



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 November 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Board Assurance Dashboard Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary

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 Board Assurance Framework (BAF) Dashboard Report to the Board is to provide the Board with a visual representation of the Health Board's progress against each strategic objective by showing :

- The current delivery against each planning objective aligned to the strategic objective;
- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

The BAF Dashboard can be accessed via the following link:

[Board Assurance Overview - Power BI](#) (Please open in Microsoft Edge).

Cefndir / Background

The Board needs to have oversight at any given time of the current state of progress with regard to its strategic objectives. Whilst there will always be levels of uncertainty, the Board needs to be assured, either positively or negatively, as to what is feasible and practicable regarding the delivery of its objectives.

The following components and processes must be in place for the Board to receive the necessary assurances:

- **Objectives** (strategic/directorate) must be clear and measurable. Other components of governance cannot function effectively or efficiently unless these clear objectives and associated success measures are in place;
- **Controls** (policies, procedures, structures, staffing, etc) should be implemented by management in order to achieve core objectives, taking into consideration known risks to achievement;

- **Performance** against tangible measures of success should be regularly reviewed, with shortfalls/weaknesses identified as a risk to the achievement of objectives;
- **Risks** to the achievement of objectives and individual tangible success measures should be identified. Risks should be assessed and graded in terms of their impact on a particular or specific objective and escalated for consideration against higher objectives as required;
- **Risk management** decisions should be taken in light of risk appetite, risk tolerance, and the cumulative impact and likelihood of any or all of the risks threatening achievement of a single objective;
- **Action** should be taken in response to risk, including additions or amendments to the control framework.

These components and processes of governance must be embedded effectively, as the Board needs to be reliably assured that each component is operating effectively within an overall framework.

Once reliable information and assurance in relation to each component is available in relation to a particular strategic objective, the Board can begin to feel confident about the delivery of that objective.

The BAF provides the framework for this approach.

Asesiad / Assessment

Our six strategic objectives form the basis of our BAF.

- | | |
|---|--|
| 1. Putting people at the heart of everything we do | 4. The best health and wellbeing for our communities |
| 2. Working together to be the best we can be | 5. Safe, sustainable, accessible, and kind care |
| 3. Striving to deliver and develop excellent services | 6. Sustainable use of resources |

These objectives set out the aims of the organisation – the horizon we are driving towards over the long term – which will be used to guide the development and delivery of our shorter term planning objectives over many years.

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- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

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Since the previous Board meeting in September 2021, the following work has been undertaken to produce the BAF Dashboard:

Planning Objectives

All Committees have received a progress report on delivery of the Planning Objectives (PO) that have been aligned to them, including whether agreed key actions have been delivered within Quarter 2. Committee workplans have been updated to include PO progress reports at every meeting. The Strategic Development and Operational Delivery Committee has also received a consolidated report on the delivery of key actions for Quarter 2 of the 2021/22 Annual Recovery Plan. These are reported on the BAF Dashboard, along with start date, end date and current status of delivery of the planning objective.

As part of the process for the development of our 2022/25 Plan, a process of reviewing the current set of planning objectives has been undertaken with the Executive Team to, where appropriate:

- update the wording of the planning objectives
- introduce new planning objectives

Any proposed changes to planning objectives will be discussed at the Executive Team and presented to the Board for approval at the November 2021 Public Board meeting. Once approved, these changes will be incorporated into the BAF Dashboard Report and will inform the basis of next year's plan.

Outcome Measures

Over the last 6 months, the Performance Team have undertaken a number of workshops and 1-1 sessions to develop Outcome Measures aligned to each of the strategic objectives.

The trends within the proxy measures for the outcomes will provide an understanding of whether the Planning Objectives are having the desired impact on the Strategic Objectives. These strategic outcome measures will be presented within the BAF dashboard.

The principles utilised to select the Board measures include:

- Measures that are important in driving towards our strategic objectives and outcomes and have a clear line of sight to the strategic objectives.
- Measures need to be relatively simple to understand, measure, and obtain in a timely way.
- Measures need to be useful to drive improved performance.
- Measures can be applicable across multiple services and settings of care.
- A balance of personal measures, which capture outcomes desired for our staff and patients, health board measures and system measures.
- A focus on the key domains of quality: Safe, Timely, Equitable, Patient-centeredness, Efficiency, Equity.
- Measures consider the risks identified.

The measures can be seen within the BAF dashboard.

Since the last meeting, we have aligned the NHS delivery and Performance Report measures to our Strategic Objectives. We have also considered how we highlight relevant improvement work. We are looking at a digital solution to this, and we will keep the Board updated on progress.

Over the next couple of months, we will undertake some further work on our outcome measures such as considering what our ambition for each measure should be and the key

milestones to achieve this. The Board will discuss the outcome measures in further detail at the December 2021 Board Seminar.

Principal Risks and Assurances

The principal risks have been updated following the planning objectives update reports to the Board Committees and have been reviewed by Executive Risk Owners. The principal risks and assurances have been reported to the Executive Team prior to the November Board.

The risk component of the BAF dashboard report will provide a high level visual of the current and target risk scores, the risk tolerance level, the number of first, second and third line assurances, and an assurance rating which will advise whether there are concerns with the effectiveness of the controls in place. A detailed principal risk and assurance report is available via a link on the BAF Dashboard.

What the BAF is reporting this month

The Board should focus its attention on areas of poor performance in terms of progress against delivery of planning objectives, slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, where there is little confidence in the assurances provided. Committees may also identify and advise of weaknesses in the assurances that have been provided to them. Below is brief overview of the key information that the BAF Dashboard report is providing this month in respect of the Health Board's progress to achieving its strategic objectives. Our intention is to strengthen the narrative going forward.

Overall this month, the [BAF Dashboard](#) is showing that 4 planning objectives have been completed. 39 planning objectives are on track, with another 1 ahead of schedule, and 9 that are currently behind schedule. This is a slight improvement from the previous report as the number of planning objectives behind has reduced from 13 to 9, and 1 planning objective has moved from on track to now being completed (2C – Continuous Engagement).

Strategic Objective 1 – Putting people at the heart of everything we do

- All but one of the planning objectives (1E Waiting List Initiative) are on track however work is being undertaken to get this back on schedule by the next report. Engagement with clinical leads in respect of year 1 plan and recruitment to key posts; once Call Handlers are in place the next phase of implementation can proceed.
- There are 3 principal risks aligned to this strategic objective. There has been a reduction in the current risk score of 1184 (Measuring how we improve patient and workforce experience) from 12 to 8 reflecting the work that is being undertaken to address this risk. There has been no change in the current risk score of 20 of our highest principal risk (1186), which relates to our ability to attract, retain and develop staff with the right skills to deliver what we need to do now and our strategic vision to improve the overall experience of patients and staff. A number of planning objectives have been identified as actions to our ability to manage this risk, most of which remain on track. Further assurances have been identified as being required on all 3 risks aligned to this strategic objective.
- In respect of the agreed outcome measures for this strategic objective, there continues to be a declining trend in patients reporting a positive experience in our emergency departments. No updates are available for the other two measures which are reported annually i.e. adults able to influence decisions affecting their area and overall staff engagement score. However, a new staff survey for Hywel Dda staff will commence in December 2021 and will provide monthly data moving forward.

Strategic Objective 2 – Working together to be the best we can be

- Planning Objective 2C (Continuous engagement) has been completed; all but one of the planning objectives (2D Clinical Education Plan) are on track. This planning objective has not progressed in all areas to enable the delivery of a plan by December 2021 due to changes in team management; and for the need to set up a revised overarching Education Governance Group.
- There has been no change to the level of risk of the four principal risks that have been aligned to this strategic objective. Again the most significant risk linked to this strategic objective is 1186 (Attract, retain and develop staff with right skills). There is another principal risk (1187) that has an extreme risk score of 16 which reflects the risk of whether the Health Board has a strong enough reputation to attract people to work in Hywel Dda and partners to work with us to deliver our strategy. At present two of the actions are behind schedule. Further assurances have been identified as being required on all 4 risks aligned to this strategic objective.
- At present, there is only data available for one outcome measure for this strategic objective, for which there is no data update this month (annual measure). Workforce and OD are progressing work to develop further staff feedback measures, the current aim is to commence monthly staff surveys from December 2021 with the first results being reported to Board in January 2022.

Strategic Objective 3 – Striving to deliver and develop excellent services

- Two planning objectives (3D and 3F) have been completed, with one planning objective currently behind schedule (3B). This relates to delivering regulatory requirements reflecting that just under half of outstanding recommendations from auditors, inspectorates and regulatory bodies on the Health Board Tracker are behind schedule.
- There has been no change to the level of the risks aligned to this strategic objective. Again, the principal risk (1186) reflects the importance of increasing staff capacity to achieve this strategic objective. Another extreme risk has also been identified associated with our capacity to engage and contribute to 'Improving Together'. This has a current risk score of 16, identifying operational pressures presenting a challenge to being able to fully engage with clinical teams prior to roll out of the programme. All actions are on track or ahead of schedule. Further assurances have been identified as being required on all 4 risks aligned to this strategic objective.
- In respect of outcome measures, almost 90% of staff have completed basic improvement training and 1.5% of staff have completed training to lead improvement and change in practice in their work area. No updates are available for the other two measures which are reported annually i.e. the number of new hosted research and development studies and staff reporting being able to make improvements in their area of work.

Strategic Objective 4 – The best health and wellbeing for our communities

- Two planning objectives 4E (Making Every Contact Count Implementation) and 4L (Social Model for Health) are currently behind.
- There has been no change to the level of the risks aligned to this strategic objective. The most significant risk identified relates to the Health Board setting the wrong value for health and wellbeing, currently scoring 16, which reflects the challenge that there is no universally accepted view of the best health and wellbeing and information of wellbeing is not routinely collected with every encounter with our population. 3 actions are behind schedule with 1 completed and 4 on track. Further assurances have been identified as being required on all 3 risks aligned to this strategic objective.
- No updates are available for the 3 outcome measures identified for this strategic objective which are all reported annually.

Strategic Objective 5 – Safe, sustainable, accessible and kind care

- All but two planning objectives are reported to be on track with the exception of 5J (24/7 Emergency Care) and 5K (Clinical Effectiveness), and 5N where a status is not available for this report. As this planning objective relates to a number of outstanding plans in relation to National Networks and Joint Committees, the planning objective will need to be revised to ensure an accurate status position can be provided to Board and Committees going forward.
- There has been no change to the level of the risks aligned to this strategic objective. The most significant principal risk (1196) identified with a current risk score of 16, relates to insufficient investment in the Health Board's facilities, equipment and digital infrastructure. Whilst a programme group has been established to manage the production of the programme business case (PBC) to secure long term investment in support of the Health Board's Health and Care strategy, until the PBC is endorsed by Welsh Government, the Health Board cannot assume investment is likely to be forthcoming at the scale or in the timelines required. Actions in respect of the PBC are on track. Further assurances have been identified as being required on 1 out of the 3 risks aligned to this strategic objective.
- The measures available for this strategic objective report that incidents resulting in harm have increased during 2021/22 to date (the reasons for this are being investigated). An improvement is being seen in staff turnover which is reported as 9.2% in October 2021, compared to a peak of 10.2% in October 2020.

Strategic Objective 6 – Sustainable Use of Resources

- One planning objective (6E Design and implement a value based healthcare education programme) has been completed, and two 6I (Planning objectives for locality resource allocations – although the analysis required to support this has been completed) and 6J (Recurrent savings based on opportunities for technical and allocative efficiencies) are behind.
- There has been no change to the level of the risks aligned to this strategic objective. Out of the 3 principal risks identified, 2 are have a current score of 16. These relate to achieving financial stability (1199) and the ability to shift care in the community (1198) which reflects the complexity of connecting demand, operational capacity planning; workforce planning and financial planning. Further assurances have been identified as being required on 2 out of the 3 risks aligned to this strategic objective.
- The outcome measures for this strategic objective show less than a quarter of the Health Board's third party spend is with local Hywel Dda suppliers and our year to date deficit is in line with achieving the agreed £25m deficit target for year end. No update is available for the annual carbon outcome but work is underway to refine the measure used.

Argymhelliad / Recommendation

The Board is asked to:

- Seek assurance on any areas that give rise to specific concerns.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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):	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 Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Good Governance Institute Institute of Risk Management HM Treasury Assurance Frameworks
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

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

Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, including financial risk management, enacts robust financial control, safeguards public funds and the Health Board's assets.
Ansawdd / Gofal Claf: Quality / Patient Care:	Effective risk management identifies risks which can have an impact on quality and safety.
Gweithlu: Workforce:	Effective risk management identifies risks which can have an impact on the workforce.
Risg: Risk:	Without a robust process in place for managing and mitigating its risks, there is a potential for the Board to be unaware of its key risks.
Cyfreithiol: Legal:	Proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor risk management could affect the reputation of the organisation and reduce confidence of stakeholders.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Appendix 1: Strategic objectives, outcomes and measures

Strategic objectives, outcomes and measures

	Theme	Outcome	Measure
Putting people at the heart of everything we do	Patient	Our patients report a positive experience following their treatment and care	Overall patient experience score
	Staff	Our staff feel valued and involved in decisions	Overall staff engagement score
	Population	We are actively engaging our population and seek their feedback about current experiences and future needs	Percentage who feel able to influence decisions affecting their local area*
Working together to be the best we can be	Staff	Our staff feel that they are part of an effective team	Staff response to: Team members trust each other's contributions
	Patient	We are listening to the voices of our patients to ensure that our services deliver the outcomes that are important to them	% of action plans completed at service review meeting
	Organisation	As a Health Board, our strategic vision is clear and our objectives are aligned	Staff response to: I have had a PADR in last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals
Striving to deliver and develop excellent services	Discover	We are actively involved in research development and innovation	New R&D studies commenced in a year (hosted and sponsored)
	Design	Our staff actively bring improvement and innovation into our thinking	Staff response to: I am able to make improvements in my area at work
	Deliver	Our staff are empowered and supported to enact change and continuously learn and improve	The number of staff per 1000 have undertaken improvement training
The best health and wellbeing for our communities	Population	Our communities feel happy, safe and are able to live life to the full	Mean mental well-being score*
	Health and Wellbeing	Our communities have opportunity from birth to old age to be healthy, happy and well informed	Percentage of adults who have fewer than two healthy lifestyle behaviours*
	Equity	Our communities have a voice and are able to fulfil their potential no matter what their background or circumstance	Healthy Life Expectancy at birth including the gap between the least and most deprived*
Safe, sustainable, accessible and kind care	Safe	We minimise harm for the patients in our care	Number of incidents resulting in harm to our patients across the whole system
	Sustainable	We have a stable and sustainable workforce	Turnover rate in 1st year of service
	Accessible	Our patients can access services in a clinically appropriate timescale	% high risk planned care patients are seen within a clinically appropriate timescale
	Kind	We maximise the number of days that people spend well and healthy in their own home	Bed day occupancy for those aged 75+
Sustainable use of resources	Social	Our positive impact on society is maximised	% of third party spend with Hywel Dda and Welsh suppliers
	Environmental	We are making a positive contribution to addressing the climate emergency	Carbon usage per head of population
	Economic	We are making progress against the delivery of our "Roadmap to Financial Recovery"	Compliance on break-even duty

* Denotes a national well-being indicator