

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 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)**

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to introduce the refreshed Board Assurance Framework (BAF) Report to the Board. This is the first iteration of the BAF report in a dashboard format and provides 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

As advised in the BAF report to the Board in June 2021, 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

The journey so far

Despite being focussed on its response to the COVID-19 pandemic over the last 18 months, the importance of emerging in a strong position to enable the acceleration of the delivery of our strategy – A Healthier Mid and West Wales – was not underestimated.

In September 2020, the Board agreed a refreshed set of objectives that 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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|---|--|
| 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 6 strategic objectives formed the basis of our Annual Recovery Plan, approved by the Board in June 2021, where we also set out our intention to refresh our BAF.

Having agreed strategic objectives and specific, measurable planning objectives, enabled work to commence on the components of the BAF, which included:

- Developing systems to demonstrate progress against the planning objectives within each strategic objective;
- Developing meaningful outcome measures to demonstrate that delivery of planning objectives was having the desired impact;
- Identifying the principal risks that could affect achievement of the strategic objectives;

- Mapping the sources of assurance that provide evidence on the effectiveness of the management of principal risks that threaten the successful achievement of its objectives.

Alongside this work, the planning, performance and governance teams have collaborated over the summer to develop a BAF dashboard report, which will provide the Board with a visual representation of the Health Board's progress against each strategic objectives at a given point in time. Whilst the format of the BAF dashboard report has been developed, work is still in progress to finalise some of the components and will be incorporated in future iterations.

Below is an outline of work that has been undertaken to develop the individual components of the BAF dashboard:

Planning Objectives

As outlined previously, the Annual Recovery Plan for 2021/22 was developed to address the delivery of the strategic objectives and planning objectives that were approved by the Board in September 2020. Progress on the delivery of the planning objectives is tracked on a quarterly basis and reported via the Strategic Planning and Operational Delivery Committee. Quarter 1 is reported on the BAF Dashboard, along with start date, end date and current status.

To support the development of the IMTP, a review of the current planning objectives has been undertaken with the Executive Team. In summary, all current planning objectives have been reviewed in order to understand which:

- Have already been completed
- Are due to conclude by the end of 2021/22, and whether these will require a new 'follow-on' Planning Objective or not
- Are due to continue into 2022/23 and beyond, and whether these will continue, require amendment or will be abandoned
- Are deferred from 2021/22 and whether these will start, continue to be deferred, or will be abandoned
- Gaps in our planning objectives will need to be addressed.

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, and are also summarised within Appendix 1.

There is more work to be done in developing the outcome and measures, including:

- Setting our ambition for each measure and agreeing key milestones to achieve this.
 - Looking at how we highlight our improvement work alongside the measures.
 - Aligning the NHS delivery and IPAR measures to our outcomes and strategic objectives. This will create an opportunity to drill down to understand specific performance challenges or successes and to identify strategic opportunities for improvement.
 - Consider any training and support which may be required.
- The Board will discuss the outcome measures in further detail in the December 2021 Board Seminar

Principal Risks and Assurances

During April and May 2021, separate workshops were held, chaired by the Chief Executive Officer (CEO) or Deputy CEO, in respect of each of the 6 strategic objectives, with invited members of the Executive Team, i.e. those who were the named lead for the planning objectives within each strategic objective. The purpose of these workshops was to identify the principal risks to achieving each of each strategic objective and the principal risk owners for these risks. Risk owners then undertook further work to identify the controls, assurances, and gaps in controls and assurances. These have been reviewed by the Executive Team, which resulted in 17 principal risks being agreed. These are in the early stages of development and it is expected that principal risks will evolve and develop, in line with the dynamic nature of risk.

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.

During discussions about assessing the risks aligned to strategic objective 4 (*The best health and wellbeing for our individuals , families and our communities*), with the Director of Public Health and Medical Director, it became apparent that risk impact domains on the risk register were not appropriate for assessing the impacts to health inequalities and health equity. Therefore, the Director of Public Health and her team produced a new risk impact domain ‘Health Inequalities/Equity’ which the Board are asked to approve for inclusion within the Health Board’s Risk Scoring Matrix.

Risk Impact Domains	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
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Health Inequalities / Equity (To Be Approved)	Minimal or no impact on our attempts to reduce health inequalities/improve health equity	Minor impact on our attempts to reduce health inequalities or lack of clarity on the impact we are having on health equity	Moderate impact on our attempts to reduce health inequalities or lack of sufficient information that would demonstrate that we are not widening the gap. Indications that we are having no positive impact on health improvement or health equity	Major impact on our attempts to reduce health inequalities. Validated data suggesting we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity
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The full Risk Scoring Matrix is included in the principal risk and assurance report which is available via a link on the BAF Dashboard.

Whilst the BAF will provide the Board with information on how the organisation is progressing against its strategic objectives, the Board will also need to remain cognisant of the significant operational risks that are being experienced within the organisation, as the Health Board continues to respond to the COVID-19 pandemic, address long waiting lists, and work within a system that is under a significant amount of pressure with a large number of vacancies and high levels of sickness. The Board needs to balance oversight of risks on the BAF (the strategic direction) and Corporate Risk Register (the here and now).

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 3 planning objectives have been completed. 36 planning objectives are on track, with another 1 ahead of schedule, and 13 that are currently behind schedule.

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. The structure has been revised and is out to advert currently with appointments expected from October 2021.
- There are 3 principal risks aligned to this strategic objective. Our highest principal risk (1186), which has a current risk score of 20, 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 is a declining trend in patients reporting a positive experience in our emergency departments, and we rank 6 out of 8 in Wales in the measure related to adults being able to influence decisions affecting their local area (including health).

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

- 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. A deep dive into this planning objective will be undertaken in September 2021 with any revisions to the plan to be agreed by the Executive Team.
- Four principal risks 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 all but one of the actions remain on track. Further assurances have been identified as being required on all 4 risks aligned to this strategic objective.
- Further action on assurances has been identified. At present, there is only one outcome measure available however Workforce and OD are progressing work to develop further staff feedback measures and data will be collected from September 2021. The available outcome measure relates to the percentage of team members that trust each other's contribution in 2018 which showed Hywel Dda at 77%, above the rest of Wales (74%).

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.
- 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. Further assurances have been identified as being required on all 4 risks aligned to this strategic objective.
- In respect of outcome measures, only two out of three staff report they are able to make improvements in their area. Further work is being progressed to develop a measure of staff undertaking the Enabling Quality Improvement in Practice (EQIIP) programme.

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

- The status on two planning objectives are not available however will be reported to the relevant Committee in October. One planning objective (4E Making Every Contact Count Implementation) is currently behind.
- 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. Further assurances have been identified as being required on all 3 risks aligned to this strategic objective.
- There are 3 outcome measures identified for this strategic objective. In 2019, Hywel Dda residents reported the lowest mental wellbeing across Wales. In 2020, 11.7% of

adults in Hywel Dda had less than 2 healthy lifestyle behaviours e.g. not smoking, sensible diet, health weight, alcohol consumption within guidelines. The remaining outcome measure shows that healthy life expectancy of people living in Hywel Dda is 62 years with the gap of overall life expectancy in females reported as 3.8 years between most deprived and least deprived areas, with 5.7 years for males (healthy life expectancy is the number of years a person might expect to live in good or very good health).

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

- All but two planning objectives are reported to be on track with the exception of 5C and 5D which relate to the Programme Business Cases (PBC) for the new hospital and the repurposing of Glangwili General Hospital and Worthybush General Hospital respectively, 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. The new planning objective will be put forward to the Board in November 2021.
- The most significant principal risk 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 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. 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 is increasing (the reasons for this are being investigated), there has also been a rise in the percentage of staff leaving their appointment within a year however this may relate to temporary staff that were appointed during the pandemic.

Strategic Objective 6 – Sustainable Use of Resources

- One planning objective (6E Design and implement a value based healthcare education programme) has been completed, however 5 planning objectives are reported to be behind schedule at present. The current unprecedented pressures in unscheduled care in particular, has meant that the Health Board has not been in a position to progress at pace with identifying the savings plans required to address the in-year savings requirement. This is being considered through the development of our financial roadmap which will be discussed by the Board at its October Board Seminar.
- 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 three 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, the Health Board contributes 10% of the overall carbon footprint for NHS Wales and our year to date deficit is in line with achieving the agreed £25m deficit target for year end.

Going Forward

The BAF will be presented to the Board at each meeting and used as a dynamic tool to drive the board agenda (areas of concern/risks, new assurances, previous challenges in respect of information on the dashboard).

Each strategic objective has been aligned to a Board level Committee as follows:

Strategic Objective		Board Committee
1	Putting people at the heart of everything we do	People, Culture and Organisational Development Committee
2	Working to together to be the best we can be	People, Culture and Organisational Development Committee
3	Striving to deliver and develop excellent services	People, Culture and Organisational Development Committee
4	The best health and well-being for our individuals, families and our communities	Strategic Development and Operational Delivery Committee or Sustainable Resources and Operational Delivery Committee
5	Safe, sustainable, accessible and kind care	Strategic Development and Operational Delivery Committee
6	Sustainable use of resources	Sustainable Resources and Operational Delivery Committee

It will be the role of Committees to seek assurance from Executive Directors that planning objectives associated with delivery of the strategic objectives are being achieved. The Board will also delegate part of its role of scrutiny of assurances and performance to its Committees to make the most of appropriate and efficient use of expertise. This will also enable the Board to place greater reliance on assurances if they are confident that they have been robustly scrutinised by one of its Committees and provide them with greater confidence about the likely achievement of strategic objectives and providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

Principal risks will be scrutinised by the Board. The role of Executive Directors (Risk Owners) will be to provide assurance that planning objectives are being delivered, risks are being managed effectively and efficiently, assurance systems are in place, performance measures are being monitored, and corrective action is being taken when triggers are met.

The role of the Quality, Safety and Experience Committee (QSEC)

The QSEC will oversee and scrutinise measures related to harm and ascertain whether these are improving with the development of our strategic objectives.

The role of the Audit and Risk Assurance Committee (ARAC)

The ARAC has oversight, on behalf of the Board on:

- The adequacy of the assurance processes
- The effectiveness of the management of principal risks

It is not ARAC's role to discuss risk scoring or content, rather to focus on whether the BAF meets the Board's needs and whether the most significant risks and assurance arrangements are captured. From 2021/22, the Internal Audit Plan will include an annual review of the Health Board's risk management and BAF arrangements.

ARAC will also agree the Internal Audit Plan and ensure it is aligned to the BAF, e.g. where risks have limited sources of assurance, review significant risks and review risks that have been reduced to check controls are in place and working effectively. ARAC can monitor the

assurance environment and challenge the build-up of assurance on the management of key risks throughout the year.

ARAC will examine the arrangements implemented to provide comprehensive and reliable assurance. These arrangements should be monitored throughout the year to ensure that sufficient assurance is being planned and delivered to avoid surprises and to enable early decisions and action to be taken on risk and control issues.

Argymhelliad / Recommendation

The Board is asked to:

- Note the progress on the development of the BAF Dashboard, acknowledging that it is an iterative report which will be continually updated;
- Seek assurance on any areas that give rise to specific concerns;
- Approve the new risk impact domain 'Health Inequalities/Equity' for inclusion within the Health Board's Risk Scoring Matrix.

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:	

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