



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 July 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Board Assurance Framework Dashboard Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Phil Kloer, Interim 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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- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

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Since the Board meeting in March 2024, 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 2024/25. For 2024/25, we have ten POs which have been aligned the Welsh Government Planning Framework and the Ministerial priorities. These are:

- Planning objective 1 Workforce stabilisation
- Planning objective 2 Financial recovery and route map
- Planning objective 3 Transforming urgent and emergency care
- Planning objective 4 Planned care, diagnostics and cancer
- Planning objective 5 Mental health and CAHMS
- Planning objective 6 Clinical services plan
- Planning objective 7 Primary and community strategic plan
- Planning objective 8 Estates plans
- Planning objective 9 Digital plan
- Planning objective 10 Population health

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.

Where appropriate statistical process control (SPC) charts have been used for the outcome measures. An explanation of SPC charts and a key can be found [here](#).

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 approved by the Executive Team. These are 'the percentage of adult smokers making a quit attempt via smoking cessation services' and 'the percentage of children who are up to date with scheduled vaccinations by age 5 (4 in 1 preschool booster, the Hib/MenC booster and the second MMR dose)'.

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 June and July 2024. The principal risk actions have been updated by risk owners to reflect the POs for 2024/25.

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.

Ownership of the following risks have changed from the Interim Chief Executive Officer to the following Directors:

- 1187 (Strong enough reputation to attract partners to work with us) – *Director of Workforce and OD*
- 1189 (Timely and sufficient learning, innovation and improvement) – *Director of Nursing, Quality and Patient Experience*
- 1191 (Underestimation of Excellence) – *Medical Director*
- 1192 (Wrong value set for best health and well-being) – *Director of Public Health*
- 1197 (Implementing models of care that do not deliver our strategy) - *Director of Strategy and Planning*

What the BAF is reporting this month

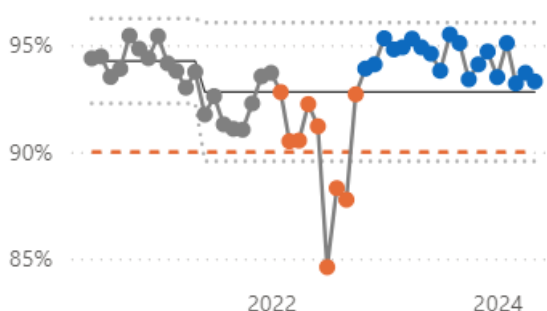
The Board should focus its attention on areas of poor performance in terms of progress against delivery of POs, slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, where there is little confidence in the assurances provided. Committees may also 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 most POs have reported as being on track with the exception of PO 8 (Estate Plan) which is currently reported as behind.

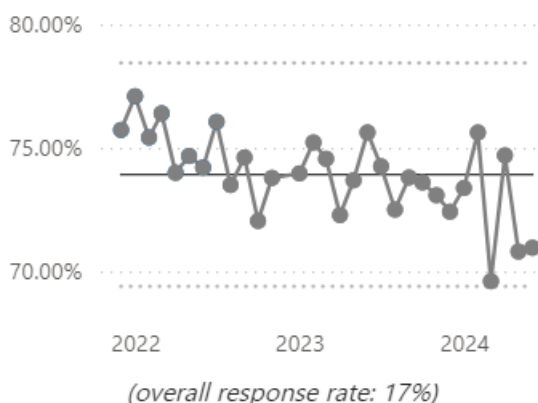
Strategic Objective 1 – Putting people at the heart of everything we do

- One PO - Planning objective 1 (Workforce stabilisation) is aligned to strategic objective 1 and is currently on-track.
- Risk 1186 (Ability to attract, retain and develop staff with the right skills) remains at 15, reflecting that staff are not able to be released for training, staff vacancies exist and despite agency usage, deficits remain 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 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. Risk 1185 (Consistent and meaningful engagement through our workforce) has been reviewed with no change to the current risk score of 12. There is one action assigned to this risk where work continues with regards to the Clinical Services Plan engagement and ad-hoc engagement to support changes in services e.g. Primary Care GMS contracts; changes to service locations on both temporary and permanent basis. 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 now reports on patient experience in emergency departments, inpatient and outpatient activity. The overall patient experience score 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 June 2024 was 17% (compared to 10% in February 2024), however, the overall staff engagement score was 71%, compared to 75.6% in February 2024.

Patients: Overall patient experience score



Our overall score for staff engagement (Hywel Dda survey)



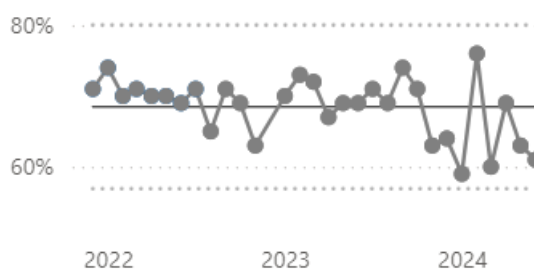
Strategic Objective 2 – Working together to be the best we can be

- For 2024/25, no Planning Objectives are aligned to Strategic Objective 2.
- 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). Risk 1187 (Strong enough reputation to attract partners to work with us) has closed following a review of this risk and elements are incorporated within risk 1188 (Effective leveraging within partnerships). The current risk score is 9 with all actions currently on track. Further sources of assurances are required for this risk relating to the identification and monitoring of desired outcomes from partnership plans.
- In respect of the outcome measures for this strategic objective, there are now 30 specialty areas collecting Patient Recorded Outcome Measures (PROMs), with 41,000 patients contacted and 67,000 forms completed between August 2020 and June 2024. In June 2024, of those staff members who responded to the staff survey, 70% of staff (compared to 71% in February 2024) reported having a performance appraisal and development review (PADR) in the last 12 months that has supported them with clear objectives aligned to team and organisation goals and 61% of staff (compared to 76% in February 2024) reported that team members trust each other’s contributions. We continue to work proactively and reactively with teams at all levels to build their effectiveness. This will be supported further with a new role of Team Effectiveness Specialist, starting on 7th August to develop a programme of work to enhance teams across the organisation.

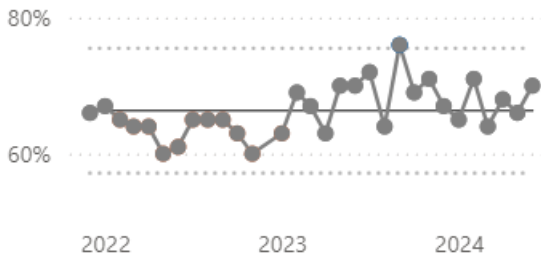
Number of specialty areas with Patient Recorded Outcome Measure (PROM) collection and PROMs returned



Team members trust each other's contribution



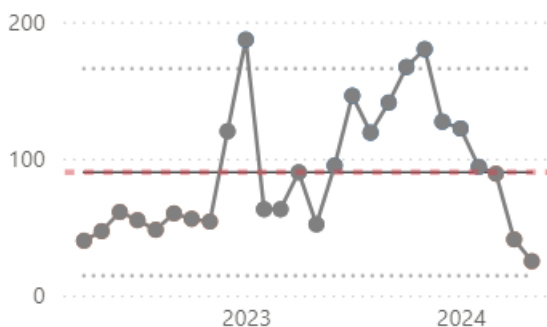
I have had a PADR in the last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals



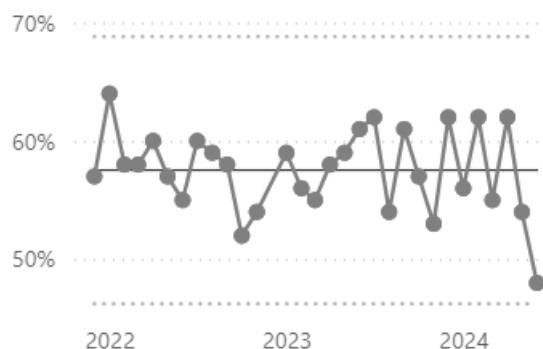
Strategic Objective 3 – Striving to deliver and develop excellent services

- For 2024/25, no POs are aligned to Strategic Objective 3.
- 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), has reduced from 16 to 12, reflecting the achievements that have been made in Value Based Healthcare, Research and Innovation and Clinical Effectiveness. Further work is required to embed this through job planning to enable protected SPA (Supporting Professional Activities) time for medics. One action (PO8 Estates plans) is behind schedule with all other actions reported on track. Additional sources of assurances have been identified for both these risks.
- In respect of outcome measures, in June 2024, 26 participants were recruited, with a mean of 88 participants recruited each month since April 2022. 48% of staff surveyed in June 2024 reported being able to make improvements in their area of work (compared to 62% in February). We aim to improve performance by empowering staff to bring improvements and innovation into their work areas through Enabling Quality Improvement In Practice (EQliP) and the bronze level Improving Quality Together training module.

Number of participants recruited to an interventional study (non-commercial & commercial)



I am able to make improvements in my area at work



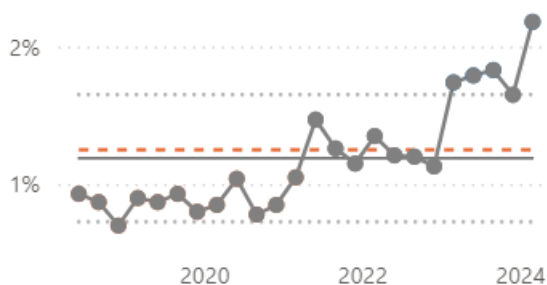
Strategic Objective 4 – The best health and wellbeing for our communities

- Two POs are aligned to strategic objective 4 – POs 7 (Primary and community strategic plan) and 10 (Population health), both of which are currently on-track.
- The current risk score for 1192 (Wrong value set for best health and well-being) remains at 16, reflecting that the Health Board is still defining its approach to continuous engagement, its approach to tackling inequality / inequity, and its understanding of the social model of health and well-being and what this means to its local population and communities. All actions are currently on track. The current risk score for risk 1193 (Broadening or failure to

address health inequalities) remains at 9, with all actions on track. An additional source of assurance has been identified for this risk. The current risk score for risk 1194 (Increasing uptake and access to public health interventions) has increased from 9 to 12 to reflect that current immunisation rates are low and there is an immediate risk of increase of disease, e.g. measles, in the local community, and there is a heightened focus on this area from Welsh Government. All actions are currently on track. Both risks 1193 and 1194 have identified that further sources of assurances are required.

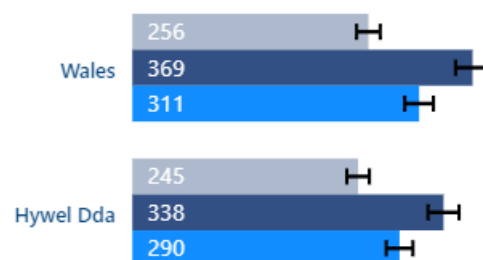
- In respect of the new ‘population health’ outcome measures aligned to Strategic Objective 4, 2.2% of adult smokers in the Hywel Dda area made a quit attempt via smoking cessation services and 88.9% of children are up to date with scheduled vaccinations by age 5 (4 in 1 preschool booster, the Hib/MenC booster and the second MMR dose). There is no new data for premature deaths by non-communicable diseases. In 2021/22, there were 245 premature deaths per 100,000 population for women in the Hywel Dda area (compared to 256 in Wales as a whole), 338 premature deaths per 100,000 for men (compared to 369 in Wales as a whole) with 290 premature deaths per 100,000 for people overall (compared to 311 in Wales as a whole).

% adult smokers making a quit attempt via smoking cessation services

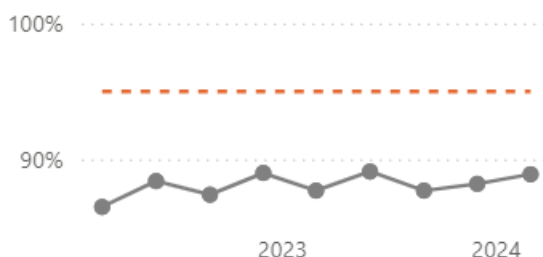


Premature deaths by non-communicable diseases

● Female ● Male ● Persons



% of children who are up to date with scheduled vaccinations by age 5 (4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)



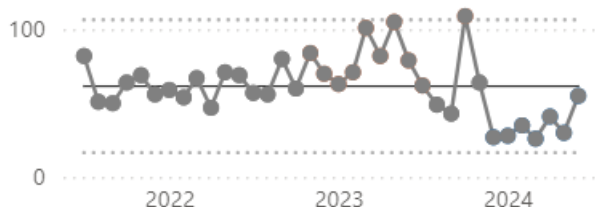
Strategic Objective 5 – Safe, sustainable, accessible and kind care

- Four POs have been aligned to strategic objective 5 - PO 3 (Transforming urgent and emergency care); PO 4 (Planned care, diagnostics and cancer); PO 5 (Mental health and CAHMS); PO 6 (Clinical services plan). All are currently reported as being on-track.
- The current risk score of risk 1195 (Comprehensive early indicators of shortfalls in safety) remains at 9 due to a continued focus on quality and safety following the introduction of the Quality and Engagement Act in April 2023. All actions currently on track. Additional sources of assurances have been identified. The current risk score of risk 1196 (Insufficient

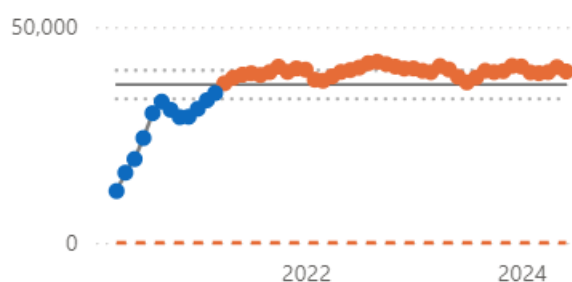
investment in facilities/equipment/digital infrastructure) remains at 16, with one action currently reported as being behind schedule (PO 8 Estates plans). The current risk score for risk 1197 (Implementing models of care that do not deliver our strategy) remains at 16, with all actions are currently on track.

- In June 2024, 55 incidents relating to patients were flagged as resulting in at least moderate harm after investigation compared to 35 in February 2024. The number of nursing and midwifery staff in post was 3,159 WTE in June, exceeding the 2024/25 ambition of the five-year workforce plan of 3,110. As at 30 June 2024, 39,680 patients had been waiting over 26 weeks from referral to treatment compared to 39,463 in February 2024. 91.5% of patients surveyed in Jun 2024 reported that they feel they are treated with dignity, respect and kindness throughout their treatment and care.

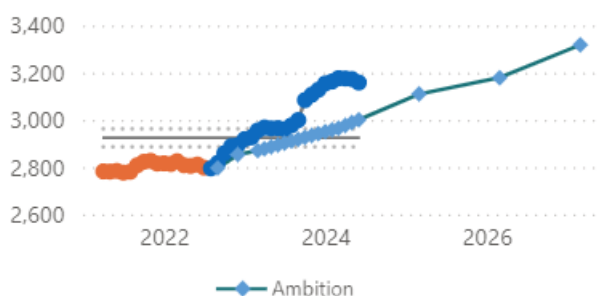
Closed patient safety incidents flagged as moderate, severe or catastrophic harm after investigation



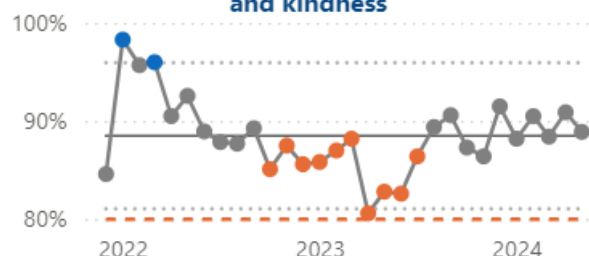
Number of patients waiting 26 weeks or more from referral to treatment



Nursing and midwifery staff in post



Patients: I am treated with dignity, respect and kindness

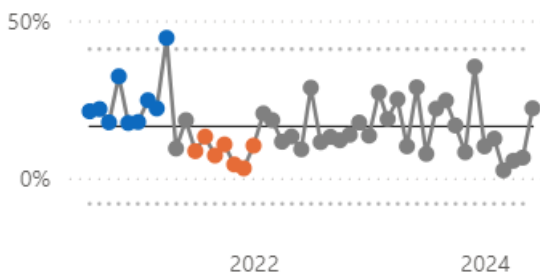


Strategic Objective 6 – Sustainable Use of Resources

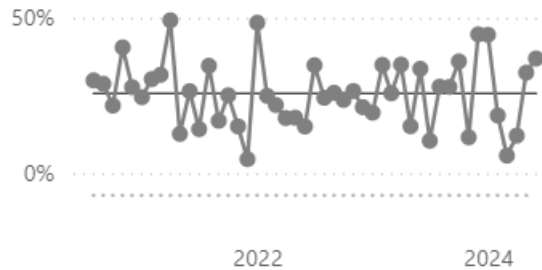
- Three POs are aligned to strategic objective 6 – PO 2 (Financial recovery and route map) and PO 9 (Digital plan) are currently reported as being on-track, with PO 8 (Estates plans) currently reported as being behind;
- Risk 1198 (the ability to shift care in the community) remains at 16, which reflects the complexity of connecting demand, operational capacity planning, workforce planning and financial planning. One action is reported as being behind schedule (PO 8 Estates plans). 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. One action is now behind schedule (PO 8 Estates plans). Additional sources of assurances have been identified. The current risk score of Risk 1200 (Maximising social value) has increased from 6 to 12 to reflect that the Health Board has not historically considered social value within its mainstream approach to designing and delivering services. One action has been completed with the other action on track. Both Risks 1198 and 1200 have identified that further sources of assurances are required.
- The outcome measures for this strategic objective show that, in June 2024, 22.2% of the Health Board’s third party spend was with local Hywel Dda suppliers and 36.9% with Welsh suppliers. The measures are showing usual variation. The financial position for June 2024

is a £5.862m in month deficit but a year to date (YTD) total of £11.37m deficit. The Health Board has an estimate of 93,940 tonnes kgCO₂e emissions following the annual carbon reporting exercise in 2022/23. This represents drop in emissions to 113,820 tonnes kgCO₂e in 2021/22 which is attributable to a reduction in procurement spend, reduced black bag waste with a corresponding increase in recycling and recycled waste recovered from landfill, an increase in renewables generated onsite or purchased and an update in the Welsh Government methodology. The methodology for calculating the NHS carbon footprint is subject to review and, at this stage, it is difficult to quantify carbon saving measures such as Procurement and Clinical Initiatives.

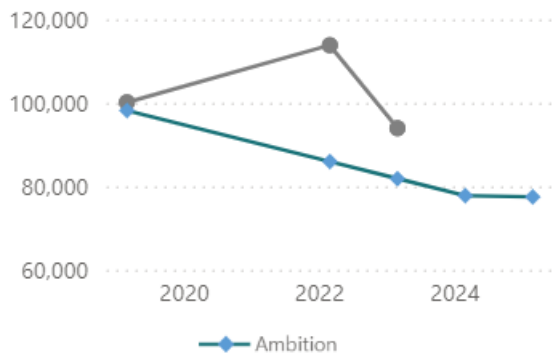
% of third party spend with Hywel Dda suppliers



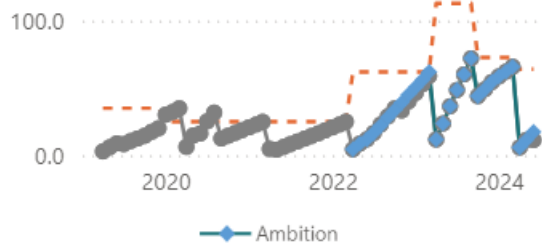
% of third party spend with Welsh suppliers



Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach (tCO₂e)



Financial deficit (£m) - year to date



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

Parthau Ansawdd:
Domains of Quality
[Quality and Engagement Act \(sharepoint.com\)](#)

7. All apply

Galluogwyr Ansawdd:
Enablers of Quality:

6. All Apply

Quality and Engagement Act (sharepoint.com)	
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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
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

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