



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

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| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 30 March 2023  |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Board Assurance Framework Dashboard Report                           |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Steve Moore, Chief Executive Officer                                 |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Joanne Wilson, Director of Corporate Governance<br>(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.

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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 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 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 three year plan for 2022/25.

As part of the process for the development of the Health Board's 2023/24 Annual Plan and as Board noted in November 2022, an exercise continues to be undertaken to consider how groups of planning objectives may be brought together in order to describe their combined impact. This would not move away from the planning objectives being described under their respective strategic objectives, rather it would provide an opportunity for to describe more clearly what the impact/outcome is expected to be as a result of that set of planning objectives. The planning objectives for the year ahead have been reviewed and form part of the Annual Plan report on today's agenda.

### 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.

### Key reflections for 2022/23

- In relation to strategic objective 2 'Working together to be the best we can be', one of the Organisation's outcomes is as follows: 'As a health board, our strategic vision is clear and our objectives are aligned'. In order to assess whether staff agree with this statement, staff were asked if they felt that they had a Personal Appraisal Development Review (PADR) in last 12 months that has supported their development and provided them with clear objectives aligned to team and organisation goals. Between 60-70% of staff agreed; however, the Health Board will be looking to see how this can further influence a positive response to this question over the coming year.
- In relation to strategic objective 3 'Striving to deliver and develop excellent services' there are 2 outcomes. One is 'Design: our staff actively bring improvement and innovation into our thinking' and the other is 'Deliver: our staff are empowered and supported to enact change and continuously learn and improve'. Between 50% - 65% of staff who responded to the staff survey have felt that they are 'empowered and supported to enact change and continuously learn and improve' and 'able to make improvement in my area at work'. Improvement is a core strategic and planning objective for the Health Board, and it will consider how this can be strengthened moving forward.
- In the new financial year, the Health Board will also be working to develop a Population Well-being Conversation Toolkit to strengthen its understanding of what 'the best health and wellbeing' means for the local communities. This will help the Health Board to develop its outcomes and proxy indicators for strategic objective 4: The best health and wellbeing for our communities.

## Principal Risks and Assurances

The principal risks' actions have also been updated following the planning objectives update reports to Board Committees. Meetings have taken place with principal risk owners to review their risks.

The principal risks will be reviewed and updated following submission of the Health Board's 2023/24 Annual Plan, to reflect the agreed priorities agreed by the Board for the next year. These are likely to have an impact on the Health Board's ability to implement its strategic objectives and manage its principal risks.

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 that 9 planning objectives (1I; 2I; 3H; 3M; 4Q; 5C; 5F; 5O; and 5S) are behind – this is a deterioration compared to the previous reporting period where 7 planning objectives were reported as being behind (4G; 4Q; 5C; 5F; 5O; 5P and 5S). However, 7 further planning objectives have now been completed (2A; 2M; 4C; 4H; 5P; 5T and 6B), in addition to the 2 planning objectives (1A and 6I) previously reported as completed. There are 3 planning objectives ahead of schedule (3A; 3G and 4S) with all other planning objectives currently reported as being on track.

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

- All planning objectives are currently being reported as being on track with the exception of 1A (NHS Delivery Framework targets) which was previously reported as being complete and 1I (Family Liaison Service rollout) which is now being reported as being behind.
- There have been no changes to the risk scores of the 3 principal risks. Risk 1186 (Ability to attract, retain and develop staff with the right skills) has a current risk score of 20, with all actions currently on track. Risk 1184 (Measuring how we improve patient and workforce experience) has a current risk score of 8, with most actions currently on track. Risk 1185 (Consistent and meaningful engagement through our workforce) has been reviewed, with all actions currently on track. An additional 2 assurances have been identified on risk 1184.
- 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 between 85% and 95% since June 2020. The new staff survey started in December 2021 with 1,000 staff being invited to participate each month. The overall response rate for February 2023 was 16% (compared to 17.9% in October) and the overall staff engagement score was 3.8 (out of 5), compared to 3.6 in October 2022; this can also be interpreted as 76% 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

- All planning objectives are reported as being on track – with the exception of 2A (Regional Carers Strategy response) and 2M (Arts in Health Programme development) which are now being reported as being complete. However, planning objective 2I (integrated Occupational Health & Staff psychological wellbeing offer) which was previously reported as being on-track is now being reported as behind.
- There have been no changes to the risk scores of the 4 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. An update has also been provided above for risk 1185 (Consistent and meaningful engagement through our workforce). The risk score for 1187 remains at 12, with 1 action complete (4C – Transformation Fund Schemes), 1 action ahead of schedule (3G – Research and Innovation), 1 behind schedule (3M – UHB Communications Plan) with all other actions currently on track. Risk 1188 (Effective leveraging within partnerships) has been reviewed, with the 1 action currently on track.
- 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 15 service areas collecting PROMs, with 22,000 patients contacted and 31,000 forms completed between August 2020 and February 2023. Of those staff members who responded to the staff survey, 67% reported that they are proud to tell people that they work for Hywel Dda, 73% reported that team members trust each other's contributions and 69% 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, June and November 2022, reaching 71.6% in February 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 February 2023, 62% of staff reported that they know what the vision of the Health Board is and 52% of staff know how they contribute to the objectives of the Health Board.

### Strategic Objective 3 – Striving to deliver and develop excellent services

- All planning objectives are currently reported as being on track with the exception of 3A (Improving Together) and 3G (Research and Innovation) which are both ahead. However, 3H (Planning objective delivery learning) and 3M (Communications Plan) which were previously on-track are now both behind.
- The risk score for risk 1189 has decreased from 12, reflecting the introduction of bi-monthly Improving Together sessions with Directorates in January 2023 which will help to facilitate and embed learning and improvement reducing the likelihood back to 3, reducing the overall current risk score to 9. The risk (1186) reflects the importance of increasing staff capacity to achieve this strategic objective – an update has been provided above 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, with 2 ahead of schedule (3A – Improving Together and 3G – Research and Innovation) and 1 behind - 5C (Business Cases for A Healthier Mid and West Wales).
- In respect of outcome measures, 56% of staff surveyed in February 2023 reported being able to make improvements in their area of work. Also, 57% of staff reported that they feel empowered and supported to enact change and continuously learn and improve. 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

- In addition to 4C (Transformation Fund Schemes) which was previously reported as completed, planning objective 4H (Emergency Planning and Civil Contingencies) is now complete, whilst 4S (Improvement in Population Health) is ahead. All other planning objectives are currently reported as being on-track including 4G (Healthy Weight: Healthy Wales) which was previously reported as being behind; 4Q (Community Care Support to reduce non-elective acute bed capacity) continues to be behind.
- There has been no change to the level of the risks aligned to this strategic objective. 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 11 actions identified, 1 action (6I - Interim Budget 2022/23) has been completed with 1 action (4G - Research and Innovation) remaining behind schedule. Risk 1193 (Broadening or failure to address health inequalities) has a current risk score of 9, with 1 action ahead of schedule and all other actions on track, whereas risk 1194 has 1 completed action (4C - Quality and Engagement Requirements) which has been completed with 1 action (4S - Improvement in Population Health) reported as ahead of schedule.
- No updates are available for the 3 outcome measures identified for this strategic objective, which are all reported annually / bi-annually. The polarity of the charts for adults (16+) and children who have fewer than 2 healthy behaviours have been reversed.

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

- Two planning objectives 5P (Market Stability Statement) and 5T (Complex health and care needs) are now complete. Four planning objectives continue to be reported as being behind: 5C (Business Cases for A Healthier Mid and West Wales); 5F (Bronglais Strategy), 5O (Fragile Services – Stroke element) and 5S (Palliative Care and End of Life Care Strategy). All others are reported as being on track.
- There has been no change to the level of the 3 risks aligned to this strategic objective. Risk 1196 (Insufficient investment in facilities/equipment/digital infrastructure) has a current risk score of 16, with 1 action reported as behind schedule (5C - Business Cases for A Healthier Mid and West Wales). Risk 1195 (Comprehensive early indicators of shortfalls in safety), is reporting 1 action ahead with all actions are currently on track. Risk 1197 (Implementing models of care that do not deliver our strategy) has 1 action completed, 5 actions on track, with 2 behind (5C - Business Cases for A Healthier Mid and West Wales and 5F - Bronglais Strategy). Further assurances have been added to Risks 1195 and 1196 aligned to this strategic objective.
- In March 2023, 76 incidents relating to patients were flagged as resulting in at least moderate harm after investigation. The number of nursing and midwifery staff in post was 2,926 in February, exceeding the Quarter 3 ambition of 2,854. As at 28 February 2023, over 39,000 patients had been waiting over 26 weeks from referral to treatment; this figure has more than trebled since pre-pandemic. 87% of staff surveyed in February 2023 reported that they feel they are treated with dignity, respect and kindness at work.

#### Strategic Objective 6 – Sustainable Use of Resources

- All planning objectives are currently reported as being on track, with the exception of 6I (Interim Budget 2022/23), which was previously reported as being complete, and 6B (Value improvement and income opportunity) which is also now reported as being complete.
- There has been no change to the current risk score of risk 1199 (achieving financial stability) due to the Health Board's underlying deficit position, which has deteriorated during the pandemic, resulting in the Health Board being escalated to targeted intervention status

by Welsh Government in October 2022. Two of the 6 actions have been completed (6B – Value improvement and income opportunity and 6I Interim Budget 2022/23), with all other actions on track. Risk 1198 (the ability to shift care in the community) reflects the complexity of connecting demand, operational capacity planning, workforce planning and financial planning. Of the 19 actions aligned to this risk, 4 actions have been completed (5P Market Stability Statement, 5T - Complex health and care needs, 6B - Value improvement and income opportunity 6I - Interim Budget 2022/23), with 2 behind schedule (5C - Business Cases for A Healthier Mid and West Wales and 5O – Fragile Services), with all other actions currently on track. The current risk score of Risk 1200 (Maximising social value) remains at 6 after being reduced from 9 in October 2022 reflecting that the impact of the work undertaken to date, with all actions aligned to this risk reported as being on track. Both Risks 1198 and 1200 have identified that further assurances are required.

- The outcome measures for this strategic objective show that, in February 2023, 27.2% of the Health Board’s third party spend was with local Hywel Dda suppliers and 34.9% with Welsh suppliers. The measure is showing usual variation. The financial position for February 2023 is a £6.55m overspend and a year to date (YTD) total of £52.9m deficit. The Health Board is still waiting for the results of the annual carbon reporting exercise for 2021/22 to be published, however, the organisation has been provided with an initial estimate of 113,820kgCO2e. 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.

| <b>Amcanion: (rhaid cwblhau)<br/>Objectives: (must be completed)</b>  |   |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:  | Not applicable                            |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):  | Governance, Leadership and Accountability |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:  | All Strategic Objectives are applicable   |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a> | 10. Not Applicable                        |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>   |   |
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| Ar sail tystiolaeth:<br>Evidence Base:   | Good Governance Institute<br>Institute of Risk Management<br>HM Treasury Assurance Frameworks |
| Rhestr Termau:<br>Glossary of Terms:   | Contained within the body of the report   |
| Partion / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Cyfarfod Bwrdd Iechyd<br>Prifysgol:<br>Parties / Committees consulted prior<br>to University Health Board: | Executive Team  |

| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b> |  |
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| <b>Ariannol / Gwerth am Arian:<br/>Financial / Service:</b>     | A sound system of internal control, including financial risk management, enacts robust financial control, safeguards public funds and the Health Board's assets.   |
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b>        | Effective risk management identifies risks which can have an impact on quality and safety.   |
| <b>Gweithlu:<br/>Workforce:</b>                                 | Effective risk management identifies risks which can have an impact on the workforce.  |
| <b>Risg:<br/>Risk:</b>  | 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.  |
| <b>Cyfreithiol:<br/>Legal:</b>                                  | 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. |
| <b>Enw Da:<br/>Reputational:</b>                                | Poor risk management could affect the reputation of the organisation and reduce confidence of stakeholders.  |
| <b>Gyfrinachedd:<br/>Privacy:</b>                               | No direct impacts.   |
| <b>Cydraddoldeb:<br/>Equality:</b>                              | <ul style="list-style-type: none"> <li>Has EqIA screening been undertaken? No</li> <li>Has a full EqIA been undertaken? No</li> </ul>  |