



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 July 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Board Assurance Framework Dashboard Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance (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:

[BAF Dashboard 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

The Health Board's six strategic objectives form the basis of the 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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Since the previous Board meeting in November 2022, 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 (POs) that have been aligned to them. The progress reported is against the POs identified in the Annual Plan for 2023/24.

As part of the process for the development of the Health Board's 2023/24 Annual Plan and following review was undertaken by the Executive Team, a revised set of Planning Objectives was approved by Board in March 2023. A closure report on the 2022/23 Planning Objectives was approved by Board in May 2023.

Outcome Measures

The outcomes and proxy measures provide an understanding of whether actions are having the desired impact on the aligned strategic objectives. The metrics chosen have quality as their main focus and are both qualitative and quantitative. They cover staff and the patient voice, system measures, national well-being measures and measures which are important locally.

The trends in the data are discussed three times a year at Executive Team. The Executive Team set actions at these meetings and these are enacted in between meetings.

Work is being undertaken to refine the 'population health' measures. National well-being measures such as 'the mean mental wellbeing score', and 'healthy life expectancy' were initially selected however, as the data is old and infrequent, it has been very difficult to enact proactive change. Working on developing our own population survey is underway that will provide more up to date information, to drive decision making.

Principal Risks and Assurances

The principal risks are reviewed three times a year at Executive Team, with follow up meetings with principal risk owners to review their risks in more detail.

The principal risks were reviewed and updated following submission of the Health Board's 2023/24 Annual Plan at Executive Team in June, to reflect the priorities (the 2023/24 planning objectives) agreed by the Board for the next year as these are likely to have an impact on the Health Board's ability to implement its strategic objectives and manage its principal risks. The principal risks' actions have been updated following the planning objectives update reports to Board Committees in June.

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.

Overall this month, the [BAF Dashboard](#) is showing all planning objectives have reported as being on track.

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

- Three new planning objectives have been aligned to strategic objective 1 – 1a (Attraction & Recruitment Plan), 2a (Engage & listen to people) and 2c (Workforce, OD and partnerships plan). These planning objectives are currently reported as being on track.
- Following a detailed review with the Principal Risk Owner, risk 1186 (Ability to attract, retain and develop staff with the right skills) has been reduced from 20 to 15, reflecting the current level of confidence of managing this risk and achieving this objective over the longer term. All actions assigned to the risk are currently on track. There has been no change in the current risk score of 8 for risk 1184 (Measuring how we improve patient and workforce experience) with all actions currently on track. It has been identified that further assurances are required in relation to this risk. Risk 1185 (Consistent and meaningful engagement through our workforce) has been reviewed with no change to the current risk score of 12, and all actions are currently on track.
- In respect of the agreed outcome measures for this strategic objective, the organisation has previously reported on patient experience only in emergency departments; however, is now also including data for inpatient and outpatient activity. The overall patient experience has remained high around 85% and 95% since June 2020, with consistent scores of 95% since January 2023. 1,000 staff continue to be invited to participate in the staff survey each month. The overall response rate for June 2023 was 17.6% (compared to 16% in February) and the overall staff engagement score was 3.78 (out of 5), compared to 3.76 in February 2023; this can also be interpreted as 75.6% of staff reported being happy in their work. No update is available for the other outcome 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

- Three new planning objectives have been aligned to strategic objective 2 – 1b (Career progression), 2b (Employer of choice) and 6c (Continuous engagement). All planning objectives are currently reported as being on track.
- Risk 1186 (Attract, retain and develop staff with right skills) is the highest scoring risk aligned to this strategic objective, with a current risk score of 15 – an update has been provided above in strategic objective 1. An update has also been provided above for risk 1185 (Consistent and meaningful engagement through our workforce). The risk score for 1187 (Strong enough reputation to attract partners to work with us) remains at 12, with all actions currently on track. Risk 1188 (Effective leveraging within partnerships) has been reviewed, and has a current risk score of 9, with all actions on track however further discussion is required on the ownership of this recommendation. Risks 1187 and 1188 have both identified that further assurances are required.
- Data is now available for the 3 outcome measures for this strategic objective with the addition of Patient Recorded Outcome Measure (PROM) data. There are 33 service areas collecting PROMs, with 23,000 patients contacted and 39,000 forms completed between August 2020 and June 2023. Of those staff members who responded to the staff survey, 66% reported that they are proud to tell people that they work for Hywel Dda, 69% reported that team members trust each other's contributions and 70% reported having a PADR in the last 12 months that has supported them with clear objectives aligned to team and organisation goals. Since April 2022, there has been a continuous increase in staff receiving a PADR within 12 months with the exception of May 2023, reaching 76.7% in June 2023.

- Two new questions were asked in the staff survey from January 2023: 'Do you know what the vision of the health board is?' and 'Do you know how you contribute to the objectives of the health board?' In June 2023, 68% of staff reported that they know what the vision of the Health Board is (compared to 60% in February) and 60% of staff know how they contribute to the objectives of the Health Board (compared to 52% in February).

Strategic Objective 3 – Striving to deliver and develop excellent services

- Two new planning objectives have been aligned to strategic objective 3 – 5b (Research and Innovation), and 8d (Welsh Language and Culture). All planning objectives are currently reported as being on track.
- The risk score for risk 1189 (Timely and sufficient learning, innovation and improvement) remains at 9, with all actions on track. An update has been provided above for risk 1186 in strategic objective 1. The current risk score for risk 1191 (Underestimation of Excellence), remains at 16, reflecting the impact that operational pressures is presenting to our ability to strengthen clinical engagement in order to embed and maximise clinical effectiveness systems and processes. All actions reported are on track.
- In respect of outcome measures, we added a new measure for the number of participants recruited to an interventional study. In June 2023, 67 participants were recruited, with a mean of 70 participants recruited each month since April 2022. 61% of staff surveyed in June 2023 reported being able to make improvements in their area of work.

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

- Three new planning objectives have been aligned to strategic objective 4 – 7a (Population health), 7b (Integrated Localities) and 7c (Social model for Health and Wellbeing). All planning objectives are currently reported as being on track.
- There has been no change to the level of the risks aligned to this strategic objective, with all actions reported as being on track. Risk 1192 (Wrong value set for best health and wellbeing) 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. Risks 1193 (Broadening or failure to address health inequalities) and 1194 (Increasing uptake and access to public health interventions) both have a current risk score of 9 and both have identified that further assurances are required.
- No updates are available for the 3 outcome measures identified for this strategic objective, which are all reported annually / bi-annually.

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

- Seven new planning objectives have been aligned to strategic objective 5 – 3a (Transforming Urgent and Emergency Care programme), 3b (Healthcare Acquired Infection Delivery Plan), 4a (Planned Care and Cancer Recovery), 4b (Regional Diagnostics Plan), 4c (Mental Health Recovery Plan), 5a (Estates Strategies) and 6a (Clinical Services Plan). All planning objectives are currently reported as being on track.
- The current risk score of risk 1196 (Insufficient investment in facilities/equipment/digital infrastructure) remains at 16, with all actions currently reported as being on track. Risk 1195 (Comprehensive early indicators of shortfalls in safety) continues to have current risk score of 12, with all actions currently on track. The current risk score for risk 1197 (Implementing models of care that do not deliver our strategy) has increased from 12 to 16, due to delays to the programme relating to the Welsh Government requirement for a clinical review and strategic outline case (SOC) to be completed. Risk 1197 has identified that further assurances are required.
- In June 2023, 95 incidents relating to patients were flagged as resulting in at least moderate harm after investigation. A higher number of incidents were closed where harm initially reported with a grade of moderate or above. A random review of the incidents for all areas

highlights that there were no acts or inactions in care and therefore the grading of the incident should be lower. The number of nursing and midwifery staff in post was 2,965 WTE in June, reaching the 2023/24 ambition of the five-year workforce plan of 2,965. As at 30 June 2023, over 38,000 patients had been waiting over 26 weeks from referral to treatment. 83% of patients surveyed in June 2023 reported that they feel they are treated with dignity, respect and kindness throughout their treatment and care.

Strategic Objective 6 – Sustainable Use of Resources

- Five new planning objectives have been aligned to strategic objective 6 – 5c (Digital Strategy), 6b (Pathways and Value Based Healthcare), 8a (Decarbonisation & Sustainability), 8b (Local Economic and Social Impact) and 8c (Financial Roadmap). All planning objectives are currently reported as being on track.
- There has been no change to the current risk score of 25 for risk 1199 (achieving financial stability) due to the Health Board’s underlying deficit position and the ongoing challenge of delivering savings. All actions are reported to be on track. Risk 1198 (the ability to shift care in the community) remains at 16, which reflects the complexity of connecting demand, operational capacity planning, workforce planning and financial planning. All risk actions are reported as being currently on track. The current risk score of Risk 1200 (Maximising social value) has increased from 6 to 9 after being reduced to 6 in October 2022 reflecting post-COVID challenges . Both Risks 1198 and 1200 have identified that further assurances are required.
- The outcome measures for this strategic objective show that, in June 2023, 28.8% of the Health Board’s third party spend was with local Hywel Dda suppliers and 33.6% with Welsh suppliers. The measures are showing usual variation. The financial position for June 2023 is a £12.8m overspend and a year to date (YTD) total of £36.5m deficit. The Health Board has an initial estimate of 113,820kgCO2e emissions following the annual carbon reporting exercise in 2022/23. The Health Board aims to reduce its emissions to 77,496 tonnes kgCO2e by 2024/25. This is currently focused on reducing buildings and transport emissions. However, risks to achieving the target include Welsh Government funding, ongoing review and an increase in estate, such as new theatres at Prince Philip Hospital. The Welsh Government methodology for calculating the NHS carbon footprint is currently subject to review and, at this stage, it is difficult to quantify other carbon saving measures such as Procurement and Clinical Initiatives.

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
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