

## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 November 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Board Assurance Framework Dashboard Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Professor Phil Kloer, Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Director of Corporate Governance/ Board Secretary

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Er Sicrwydd/For Assurance

<b>ADRODDIAD SCAA SBAR REPORT</b>
<b><u>Sefyllfa / Situation</u></b>
<p>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:</p> <ul style="list-style-type: none"> <li>• The current delivery against each planning objective aligned to the strategic objective;</li> <li>• The current performance in respect of the agreed outcome measures for the strategic objective;</li> <li>• The current principal risks identified which may affect achievement of the strategic objective; and</li> <li>• The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.</li> </ul> <p>The BAF Dashboard can be accessed via the following link: <a href="#">BAF Dashboard Overview - Power BI</a> (Please open in Microsoft Edge).</p>
<b><u>Cefndir / Background</u></b>
<p>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.</p> <p>The following components and processes must be in place for the Board to receive the necessary assurances:</p> <ul style="list-style-type: none"> <li>• <b>Objectives</b> (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;</li> </ul>

- **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.

The BAF Dashboard Report provides the Board with a visual representation of the Health Board's progress against each strategic objective by showing:

- The current delivery against each planning objective aligned to the strategic objective;
- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

The BAF Dashboard can be accessed via the following link:

[BAF Dashboard Overview - Power BI](#) (Please open in Microsoft Edge).

Since the Board meeting in July 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 November 2024.

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

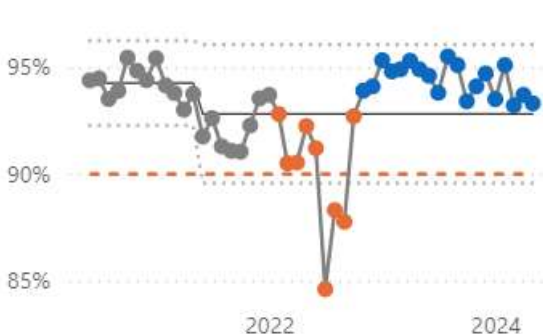
The Board should focus its attention on areas of poor performance in terms of progress against delivery of POs, slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, where there is little confidence in the assurances provided. Committees may also identify and advise of weaknesses in the assurances that have been provided to them. Below is a 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 exceptions of PO2 (Financial recovery and route map), PO4 (Planned Care, Diagnostics and Cancer) and PO8 (Estate Plan) which are currently reported as behind.

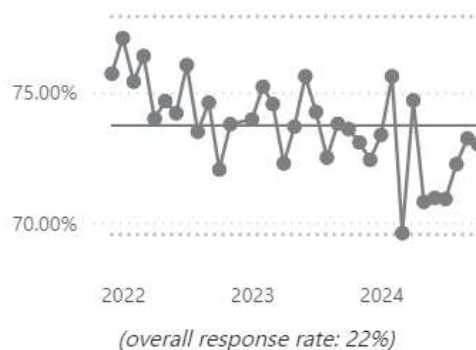
### Strategic Objective 1 – Putting people at the heart of everything we do

- One PO - PO1 (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 the future service models to design the workforce and develop the capability required to deliver the workforce of the future. Although as at October 2024, trajectories are currently being met in terms of numbers of staff employed, however there are concerns around stabilisation i.e. sickness, Performance Appraisal and Development Review (PADR) in some services and a gap of WTE of c1180, although turnover appears to be consistently around 8% since February 2023. All actions are currently on track with exception of PO8 (Estate Plan).
- 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 and the current risk score has increased to 16 (from 12) due to lack of capacity at present to support the full spectrum of engagement activities and the increased number of service changes proposed requiring support from the Engagement Team.
- 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 October 2024 was 22% (compared to 17% in June 2024), however, the overall staff engagement score was 73%, compared to 71% in June 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 POs 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 1188 (Effective leveraging within partnerships) has been reviewed with no change to the current risk score of 9. All actions currently on track except for PO2 (Financial recovery and route map). 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 32 specialty areas collecting Patient Recorded Outcome Measures (PROMs). Since switching to our new digital supplier 'Promptly Health' from 1 July 2024, over 13,000 patients have been contacted and over 34,000 forms completed up to 31 October 2024. In October 2024, of those staff members who responded to the staff survey, 77% of staff (compared to 70% in June 2024) reported having a PADR in the last 12 months that has supported them with clear objectives aligned to team and organisation goals and 67% of staff (compared to 61% in June 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.

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

Number of specialty areas collecting PROMs

**32**

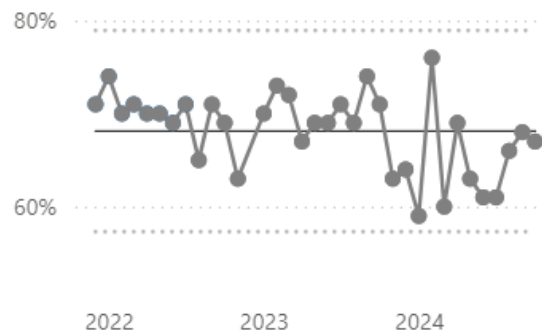
Patients contacted

**13,739**

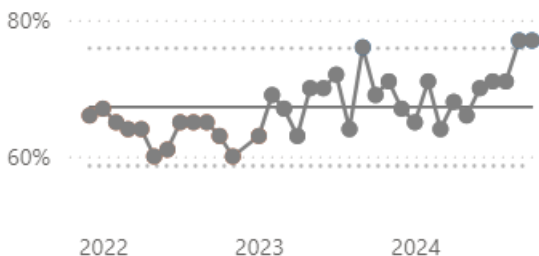
Forms completed

**34,099**

**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 except for PO4 (Planned Care, Diagnostics and Cancer). 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 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 Supporting Professional Activities (SPA) time for medics. One action (PO8 Estates Plan) is behind schedule with all other actions reported on track.

- In respect of outcome measures, in October 2024, 24 participants were recruited, with a mean of 85 participants recruited each month since April 2023. 55% of staff surveyed in October 2024 reported being able to make improvements in their area of work (compared to 48% in June). 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)**



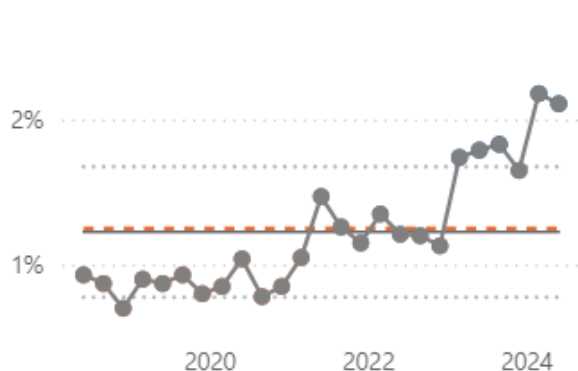
**I am able to make improvements in my area at work**



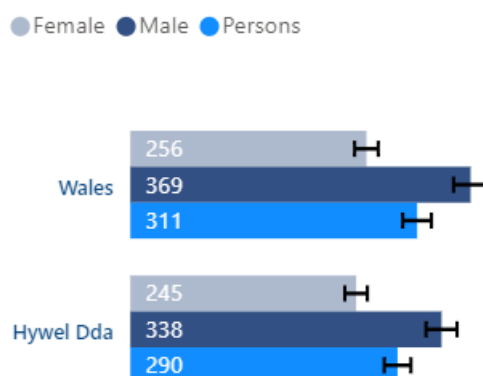
#### Strategic Objective 4 – The best health and wellbeing for our communities

- 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. Two actions are currently behind schedule (PO2 (Financial recovery and route map) and PO4 (Planned Care, Diagnostics and Cancer). The current risk score for risk 1193 (Broadening or failure to address health inequalities) remains at 9, with all but one action on track (PO4 Planned Care, Diagnostics and Cancer). The current risk score for risk 1194 (Increasing uptake and access to public health interventions) remains at 12, reflecting 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 except PO4 (Planned Care, Diagnostics and Cancer). Both risks 1192 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, 2.1% of adult smokers in the Hywel Dda area made a quit attempt via smoking cessation services and 84.9% 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**



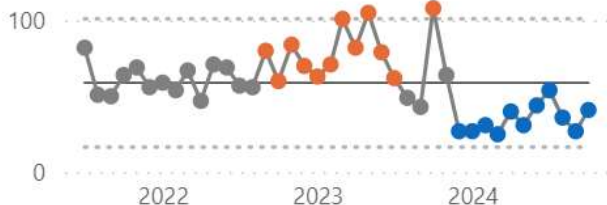
**% of children who are up to date with scheduled vaccinations by age 5 (4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)**



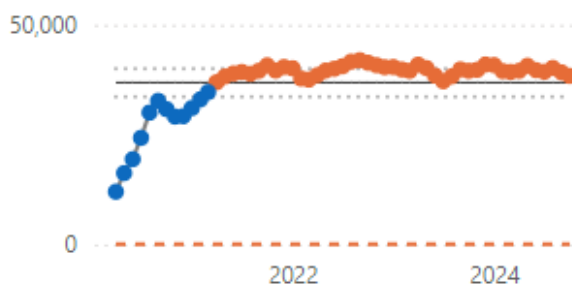
**Strategic Objective 5 – Safe, sustainable, accessible and kind care**

- Four POs have been aligned to strategic objective 5 - PO3 (Transforming urgent and emergency care); PO4 (Planned care, diagnostics and cancer); PO5 (Mental health and CAHMS); PO 6 (Clinical services plan). All are currently reported as being on-track, with the exception of PO4 which is now behind.
- 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 except for PO4 (Planned Care, Diagnostics and Cancer). The current risk score of risk 1196 (Insufficient investment in facilities/equipment/digital infrastructure) remains at 16, with two actions currently reported as being behind schedule (PO 8 Estates plans) and the action relating to the development of Business Continuity Outline Business Cases to address major infrastructure backlog on hospital sites and respond to Fire Enforcement Notices. The current risk score for risk 1197 (Implementing models of care that do not deliver our strategy) has increased from 16 to 20 reflecting the delays to the programme relating to the WG requirement for a clinical review (now complete) and strategic outline case (SOC) to be completed. All actions are currently on track except for PO8 (Estates Plan).
- In October 2024, 41 incidents relating to patients were flagged as resulting in at least moderate harm after investigation compared to 44 in June 2024. The number of nursing and midwifery staff in post was 3,247 WTE in October, exceeding the 2024/25 ambition of the five-year workforce plan of 3,110. As at 31 October 2024, 38,371 patients had been waiting over 26 weeks from referral to treatment compared to 39,680 in June 2024. 88.2% of patients surveyed in October 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**



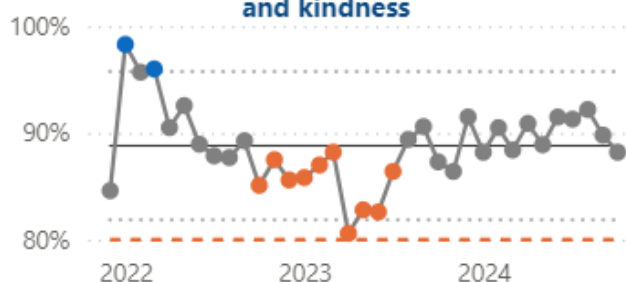
**Number of patients waiting 26 weeks or more from referral to treatment**



**Nursing and midwifery staff in post**



**Patients: I am treated with dignity, respect and kindness**



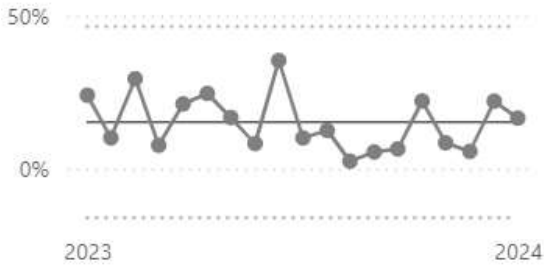
**Strategic Objective 6 – Sustainable Use of Resources**

- Three POs are aligned to strategic objective 6 – PO9 (Digital plan) is currently reported as being on-track, with PO2 (Financial recovery and route map) and PO8 (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. Three actions are reported as being behind schedule (PO2 Financial recovery and route map, PO4 Planned Care, Diagnostics and Cancer, and PO8 Estate Plan). 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. Five actions are now behind schedule including 3 POs (PO2 Financial recovery and route map, PO4 Planned Care, Diagnostics and Cancer, and PO8 Estate Plan). The current risk score of Risk 1200 (Maximising social value) has decreased from 12 to 6 to reflect that the Health Board has particularly identified the procurement of goods and services and 'Grow your own' as opportunities to maximise the impact we have on our local communities. These are now programmes which are embedded within decision-making processes and consequently, the risk of delivery has been reduced. One action has been completed with the other action on track.
- The outcome measures for this strategic objective show that, in October 2024, 16.6% of the Health Board’s third party spend was with local Hywel Dda suppliers and 22.2% with Welsh suppliers. The measures are showing usual variation. The financial position for October 2024 is a £4.340m in month deficit and a year to date (YTD) total of £38.447m deficit. The Health Board has an estimate of 93,940 tonnes kgCO<sub>2</sub>e emissions following the annual carbon reporting exercise in 2022/23. Emissions submitted for the 2023/24 exercise have increased to 138,622 tonnes kgCO<sub>2</sub>e or 153,739 tonnes kgCO<sub>2</sub>e depending on the methodology for procurement emissions. As of 2023/24, procurement is completed by Shared Services who have offered a tier 1 and blended tier 2 methodology. The increase is largely due to an agreement between Shared Services and the Welsh Government Energy

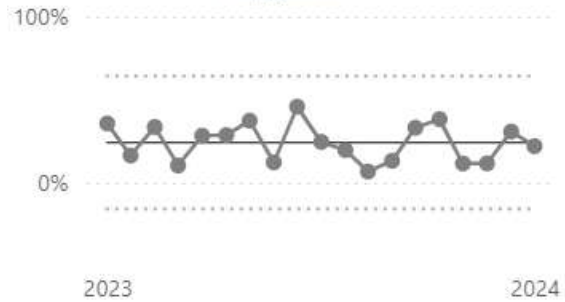


Service to allocate primary care spend to Health Boards. We continue to see improvements in recycling (including black bag waste recovered for recycling), a decrease in emissions after fuel switching a gas oil boiler at Glangwili Hospital (GGH) to Liquefied Petroleum Gas in October 2023, increased energy generated onsite following a refurbishment of the biomass boiler in GGH and a reduction in streetlighting emissions in Withybush Hospital (WGH) due to a backing under the Renewable Energy Guarantees of Origin (REGO) scheme.

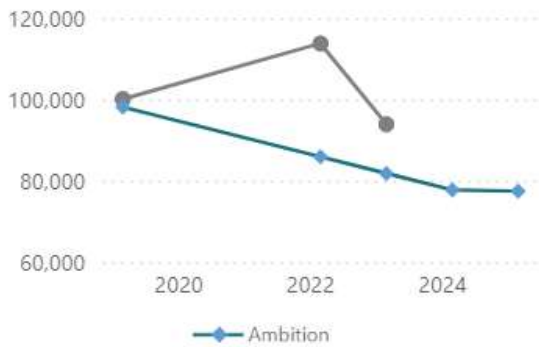
% of third party spend with Hywel Dda suppliers



% 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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply

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:	Good Governance Institute Institute of Risk Management HM Treasury Assurance Frameworks
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	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>