



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 July 2022
<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, Board Secretary

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
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:  
[Board Assurance 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

Our six strategic objectives form the basis of our 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 report to Board in March 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 (PO) 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 our 2022/25 Plan, a process of reviewing the current set of planning objectives has been undertaken with members of the Executive Team to, where appropriate:

- update the wording of the planning objectives
- introduce new planning objectives

Proposed changes to planning objectives were presented to the Board for approval at the January and March 2022 Public Board meetings. The Chief Executive Officer also met with Executive Directors individually to agree the plans to deliver these planning objectives. A full list of Planning Objectives for 2022/23 will also form part of the revised three year plan for 2022/25 which will be submitted to Board and Welsh Government in July 2022.

### Outcome Measures

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

We are currently undertaking a review of the outcomes and measures. We want to gather feedback on whether the measures enable us to assess whether the action we are taking in relation to our six priorities is having the desired impact on our performance.

### Principal Risks and Assurances

Meetings have taken place with the majority of principal risk owners to review their risks in light of the changes made to the Planning Objectives outlined above. The following principal risks have not been reviewed in time for Board:

- 1193 (Broadening or failure to address health inequalities)
- 1194 (Increasing uptake and access to public health interventions)
- 1199 (Achieving financial sustainability)

The principal risks' actions have also been updated following the planning objectives update reports to Board Committees. The principal risks and assurances have been reported to the Executive Team prior to the July Board.

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 a brief overview of the key information which the BAF Dashboard report is providing this month in respect of the Health Board's progress to achieving its strategic objectives. Our intention is to strengthen the narrative going forward.

Overall this month, the [BAF Dashboard](#) is showing that 3 planning objectives (2I; 4K; 5F) are behind, all other planning objectives are 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.
- There have been no changes to the risk scores of the 3 principal risks aligned to this strategic objective, however all have been updated with new or refreshed planning objectives and dates for delivery. 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 all actions currently on track. Risk 1185 (Consistent and meaningful engagement through our workforce) has been reviewed, with all actions currently on track. Further assurances have been identified as being required on risk 1185 which is aligned to this strategic objective.
- In respect of the agreed outcome measures for this strategic objective, the organisation has previously reported on patient experience only in emergency departments however are now also including data for inpatient and outpatient activity. The overall patient experience has remained high between 90% and 95% since June 2020. The new staff survey started in December 2021 with 1,000 staff being invited to participate. The overall response rate for June 2022 was 18.6% (compared to 20% in February) and the overall staff engagement score was 3.7 (out of 5), compared to 3.8 in March 2022; this can also be interpreted as 74% of staff reported being happy in their work. No update is available for the other 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

- One Planning Objective (2I - integrated Occupational Health & Staff psychological wellbeing offer) is currently reported as being behind – the scope of work still to be agreed, however work has begun to progress on all Wales basis which needs to be considered alongside any local actions – therefore delayed to ensure work supports national approach. All other planning objectives are reported as being on track.
- There have been no changes to 3 of the risk scores of the 4 principal risks aligned to this strategic objective, however all have been updated with new or refreshed planning objectives and dates for delivery. 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 has been reduced from 16 to 12, with all actions currently on track. Risk 1188 (Effective leveraging within partnerships) has been reviewed, with reference to carers removed, and all actions currently on track. Further assurances have been identified as being required on risk 1185 which is aligned to this strategic objective.
- At present, data is available for two out of the three outcome measures for this strategic objective. Of those staff members who responded to the new staff survey, 69% reported that team members trust each other's contributions and 61% reported having a Personal Appraisal Development Review (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

- All Planning Objectives are currently reported as being on track.
- The Executive Team agreed to close Risk 1190 (Capacity to engage and contribute to “Improving Together”) and incorporate the work around ‘Improving Together’ in Risk 1189 (Timely and sufficient learning, innovation and improvement) to remove unnecessary duplication between the risks. There was no change to the risk score of 9 for Risk 1189 with all actions on track. Again, the principal 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), has increased from 12 to 16, with all actions reported as on track. The increase in the level of risk is to reflect operational pressures presenting a challenge to our ability to strengthen clinical engagement in order to embed and maximise clinical effectiveness systems and processes, particularly at a time when the organisation is still responding to COVID and increasing its non-COVID activity against the backdrop of increased staffing and operational pressures. Further assurances have been identified as being required on both Risks 1189 and 1191 which are aligned to this strategic objective.
- In respect of outcome measures, 55% of staff surveyed in June 2022 reported being able to make improvements in their area of work and 84% of all staff have completed basic improvement training. As at 30<sup>th</sup> June 2022, 169 (1.5%) staff have completed training to lead improvement and change in practice in their work area, with an additional 15 staff members due to complete their training by summer 2022 and another 120 staff who are currently on the Enabling Quality Improvement in Practice (EQIIP) programme will complete their training in September 2022. 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

- One planning objective 4K (Health Inequalities) is behind schedule – this is due to capacity issues, ongoing work around health protection and sickness within the public health directorate, adequate progress has not been made to date. However, a Public Health Registrar will be joining the team in late June and will take a lead, with colleagues working in social value and in our health equity group, on initial analysis and an options appraisal. We expect this work to be back on track by September and continue to aim for the March 2023 board discussion date. All other planning objectives are reported as being on track.
- It has not been possible to update 2 of the risks aligned to this strategic objective in time for Board. There has been no change to the current risk score for Risk 1192 (Wrong value set for best health and well-being) which 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 12 actions identified, 1 action (4K) is reported behind schedule. Further assurances have been identified as being required on all 3 risks aligned to this strategic objective.
- No updates are available for the 3 outcome measures identified for this strategic objective, which are all reported annually.

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

- One planning objective is reported as being behind: 5F (Bronglais Strategy) - work to implement the strategy slipped during COVID, however progress has been made against a number of areas including reducing the number of single-handed consultants and developing a frailty model for the site. A senior clinician session is being held in July to restart the strategy post COVID and examine how what we have learned from the changes made during the pandemic will influence and enhance the actions set out in the

plan. Additionally, Project Management resource is being secured in order to support implementation of the strategy. All other planning objectives 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) which has a current risk score of 16, with all actions reported as on track. Risk 1195 (Comprehensive early indicators of shortfalls in safety), is also reporting all actions are on track. Risk 1197 (Implementing models of care that do not deliver our strategy) has 7 actions on track, with 1 behind (5F). Further assurances have been identified as being required on 1 out of the 3 risks (Risk 1195) aligned to this strategic objective.
- In June 2022, one in seven (13.9%) of reported incidents relating to patients caused at least moderate harm. Staff turnover continues to be high and has been relatively static with our 12 month rolling performance staying between 9.5-10.1% for the past 6 months. Bed day occupancy for our inpatients continues to show cause for concern; this is primarily due to high numbers of patients with complex discharge requirements resulting in discharge delays while arrangements are put in place to meet the patient's needs. Most delays are attributable to timely access to assessments, domiciliary care provision, availability or reablement packages and care home placements.

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

- All Planning Objectives are currently reported as being on track.
- There has been no change to the level of the risks aligned to this strategic objective. It has not been possible to review Risk 1199 (achieving financial stability) in time for Board due to the very recent changes in our financial position and overall risk. Risk 1198 (the ability to shift care in the community) reflects the complexity of connecting demand, operational capacity planning, workforce planning and financial planning, with all actions currently on track. Risk 1200 (Maximising social value) has a current risk score of 9 with work being progressed, out of the 8 actions aligned to this risk, 1 is being reported as behind schedule. Both Risks 1198 and 1200 have identified that further assurances are required.
- The outcome measures for this strategic objective show that, in June 2022 only 9% of the Health Board's third party spend was with local Hywel Dda suppliers. The measure is showing usual variation. The financial position for June 2022 is a £3.2m overspend and a year to date (YTD) total of £11.9m deficit. No update is available for the annual carbon outcome, however work is continuing to refine the measure used along with our annual submission which is scheduled for September 2022.

#### Argymhelliad / Recommendation

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

<b>Amcanion: (rhaid cwblhau)</b>	
<b>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>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>