: TCS. (Section 25).</p> <p>Hywel Dda’s Big NHS Change Consultation used a mix of engagement methods to elicit views from the population it serves which includes citizens, patients, service users, carers, staff, third sector, and partners. This includes attendance at existing meetings, community groups and setting up specific activities to meet different needs. These programmes of work are strategic approaches to how the UHB can develop services that better meet the needs of the population it serves with co-production</p>

			<p>integral to how they operate.</p> <p>The UHB has strengthened our commitment to continuous engagement and the Joint Framework for Continuous Engagement and Consultation developed by the UHB and CHC was signed off at Board in January 2019.</p> <p>Patient feedback is included in the annual FOC Audits. Themes arising from patient feedback, including audits, 'The Big Thank You, Friends and Family Test' is included in reports to directorates and through the governance committee structure. The IESC reports to QSEAC on all matters relating to concerns, Putting Things Right and the patient experience. Each Directorate has governance/ lessons learnt arrangements to review and respond to feedback.</p> <p>Feedback from the 'Big Thank You' on-line system is also provided to clinical teams.</p> <p>The sharing of patient stories at Board and its Committees is an additional step in the feedback process which can lead to reflection of practices and suggestions for improvement. Patient stories are also shared at departmental and service level for reflection and discussion about lessons learnt and at internal/external training events.</p> <p>The Listening and Learning from Events Group which will be established in 2019/20 will provide a strong mechanism for identification of emerging themes and risks and will feed into the quality improvement and annual planning process.</p>
49	How do you ensure an understanding of the governance and compliance requirements of regulatory bodies and use feedback from auditors/regulators to inform and	Board Secretary	<p>External and Internal Audit reports are presented to ARAC. Management responses are developed to address recommendations from auditors and regulators. The UHB is also subject to announced and unannounced inspections from its key regulator HIW, and other organisations such as the CHC, Royal Colleges, and WG who often provide feedback on areas of improvement. Management responses are informed by services and specialist functions within the UHB. Issues and risks raised within audits and inspections that require investment or additional resources are recorded on a strategic log and fed into the planning processes within the UHB along with a range of information from other sources, including estate appraisals (which includes statutory health and safety compliance, environmental compliance audits), risk assessments, testing and site operational feedback.</p>

	improve your business planning processes and procedures?		<p>Progress on delivery of recommendations is monitored through the UHB's Executive Performance Reviews and Committee structure; ARAC holding an overview position, with the UHB's Audit Tracker presented at every ARAC meeting. The Committee now invites individual Executive Directors to the meeting to discuss late or non-delivery of recommendations following its approval of a new escalation process.</p> <p>The WAO SA18 report advised that the UHB has a robust process for tracking recommendations by all regulators, not just those identified by External and Internal Audit, and identified it as an area of good practice.</p>
50	How do you ensure you are using taxpayers' resource properly and carefully to deliver high quality efficient services?	Director of Finance	<p>The WAO structured assessment process examines the UHB's arrangements that support good governance and the efficient, effective and economical use of resources and provides an assessment of its findings on the UHB's financial management arrangements in place.</p> <p>WAO reported in SA18 that the Turnaround Programme had strengthened internal processes relating to achievement of the UHB's savings target, with fortnightly directorate HTA meetings, 60-day cycle meetings to identify new areas of efficiencies, and a new escalation process with the CEO for directorates that are failing to deliver; however the UHB needs to increase its focus on improving efficiency and embedding value-based healthcare.</p> <p>A full review of savings opportunities based on an analysis of the Efficiency Framework was undertaken in December 2018/January 2019. Initial findings were presented to both the Executive Team and the Finance Committee who have endorsed the proposed direction of travel. Work is now progressing to translate these opportunities into deliverable savings plans both in the short and medium term. 2018/19 saw the UHB achieve its declared deficit position for the first time since its inception and the UHB aim to repeat this success in 2019/20.</p>
51	Do you have sound systems of financial control?	Director of Finance	<p>The UHB has Standing Orders, Standing Financial Instructions and Financial Procedures in place.</p> <p>Internal audits relating to Treasury Management and Charitable Funds received substantial assurance rating with reasonable ratings issued for the Accounts Receivable and Financial Ledger audits within the financial year.</p>

		<p>In 2017, the WG commissioned an external review of financial governance at Hywel Dda UHB, which provided a number of recommendations which have been implemented by the UHB.</p> <p>The UHB established a Finance Committee as a formal committee of the Board on 1st September 2018. It is chaired by the Associate Member of the Board who has been appointed specifically to provide financial support to the UHB drawing on significant senior NHS finance experience. The purpose of the Finance Committee is to:</p> <ul style="list-style-type: none"> • Scrutinise and provide oversight of financial and revenue consequences of investment planning (both short term and in relation to longer term sustainability). • Review financial performance, review any areas of financial concern, and report to the Board. • Conduct detailed scrutiny of all aspects of financial performance, the financial implications of major business cases, projects and proposed investment decisions on behalf of the Board. • Regularly review contracts with key delivery partners. • Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern. <p>WAO SA18 reported that whilst financial management and accountability had improved, significant challenges remain as the UHB continues to overspend against its allocation. WAO found that the UHB has adequate budgetary financial management and control arrangements. The controls are designed to ensure clear lines of delegated budgetary responsibility, ensure accuracy of operational financial reporting, and drive compliance with required financial standards and legislation.</p> <p>The assessment recommended that to support its longer-term financial position, the UHB should ensure that the Finance Committee continues to develop its role and provide increasing scrutiny and challenge on the plans to achieve efficiency savings in the medium to long term. One of the key operational objectives of the Finance Committee is to undertake detailed scrutiny of the</p>
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			<p>organisation's overall performance against savings delivery and the cost improvement programme. It receives updates at each meeting on delivery and challenges progress. More detailed work regarding savings strategy for 2019/20 and beyond is being presented to the Finance Committee for scrutiny, and will continue to be presented on a regular basis.</p>
52	Do you have clear arrangements for monitoring governance activities?	Board Secretary	<p>The ARAC Terms of Reference (approved by the Board in March 2019) state that its role is to monitor, review and report to the Board on the processes of governance. The ARAC Chair facilitates a reflective summary at the end of each meeting in order for the Committee to agree which items need to be raised to Board level. The ARAC Chair presents a written report at each Board meeting and an annual report of the Committee's business at year end.</p> <p>The WAO undertake an annual structured assessment process and as with previous years, their work has reviewed aspects of the UHB's corporate governance and financial management arrangements. In reviewing the UHB's corporate governance and board assurance arrangements in 2018, WAO's main conclusion was that the UHB has continued to strengthen governance and management arrangements, however there was recognition that there remained some weaknesses in quality and safety governance arrangements, more needs to be done to streamline the organisational structure to support implementation of the new strategy, and the efficiency of both resources and assets in the short to medium-term could be further improved. The UHB has developed a management response in response to the recommendations made by WAO and progress on implementing these is monitored by ARAC at each meeting.</p> <p>The CEO produces an Annual Governance Statement (AGS) which reflects the UHB's governance, risk management and internal control arrangements and how they operate in practice. The statement also reflects the UHB's governance procedures and systems and provides a clear understanding of the organisation and its internal control structure, and the stewardship of the organisation. ARAC's role is to review the AGS and provide assurance to the Board that a robust governance process was enacted during the year.</p> <p>The UHB has a clear Risk Management Framework which details the monitoring arrangements in place for risk through the Board and its committee structure and within Directorate management structures.</p>

			<p>Assurance systems, such as monitoring progress against recommendations made from internal and external audits, inspections and reviews, are clearly detailed in the Management of External Agency Visits, inspections and Accreditations Procedure.</p> <p>Implementation of Welsh Health Circulars (WHC) and Ministerial Directions are also tracked and undertaken through the Board Committee structure and through the Executive Performance Reviews, with assurance provided to ARAC on the process at year end.</p>
53	Are all new services/ business cases underpinned by the Health and Care Standards?	Director of Planning, Performance & Commissioning	<p>All UHB business cases are subject to the scrutiny and approval at the relevant Committee and/or Board in accordance with established governance procedures. Depending on funding source, they will also be subject to WG scrutiny and approval. Business case objectives align to the extant Operational Plan or Annual Plan and are consistent with local and national strategy and therefore align with established Standards.</p> <p>All business cases are required to complete an SBAR prior to submission to the relevant Committee and/or Board. A core requirement of the SBAR is to demonstrate how this underpins the HCS.</p>
54	Are your workforce aligned to delivery targets, with clear responsibilities?	Director of Planning, Performance & Commissioning	<p>The Annual Plan 2018/19 sets the strategic direction and the key objectives for the organisation. This was underpinned by enabling plans including the workforce plan which details at a high level the organisational development plan. The underpinning enabling plans of the Annual Plan have deliverables aligned to individuals. This has been continued through 2018/19 in the development of the 2019/20 Annual Plan.</p> <p>The actions within the Workforce and OD enabling plan are reported to the Workforce and OD Sub-Committee.</p> <p>The Performance Management Assurance Framework 2018/19 sets out the roles and responsibilities of site triumvirates and directorate management in respect to delivering performance targets within their respective service areas, as well as the governance and reporting arrangements for performance management.</p>

Health services foster a culture of learning and self-awareness, and personal and professional integrity			
		Executive Lead	Position
55	Does your Board/ service have a formal improvement process?	Board Secretary	<p>There is a programme of Board Seminar Sessions for Executive Directors and Independent Members with targeted sessions to provide ongoing learning and development.</p> <p>In September 2017, the Board approved the proposed approach to, and content of, the Board Development Programme which takes into account the recommendations made in the review of financial governance. The proposal built on work previously undertaken, including the elements delivered by Academi Wales, to provide ongoing support to the Board. A steering group made up of the UHB Chair, BPPAC Chair, Head of OD, Board Secretary and Academi Wales, formed the view that the programme should aim to provide an ongoing learning forum which stimulates discussing and thinking on the way the UHB organises and enacts its business. It proposed that separate sessions were held for Independent Members and Executive Directors to provide a foundation for continued learning and development. These development sessions would take place in 3 stages. Further information is provided in the report which was approved by Board – Board Development Programme – September 2017. The combination of Board OD sessions and Board Seminars provides the Board with an opportunity to receive and discuss subjects/topics which provide additional sources of information and intelligence as part of its assurance framework. This in turn assists with the Board’s ability to adequately assess organisational performance and the quality and safety of services.</p> <p>The Board and Committees undertake an annual review of self-effectiveness with an improvement plan being put in place.</p>
56	How do you gain a clear understanding of how well you are performing, what services are doing well, and what service need improving,	Director of Planning, Performance & Commissioning	<p>Under the guidance of BPPAC, the IPAR continues to develop; the aim being that integrated reporting helps Board members and the public to better grasp what our performance is telling us, i.e. the relative and comparative understanding of the more critical deliverables. The IPAR is scrutinised by both the Board and BPPAC.</p> <p>The Sub-Committees reporting to BPPAC during 2018/19 were as follows: Capital, Estates & IM&T Sub-Committee; Planning Sub-Committee; Health & Safety and Emergency Planning Sub-Committee; and Information Governance Sub-Committee.</p>

	including services that are carried out by others on your behalf?		<p>Throughout 2018/19, BPPAC was provided with quarterly updates on the 2018/19 Annual Plan, focused on actions to improve the UHB's position and complement performance, quality and safety. Following scrutiny and feedback from BPPAC throughout 2018/19, the quarterly monitoring has evolved to ensure that there is greater clarity on actions that are currently not being met and to ensure that clearer mitigation plans are put in place.</p> <p>WAO SA18 recommended that the UHB needed to streamline its performance review meetings and HTA meetings to free up capacity for both executive and operational teams.</p> <p>The quality dashboard continues to be developed throughout 2019/20.</p> <p>WHSSC, EASC and NWSSP, through formal joint committee reporting to the Board and the In-Committee Board have requested the attendance of Lead Officers at Hywel Dda Board and Committee meetings. The UHB is represented on these Joint Committees.</p> <p>The relationship between the UHB and SBUHB has been strengthened through the mechanisms and opportunities provided by ARCH and the JRPDC, securing together our longer-term strategy for regional collaboration between University Health Boards and with our university partner, Swansea University.</p> <p>During 2017/18, the Mid Wales Healthcare Collaborative (MWHC) led on the implementation of the findings and recommendations of the Mid Wales Healthcare Study, which has now been succeeded by the Mid Wales Joint Committee for Health & Social Care from March 2018. The Committee will build upon the strengths and learning from the MWHC arrangements for 2018/19.</p> <p>Following the change of Executive portfolios a Commissioning Framework is to be drafted to strengthen performance and monitoring of services provided on behalf of the UHB.</p>
57	How do you ensure that you respond quickly and	Director of Workforce & OD/Director of	<p>There are processes in place to address immediate concerns raised from regulatory bodies and these are monitored through the Board's Committee structure. This is detailed in the Management of External Agency Visits, inspections and Accreditations Procedure.</p>

	effectively to areas of concern, including those relating to individual performance?	Nursing, Quality and Patient Experience	<p>A process for establishing Control Groups has been established and approved by the Executive Team for incidents and events which meet certain criteria which have either wide ranging impact across the UHB. Control Groups were established in 2017/18 to address areas of concern such as improving fire compliance, approving vacant posts and ensuring the UHB were exploring efficiencies and opportunities.</p> <p>Complaints Scrutiny Panels were established, and will be replaced by the Listening and Learning From Events Group in 2019/20. This is due to the introduction of the all Wales WRP Peer Review process which will undertake scrutiny of the Putting Things (PTR) Process. Reports from this process will be reviewed by the IESC and assurance provided to QSEAC.</p> <p>Performance in relation to the WG target for responding to concerns in line with the PTR regulations has significantly improved and is consistently monitored via the Executive Performance Management arrangements.</p> <p>Systems for responding to concerns including those relating to individual performance are reviewed.</p> <p>The UHB has various procedures in place for reporting incidents and investigations: Lessons Learnt Flyers: http://howis.wales.nhs.uk/sitesplus/862/page/55564 Incident Reporting Guidance: http://howis.wales.nhs.uk/sitesplus/862/page/64011 Additional guidance on concerns and issues: http://howis.wales.nhs.uk/sitesplus/862/page/55563 reported via BPPAC and IE group.</p> <p>The UHB has a range of employment policies in place to manage conduct, capability and in relation to raising individual, collective or anonymous concerns. There is an experienced operational workforce team in place to support managers in addressing concerns. The operational workforce team have a presence on each of the main sites and are well positioned in terms of access and response should issues arise. There are well established links between operational management and their dedicated workforce links which assists in addressing concerns promptly.</p> <p>The PADR process is in place to identify development needs and support personal CPD. Performance against the target is closely monitored through the Executive Directorate</p>
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			Performance monitoring reviews. This is supported by professional revalidation requirements. PADR compliance is also registered on ESR and is reported to Board meetings.
58	How do you invite effective feedback and use the lessons learned to develop and improve the board's and senior management team's effectiveness?	Director of Workforce & OD	<p>The UHB publicises through posters, leaflets and the UHB internet page how the public can raise concerns about our services.</p> <p>There are Raising Concerns policies and processes in place to ensure staff are confident to raise any issues which are identified at Staff Induction.</p> <p>The Board and Committees undertake a self-assessment process annually to ensure they remain fit for purpose and continuously improve. The feedback is analysed and an action plan is developed. The findings are incorporated into the annual Board OD Programme.</p> <p>All of our Executive Directors have participated in a 360 degree feedback process and a suite of leadership diagnostics including Myers Briggs Step 2 and Team Climate Surveys. The feedback from these has been extensively worked through on an individual and collective basis. Participants on our System Level Leadership Improvement Programme also undertook 360 degree feedback and leadership diagnostics.</p>
59	Do you know about all accreditation and licensing schemes that apply to your organisation and how do you comply with them?	Board Secretary	A Legislative Assurance Framework is maintained and an Assurance Report is presented annually to ARAC. This has been reviewed and strengthened in 2018/19 and now provides an assurance rating and is linked to the UHB's risk management process.
60	How do you ensure your staff comply with their professional standards?	Director of Workforce & OD	<p>There is an expectation that Executive Directors, e.g. Director of Nursing, Medical Director and Director of Therapies and Health Sciences, and all other professional heads of service, will ensure compliance in accordance with their portfolios and through their lines of accountability. The responsibility for ensuring staff comply with professional standards is articulated in the UHB Scheme of Delegation and will be included in any change of Director portfolio.</p> <p>The UHB has the following systems in place:</p>

			<ul style="list-style-type: none"> • Arrangements in place to ensure that all registered nurses and consultants revalidate; • Arrangements are in place to ensure all registered health professionals maintain their statutory registration; • Registration checked at point of recruitment and monitored by line managers; • PADR process; • Respective Codes of Practice and Codes of Conduct are referenced in appropriate workforce policies i.e. All Wales Disciplinary Policy; • Revised values and behaviours based PADR documentation; • Through learning & development plans; • Failure to adhere to professional standards can be addressed through the respective disciplinary policies i.e. All Wales Disciplinary policy and All Wales Upholding Professional Standards In Wales; • Monthly Revalidation and Performance Panel chaired by the Deputy Medical Director to ensure compliance with medical revalidation and appraisal and to manage doctor performance; • Nursing Practice Standards are reviewed through regular practice audits as well as senior nurse spot checks, with findings scrutinised at Assurance and Scrutiny meetings held within each service.
61	Is evidence of CPD required for annual performance and development reviews?	Director of Workforce & OD	<p>The UHB, as a learning organisation, supports lifelong learning through CPD. The PADR process is in place to identify development needs and to support personal CPD. All staff are responsible for maintaining a personal development/CPD portfolio.</p> <p>As part of the Nursing and Midwifery Revalidation Process, a nurse or midwife must declare that they have practiced for 450 hours during the last 3 years and have undertaken as least 35 hours of CPD in the preceding 3 years. To support access to CPD opportunities, the Nursing and Midwifery services hold an educational contract with the University through which targeted CPD opportunities are purchased on behalf of the services for both nursing and midwifery registrants and also for some Level 4 development opportunities for Health Care Support Workers (HCSW) who form an increasingly important section of the workforce.</p> <p>As part of the Medical Revalidation process, doctors must evidence approximately 50 CPD points at each annual appraisal, which should incorporate both internal and external activities. This is checked</p>

			<p>prior to a recommendation for revalidation being made.</p> <p>The UHB's compliance with delivery of PADR has improved during the year and is reported bi-monthly to BPPAC. There is a new guidance booklet for managers and staff to aid in operational delivery and ensure all are aware of the expected style and delivery of the PADR Process. The UHB has also reminded doctors of the requirement to undertake mandatory training, particularly with increased Board scrutiny of compliance rates. There will be greater monitoring of this during 2019/20.</p>
62	What is the feedback and process of reflection from complaints, compliments and incidents?	Director of Nursing, Quality and Patient Experience	<p>The UHB has suitable processes in place to learn from events. The IESC provides assurance to QSEAC on all matters relating to complaints, compliments and incidents and patient experience. IESC's key role is to ensure the statutory accountability of the Board in regard to meeting the requirements of the NHS Concerns, Complaints and Redress arrangements (Wales) Regulations 2011. This Sub-Committee is also responsible for ensuring that processes are in place to enable learning from events to be shared across the organisation and primary care contractors to improve quality of services and standards. The sharing of patient stories at Board and Committees is an additional step in the feedback process which can lead to reflection of practices and suggestions for improvement. Patient stories are also shared at departmental and service level for reflection and discussion about lessons learnt and at internal/external training events.</p> <p>At Directorate level, there are governance/lessons learnt arrangements in place, whereby feedback is received and outcomes from closed investigations are reviewed and action plans agreed. Assurance reports are prepared from this process which feed into the Quality, Safety and Experience governance structure.</p> <p>During the year, significant work has been undertaken on improving reporting, including establishing a quality dashboard, escalation processes, and revising Datix to provide better reporting mechanisms. Weekly and monthly reports are provided to services, to ensure earlier identification of emerging themes/trends and any concerns regarding the management of investigations.</p> <p>The UHB continues to report patient safety incidents to the National Reporting and Learning System (NRLS) which enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.</p>

			<p>During the 2016/17 year, the UHB developed dashboard reporting to reflect emerging trends. Information on incidents is made available to operational teams who are asked to include actions being taken in their reports to IESC and QSEAC.</p> <p>Where it is identified that education, training and patient information is of concern, focused work has been undertaken to improve our services. In regard to claims the Legal Services Manager attends meetings and training sessions with clinical and managerial staff to ensure that appropriate feedback is provided on the lessons learned from claims. Members of the Concerns Team (claims, complaints, redress and Ombudsman) attend governance meetings regularly to provide feedback on trends and key issues arising from concern/patient experience feedback.</p> <p>During 2017/18, the range of methods that patients and members of the public can utilise to provide feedback to the organisation on the services has increased, with the pilot of the Friends and Family Test in Emergency Departments/Minor Injury Units. During 2019/20 this will be expanded to all services. This will include electronic systems, feedback cards, and real time surveys, as well as continuing with the patient story and appreciative inquiry work. The Patient Advice & Liaison Service (PALS) will also be reviewed and developed to ensure more time is spent in wards and clinical areas providing information and support where required and capacity will be increased with the support of volunteers to extend working hours to ensure access to support during visiting times and over weekends.</p> <p>The establishment of the Listening and Learning From Events Group will strengthen the lessons learnt and assurance arrangements as a result of patient safety and clinical governance across the organisation.</p>
63	Is there a just/open culture which encourages staff to seek help and advice?	Director of Workforce & OD	<p>To achieve the organisational vision, the UHB has been developing a culture of engagement, openness and honesty and in which all elements of the workforce are encouraged to be innovative. Central to this is the need for clear and supportive leadership, including robust and empowering clinical leadership and staff engagement, and clear schemes of delegation.</p> <p>The UHB recognises that high quality leadership is crucial to the achievement of organisational objectives and to ensure sustainability and future development. The UHB has a strong commitment</p>

			<p>to leadership development and acknowledges its role in increasing the capability of current leaders, developing future leaders and ensuring the organisational values underpin the new suite of management and leadership programmes.</p> <p>Implementation of the values encourages an open and honest culture. The UHB recognises that in order to do this there needs to be a certain amount of psychological safety for employees to feel comfortable to do so. Organisational Development is currently reviewing ways in which this can be achieved and will implement various communication methods to encourage constructive feedback.</p> <p>The organisation has also implemented a Colleague Experience group to review how the organisation can build on staff engagement. This group is an amalgamation of both the Anti-Bullying and Health and Well Being groups. The groups are establishing how to build further psychological safety and support needed for both staff that have concerns or concerns raised against them. There has also been a development of Anti-Bullying pages for the staff intranet that should educate and inform individuals on what inappropriate behaviours are and how to deal with them. There is also a webpage titled 'Are you a Bully?' Where colleagues are invited to reflect on their own behaviours and how these could be perceived by others.</p>
64	<p>What learning programmes are available for staff, and are these aligned to delivery targets, and organisational values and behaviours?</p>	<p>Director of Workforce & OD</p>	<p>The UHB has an on-line Learning and Development catalogue, which provides a comprehensive list of learning and development opportunities available to staff. The Core Skills Training Framework (CSTF) and all the mandatory training programmes are monitored and reported monthly to the Board as Tier 1 targets.</p> <p>The UHB values have now been incorporated into induction, management and leadership and PADR.</p> <p>Values workshops outline the values and associated behaviours, discussing how they can be incorporated and measured within the organisation. The workshops are continually reviewed to ensure the messages do not become outdated as we seek to embed them into all that we do in Hywel Dda UHB. It is recognised that it will take time to embed fully across the organisation, however the values were defined by our staff during a detailed engagement exercise and have been very well received to date.</p>