




Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1196	Insufficient investment in facilities/equipment/digital infrastructure	Davies, Lee	Business objectives/projects	5×4=20	5×4=20	→	2×3=6		3
1197	Implementing models of care that do not deliver our strategy	Davies, Lee	Business objectives/projects	4×4=16	4×4=16	→	1×4=4		7
1185	Consistent and meaningful engagement through our workforce	Davies, Lee	Business objectives/projects	4×4=16	4×4=16	→	2×3=6		10
1198	Ability to shift care in the community	Carruthers, Andrew	Business objectives/projects	4×4=16	4×4=16	→	2×4=8		14
1194	Increasing uptake and access to public health interventions	Gjini, Ardiana	Health Equity	4×3=12	4×3=12	→	2×2=4		17
1192	Wrong value set for best health and well-being	Gjini, Ardiana	Health Equity	4×4=16	3×4=12	↓	2×4=8		20
1193	Broadening or failure to address health inequalities	Gjini, Ardiana	Health Equity	3×3=9	3×3=9	→	2×1=2		24
1188	Effective leveraging within partnerships	Gjini, Ardiana	Business objectives/projects	3×3=9	3×3=9	→	1×3=3		28
1200	Maximising social value	Thomas, Huw -	Health Equity	2×3=6	2×3=6	→	2×3=6		32

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	May-21
Strategic Objective:	5. Safe and sustainable and accessible and kind care

Executive Director Owner:	Davies, Lee	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1196	Principal Risk Description:	There is a risk the Health Board is not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. This could lead to an impact/affect on our ability to deliver our strategic objectives, service improvement/development, statutory compliance (ie fire, health and safety) and delivery of day to day patient care.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	5x4=20
Target Risk Score (L x I):	2x3=6
Expected Date To Achieve TRS:	
Trend:	↔




Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	15	6	5
Dec-21	15	6	5
Jun-22	15	6	5
Feb-23	15	6	5
Oct-23	15	6	5
Jun-24	15	6	5
Oct-24	15	6	5
Feb-25	20	6	5
Jun-25	20	6	5

Rationale for CURRENT Risk Score:
 Whilst a programme has been established to manage the production of business cases to secure long term investment in support of the Hywel Dda University Health Board (HDdUHBH health and Care Strategy, until the Programme Business case (PBC) is endorsed by Welsh Government (WG), the UHB cannot assume investment is likely to be forthcoming at the scale or in the timelines required. Significant risks exist with the existing estate across business continuity issues, fire and Reinforced Autoclaved Eerated Concrete (RAAC) which risk the viability of parts of the Health Board estate.

Rationale for TARGET Risk Score:
 The target risk score is predicated on the production and endorsement by WG of a PBC and subsequent outline and full business cases for the infrastructure required to support the HDdUHB Health and Care Strategy.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within HDdUHB.</p> <p>Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>Communication with WG via Planning Framework and Integrated Medium Term Plan (IMTP) (Infrastructure & Investment Enabling Plans) including the prioritised 10 year capital plan and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from WG i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual planning cycle.</p> <p>Implementation of the Digital Strategy which is also funding dependant.</p> <p>A governance structure has been established with the Director of Strategy and Planning as Senior Responsible Officer (SRO) to develop the business cases required in support of the Health and Care Strategy, A Healthier Mid and West Wales. It is likely that all the capital mitigations for the over arching risk will be interim solutions only pending the major infrastructure investment plans to ensure the sustainability of the Health and Care Strategy.</p> <p>Programme Business Case (PBC) for Business Continuity supported in principle by WG and funding for first phase Business Justification Case (BJC) developments.</p> <p>Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF).</p> <p>Co-production of 10 Year Capital Investment Plan with the Regional Partnership Board (RPB).</p>	<p>Reliance on WG capital to fund Business Cases and therefore HDdUHB may be unable to secure the capital investment to provide the services that we need.</p> <p>Capital funding is significantly short of the level required to deal with backlog maintenance programme for estates, digital and equipment.</p>	<p>Development of Business Continuity Outline Business Cases to address major infrastructure backlog on hospital sites and respond to Fire Enforcement Notices.</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024 31/03/2025 31/03/2026</p>	<p>Major Infrastructure - Phase 1 We have now received the WG prioritisation advice letter which supports this project within their forward look capital programme. It asks HDdUHB to engage further with NHS Wales Shared Services Partnership (NWSSP) in developing plans. This engagement is progressing well and we have now refreshed the major infrastructure plan to reflect both the impact of the Targeted Estate Funding (TEF) and the greater analysis of wider risks within HDdUHB including the need to consider future capacity in critical services such as electrical supply. This work is continuing with WG and we have been asked to scope out more detail on the recommended priority actions together with greater clarity of likely outturn costs. We are looking to complete this work by the end of June 2025. This only covers the initial priorities and given the impact of the changing programme for AHMWW and the need to retain existing estate for much longer there is further work to do to cover off estates risk for this extended period. Fire Enforcement Investment Programme is reported on Corporate Risk 813.</p>
		<p>Develop a Primary Care and Community Strategy which is inclusive of:</p> <ul style="list-style-type: none"> - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (Planning Objective (PO) 7) 	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to Strategy and Planning Committee (SPC) in June 2025.</p>

		Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy and Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Davies, Lee	31/03/2025	Behind schedule as per highlight report presented to SPC in June 2025.
		Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region B. To work with WG to secure funding for the roll-out of Electronic Prescribing and Medicines Administration (ePMA), and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measured (PREMs) system and 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System and 4. Development of Maternity and Paediatric record	Thomas, Huw -	31/03/2025	Complete as per highlight report presented to Digital, Data and Innovation Committee (DDIC) in April 2025.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the Dashboard	Development of Integrated Assurance and Approval Plan in support of PBC and Strategic Outline Case (SOC)	1st			PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Jan23, Mar23, May23, Jul23 and Sen23) and	Assurance on land selection process				

Governance structure to oversee delivery of the Business Cases	1st			Strategic Development and Operational Delivery Committee (SDCOD) (Apr23, Jun23, Aug23 and Jan24)				
Oversight by A Healthier Mid and West Wales Group which reports into Executive Team with Assurance sought by Strategy and Planning Committee	2nd			AHMWW PBC Programme Group Update - Board Seminar (Apr22)				
Internal Audit Programme aligned to Business Case Development	3rd			TMH Update - Board Seminar (Jun22)				
Internal Audit AHMWW Programme Forward Look Governance Review	3rd			Executive Team Apr22 Planning Objectives Update (Planning) - SDODC (Jun22, Oct22, Feb23,				

Gateway review of PBC and Strategic Outline Case (SOC) by WG Assurance Hub	3rd			Jun23, Oct23, Feb24 and Jun24) Pentre Awel Update - SDODC (Dec23) Discretionary Capital Programme (DCP) Update - SDODC (every meeting) Forward Look Governance Review - Audit, Risk and Assurance Committee (ARAC) (Feb23)					
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Date Risk Identified:	May-21
Strategic Objective:	5. Safe and sustainable and accessible and kind care

Executive Director Owner:	Davies, Lee	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1197	Principal Risk Description:	There is a risk that the Health Board will not deliver its strategic vision as set out in A Healthier Mid and West Wales of delivering safe, sustainable, accessible and kind services. This is caused by the models of care that do not deliver the aspirations of the Health Board’s strategy. This could lead to an impact/affect on our ability to move care from secondary care settings to the community, to move resources into preventative pathways, and to develop an innovative and responsive social model of health and wellbeing.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	3x4=12
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	1x4=4
Expected Date To Achieve TRS:	
Trend:	↔

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	12	4	5
Jan-22	12	4	5
Jun-22	12	4	5
Feb-23	16	4	5
Oct-23	16	4	5
Mar-24	16	4	5
Sep-24	16	4	5
Jan-25	20	4	5
Apr-25	16	4	5

Rationale for CURRENT Risk Score:
 The current risk score reflects where the Health Board is in terms of its implementation of A Healthier Mid & West Wales with plans in development. The likelihood score reflects the expectation that, through the successful Strategy refresh and the delivery of the existing and refreshed Planning Objectives, the Health Board will be successful in reaching the clear ambitions set out within A Healthier Mid & West Wales. The impact of failure to do so remains the same. The current risk score reflects the delays to the programme relating to the WG requirement for a clinical review (now complete) and the work with WG to understand the affordability framework and to scope a strategic and interim delivery programme.

Rationale for TARGET Risk Score:
 The likelihood score reflects the expectation that, through the successful delivery of existing Planning Objectives and new ones developed the Health Board will be successful in reaching the clear ambitions set out within its strategy A Healthier Mid & West Wales. The Impact of failure to do so remains the same.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Healthier Mid and West Wales Strategy approved by Board Nov18. Delivery Groups and processes: 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. AHMWW Group, reporting to Executive Team, with underpinning governance structure overseeing alignment and delivery of the strategy working through a sub group structure of 6 Sub Groups including a Strategic Refresh Group.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Successful realisation of the Healthier Mid and West Wales Strategy	Further action necessary to address the controls gaps			
Ability to shift investment into primary and community settings and realise the social model for health ambitions	Strengthen regional planning through the Mid Wales Joint Committee and the development of Joint Committee with Swansea Bay UHB	Davies, Lee	Completed	First HDUHB and SBUHB Board to Board workshop held on 17 October 2024. TORs agreed Regional Joint Committee and approved by Board and now established.
Ability to maximise the potential of our local and regional partnerships	To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025 30/11/2025	On track as per highlight report presented to SPC in June 2025. CSP consultation launch at Board in May 2025.
Sufficient community infrastructure to support moving services in to the				

Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.

<p>support moving services in to the community from acute settings</p> <p>Fragile services and unsustainable configuration of services</p> <p>Digital infrastructure to support strategic direction</p>	<p>Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)</p>	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025, with work being aligned with the Strategic Refresh timeline.</p>
	<p>Implement the Digital Strategic Plan</p> <p>A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region.</p> <p>B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system.</p> <p>C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post.</p> <p>D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)</p>	<p>Thomas, Huw -</p>	<p>Completed</p>	<p>Complete as per highlight report presented to DDIC in April 2025.</p>
	<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10)</p>	<p>Gjini, Ardiana</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>

		Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Davies, Lee	31/03/2025	Behind schedule as per highlight report presented to SPC in June 2025. Meetings being held with Welsh Government to agree the process, phasing and interim development opportunities, the status of the PBC and the affordability framework for future investment, with next meeting scheduled for 3rd July 2025.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	AHMWW Group reporting to Executive Team	2nd			PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Jul24)	None identified.				
	Board and Committee oversight of Planning Objectives	2nd								
	QSEC to measure harms	2nd								
	WG Gateway process re accessing capital	2nd								
	Internal Audit reviews of Major Capital Programme	3rd								
	Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning	3rd								
					Annual Plan 2023/24 Update - Board (Jan25)					
					Refreshing the Healthier Mid and West Wales Strategy - Board (Jan25)					

Date Risk Identified:	Apr-21
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be

Executive Director Owner:	Davies, Lee	Date of Review:	Feb-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Jun-25

Risk ID:	1185	Principal Risk Description:	<p>There is a risk that the Health Board does not design and deliver services that take in the views of the population. This is caused by a lack of a systematic approach and awareness/understanding, within all levels of the workforce of the legal requirements to undertake consistent and meaningful engagement with the Hywel Dda population.</p> <p>This could lead to an impact/affect on poorly designed services, lack of improvement in patient outcomes and experience, lack of improvement in performance, reduction of public confidence, increased scrutiny from media, regulators and WG and potential judicial review.</p>
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	2x3=6
Expected Date To Achieve TRS:	
Trend:	↔

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	12	6	6
Dec-21	12	6	6
Jun-22	12	6	6
Feb-23	12	6	6
Oct-23	12	6	6
Mar-24	12	6	6
Sep-24	12	6	6
Jan-25	16	6	6
Apr-25	16	6	6

Rationale for CURRENT Risk Score:





Resources from the Engagement Team are focussed on supporting the Clinical Services Plan and other service changes. To support the savings targets, vacant posts have been held. However, a lack of resource will have an impact on 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. With increased service changes proposed and underway as of October 2024, this has resulted in increased need of the support of the Engagement Team across the Health Board.

Rationale for TARGET Risk Score:

The current annual plan is ambitious in delivering change. There is going to be a major requirement for continuous engagement around this work at the very least. Engagement always requires input from different departments and directorates, so the phasing of work is going to be important. The team continues to respond to demand for engagement and consultation around service changes as well as planned engagement work.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>"Skills to Deliver Engagement Two additional posts were added to the Engagement team in early 2023. However, these roles have, due to staff departure and financial pressure, have been held. Recruitment to the Head of Engagement is currently underway in October 2024, with additional posts to follow. Additional resource has been requested to enable engagement during CSP.</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement lead for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with Llais.</p>	<p>Identified gaps in engagement team capacity to deliver continuous engagement during periods of consultation</p> <p>Improved links with acute operational teams to gain greater understanding of operational teams and their role in terms of engagement / continuous engagement with a purpose</p> <p>Clear understanding of requirements and proactive process for proposed service change within the Health Board</p> <p>Lack of understanding of operational teams on their role in terms of engagement / continuous engagement with a purpose. Most service changes require a level of up-front engagement</p>	<p>To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will:</p> <ol style="list-style-type: none"> 1. Increase public confidence and trust in the reputation of the Health Board 2. Offer greater ability of service users to influence services and to be better informed. 3. Improve decision making that is driven by public feedback. 4. Enhance visibility of the Health Board's values through open and transparent communication. 	<p>Hughes-Moakes, Alwena</p>	<p>31/03/2024 31/03/2025</p>	<p>The 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. Recruiting to vacant posts in Engagement team to improve resilience and support for planned engagement and consultation activities. New Head of Engagement in post since 2 December 2024. Engagement Officer (Ceredigion) - interviews completed in February 2025. Discussion paper on how we build continuous engagement will be presented to Board in March 2025.</p>

<p>Voices of Children and Young People's Group established</p> <p>Newly established 'improving the use of feedback across the organisation' group to explore how the triangulation of feedback from different parts of the organisation including engagement, corporate office, communications, diversity and inclusion, quality improvement, transformation, patient experience and workforce and organisational development can be used to inform key pieces of work around service change.</p> <p>Engagement mechanisms to support the delivery of continuous engagement across the organisation include:</p> <ul style="list-style-type: none"> - provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB - management of the Siarad lechyd / Talking Health involvement and engagement scheme - management of the stakeholder management system Tractivity - Management of the online engagement tool Have Your Say (EngagementHQ) - advice, guidance, support around the planning and delivery of traditional engagement methods" 	<p>with our communities of staff and service users.</p> <p>Awareness and staff utilisation of available engagement tools</p> <p>"Improving the use of feedback across the organisation" group has been created, however has yet to meet as at October 2024.</p>	<p>To undertake and complete tender exercise in relation to expert advice as part of CSP</p>	<p>Davies, Lee</p>	<p>31/12/2024</p>	<p>Procurement complete. ORS and HICO appointed to support CSP consultation.</p>
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the BAF Dashboard	Management process in place to monitor Engagement Team objectives	1st			Continuous Engagement Plan - Board (May22)					
	Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans)	1st								

<p>Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice. Ongoing process in place</p>	<p>1st</p>	<p style="background-color: #00b0f0;"></p>	<p style="background-color: #ffc000;"></p>							
<p>SRG used a oversight assurance mechanism</p>	<p>2nd</p>	<p style="background-color: #ff69b4;"></p>	<p style="background-color: #ffc000;"></p>							
<p>For major pieces of engagement and consultation work sign off will be via Board</p>	<p>2nd</p>	<p style="background-color: #00b0f0;"></p>	<p style="background-color: #ffc000;"></p>							
<p>Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review</p>	<p>3rd</p>	<p style="background-color: #00b0f0;"></p>	<p style="background-color: #ffc000;"></p>							
<p>The Health Board and Llais have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee</p>	<p>3rd</p>	<p style="background-color: #00b0f0;"></p>	<p style="background-color: #ffc000;"></p>							

Date Risk Identified:	Jun-21
Strategic Objective:	6. Sustainable use of resources

Executive Director Owner:	Carruthers, Andrew	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1198	Principal Risk Description:	There is a risk that the Health Board will be unable to successfully support the shifting of care in the community. This is caused by entrenched, complex arrangements and systems that will need be worked through to support a new approach to the delivery of care in line with our strategy, as well as a need to support the population in changing their behaviour and the way they have historically accessed services. This could lead to an impact/affect on on inefficient services, undeliverable plan and poorer outcomes for the population.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	2x4=8
Expected Date To Achieve TRS:	
Trend:	↔










Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	16	8	5
Dec-21	16	8	5
Jun-22	16	8	5
Feb-23	16	8	5
Oct-23	16	8	5
Mar-24	16	8	5
Sep-24	16	8	5
Jan-25	16	8	5
Apr-25	16	8	5

Rationale for CURRENT Risk Score:
 There is a recognition that this is complex and there are a number of historical process and system issues to be addressed, and there continues to be traditional patient behaviours and expectations within the population on how services are accessed and provided. My Health, My Choice videos are available, but are underused. Current internal processes do not facilitate and support the transition to new ways of working and shifting of services and their resources.

Rationale for TARGET Risk Score:
 The target score will be reached through working with business partners and through the work of operational delivery group, as well as wide engagement across organisation to establish understanding and support for new way approaches to delivering care.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Transformation Steering Group (TSG) & Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB.</p> <p>Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.</p> <p>5 Facet Survey completed in 2022 to establish a baseline for the GMS estate.</p> <p>CHC and UHB Protocol for managing low level service change.</p> <p>All Business Cases need to be taken through Transformation Steering Group.</p> <p>Plan on a page developed and included in the Health Board's Annual Plan 2024/25 for clusters.</p> <p>WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery confirmed as implemented.</p> <p>Project support provision in place.</p> <p>6 Goals Programme approved by Welsh Government with a focus on shifting care in the community. 4 workstreams in place to support delivery of keeping patients in the community and increasing patient flow through hospitals, back to the community. 6 Goals Programme reports into IQFPD as part of revised Executive Governance structure implemented in 2024. Programme is reviewed on an annual basis.</p>	<p>Workforce capacity to shift from secondary to community/ opportunities to use staff skills appropriately.</p>	<p>To oversee financial recovery and develop a long term financial route map (PO2)</p>	<p>Thomas, Huw -</p>	<p>31/03/2025</p>	<p>On-track as per highlight report presented to FPC in June 2025.</p>
	<p>Optimal use of digital to support delivery of patient care.</p>	<p>Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026</p>	<p>Carruthers, Andrew</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to FPC in June 2025.</p>
	<p>Financial resources to invest in new technologies to improve demand and capacity across the system.</p>	<p>1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability.</p>			
	<p>Resistance in secondary care to moving resources in primary and community care.</p>	<p>2. Implementation of Same Day Emergency Care services /direct access pathways.</p>			
	<p>Maximising efficiencies in secondary care.</p>	<p>3. Improving patient flow through the acute sites.</p>			
	<p>Limited by vision of what is available to and resourcable by the UHB.</p>	<p>4. Develop a strategy for our Alternative Care Provision to support care closer to home.</p>			
	<p>Workforce planning linking to training and education plans required to facilitate shift of services to community.</p>	<p>5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care.</p>			
			<p>6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3)</p>		
		<p>To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)</p>	<p>Davies, Lee</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>
		<p>Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)</p>	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>
		<p>Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)</p>	<p>Thomas, Huw -</p>	<p>31/03/2025</p>	<p>Behind schedule as per highlight report presented to SPC in June 2025.</p>


		Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the 8 week wait for diagnostics. (PO4)	Carruthers, Andrew	31/03/2025	Behind schedule as per highlight report presented to FPC in June 2025.
		Mental Health and Learning Disabilities service improvement through: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.

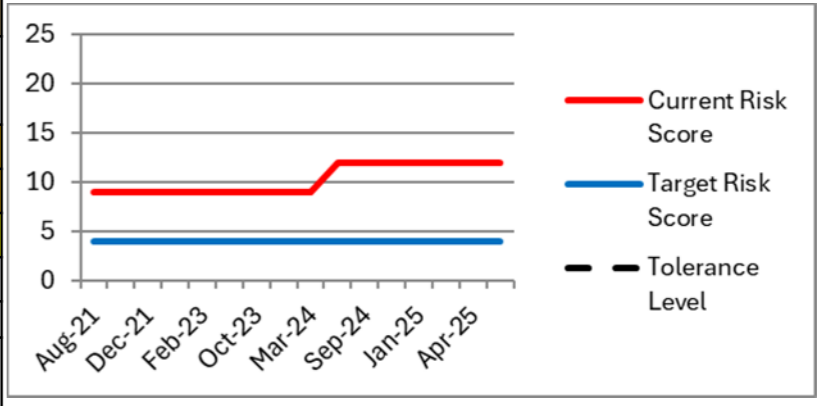
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Lightfoot Viewer for urgent care to track improvements	1st			TMH Update - Board (May22). Three Year Draft Plan for Children's Services - Board (Jul21). PCB- Implementing the Healthier Mid and West Wales Strategy - Board (Nov23). Implementing the Healthier Mid and West Wales Strategy - Board - (Jan23).	Ability to measure improvements when undertaking service change.				
	County Management Systems Leadership Forum focus on performance and delivery	1st								
	Locality Leads meeting oversee integrated locality development	1st								
	Primary Care & Long Term Care SMT meeting	1st								
	Regional Partnership Fund Group	2nd								
	Board Seminar discussions	2nd								
	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd								

Date Risk Identified:	May-21
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1194	Principal Risk Description:	There is a risk the Health Board will be unable to increase uptake and access to public health interventions (such as vaccinations and immunisations, screening, smoking cessation programmes). This is caused by a failure to influence individual and community behaviours to maximum effect. This could lead to an impact/affect on our ability to improve outcomes for individuals and our population.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	4x3=12
Current Risk Score (L x I):	4x3=12
Target Risk Score (L x I):	2x2=4
Expected Date To Achieve TRS:	
Trend:	





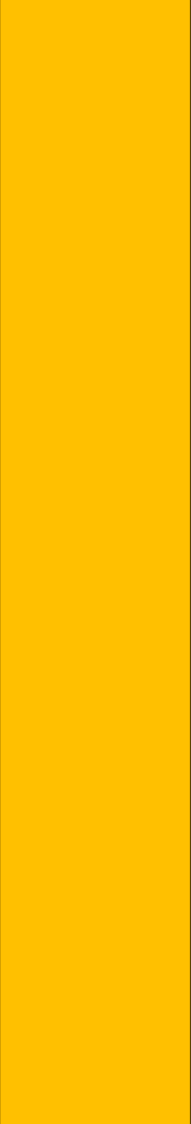



Legend:

- Current Risk Score (Red line)
- Target Risk Score (Blue line)
- Tolerance Level (Dashed black line)

Rationale for CURRENT Risk Score:
 Possible x moderate risk. Some interventions will fair better than others such as universal services (such as the COVID vaccination programme and social prescribing) and targeted services, however equity of uptake and access needs constant analysis to determine appropriate improvement measures. Accuracy of risk scoring will improve over time as the new scoring impact domain of Health Inequalities becomes more sensitive. The current risk score 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.

Rationale for TARGET Risk Score:
 Unlikely x minimal/no adverse impact. Ambitious target risk score for this long-term objective. We should be attempting to ensure that adverse impact on our attempts to reduce health inequalities or improve health equity is an unlikely or even rare event.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
National screening programmes in place (including Breast, Bowel, Cervical, diabetic eye screening (DES), abdominal aortic aneurysm (AAA), new-born, etc). These programmes are national services, planned, delivered, monitored and quality assured by PHW, also the quality improvement sits with PHW. Local initiatives in place such as Cervical Screening and Refugees, and Barriers to Screening Uptake in Carers. Vaccination and immunisation programme in place, and recently has seen significant changes with introduction of national immunisation framework (NIF). Vaccination and Immunisation as programmes are planned in line with WG policy. Local health protection service in place. Local and National health promotion initiatives. Multi-agency Health Protection and Co-ordination Group established (with operational delivery groups for adult immunisation, infant and pregnancy immunisation and respiratory immunisation, school age immunisation, occupational immunisation). Tobacco Control Group in place. Area Planning Board (Alcohol and Substance Misuse).	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
	Gap in knowledge in terms of equity of access/uptake to be triangulated with equity of outcome to be triangulated with potential targeted campaigns to improve both access/uptake and outcome. Evidence based actions that improve individual and community behaviours.	To deliver the Single Cancer Pathway (SCP) Standard performance requirement (minimum of 75% of patients to receive treatment on SCP within 62 days by March 2025) (part of PO 4).	Carruthers, Andrew	31/03/2025	Behind schedule as per highlight report presented to Finance and Planning Committee (FPC) in June 2025.
	Lack of capacity to drive the evidence base interventions with our partners, stakeholders and communities. Lack of capacity to drive improvements. Lack of wider determinants and outcomes data to inform local screening programmes.	Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SPC in June 2025.
	Responsibility and resource for screening uptake sits with Public Health Wales and the Health Board can only influence alongside other Health Boards in Wales.	To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a SMfHW, Including support and collaboration with Public Services Board (PSBs) and RPB (PO 10).	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SPC in June 2025.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the Board Assurance Framework (BAF) Dashboard Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st				Limited mechanism to obtain live data	Explore the available platforms and develop local dashboards to address the current gap in assurance noted of availability of live data	Lewis, Bethan	31/03/2025 31/12/2025	Work commenced on local dashboards aligned to staff influenza vaccine uptake and childhood immunisations.
	Oversight of delivery of delivery of Planning Objectives at Executive Team and Strategic Development	2nd								
	A Healthier Mid and West Wales Group	2nd								
	All Wales Wellbeing and Public Health Outcome indicators published by PHW Observatory. Quality Assurance (QA) responsibility of PHW. Relevant Office for National Statistics (ONS) data - published resources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd								

Date Risk Identified:	May-21
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1192	Principal Risk Description:	There is a risk that the Health Board sets the wrong value for best health and well-being for individuals and communities. This is caused by seeing health and well-being through the healthcare services lens, using potentially narrow and not most appropriate measures, not engaging with individuals and communities, and under and/or over-estimating potential for best health and well-being. This could lead to an impact/effect on the strategy set by the Health Board, poorly designed services that do not improve outcomes for individuals and communities.
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Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	3x4=12
Target Risk Score (L x I):	2x4=8
Expected Date To Achieve TRS:	

Trend:	↓
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Does this risk link to any Directorate (operational) risks?	
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Rationale for CURRENT Risk Score:
Whilst the Board does undertake engagement with its population, it is still defining its approach to continuous engagement, its approach to tackling inequality / inequity, and its understanding of the SMfHW and what this means to its local population and communities. Wellbeing assessments have been updated by the PSBs, however the Board does not currently have an effective method of measuring the well-being of individuals, communities and the population. A number of plans and actions are currently in place to support mitigation of this risk, although not at population scale.

Rationale for TARGET Risk Score:
Actions include developing an implementable plan for continuous engagement, and the Board defining its approach to tackling health inequality, and also what the SMfHW means to the Board and its population and further actions that are required. The comprehensive needs assessment, the actions on early years and food and wellbeing, and the implementation of locality based resourcing will all support mitigation of the risk to target score. There is however a residual risk, given measurement of population wellbeing is a challenge for all populations internationally.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
Statutory members of Public Service Boards undertook Wellbeing Assessments in 2022, with a set of wellbeing objectives agreed by each of the PSBs and Board in March 2023 setting actions for partners to implement. Key member of Regional Partnership Board Engagement underpinning the A Healthier Mid and West Wales Strategy Equality Impact Assessments, consultation and engagement undertaken on service change Patient participation groups in place for some services, e.g. maternity, respiratory Close links between services and voluntary sector groups, eg AgeConcern, MIND Speaking to people re outcomes (Prog7 of Trans Fund) Together for change (supporting community led programme) Relationship with Llais (2 weekly meeting with Chair and CEO and bi-monthly planning meetings) Community engagement and outreach work with disadvantaged/vulnerable groups Stakeholder Reference Group Staff Partnership Forum Development and sign up to the principles of the SMfHW Charter in the region by all partners RPB Preventions Board ownership of elements of the SMfHW	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
	Need to understand the direction of travel with the refresh of the long term strategy	To oversee financial recovery and develop a long term financial route map (PO2)	Thomas, Huw -	31/03/2025	On track as per highlight report presented to FPC in June 2025.
	Understanding what causes burden of harm and exploring what matters to our communities to improve their health and wellbeing	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals to develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and General Medical Services (GMS) sustainability.	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.
	Needs implementation of the refreshed engagement plan	2. Implementation of Same Day Emergency Care (SDEC) services /direct access pathways. 3. Improving patient flow through the acute sites.			
	Wellbeing assessments undertaken during a period of Executive change	4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care.			
Organisation do not routinely collect information on wellbeing	6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3).				
Strengthen working with RPB, due to changes in RPB leadership and PSBs	Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the eight week wait for diagnostics (PO4).	Carruthers, Andrew	31/03/2025	Behind schedule as per highlight report presented to FPC in June 2025.	
	Mental Health and Learning Disabilities service improvement though: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.	
	To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network (PO 6).	Davies, Lee	31/03/2025	On track as per highlight report presented to SPC in June 2025.	

<p>Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7).</p>	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>
<p>Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region. B. To work with WG to secure funding for the roll-out of Electronic Prescribing and Medicines Administration (ePMA), and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measured (PREMs) system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System. 2. The Integrated Eye Care Electronic Health Record. 3. Development of a Community Information System. 4. Development</p>	<p>Thomas, Huw -</p>	<p>31/03/2025</p>	<p>Complete as per highlight report presented to DDIC in April 2025.</p>
<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing, including support and collaboration with PSBs and RPB (PO 10).</p>	<p>Gjini, Ardiana</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>

		SMfHW and development of 24-7 Population Health model engagement with Urgent Suspected Cancer (USC) and clinical services across the Health Board.	Gjini, Ardiana	31/03/2026	New action - workshops commencing
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES					
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress	
See Our Outcomes section in the BAF Dashboard	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st			PO Update Report to Committees (Feb24)	No established way of asking questions to understand the right value of health and wellbeing					
	Tracking of crude mortality, risk-adjusted mortality and other data	1st									
	Oversight of delivery of Planning Objectives undertaken by Assurance Committees	2nd									
	Overseeing the development of Wellbeing Assessment as statutory member of PSB	2nd									
	Oversight of Programme 7 of transformation fund by RPB	2nd									
	Oversight of delivery of New Hospital Programme Business Case by SDODC	2nd									
	Stake Holder Reference Group (SRG) advisory role to the Board	2nd									
	Director of Public Health Annual Report to Board	2nd									

Date Risk Identified:	May-21
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1193	Principal Risk Description:	There is a risk that the Health Board broadens or fails to address health inequalities within our community. This is caused by a lack of understanding or consideration of the health inequalities that are across our communities when redesigning services. This could lead to an impact/affect on the most disadvantaged within our community who may continue to have poorer or worse outcomes from service changes.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	4x3=12
Current Risk Score (L x I):	3x3=9
Target Risk Score (L x I):	2x1=2
Expected Date To Achieve TRS:	
Trend:	↔

Rationale for CURRENT Risk Score:
Possible x moderate impact. Indications emerging that we are having little or no impact on health equity and certainly nothing of significance that would demonstrate that we are addressing the widening the gap.

Rationale for TARGET Risk Score:
Unlikely x minimal/no adverse impact. Ambitious target risk score for this long-term objective. We should be attempting to ensure that adverse impact on our attempts to reduce health inequalities or improve health equity is an unlikely or even rare event.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
Health inequalities is embedded across Public Health teams, working closer with the planning and Clinical Service Plan (CSP) work. Health Board Planning Objectives on Health Population setting plan of work for 2024/25. Population Health and Strategic Equity Oversight Group working across the Health Board and strategic partners. Strategic Plan for Health Improvement and Wellbeing (3 Year Plan) presented to Board for approval in July 2024. Immunisations Equities Strategy in place. Development of Health Equities Framework for Health Services. PSB Wellbeing Plans in place, developed and agreed by PSBs identifying key priorities for population well-being (the self-assessments and new objectives were set in April 2023). Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
	Currently no formal process in place that considers impact of health inequity/equity of outcomes across our population Capacity of the Community Development Outreach Team to engage with all communities within HDdUHB area Capacity of Public Health Consultants and senior public health professionals to lead health equalities work. Lack of wider determinants and outcomes health inequities data.	TUEC Programme - TUEC / Implement the Six Goals to develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of SDEC services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3).	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.
		To deliver the SCP Standard performance requirement (minimum of 75% of patients to receive treatment on SCP within 62 days by March 2025) (part of PO 4)	Carruthers, Andrew	31/03/2025	Behind schedule as per highlight report presented to FPC in June 2025.
		Mental Health and Learning Disabilities (MHL) service improvement through: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to FPC in June 2025.

		<p>Develop a Primary Care and Community Strategy which is inclusive of:</p> <ul style="list-style-type: none"> - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7) 	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>
		<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board.</p> <ol style="list-style-type: none"> 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing, including support and collaboration with PSBs and RPB (PO 10). 	<p>Gjini, Ardiana</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of the BAF Dashboard Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress	Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC	2nd								
	Population Health and Strategic Equity Oversight Group	2nd								
	Health Equity Group in place engage with different groups for feedback on service and wider inequities	2nd								
	All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd								

Date Risk Identified:	May-21
Strategic Objective:	2. Working together to be the best we can be

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Jun-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1188	Principal Risk Description:	There is a risk that the Health Board is not effectively leveraging within our current partnerships and is unable to attract the right partners to help achieve our strategic objectives. This is caused by not being clear on partnership governance, the fragility of our services due to lack of joint accountability, and our geography and demography. This could lead to an impact/affect on the Health Board not realising the shared value/benefits of achieving more together than as separate entities, missing out on opportunities, not realising the benefits of closer joint working, duplication of effort as various partnerships are not streamlined, as well as reduced confidence from stakeholders.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4x4=16
Current Risk Score (L x I):	3x3=9
Target Risk Score (L x I):	1x3=3
Expected Date To Achieve TRS:	
Trend:	↔

Rationale for CURRENT Risk Score:
 The Health Board is an active partner in a number of strategic and statutory partnerships. These include the following: PSBs; RPB; ARCH partnership; Emergency Ambulance Services Committee; Mid Wales Joint Committee; Community Safety Partnerships; Mid and West Wales Regional Safeguarding Children Board; Mid and West Wales Regional Safeguarding Adults Board; Area Planning Board for Substance Misuse. Partnership arrangements are well established and have been in place for many years. This provides a reasonable degree of confidence that partnership actions are being leveraged effectively with minimal duplication of effort.

Rationale for TARGET Risk Score:
 The Health Board approved a Partnership Governance Framework and Toolkit in September 2017. This has not been reviewed or actively utilised for a number of years but in itself, is not sufficient to mitigate against this risk. All departments and directorates have a role to play in leveraging the benefits of partnership working as well as ensuring synergy between partnership and Health Board priorities.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>The Health Board is a key member of strategic and statutory partnership groups, including RPB and PSB.</p> <p>The Health Board approved a Partnership Governance Framework and Toolkit in September 2017 to provide a mechanism to ensure effective arrangements are in place for the governance of partnerships</p> <p>Representatives on strategic partnerships groups to provide regular updates to the Board/Executive Team</p> <p>ARCH Recovery and Strategic Delivery Plans</p> <p>Digital strategy</p> <p>Regular formal and informal contact with Local Authority partners via CEO/Chair and Integrated Executive Group</p> <p>Research, development and innovation strategy</p>	<p>Fully comprehending and exploiting the opportunities of true partnership working in order to deliver the ambitions within our Health and Care Strategy.</p> <p>The Partnership Governance Framework and Toolkit has not been proactively utilised and would require review to ensure fit for purpose in the current governance environment.</p> <p>Strengthen the synergy between partnership priorities and the strategic objectives of the Health Board to provide greater opportunities to consider how the benefits of partnership working can be maximised.</p> <p>Access to latest equipment and state of the art facilities for research, development and innovation.</p>	<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long term trends of increasing burden of ill health on the Health Board.</p> <p>1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.</p> <p>2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care).</p> <p>3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a SMfHW , including support and collaboration with PSBs and RPB (PO 10).</p>	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SPC in June 2025.
	<p>Promoting the successes of the Health Board achievements.</p> <p>Workforce, facilities and capital requirements to deliver on our delivery plans in ARCH and Mid Wales Joint Committee (MWJC).</p> <p>Capacity to support regional working within the organisation and at Executive level .</p>	<p>To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives.</p> <p>1. Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.</p> <p>2. Delivery of a targeted Recruitment Plan which will reduce reliance on high-cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan.</p> <p>3. Delivery of a Retention Plan to support the supply side elements of the Workforce Plan and underpin workforce stabilisation.</p> <p>4. Delivery of a Workforce Education and Development Plan which supports the pipeline (supply side) for staff progression (PO 1).</p>	Gostling, Lisa	31/03/2025	On track as per highlight report presented to People, Organisational Development & Culture Committee (PODCC) in May 2025.

		<p>Implement the Digital Strategic Plan</p> <p>A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region.</p> <p>B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system.</p> <p>C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post.</p> <p>D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System. 2. The Integrated Eye Care Electronic Health Record. 3. Development of a Community Information System. 4. Development of Maternity and Paediatric record systems (PO 9).</p>	<p>Thomas, Huw -</p>	<p>31/03/2025</p>	<p>Complete as per highlight report presented to DDIC in April 2025.</p>
		<p>Develop a Primary Care and Community Strategy which is inclusive of:</p> <ul style="list-style-type: none"> - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7) 	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>
		<p>To oversee financial recovery and develop a long term financial route map (PO2)</p>	<p>Thomas, Huw -</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to FPC in June 2025.</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in BAF Dashboard	Statutory Partnerships Update to Board	2nd			Strategic Partnerships Update - every Board (May 2024)	Ability of the organisation and individual directorates to understand whether opportunities within partnerships are being maximised.	Identification and monitoring of	Gjini, Ardiana	31/03/2025	For discussion with relevant Executive leads on mechanisms of approach
	Chief Executive and Chair Reports to Board	2nd								
	ARCH Reports to SDODC	2nd								
	Delivery of Planning Objectives are being overseen by Executive Team and Board Committees	2nd								

Date Risk Identified:	Jun-21
Strategic Objective:	6. Sustainable use of resources

Executive Director Owner:	Thomas, Huw -	Date of Review:	May-25
Lead Committee:	Strategy and Planning Committee	Date of Next Review:	Sep-25

Risk ID:	1200	Principal Risk Description:	There is a risk that the Health Board does not maximise the social value it creates through its actions, as an anchor institution in West Wales. This is caused by the Health Board not having had a framework in place to embed and measure social value. This could lead to an impact/affect on the Health Board not meeting the needs of future generations and addressing wider determinants of health and well-being.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	3x3=9
Current Risk Score (L x I):	2x3=6
Target Risk Score (L x I):	2x3=6
Expected Date To Achieve TRS:	
Trend:	↓

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	8	6	6
Dec-21	8	6	6
Jul-22	6	6	6
Jun-23	8	6	6
Nov-23	8	6	6
Jun-24	12	6	6
Oct-24	12	6	6
Feb-25	6	6	6
Jun-25	6	6	6

Rationale for CURRENT Risk Score:
 The Wellbeing of Future Generations Act requires the Health Board to consider the impact of value across a range of activities for the Health Board. 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 from previous levels.

Rationale for TARGET Risk Score:
 The risk will not be realised as an event, but the long term impact will be felt by our communities.

Key CONTROLS Currently in Place:
 (The existing controls and processes in place to manage the risk)


Health Board active participation within the Public Service Boards across the HDdUHB region.

Local Needs Analysis has been completed based on the Wellbeing Goals.

A Social Value framework has been developed with strands in workforce, facilities and estates, procurement.

Decarbonisation plan in place, with its own risk assessment. Annual carbon reporting underway to WG.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Further action necessary to address the controls gaps				
The controls are in their early stages, but have been embedded into decision-making in procurement services and in long term staff development plans, such as 'Grow your own'.				
National framework agreements might not be moving at the same pace as HDdUHB in maximising Social Value through procurement, and the Director of Finance is in regular dialogue with NHS Wales Shared Services Partnership (NWSSP) to ensure that this issue remains on their agenda.				

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Local expenditure is a key measure which is being tracked through the 'Our performance' dashboard.	Delivery of Planning Objectives overseen by Executive Team, and its supporting structure, and Board Committees	2nd			Social Value Workshop - SEG (Oct21)					
	Board meetings to consider the outcome measure (Our positive impact on society is maximised)	2nd			Social Value Workshop - SRC (Dec21)					
	Local measures are in place and used within the procurement space to ensure that decisions consider social value implications.	2nd			Public value action plan (004) (May23)					
					Public Values Framework strategy (June23)					