

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 January 2022
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 the organisation is driving towards over the long term – which will be used to guide the development and delivery of the 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
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Since the previous Board meeting in November 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.

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 January 2022 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

Since the previous Board meeting, work has progressed with colleagues within Organisational Development and the Patient Experience team. The staff survey will be sent to 1000 members of staff a month, with all members of staff having an opportunity to complete the questionnaire once every year. The first staff survey was sent to 1000 members of staff in December 2021. Additional questions aligned to our Patient Charter have also been incorporated into our patient surveys. These results are now beginning to be fed through to the relevant outcome measures within the BAF dashboard.

Consideration has been given as to how relevant improvement work is highlighted. A digital solution is currently being explored and the Board will be regularly appraised of progress.

Over the next couple of months, further work will be undertaken on the outcome measures, such as considering what the ambition for each measure should be and the key milestones to achieve this.

Principal Risks and Assurances

The principal risks' actions 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 January 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. 32 planning objectives are on track, with another 2 ahead of schedule, and 15 that are currently behind schedule. This is a deteriorating position from the previous report as the number of planning objectives behind schedule has increased from 9 to 15. One further planning objective (5M) has been reported as ahead of schedule since the previous meeting.

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

- Three Planning Objects are behind (1B Hywel Dda Health Hub - Single Point of Contact; 1C Customer service - training and development programme; 1E Waiting List Initiative) compared to one in the previous reporting
- There have been no changes to the risk scores of the 3 principal risks aligned to this strategic objective. A number of planning objectives have been identified as actions to our ability to manage this risk, 2 of which are currently behind schedule (2D and 2G) however this should not impact the overall achievement dates for the objectives. 3 new risk actions have been added to risk 1186 (Ability to attract, retain and develop staff with the right skills) relating to developing overseas resourcing and retention programmes, and researching an "internal labour market" concept for health and social care. Risk 1184 (Measuring how we improve patient and workforce experience) has a current risk score of 8, and the establishment of a Command Centre Steering Group has increased the assurance mechanisms in place for this risk. Risk 1185 (Consistent and meaningful engagement through our workforce) has been reviewed, with assurance provided that work is still on track to implement the actions listed under 'gaps in controls'. 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, the organisation has previously reported on patient experience only in emergency departments however are now also including data for inpatient and outpatient activity. The overall patient experience has remained high between 90% and 95% since June 2020. As mentioned above, the new staff survey started in December 2021 with 1,000 staff being invited to participate. The overall response rate was 23% and the overall staff engagement score was 3.8 (out of 5). No update is available for the other measure which is reported annually i.e. adults able to influence decisions affecting their area annually.

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

- Planning Objective 2C (Continuous engagement) has been completed; all but two of the planning objectives (2D Clinical Education Plan – this was also behind in the previous reporting period; 2G NHS and related care careers workforce programme) are on track. For 2D although currently behind target, it is envisaged that this will not impact the overall achievement date.
- There has been no change to the level of risk of the four principal risks 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) – an update has been provided above in Strategic Objective 1. There is no change to the risk 1187 which has a risk score of 16. Of the 6 planning objectives identified as actions to manage this risk, 1 has been completed (2C), with 2 currently behind schedule (2D and 2G) however this should not impact the overall achievement dates for the objectives. Risk 1188 (Effective leveraging within partnerships and carers) has been reviewed with work continuing to progress identified actions. Further assurances have been identified as being required on all 4 risks aligned to this strategic objective.

- At present, data is available for two out of the three outcome measures for this strategic objective. Of those staff members who responded to the new staff survey, 71% reported that team members trust each other's contributions and 66% reported having a PADR in the last 12 months that has supported them with clear objectives aligned to team and organisation goals.

Strategic Objective 3 – Striving to deliver and develop excellent services

- Two planning objectives (3D and 3F) have been completed, with two planning objectives currently behind schedule (3B – as per the previous reporting period and 3I Contract reform) and one ahead of schedule (3E Business intelligence and modelling). For 3E, which was on track previously, this is due to limited information on contract reform negotiations, which has limited the ability to plan for future contract structure and implications on service delivery. Concerns raised around the impact of the development of the Optometry contract and the requirement for additional staffing to support contract implementation and monitoring.
- 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 – an update has been provided above in Strategic Objective 1. Risk 1189 (Timely and sufficient learning, innovation and improvement) has a current risk score of 9, with 1 action completed, 1 ahead of schedule, 3 are on track, with timescales for the remaining 3 actions to be confirmed to Board as part of the Integrated Medium Term Plan (IMTP) process. Work is progressing on identified actions in risk 1190 (Capacity to engage and contribute to 'Improving Together'), with all actions on track or ahead of schedule. 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. Due to current operational and COVID pressures, the Performance team have been unable to meet with operational staff. Further assurances have been identified as being required on all 4 risks aligned to this strategic objective.
- In respect of outcome measures, 57% of staff surveyed in December 2021 reported being able to make improvements in their area of work, 83% of all staff have completed basic improvement training and 1.5% of all staff have completed training to lead improvement and change in practice in their work area. No update is available for the number of new hosted research and development studies, which is reported annually.

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

- One planning objective 4E (Making Every Contact Count Implementation) remains behind; however, another 4L (Social Model for Health) which was previously behind is now on-track.
- There has been no change to the level of the 3 risks aligned to this strategic objective. The most significant risk 1192 (Wrong value set for best health and well-being) has a current risk score of 16, which reflects the challenge that there is no universally accepted view of the best health and wellbeing and information on wellbeing is not routinely collected with every encounter with our population. Out of the 12 actions identified, 2 actions are behind schedule (4E and 6I) with 1 completed (2C), 6 on track and 3 have been re-prioritised due to our on-going pandemic response, with timescales to be confirmed to Board as part of the IMTP process. Both risk 1193 (Broadening or failure to address health inequalities) and risk 1194 (Increasing uptake and access to public health interventions) have current risk scores of 9, with work progressing on identified actions, and those actions being progressed 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

- One Planning Objective (5M Implementation of clinical and all Wales IT systems) is now ahead but 4 planning objectives are reported as being behind: 5K (Clinical Effectiveness) which was behind in the previous reporting period, and 5C, 5D and 5E (all relating to the Programme Business Case). For these, work is underway to detail the critical path activities for achievement of the PO target date. There are significant challenges, some of which will become clearer as the PBC process is completed and more is understood regarding the business case requirements for the programme and the key tasks required in relation to the new hospital site selection and planning approval.
- There has been no change to the level of the 3 risks aligned to this strategic objective. Although work is progressing with the development of the Programme Business Case, there are 3 actions currently behind schedule (5C, 5D and 5E) on risk 1196 (Insufficient investment in facilities/equipment/digital infrastructure) which has a current risk score of 16. Risk 1195 (Comprehensive early indicators of shortfalls in safety) has been reviewed, with no work reported to be behind schedule. Risk 1197 (Implementing models of care that do not deliver our strategy) has 4 actions on track, 3 behind (5C, 5D and 5E) with the remaining actions re-prioritised due to our on-going pandemic response, timescales for these will be confirmed to Board as part of the IMTP process. 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 (1,105 incidents in December 2021), the reasons for this continue to be investigated. Staff turnover has remained relatively static at 9.2-9.3% for the past 5 months. Bed day occupancy for our inpatients continues to show cause for concern.

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 remain behind: 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). A third, 6C (5 year financial plan) is now behind as well - the financial plan has been developed and shared across the organisation. This is being used as the holistic direction for the more detailed IMTP. The Finance Function have identified a roadmap to breakeven, evidenced via various allocative and technical studies.
- There has been no change to the level of the risks aligned to this strategic objective. Out of the 3 principal risks identified, 2 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 that, in December 2021, less than 4% of the Health Board's third party spend was with local Hywel Dda suppliers, which is a considerable decline in performance. The Health Board will take steps to validate the data and investigate causes, in order to provide an update for the next Board meeting in March 2022. 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 Termau: Glossary of Terms:	Contained within the body of the report
Partion / 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