



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 November 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Board Assurance Framework Dashboard Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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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- The current principal risks identified which may affect achievement of the strategic objective; and
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Since the Board meeting in July 2023, 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. This takes into account the work that was presented to Board in September 2023, whereby a review of the POs were undertaken as part of our ongoing recovery work to deliver the 2023/24 Annual Plan. As a consequence, a number of POs were prioritised whilst others were slowed or paused. As indicated in the Annual Plan 2023/24 Report to Board, the exact implications of this would need to be further assessed by Executives and will be brought back to the Board and its Committees.

### 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.

We have undertaken work to refine the 'population health' measures aligned to Strategic Objective 4. Measures with more timely data sources have now been selected and agreed by the Director of Public Health. These are 'mean mental wellbeing score for adults (16+)', 'Premature deaths by non-communicable diseases' and the '% of people agreeing they belong to the area, people from different backgrounds get on well together and people treat each other with respect'.

### 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 have been updated by risk owners and have been reviewed by the Executive Team in October 2023. The principal risk actions have been updated following discussion at the Board in September 2023 to prioritise, pause or slow the 2023/24 POs to enable the Health Board to focus on those activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Where POs have been prioritised or slowed, Board Committees have received updates on progress in October 2023.

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 POs, 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 POs have reported as being on track with the exception of 3A (Transforming Urgent and Emergency Care); 5A (Estates Strategy) and 8A (Decarbonisation and Sustainability) which are all behind.

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

- Three POs are aligned to strategic objective 1 – 1A (Attraction & Recruitment Plan), 2A (Engage & listen to people) and 2C (Workforce, OD and partnerships plan). These POs are currently reported as being on track.
- Risk 1186 (Ability to attract, retain and develop staff with the right skills) remains at 15, reflecting that staff vacancies exist with agency usage on a daily basis, further understanding is required on future service models to design the workforce and develop the capability required to deliver the workforce of the future. All actions assigned to the risk are currently on track, however one action is behind (PO 5A - Estates Strategy) despite being prioritised. A summary update taken to Executive Team on 25 October 2023 to highlight a cost increase from the rationalisation programme. Further work is required to identify and plan to reduce existing expenditure and rate/rent/service charges on new estates which need to be value tested against industry benchmarks.
- 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. One action (PO 6C – Continuous Engagement) has been paused, although engagement will continue to be undertaken through other planned and prioritised work. 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 with one action (PO - 6C) paused, as outlined previously. This risk may be impacted due constrained resources which will affect the capacity of the team to deliver continuous engagement expertise at a senior level and the operational capacity to deliver the full spectrum of engagement activities during this period, ensuring our communities have a real influence on strategic direction.
- 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, with performance consistently above target since October 2022. 1,000 staff continue to be invited to participate in the staff survey each month. The overall response rate for October 2023 was 16.3% (compared to 17.6% in June 2023) and the overall staff engagement score was 73.6%, compared to 75.6% in June 2023. 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 POs are aligned to strategic objective 2 – 1B (Career progression), 2B (Employer of choice) and 6C (Continuous engagement). All POs are currently reported as being on track, although 6c has now been paused following the review in September 2023.
- Risk 1186 (Attract, retain and develop staff with right skills) has 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 most actions currently on track. Two actions (PO 8A – Decarbonisation and Sustainability and 5A – Estates Strategy) are currently behind schedule. Risk 1188 (Effective leveraging within partnerships) has been reviewed, and has

a current risk score of 9, with all actions on track, two actions (PO 8B - Local Economic and Social Impact) has been paused, whilst PO 2C (OD and partnerships plan), 4B (Regional Diagnostic Plan) and 7C (Social Model) have been slowed. 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 23 specialty areas collecting PROMs, with 32,000 patients contacted and 47,000 forms completed between August 2020 and October 2023. Of those staff members who responded to the staff survey, 63% reported that they are proud to tell people that they work for Hywel Dda, 71% 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.

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

- Two POs are aligned to strategic objective 3 – 5B (Research and Innovation), and 8D (Welsh Language and Culture). Both POs are currently reported as being on track.
- The risk score for risk 1189 (Timely and sufficient learning, innovation and improvement) remains at 9. Whilst all actions on track, some have been slowed or reprioritised (PO 4A Planned Care, PO 5C – Estates Strategy, PO 6A – Clinical Service Plan, and 6B – Pathways and VBHC). 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. An additional assurance has been added following positive feedback from CRW Annual Review of Research and development. All actions reported are on track except for PO 5A (Estates Strategy).
- In respect of outcome measures, in October 2023, 156 participants were recruited, with a mean of 87 participants recruited each month since April 2022. 57% of staff surveyed in October 2023 reported being able to make improvements in their area of work (compared to 61% in June).

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

- Three POs are aligned to strategic objective 4 – 7A (Population health), 7B (Integrated Localities) and 7C (Social model for Health and Wellbeing). POs 7A and 7C are currently reported as being on track, whilst 7B is now absorbed into the on-going development of our Primary Care Strategy.
- 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. Whilst actions for this risk, namely PO 6C (Continuous Engagement) and 8C (Financial roadmap) have been prioritised, many of the other risk actions have been slowed or paused this year which may impact this risk going forward. 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 although actions (PO 7A – Population Health) has been prioritised, other actions have been slowed or paused. Both have identified that further assurances are required.
- In respect of outcome measures, we added two new measures for premature deaths by non-communicable diseases and the '% people agreeing they belong to the area, people from different backgrounds get on well together and people treat each other with respect'. In 2020/21, there were 236 premature deaths per 100,000 population for women in the Hywel Dda area (compared to 254 in Wales as a whole), 328 premature deaths per 100,000 for men (compared to 371 in Wales as a whole) with 281 premature deaths per 100,000 for

people overall (compared to 311 in Wales as a whole). In terms of the '% people agreeing they belong to the area, people from different backgrounds get on well together and people treat each other with respect', 78% agree in Pembrokeshire, 69% in Ceredigion and 68% in Carmarthenshire compared with a Wales average of 64%. No update is available for the mean wellbeing score for adults which is reported annually.

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

- Seven new POs 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 POs are currently reported as being on track, with the exception of 3A and 5A, which are behind.
- The current risk score of risk 1196 (Insufficient investment in facilities/equipment/digital infrastructure) remains at 16, with two actions, which have been prioritised, currently reported as being behind schedule (PO 5A – Estates Strategy and PO 8C – Financial Roadmap). Many other actions aligned to this risk have been slowed. The current risk score of risk 1195 (Comprehensive early indicators of shortfalls in safety) has decreased from 12 to 9. All actions currently on track despite some being slowed. The current risk score for risk 1197 (Implementing models of care that do not deliver our strategy) has remained at 16, due to delays to the programme relating to the Welsh Government requirement for a clinical review (now completed) and strategic outline case (SOC) to be completed.
- In October 2023, 129 incidents relating to patients were flagged as resulting in at least moderate harm after investigation. A higher number of incidents were closed where harm was 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 3,084 WTE in June, exceeding the 2023/24 ambition of the five-year workforce plan of 2,965. As at 31 October 2023, over 39,525 patients had been waiting over 26 weeks from referral to treatment. 87% of patients surveyed in October 2023 reported that they feel they are treated with dignity, respect and kindness throughout their treatment and care (compared to 83% in June 2023).

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

- Five POs are 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 POs are currently reported as being on track, with the exception of 8A. PO 8B has been paused following the review in September 2023.
- 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. Some actions have been prioritised including POs 4A (Cancer), 8C (Financial Roadmap), 1A (Attraction and Recruitment Plan), 3A (Transforming Urgent and Emergency Care), 5A (Estates Strategy), whilst others have been slowed or paused. One action (PO 5A - Estates Strategy) is reported to be behind schedule. 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 except for POs 5A (Estates Strategy) and 8A (Decarbonisation and Sustainability) are reported as being currently on track. The current risk score of Risk 1200 (Maximising social value) remains at 9. All actions are reported to be on track; however, PO 8B (Local Economic and Social Impact) has been paused. Both Risks 1198 and 1200 have identified that further assurances are required.
- The outcome measures for this strategic objective show that, in October 2023, 16.7% of the Health Board's third party spend was with local Hywel Dda suppliers and 36% with Welsh

suppliers. The measures are showing usual variation. The financial position for October 2023 is a £28.1m underspend but a year to date (YTD) total of £44m deficit. The Health Board has an initial estimate of 113,820 tonnes kgCO<sub>2</sub>e emissions following the annual carbon reporting exercise in 2022/23. The Health Board aims to reduce its emissions to 77,496 tonnes kgCO<sub>2</sub>e by 2024/25. Work to achieve this includes investment in Estates to reduce carbon, engagement with top suppliers to identify sustainability/decarbonisation opportunities and promotion of electric fleet vehicle purchase and charging. 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. The 2022/23 data has been submitted and the results will be confirmed on 12 December 2023.

**Argymhelliad / Recommendation**

The Board is asked to seek assurance on any areas that give rise to specific concerns.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply



<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: 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: Quality / Patient Care:</b>	Effective risk management identifies risks which can have an impact on quality and safety.
<b>Gweithlu: Workforce:</b>	Effective risk management identifies risks which can have an impact on the workforce.
<b>Risg: 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: 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: Reputational:</b>	Poor risk management could affect the reputation of the organisation and reduce confidence of stakeholders.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts.
<b>Cydraddoldeb: 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>