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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	09 March 2023		Agenda Item	2.2
Report Title	Board Effectiveness Action Plan			
Report Authors	Len Cozens, Head of Compliance			
Report Sponsor	Hazel Lloyd, Director of Corporate Governance			
Presented by	Len Cozens, Head of Compliance			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to provide an update on progress against the Board Effectiveness Action Plan			
Key Issues	<ul style="list-style-type: none"> The board is required to undertake an annual self-assessment of its effectiveness in terms of governance and internal controls. The findings of the most recent self-assessment were presented to the September 2022 meeting of the board. A proposed action plan was also presented to this meeting, which was agreed. A report on progress against that action plan was last received by the Committee in January 2023. This report provides a further update. At the time of reporting, a total of 22 actions were identified as complete by the relevant lead executive; these are highlighted green in the Action Plan, and represents an increase of 2 since the last report. There were a further 12 instances where actions had not been completed within the original target dates; these are highlighted red in the Action Plan. This represents an increase of 1 since the last report. All other actions (not highlighted) had yet to reach their target dates. With regard to the 4 actions outstanding from the 2021/22 plan, one of these is now reported as closed. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE progress made as detailed within the updated Board Effectiveness Action Plans included at Appendix 1 and Appendix 2 AGREE any specific areas where members feel that further assurance is required, in order that these can be taken forward with the relevant Lead. 			

BOARD EFFECTIVENESS ACTION PLAN

1. INTRODUCTION

- 1.1 The purpose of this report is to provide an update on progress against the Board Effectiveness Action Plan

2. BACKGROUND AND CONTEXT

- 2.1 The board is required to undertake an annual self-assessment of its effectiveness in terms of governance and internal controls.
- 2.2 The findings of the most recent self-assessment were presented to the September 2022 meeting of the board. A proposed action plan was also presented to this meeting, which was agreed.
- 2.3 A report on progress against that action plan was last received by the Committee in January 2023. This report provides a further update.

3. STATUS UPDATE

- 3.1 Since the last meeting of the Committee, the action plan has again been circulated to all lead executives with a request that they provide updates on the actions assigned to them. A copy of the updated action plan has been included at **Appendix 1** for information.
- 3.2 Extracts from the Action Plan have been, or will be, reviewed by each relevant Lead Committee in meetings during February and March 2023.
- 3.3 At the time of reporting, 22 of the 42 actions contained within the current plan were identified as complete by the relevant Lead Executive, and these have been highlighted green in the Appendix. The following 2 actions have been reported as complete since the last update to the Committee:

No	Action	Progress
3	Implement a strategic cycle of Communications and Engagement in 2022/23	Monthly cycle of briefings with CE arranged to shape communication and engagement activity.
24	Through engagement on the Quality Strategy, consider future quality priorities at organisational and service group/specialty level to improve quality.	Priorities for 2023/24 agreed at last QP Board. These are Pressure Ulcer, Nutrition and Hydration, Dementia audit and building capacity and capability in QI methodology.

- 3.4 There were a further 12 instances where it had not been possible to complete actions within the original target dates. These are highlighted red in the Action Plan, and this represents an increase of 1 since the last report.
- 3.5 The remaining 8 actions (not highlighted) had yet to reach their target dates.

- 3.6 In addition to the above, 4 incomplete actions were carried over from the previous year's plan. Of these, one is now reported as complete. An update on these has been included at **Appendix 2** for information.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from the recommendations in this report.

5. RECOMMENDATIONS

- 5.1 Members are asked to:

- **NOTE** progress made as detailed within the updated Board Effectiveness Assessment Action Plans included at **Appendix 1** and **Appendix 2**
- **AGREE** any specific areas where members feel that further assurance is required, in order that these can be taken forward with the relevant Lead.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring the board carries out its business appropriately and aligned with standing orders is a key factor in the quality, safety and experience of patients receiving care.		
Financial Implications		
There are no direct financial implications arising from this paper		
Legal Implications (including equality and diversity assessment)		
There are no direct legal implications arising from this paper		
Staffing Implications		
There are no direct staffing implications arising from this paper		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The development of the board will provide a robust and sustainable organisation to support the communities it services.		
Report History	N/A	
Appendices	Appendix 1:	Board Effectiveness Action Plan 2022/23
	Appendix 2:	Board Effectiveness Action Plan 2021/22
		Outstanding Actions