

GOVERNANCE LEADERSHIP AND ACCOUNTABILITY STANDARD

As part of the Annual Governance Statement, the Health Board is required to provide a summary of the steps it has taken to demonstrate that it operates in accordance with this governance standard and the wider standards framework.

Effective governance, leadership and accountability in keeping with the size and complexity of the health service is essential for the sustainable delivery of safe, effective person centred care.

Criteria 1: There are some excellent examples of how the Health Board demonstrates effective leadership by setting direction, igniting passion, pace and drive and developing people.

- In November 2018, the Board approved its *Health and Care Strategy – A Healthier Mid and West Wales: Our future generations living well*, 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:
 - 20 year vision for the population health outcome for current and future generations; and
 - 10 year health and care strategy.
- Whilst the Health Board intended to submit a three year plan for 2019/22, following Welsh Government advice, the Health Board submitted an 'interim draft' annual plan for 2019/20 which set out delivery for year 1 of the Health Board's Strategy.
- From the outset of the pandemic, the Chief Executive established the Command and Control structure which supported agile decision-making in the face of the pandemic, with all Gold decisions ratified by Board, and Silver Tactical decisions reported to Assurance Committees. Whilst Gold set the direction and objectives, it was the role of Silver to develop and implement the tactical plan, empowering operational managers to develop and deliver solutions to the challenges of responding to the pandemic. Bronze groups implemented the plans. A number of cells were also established such as PPE, social distancing, modelling, public health
- The development of a Clinical Ethics Panel provided ethics input into Health Board policy and guidelines, supports health professionals with ethical issues arising within patient care and facilitates ethics education for health professionals and other Health Board staff.
- The Chief Executive produces a COVID-19 Report to Board providing an update on the ongoing response to pandemic, including a changes to directions from Gold to Silver and Bronze.
- The Board Secretary, on behalf of the Chair and Chief Executive, provides a 'Maintaining Good Governance' report to the Board to ensure the appropriate level of Board oversight and scrutiny to discharge its responsibilities effectively,

whilst recognising the reality of Executive focus and time constraints during the COVID-19 pandemic

- On behalf of the Board, the Chair has been visible and accessible to staff throughout the pandemic, and has led on staff support and wellbeing through the sponsoring of a multi-disciplinary group from the outset, which has created a flexible range of resources for staff wellbeing. The support for staff wellbeing provided by the Health Board is seen as an exemplar; a recent Audit Wales seminar shared this work across Wales.
- The COVID-19 pandemic demanded an urgent response from the Workforce and Organisation Development function to mobilise the existing workforce and ensure a sufficient new workforce supply was in place to meet service delivery requirements. The organisation wide response to COVID-19 has resulted in key learning about our culture, our relationship with staff, enabling their wellbeing at work and beyond. It required changes in working practices to be implemented more rapidly than ever before.
- The Transformation Steering Group engagement events around “Joy at Work” reinforced the acceleration of certain aspects of the Health Board’s ten year Workforce, Organisation Development and Education Strategy, including (1) creating a culture which treats employees as adults, consumers and human beings and moves away from a parent/child relationship; (2) supporting the health and wellbeing of all staff by treating employees as whole people with other ‘life’ responsibilities and events; and (3) creating an agile workforce optimising technology and working practices.
- The Health Board strives to be an employer of choice and the health and wellbeing of its staff is paramount. Hywel Dda’s Values and Behaviours Framework has now been in place for more than three years. The Values Framework underpins leadership and effective management at all levels and a suite of leadership and management development programmes have been developed to support the delivery of a values based, compassionate leadership culture. The programmes aim to develop leaders who engage staff and encourage innovation, and support the ongoing development of skilled effective leaders and managers who drive continual improvement through engagement.
- Despite the suspension of the bespoke Executive Development Programme, the Executive Team has continued to develop and build stronger working relationships through working together to respond to the pandemic.
- Whilst leadership programmes were put on hold during the pandemic, virtual coaching provision arrangements were initially put in place for the Executive Team and 53 senior leaders across Health Board. This formed part of the Staff Psychological and Well-Being Plan. Virtual coaching was further extended to cover Assistant Directors and Service Delivery Managers from April 2020 onwards, increasing the reach to 112 managers. Recognising the need to build further resilience for front line leaders as we approach the Winter and a potential second wave of COVID-19, the coaching provision offer is being extended to cover a further 46 staff including:

- The nursing tier reporting to the Assistant Directors of Nursing
 - Service Delivery Managers in Mental Health
 - Senior Nurse Managers and Clinical Nurse Leaders across the Health Board.
- During 2020/21, the offer of coaching has increased to 168 leaders and we have provided 73 coaching sessions between April 2020 - 31st January 2021.
 - The STAR leadership programme was able to resume in the autumn 2020 with Cohort 1 completed virtually by March 2021, with Cohort 2 continuing with their coaching and action learning virtually and the Cohort 3 process initiated to start in May 2021.
 - Senior Finance Development Programme continued to run on a virtual basis. Coaching has continue, as have the action learning sets with great success. It is anticipated that the planned workshop days will commence in late spring.
 - The Institute of Learning & Management (ILM) Level 5 Coaching has been delivered virtually. One cohort started in October 2020 with another one commencing in spring 2021.
 - The Health Board adopted the revised model Standing Orders in November 2020. These Standing Orders are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the Board; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the LHB. SFIs were reviewed by the Board in May 2019.
 - The new Chair instigated a revised streamlined structure, which was phased in from April 2020, for the Board and Committee working arrangements, with revised leadership of key committees to match individual areas of expertise and experience. The Board also approved revised arrangements to support agile decision making and reduce unnecessary bureaucracy within the context of maintaining good governance. Audit Wales commented in Structured Assessment 2020 that the extent to which the Health Board maintained its Board and committee business was significant and was above and beyond what was required by the guidance.
 - The Health Board's interactive Scheme of Delegation remained in place during 2020/21, with both third and fourth deputy arrangements were put in place in the event that the Chair and Vice Chair were unavailable. Similar arrangements were adopted for the CEO. Normal business continuity arrangements were applied for the rest of the Executive team with the second level deputies utilised where absences occurred.
 - The Health Board adapted its risk management system during the pandemic. The Board Assurance Framework (BAF) was suspended whilst the Health Board focussed on operational delivery of its quarterly plans. The Corporate Risk

Register was considered by the Executive Team on a monthly basis with corporate risk reports being presented to the Board and its Committees on a regular basis.

- 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:
 - 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.

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.

- In February and March 2021, recruitment took place to replace a number of IMs coming to the end of their terms. This will ensure that the Health Board maintains stability and also enable the Health Board to inject fresh thinking going forward, which will be particularly important as we progress our strategy.
- Given the issues relating to, and the consequence of the current pandemic, WG requested an Annual Plan for 2021/22, rather than an IMTP. In March 2021, the Health Board approved its Draft Annual Recovery Plan 2021/22 which sets out to our priorities for 2021/22 to our organisation and WG.

Criteria 2: There are some excellent examples of how the Board sets strategy with a focus on outcomes, and choices based on evidence and people insight. The approach is through collaboration building on common purpose.

- The UHB's health and care strategy was approved by board in November 2018. It sets out for the first time a strategic vision for services that are safe, sustainable, accessible and kind for current and future generations across Hywel Dda. The strategy is based on the implementation of an integrated social model of health. It signals a shift from our current focus on hospital-based care and treatment, toward a focus on prevention and building the resilience of people and communities, as described above, and establishes a parity of esteem between physical health, mental health and learning disabilities across the age span.
- The aim of the Annual Plan 2019/20 was to demonstrate how the Health Board intended to start delivery of the Health Board's strategy.

- Over the summer period, the Health Board took stock of where it was as an organisation, the decisions that it has made and the progress achieved so far towards its strategic vision over the last 3 years. From this work, a new set of strategic objectives were developed that set out the long term aims of the organisation.
- The West Wales Regional Partnership Board (RPB) has continued to drive the integration of health and social services to plan and ensure the delivery of integrated, innovative services to best meet the needs of people with needs for care and support. The Integrated Executive Group (IEG) sits under the RPB and has monitored the delivery of following key programmes:
 - ✓ The Healthier West Wales programme – funded through the Welsh Government’s Transformation Fund and comprising three ambitious programmes aimed at helping people to stay active, well and independent within their communities whilst providing targeted support where necessary. Transitional funding of £6m has been awarded to support these programmes in 2021/22, building on nearly £12m investment over the past two years.
 - ✓ The Transformation Fund also supports the West Wales Research, Innovation and Improvement Coordination Hub (RIICH), hosted by the UHB and charged with working across all partner agencies to (1) promote the use of research, knowledge and information to understand what works; (2) support shared learning; (3) and use innovation and improvement to develop and evaluate better tools and ways of working.
 - ✓ The Integrated Care Fund – bringing £12m revenue and £5m Capital transitional funding to the region in 2021/22 and supporting a wide range of programmes which bring services together, support independence and aim to significantly reduce the need for long term care. ICF investment spans all population groups, with focused allocations for older people, people with dementia, children and families, learning disabilities, unpaid carers and autism.
- During 2020/21, Gold requested Silver develop quarterly tactical plans in response to the NHS Wales Operating Framework which outlined the need to maintain essential services and retain flexibility and adaptability to changes in the community transmission rates of COVID-19. These outlines the Health Board plans in respect of Test, Track and Protect, delivering essential services and routine services, infection prevention and control, the unscheduled care system, workforce plans, car homes and social care interface and the financial implications.
- The Health Board has maintained strong partnership working with its neighbouring health boards throughout the pandemic with Swansea Bay University Health Board, and its leadership of the Mid Wales Health and Care Committee with Powys Teaching and Betsi Cadwaladr University Health Boards.
- The Health Board has approved a clinical strategy for Bronglais General Hospital (BGH): Delivering Excellent Rural Acute Care in November 2019 which sets out a vision for future services at BGH, as part of the whole system plan for health and care in Ceredigion and surrounding areas. The development of this strategy

was clinically led as part of Hywel Dda's strategic development programme and addresses the challenges of providing high quality care to remote urban and rural populations.

- Strong partnership working with its Public Services Boards has continued through the pandemic.
- The Health Board has engaged and collaborated with stakeholders during this period to inform quarterly planning. For example, discussions with local partners through the Health and Care Delivery Group allowed the diversion of the ICF to enable the provision of field hospitals.
- From the start of the pandemic, the Health Board has met weekly with the three local authority leaders and their CEOs to work together to ensure our population was kept as safe as possible. It allowed the community to respond to the pandemic together, resolving challenges, planning and sharing intelligence. An example of this early on was the Care Home Escalation Framework, which was adopted across Wales.
- The Health Board has worked closely with its local authority partners to establish its nine field hospitals, making use of Licence to Occupy agreements where appropriate.
- The Board and Assurance Committees have scrutinised the Q3/4 plans from an early stage, in committee meetings, weekly discussions and at Board Seminars.
- From a quality and safety perspective, detailed discussions on winter preparedness took place in November 2020, with the feedback received from this session informing the final version of the Winter Plan, approved at Board on 26th November 2020.
- The Strategic Discovery Report, brought together our learning and innovation across the local health and care system to ensure that we apply the initial learning from our pandemic response to the delivery of our health and care strategy. This was done by
 - ✓ “Looking Back” at the history of previous pandemic responses and presenting some of the findings from our research about previous pandemics
 - ✓ “Looking Out” at global learning and research, and the Welsh context; and taking a deep dive of recognised thought leaders in the field of health and care, and related policy areas.
 - ✓ “Looking in” at our system responses, changes and learning as a Health and Care partnership, which has included findings from our Health Board engagement with around 100 clinical, operational and corporate leaders across the organisation. The purpose of this engagement was to discover more about the changes to Health Board services due to COVID-19, and their impact and triangulate the findings with relevant performance data, detailed information about service changes, and wider learning about COVID-19 in order to inform the outputs of this report.

- The pandemic tested and challenged partners across the Region to respond in a coordinated way resulting the development of a Coronavirus (COVID-19) Prevention and Response Plan by the Health Board, Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council, developed.
- The regional Integrated Executive Group (Health Board Directors, Directors of Social Services and Third Sector) that sits under the RPB, assumed the status of a joint tactical group during the first and second waves of the pandemic. This enabled joint consideration of pressures across the system and remedial actions being taken by partners, and supported development of joint solutions as appropriate, such as the positive *Discharge to Recover and Assess and Care Homes Risk Escalation*. The group has also provided strategic oversight of the Mass Vaccination programme in the Hywel Dda area. It reports to the Executive Team (ET) and Gold Command, which I observe, and ultimately to Board for transparency.
- The 2021/22 Annual Plan includes a number of regional plans. For example, one priority area is our regional approach to cataract surgery. Both Health Boards have historically had significant gaps in capacity and demand for cataract surgery, previously managed through high levels of outsourcing to private sector organisations
- The Health Board's collaborative model and approach, as outlined in the Annual Plan 2021/22, is informed by A Healthier Wales, A Healthier Mid and West Wales, the Primary Care Model for Wales, the Regional Partnership Board and its West Wales Area Plan, the three Public Service Board's Wellbeing objectives and the priorities articulated by the 7 Primary and Community Cluster Plans.
- Improved communications across the HB including the CEO and Chair holding virtual staff meetings, fortnightly meetings with independent members, weekly catch-up local politicians/MS/MP on operational and strategic planning.

Criteria 3: There are some excellent examples of how the Board is innovative and improves delivery, plan resources and prioritises, develops clear roles, responsibilities and delivery models and manages performance and value for money.

- The development of A Healthier Mid and West Wales process and the emergence of a clear direction for the future of our Estate has allowed the Health Board to develop a structured Programme Business Case (PBC), to target prioritised infrastructure investment to support this overall strategy. This Major Infrastructure PBC was approved by the Board in November 2020 for submission to WG for consideration and endorsement.
- The Health Board developed a robust Local Testing Delivery Plan in accordance with the latest Welsh Government requirements

- The Health Board developed, and is in the process of delivering a mass vaccination programme Delivery Plan, in accordance with the milestones and requirements set out by Welsh Government.
- Throughout 2021/22, the Health Board maintained an efficient and sustainable plan to predict, source, organise and distribute PPE to health and care services (including domiciliary care, care homes and residential homes).
- A Command Centre was established to manage all COVID related enquiries, coordinate COVID related policy and guidance from national bodies, regulators and advisors, manage local access to antigen and antibody testing, and roll out a process to maintain personalised contact with all patients currently waiting for elective care (single point of contact).
- The Health Board set and achieved an ambitious plan for 2020-21 to deliver a reduced forecast deficit of £25 million.
- Audit Wales advised in Structured Assessment 2020 that 'innovation and learning have been embedded throughout the revised governance arrangements to enable recovery and the acceleration of its strategic vision, but operational and structural pressures continue to present challenges for the financial position which will only be addressed by delivery of the strategic vision'.
- A new opportunities framework had also been implemented which draws on efficiency data such as the Finance Delivery Unit efficiency framework to identify opportunities to make efficiency savings, as well as draw on good practice and opportunities to streamline the allocation of resources.
- During 2019-20, the Welsh Government commissioned KPMG to undertake a detailed review of the Health Board's finances. The KPMG report identified two key drivers to the Health Board's underlying deficit:
 - ✓ the cost of the Health Board's operating model with opportunities to improve productivity, reduce fixed costs and right size hospital services to reduce duplication, variation and sub-scale services; and
 - ✓ the cost of clinical demand from populations for services which is not sufficiently explained by the age of the Health Board's population.
- The finance business partnering model has now become fully established within the Health Board with business partners allocated to all directorates, and through the accountability agreements, clear delegated budgetary responsibility remains in place.
- In 2019, Hywel Dda University Health Board's (HDdUHB) ten year Workforce, Organisation Development and Education Strategy was agreed and it was recognised that a rightsizing investment would be required to facilitate strategy implementation through the development of new roles within the function.
- During 2020/21, the Health Board agreed the governance and high level framework for 'Improving together'. This is a framework which aligns team vision to strategy and empowers teams to set key improvement measures aligned to

their team vision. Visualisation of key data sets including improvement measures and regular team huddles helps drive decision-making. The approach embraces coaching discussions and supports staff to develop solutions, embedding the principles of continuous improvement. The framework will offer a common approach to how we can adapt, adopt and spread good practice in a systematic way. Improving Together will embrace and embed some of the positive lessons learnt through the pandemic. It brings a number of key planning objectives across directorates into one scalable framework for growing and co-ordinating improvement activities aligned to organisational goals. Work is currently being undertaken to develop the baseline and roadmap for rollout.

- The Health Board launched its Healthcare Apprentice Programme on 24th May 2019 which is aimed at developing a future nursing workforce from the local population. In 2020/21, the apprenticeship academy has developed further and launched further apprenticeship programmes in corporate governance, digital services, patient experience as well as healthcare.
- Additional positive impacts providing innovative digital solutions at pace include:
 - ✓ The Health Board purchased Malinko, which allowed the delivery of a scheduling tool that can maximise the response of the Community Services.
 - ✓ Electronic Nursing Documentation was delayed due to COVID pressures, but in March 2021, it will be introduced into South Pembrokeshire Hospital to provide a lesson learned approach before the wider release in a larger site.
 - ✓ The Digital Team has rolled out upwards of 4,000 pieces of digital equipment to Health Board staff. This rapid deployment of equipment has enabled staff to continue to provide services to patients.
 - ✓ From April 2021, District and School Nurses will be issued with suitable equipment to accelerate the adoption of the Welsh Community Care System (WCCIS).
 - ✓ The fast track implementation of Microsoft Office 365 has revolutionised new ways of working within the Health Board. It has allowed more people to work from home and improved the way colleagues communicate. This includes a Digital Champions Network, where staff can be kept informed of new developments, communicate in an open way with the digital team, express concerns and have access to improved learning facilities. To date, we have engaged with over 300 digital champions.

Criteria 4: There are some excellent examples of how the Board fosters a culture of learning and self-awareness, and personal and professional integrity.

Learning and Self Awareness:

- The All Wales Raising a Concern (whistleblowing) policy outlines how the Health Board engages with staff and volunteers on how to raise a concern.
- The Charter for Improving Patient Experience, co-produced with patients and communities, clearly sets out what patients, families and carers can expect when receiving services from the Health Board. The Charter will inform the Health

Board's patient experience programme, individual service plans for patient experience, and integration of patient experience feedback into service planning and improvement.

- Following the first wave of the pandemic the Health Board engaged with over 100 key leaders across clinical, operational, and corporate functions. The pandemic had forced many clinical services and corporate functions to work in radically different ways; we wanted to find out about these changes and innovations, and apply this learning to expediting our strategy, 'A Healthier Mid and West Wales'. We also wanted to understand how the lockdown and new ways of working (such as reduced car journeys, exercise and local sourcing) impact on our ability to deliver our wellbeing objectives, in line with the Well-being of Future Generations (Wales) Act 2015. Here is a summary of our learning.
 - ✓ **Technology enabled care:** Technology has been used to introduce virtual consultations with patients. Assessments and clinics have taken place through smartphones and patient platforms such as Attend Anywhere.
 - ✓ **Common vision and shared goals:** People told us how powerful it had been for teams and departments to work towards one clear goal: to prepare for and manage our response to the pandemic. Although in reality teams have many different objectives, we learnt that we needed a smaller number of clear goals for the organisation in future, to continue to mobilise change.
 - ✓ **Working digitally:** The introduction of Microsoft Teams had changed our ways of working. People told us that this enables remote working, with less paper and less travel. It facilitates collaboration, with people connecting across sectors, and jointly working on documents.
 - ✓ **Empowerment and autonomy to act:** People valued having the autonomy and freedom to make decisions within the framework of the command structure, and this led to efficient and effective decision making. The people that we interviewed told us that decisions about services were 'clinically led and need-driven', and benefited from having a lighter touch governance structure in place, without the need to submit detailed reports and wait for decisions to be approved. Decisions were made quickly through having regular, short, focused meetings, and through an increased multi-disciplinary approach to decision making. They told us that 'local decisions were made by local teams', and that they felt empowered to 'get on and do'.
 - ✓ **Workforce flexibility and 'can do' culture:** We heard many positive examples of staff flexibility and adaptability in response to the pandemic; of people's willingness to work outside traditional role boundaries, take on additional responsibilities, and support changes to services and rotas.
 - ✓ **Camaraderie:** This was the word used most to describe the working culture during the pandemic.
 - ✓ **Restructured services and pathways:** We heard countless examples of how services had been restructured in terms of where and how they are delivered to patients. Some examples involved a shift to delivering services in community settings, and changes to staff rotas. We also heard examples of how restructured pathways led to admission avoidance and early supported discharge from hospital and all hospitals divided into red and green zones.
 - ✓ **Integrated, collaborative partnership working:** Many pathways between primary, community (including local authority), and acute care have been streamlined. Staff have been working across traditional boundaries and sectors, breaking down silos. These examples of partnership and integrated

working are relevant to our ambition to take a whole system approach to transforming health and care.

- ✓ **The shift to virtual consultations and virtual outpatient services:** Out of necessity and to enable safe and sustainable outpatient services has come one of the most profound transformations to the way the Health Board provides treatment.
- A new Listening and Learning sub-committee was established at the start of the pandemic, which includes clinicians from across the Health Board and considers and discusses serious incidents, concerns, claims, Ombudsman reports, trends and actions to improve patient safety.
- A Patient Experience Report is also presented to each Board meeting. The intelligence within this report has grown and improved and gives real insight to the Board of family and service user experience, and the current position in relation to feedback, including complaints. Patient and service user feedback is received into the Health Board through a variety of routes: Friend and Family Test; compliments (formal letters received by the Chief Executive, Chair and the Big Thank You initiative); concerns and complaints, Patient Advice and Liaison Service (PALS) feedback; local surveys; the all Wales NHS survey and via social media.
- During COVID, the Chair increased the Chairs awards, which enabled her to meet many teams and employees nominated by their peers to thank them and award them, whilst also providing the opportunity to listen to many front line staff about their experiences and to thank them for their kindness and their care for patients, their resilience and creativity and their dedication to duty and service.
- The development of the Black, Asian and Minority Ethnic (BAME) Advisory Group, Chaired by the Health Board Chair, to advise the Board on how improvements can be made such as communication, recruitment and selection, welcoming and mentoring, prevention of bullying, a stronger voice, a Charter. Actions include reverse mentoring for the Board, a bullying and harassment group, the development of a SAS Charter with assistance, a Diversity Calendar gifted to all staff; with an Active Bystander video and Charter are in development.
- A Rest and Recovery Reference Group has been established with internal and external experts and a lead from the Tourist Industry, to advise how we best respond at this critical time. As the pandemic gets more under control, staff will check into their stress and we have to normalise this and not pathologise it, but support them. For example, by ensuring there are internal and external staff rest areas across the estate and have the right referral pathways in place should they need access to psychological therapies.
- In December 2020, ARAC received *Agility to Flex Workforce to Covid Planning*. Overall, it held that the controls in place to manage the organisation's ability to quickly flex and upsize the workforce as and when required due to the ongoing pandemic situation was of a satisfactory standard. The changes in strategy and approach taken, and decisions made by the W&OD team were thorough and demonstrated a robust approach. The W&OD function also adapted its delivery of

training to both new and existing staff to ensure it met the new challenges facing the organisation.

- A staff psychological wellbeing plan based on a phased approach that covers four areas (Throughout, Preparation, Sustained Acute (multiple waves), Longer Term Recovery) was developed and updated monthly based on a thematic analysis from multiple staff sources such as counselling sessions; coaching themes; and Facebook and media comments. It also responds to changes in guidance and advice from Welsh Government services, which may directly affect staff experience at work. Since the early stages of COVID-19, the following aspects of the plan have been in place:
 - ✓ Twice-weekly global updates on specific wellbeing topics.
 - ✓ An in-house Staff Psychological Wellbeing Service providing counselling; listening spaces; research support.
 - ✓ A robust psychological wellbeing plan to mirror the phases of the pandemic.
 - ✓ Expansion of service provision to include a 24/7 Employee Assistance Programme delivered by Care First to wrap around our in-house team.
 - ✓ Establishment of a dedicated COVID-19 Intranet page for Staff Mental Health and Wellbeing, enabling wider access to self-help resources and toolkits.
 - ✓ Individual business cards for each staff member with details of Staff Psychological Wellbeing Services (rainbow cards and posters).
 - ✓ Provision of a wider coaching network for key leaders.
- The in-house Wellbeing Team has been strengthened with the appointment of additional counsellors since October 2020 and further appointments for a clinical psychologist, assistant psychologist and trainer are in the recruitment pipeline.
- The Health Board, in conjunction with partner organisations, are piloting the Engagement HQ platform, developed by Bang the Table, to encourage an ethos of two-way communication to improve staff engagement. The Patient & Public Engagement Team have been working with the Organisational Development Team to design two project pages within the platform.
 - Valuing Your Voice - This is designed to encourage staff to share their stories and to voice ideas, solutions or simply wonderful work, how their experiences affected them, and what staff think the Health Board can learn to improve the organisation for all staff. This project page will offer staff an opportunity to be heard.
 - Praise for Peers - This page offers the chance for staff to tell a peer how much their kindness has meant to them by leaving a message in the guestbook about how a colleague has demonstrated kindness, caring or compassion for them, or just recognising someone for doing an outstanding job.
- The Health Board has been preparing for the Triennial review of its 'University Status' which will be assessed by Health Education and Improvement Wales on 16th April 2021. The achievements include significant partnership activity in support of the Health Board's University status:
 - ✓ Workforce strategy, in areas including the 'grow your own – train, work, live' initiative, developing skills and education (e.g. new role creation, degree

- apprenticeships, and widening access to courses), supporting high quality placements, and continuing professional development;
 - ✓ Research strategy, including jointly supported portfolio studies, research time awards, honorary and jointly funded posts, securing grants from significant research funding bodies and commercial organisations, and maturing formal associations including the West Wales Academic Health Collaborative;
 - ✓ Innovation approach, both demand and supply side, including several joint projects supported through the efficiency through technology fund, meaningful partnerships with the Life Science Hub Wales (e.g. the Accelerate initiative), and significant engagement with the Bevan Commission's programmes, evidenced by the number of Exemplar projects supported.
- A Stress and Burnout staff survey, covering all staff, was also conducted by our Research and Development Team, in conjunction with the Staff Psychological Wellbeing team during April and May 2020. This survey was repeated during autumn 2020 and will be helpful in widening the picture of our staff experience and areas of wellbeing to address as we move forward.
- A National Staff Survey was conducted during November 2020 with results being made available in December 2020. The format and engagement process for the staff survey has been changed to simplify the questionnaire around key topics and to follow up results with conversations to address the emerging issues on a local basis.
- The OD team have been working closely with the Communications Team to support the Engagement HQ concept, all with the intention of building a positive and inclusive culture across HDdUHB. One initiative is 'Praise for Peers' where staff will be encouraged to share messages and stories about their colleagues and 'Valuing Your Voice' where staff are being encouraged to share the issues that are important to them. Both these pages will need to be co-ordinated and overseen by the OD Team.
- As a way of recognising our staff and saying 'thank you', the Chair and CEO commissioned a specific design for a card for every member of staff. These were distributed to every staff member's home address, with a heartfelt message from the Chair and CEO and details of Staff Psychological Wellbeing services on the reverse.

Personal and Professional Integrity:

- The Board's Standards of Behaviour Policy was reviewed in 2019 and approved by the Business Planning and Performance Assurance Committee in August 2019. This policy outlines how the Board is committed to ensuring that its employees and Independent Members practice the highest standards of conduct and behaviour. An Internal Audit review in 2020/21 provided 'reasonable' assurance.
- The Health Board's Standing Orders supported by the Standards of Behaviour Policy aims to ensure that arrangements are in place to support the workforce to

act in a manner that upholds the code of conduct for the NHS. Part of this process is obtaining declarations in respect of Gifts, Hospitality, Honoraria, and Sponsorship etc. The Register and Declaration of Interests is the method by which the Board safeguards against conflict or potential conflict of interest where private interests and public duties of members of staff do not concur. The Board must be impartial and honest in the conduct of its business. An annual report is received by the Audit and Risk Assurance Committee in respect of declarations.

- The introduction of the Healthy Working Relationships Programme and the new Respect and Resolution Policy across Wales in October 2020, will provide a great opportunity to do things differently in partnership. The Health Board will work with Trade Union partners to put trust at the heart of how dignity at work is managed, grievance issues and to encourage managers to do the right thing in resolving issues by treating each matter individually and each member of staff as an adult. Our Trade Union chairs are keen to work with us to develop pledges to ensure we achieve and monitor success of this new approach, putting people at the heart of it.

Recommendations

1. Continue to work towards development and approval of a 3 year Integrated Medium Term Plan.
2. Review the Risk Management Strategy in 2021/22 and update the Risk Management Framework to reflect new risk reporting arrangements in the Health Board approval of the Annual Plan.
3. Renew its commitment to Board development during 2019/20 under the leadership of the Chair.
4. Encourage more Board visibility throughout the organisation and to ensure that the Board continues to listen to and learn from front line staff experience. The introduction of Reverse Mentoring for all Board members is an example of this being applied in practice.
5. Recommence the Executive development programme to strengthen team cohesion, effectiveness and performance.
6. Further strengthen its Board Assurance Framework (BAF) to support the implementation of its strategy.
7. Learn from the second 'Discover' phase to understand more about the experience of staff during the pandemic to inform the organisation's approach to supporting the rest, recovery and recuperation of staff over the coming years.
8. Improve governance of RPB in order that statutory bodies receive assurance on the work being progressed.