



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 October 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Strategic Development and Operational Planning Director of Nursing, Quality and Patient Experience Director of Operations Director of Workforce and OD Medical Director Director of Primary Care, Community and Long Term Care Director of Therapies and Health Science Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	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

As part of the Annual Recovery Plan for 2021/22, the Board agreed a refreshed set of Strategic Objectives that set out the aims of the organisation *ie.* the horizon that the HB is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next three years.

Each of the Planning Objectives has an Executive Lead and this paper is to provide the Audit and Risk Assurance Committee (ARAC) with an update on the progress made in the delivery of the Planning Objectives aligned to this Committee, under the Executive Leadership of the following Directors, for onward assurance to the Board:

- Director of Strategic Development and Operational Planning
- Director of Nursing, Quality and Patient Experience
- Director of Operations
- Director of Workforce and OD
- Medical Director
- Director of Primary Care, Community and Long Term Care
- Director of Therapies and Health Science
- Board Secretary

Cefndir / Background

This report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to ARAC.

There are 3 Planning Objectives in total:

- 3B *Delivering Regulatory Requirements*
- 3F *Board Assurance Framework*
- 3H *Planning Objective Delivery Learning*

Asesiad / Assessment

Appendix 1 (attached) provides an update on each of the Planning Objectives aligned to ARAC, identifying their current status, whether these are achieving/not achieving against their key deliverables, together with a summary of progress to date.

A summary of this information is set out below:

Planning Objectives	Lead Executive	Status	If Planning Objective is 'behind'
3B	<ul style="list-style-type: none">• Director of Strategic Development and Operational Planning• Director of Nursing, Quality and Patient Experience• Director of Operations• Director of Workforce and OD• Medical Director• Director of Primary Care, Community and Long Term Care• Director of Therapies and Health Science• Board Secretary	Behind	<p>Oversight is undertaken by ARAC, with deep-dives into areas of concern taking place when deemed appropriate. Deep dives were stood down during the pandemic and will recommence when pressures ease.</p> <p>Discussions are taking place to review the requirements and alignment of this planning objective as the Executive Leads identified for each audit, inspectorate, regulatory or professional body are not necessarily accountable for implementation of the individual recommendations. In addition, the planning objective does not reflect that this is a continual process, as new recommendations are being issued whilst others are being closed.</p> <p>Further clarity is being sought on the requirements arising from HEIW, GMC, LMC, HCPC and other independent contractors and whether these need to be included the tracker. Investigations with leads to date have not provided any clarification.</p>
3F	Board Secretary	Completed	N/A
3H	Board Secretary	Deferred to 2022/23	N/A

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to receive an assurance on the current position in regards to progress on the Planning Objectives aligned to ARAC, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4.4 Receive an assurance on delivery against relevant Planning Objectives aligned to the Committee in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives:	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Paper provided to Public Board in September 2020
Rhestr Termiau: Glossary of Terms:	HEIW – Health Education and Improvement Wales GMC – General Medical Council LMC – Local Medical Committee HCPC – Health and Care Professions Council
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Public Board - September 2020 Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report

Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

APPENDIX 1 – Update of Planning Objectives aligned to ARAC as at 27th September 2021

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Q2 Actions		Current Status of achieving PO within Completion Date (Delete as appropriate)	<ul style="list-style-type: none"> Summary of Progress to date (including barriers to delivery) For actions behind schedule, please provide an explanation For actions behind schedule, what quarter will these now be achieved
				Action	Current Status (Delete as appropriate)		
3B	Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies	Jo Wilson (AW and IA) Lee Davies (CHC) Mandy Rayani (CIW/HIW, Coroner, HSE, PSOW) Andrew Carruthers (DU & MWWF&R) Lisa Gostling/Phil Kloer (HEIW) Phil Kloer (peer reviews, RCs, GMC) Jill Paterson (GMC, LMC, other Independent contractors)	31/03/2024	Not applicable this quarter	Not applicable this quarter	Behind	<p>Operational pressures during COVID-19 have had a significant impact on both the pace and the Health Board's ability to implement some recommendations. Oversight is undertaken by ARAC with deep-dives into areas of concern taking place, when deemed appropriate. Deep dives were stood down during the pandemic and will recommence when pressures ease.</p> <p>Please note the Executive Lead identified in this planning objective for each audit, inspectorate, regulatory or professional body is not necessarily accountable for the implementation of the individual recommendations.</p> <p>Below is the number and percentage of recommendations that have exceed their original implementation date out of the</p>

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				Action	Current Status (Delete as appropriate)		
		Alison Shakeshaft (HCPC)					<p>total number of outstanding recommendations by regulatory body(as at 27/09/21):</p> <p>AW = 3 out of 12 = 25%</p> <p>IA = 37 out of 87 = 43%</p> <p>CHC = 2 out of 5 = 40%</p> <p>HIW = 25 out of 34 =74%</p> <p>MH Coroner = 0</p> <p>HSE = 3 out of 14 = 21%</p> <p>PSOW = 5 out of 5 = 100%</p> <p>DU = 8 out of 8 = 100%</p> <p>MWWFRS = 13 out of 134 = 10%</p> <p>Peer Reviews = 4 out of 5 = 80%</p> <p>Royal Colleges = 8 out of 15 = 53%</p>
3F	Develop a Board Assurance Framework to support the delivery of the Health Board strategic objectives over the 3 years from April 2021 supported by a clear, comprehensive and continuously updated Risk Register	Jo Wilson	30/09/21	Revised Board Assurance Framework in place to align with our new Committee structure	Completed	Completed	The refreshed Board Assurance Framework Dashboard was presented to the Board in September 2021.

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				Action	Current Status (Delete as appropriate)		
3H	From April 2021 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved	Jo Wilson	N/A	Not applicable this quarter	Not applicable this quarter	Deferred	This has been deferred to start in April 2022.