

Risk Ref	Strategic Objectives	Risk Title (for more detail see individual risk entries)	Risk Owner	Controls	Domain	Current Risk Score (L x I)	Target Risk Score (L x I)	Performance Indicators	Assurance from What? (sources/providers of assurance) L1, L2 & L3 (see below key)	Latest paper	Assurance Sufficient? (Y/N)	Control RAG rating (see below key)	Risk on page no...
1199	6. Sustainable use of resources	Achieving financial sustainability	Thomas, Huw	<p>Understanding the underlying deficit and Opportunities Framework. A pre-COVID-19 assessment has been completed, which will need to be refined as part of the Roadmap to Financial Sustainability.</p> <p>Very high level base-case long term financial model.</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p> <p>A Strategic Enabling Group is in place to co-ordinate improvements to the Health Board's key systems to improve systems and processes across the organisation, including:</p> <p>Improving together - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the</p>	Finance inc. claims	5x5=25	2x4=8	<p>See Our Outcomes section on the BAF Dashboard</p> <p>Operational agreement to underlying deficit assessment.</p> <p>Welsh Government accepting of impact of COVID-19 on underlying deficit.</p> <p>Welsh Government accept and approved Intergrated Medium Term Plan (IMTP).</p> <p>Plan in place to develop a long-term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p>	<p>Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work (L1).</p> <p>Financial Reporting to Sustainable Resources Committee (L2).</p> <p>Planning Objectives overseen by Sustainable Resources Committee (L2).</p>	<p>M7 Financial Report - Board (24 Nov 22)</p> <p>M6 Financial Report - SRC (10 Nov 22)</p> <p>Annual Plan Update 2022/23 - Board (24 Nov 22)</p>	Y		<a href="#">24</a>

				<p>organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.</p> <p>Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.</p> <p>Use of Resources: executive and directorate meetings are routinely held to review all resourcing requirements and to provide scrutiny over financial management and risk mitigation plans.</p>						
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1186	1. Putting people at the heart of everything we do, 2. Working together to be the best we can be, 3. Striving to deliver and develop excellent services	Attract, retain and develop staff with the right skills	Gostling, Lisa	<p>Recruitment processes in place</p> <p>Induction process in process</p> <p>HR policies (including those for employee relations) in place with programme of review</p> <p>Training programmes in place (manager's passport, etc)</p> <p>County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc)</p> <p>Staff Well-being Service and Psychological Service in place</p> <p>Regular contact with Trade Union representatives/Staff Partnership forums</p> <p>Annual NHS staff surveys providing feedback from staff</p> <p>Separate clinical education programmes in place</p> <p>Apprenticeship programme and work experience programmes in place</p> <p>Leadership development programmes in place</p> <p>External ad-hoc talent programmes</p>	Workforce/OD	5×4=20	3×2=6	See Our Outcomes section on BAF Dashboard	<p>Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail (L1)</p> <p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>Oversight of Delivery of planning objectives, measures and staff feedback at People, OD &amp; Culture Committee (L2)</p> <p>Staff Partnership Forum (L2)</p> <p>Medical Engagement scale feedback (L3)</p> <p>IA PADR Follow up - Reasonable (May-20) (L3)</p> <p>Internal Audit on Workforce Planning - Substantial (Apr22) (L3)</p>	<p>Planning Objectives Update - PODCC (Jun22)</p> <p>Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)</p>	N		<a href="#">31</a>
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1192	4. The best health and wellbeing for our individuals, families and our communities	Wrong value set for best health and well-being	Kloer, Dr Philip	<p>Statutory member of Public Service Boards and each county has undertaken a Wellbeing Assessment in 2017 with a set of actions for partners to implement</p> <p>Key member of Regional Partnership Board (RPB)</p> <p>Engagement unpinning Healthier Mid and West Wales Strategy</p> <p>Equality Impact Assessments and consultation undertaken on service change</p> <p>Patient participation groups in place for some services, eg maternity, respiratory</p> <p>Close links between services and voluntary sector groups, eg AgeConcern, MIND</p> <p>Speaking to people re outcomes (Prog7 of Trans Fund)</p> <p>Together for change (supporting community led programme)</p> <p>Relationship with Community Health Council (2 weekly meeting with Chair and CEO and bi-monthly planning meetings)</p> <p>Working with disadvantaged/vulnerable groups</p> <p>Stakeholder Reference Group</p> <p>Staff Partnership Forum</p>	Health Inequalities/ Equity	4x4=16	2x4=8	See Our Outcomes section in the BAF Dashboard	<p>Population health measures collected by Public Health Wales (vaccinations, screening, etc) (L1)</p> <p>Tracking of crude mortality, risk-adjusted mortality and other data (L1)</p> <p>Oversight of delivery of Planning Objectives undertaken by Assurance Committees (L2)</p> <p>Overseeing the development of Wellbeing Assessment as statutory member of PSB (L2)</p> <p>Oversight of Programme 7 of transformation fund by RPB (L2)</p> <p>Oversight of delivery of New Hospital Programme Business Case by SDODC (L2)</p> <p>SRG advisory role to the Board (L2)</p> <p>Director of Public Health Annual Report to Board (L2)</p>		N		<a href="#">38</a>
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1198	6. Sustainable use of resources	Ability to shift care in the community	Paterson, Jill	<p>Transformation Steering Group (TSG) &amp; 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>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>IMTP in place for every cluster which is submitted to WG</p> <p>WHC (18) 025 - Improving Value through Allocative &amp; Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery</p> <p>Project support provision in place</p> <p>A 5 year financial plan has been developed and shared across the organisation but further work will continue to gain the actual resource support from WG, or not, as part of the IMTP process which would need to demonstrate the assurance around deliverable plans to achieve this. (PO 6C WAS COMPLETED IN 2021/22)</p>	Business objectives/projects	4x4=16	2x4=8	See Our Outcomes section in the BAF Dashboard	<p>Lightfoot Viewer for urgent care to track improvements (L1)</p> <p>County Management Systems Leadership Forum focus on performance and delivery (L1)</p> <p>Locality Leads meeting oversee integrated locality development (L1)</p> <p>Primary Care &amp; Long Term Care SMT meeting (L1)</p> <p>Regional Partnership Fund Group (L2)</p> <p>Board Seminar discussions (L2)</p> <p>Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2)</p>	<p>TMH Update - Board (May22)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PCB- Implementing the Healthier Mid and West Wales Strategy - Board (May22)</p>	N		<a href="#">46</a>
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1191	3. Striving to deliver and develop excellent services	Underestimation of Excellence	Kloer, Dr Philip	# Quality Assurance System including Clinical effectiveness # Process re NICE and professional guidance. # National & Local Clinical Audits Programme # Peer Reviews # Healthcare standards # Major cause of harm # National Quality setting. # TSG to learn from best in World. # Advisory Board. # Clinical Director for Clinical Effectiveness - role to secure clinical engagement. # Monitoring system in place for NICE guidance. # QSEC Approved Research & Development (RDI) Strategy with Implementation Plan # Research & Innovation Sub Committee with strengthened membership for improved scrutiny # Strengthened RDI Management Team # Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place. # University partnership arrangements in place. # Strategic Enabling Groups # Value Based Health Care Sponsoring Group # Value Based Health Care Programme Team # National Value Based Health Care Community of Practice # Improving Together Programme	Business objectives/projects	4x4=16	2x3=6	See Our Outcomes section on the BAF Dashboard	# Participation in the NICE Welsh Health Network where specific guidelines are proposed for review on a national basis - to provide benchmark information (L1) # Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan (L1) # VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation (L1) # VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action (L2) # Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group (L2) # Alignment with Health Board Quality and Governance Groups (L2) # Responses to letters from Welsh Government (DCMO) relating to specific guidelines (L2) # RDI Sub Committee & HCRW monitor delivery of RDI Strategy/Plan (L2) # PODCC & SRC oversee delivery of Planning Objectives (L2) # Annual Performance Review by WG/HCRW (L3) # RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities (L3)	Planning Objective 5K and the development of an Effective Clinical Practice Strategic Framework - EFCAP (Aug21)  Review and Assessment against NICE Guidance - ECPAP (Feb22)	N		<a href="#">58</a>
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1196	5. Safe, sustainable, accessible and kind care	Insufficient investment in facilities/equipment/digital infrastructure	Davies, Lee	<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 the UHB.</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 Welsh Government via Planning Framework and IMTP (Infrastructure &amp; Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&amp;T in the event of notification of additional capital funds from Welsh Government 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</p>	Business objectives/projects	4×4=16	2×3=6	See Our Outcomes section on the Dashboard	<p>Development of Integrated Assurance and Approval Plan in support of PBC (L1)</p> <p>Governance structure to oversee delivery of the Business Cases (L1)</p> <p>Oversight by Strategic Development and Operational Delivery Committee (L2)</p> <p>Internal Audit Programme aligned to Business Case Development (L3)</p> <p>Gateway review of PBCs by WG (L3)</p>	<p>PCB - Implementing the Healthier Mid and West Wales Strategy - Board (Apr22, May22, Jul22, Aug22 and Sep22) &amp; SDCODC (May22, Aug22)</p> <p>AHMWW PBC Programme Group Update - Board Seminar (Apr22)</p> <p>TMH Update - Board Seminar (Jun22)</p> <p>Executive Team - Apr22</p> <p>Planning Objectives Update (Planning) - SDODC (Jun22)</p> <p>Pentre Awel Update - SDODC (Apr22)</p> <p>DCP Update -</p>	Y		<a href="#">68</a>
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## PRINCIPAL RISK REGISTER SUMMARY

NOVEMBER 2022

[illegible]



1195	5. Safe, sustainable, accessible and kind care	Comprehensive early indicators of shortfalls in safety	Rayani, Mandy	<p>Range of performance measures/metrics in place</p> <p>Updated Datix Incident reporting system</p> <p>Standardised approach through a standard agenda in Quality Governance meetings</p> <p>CIVICA system is available and being rolled out to gain feedback to let us know issues in services</p> <p>Range of different mechanisms to capture feedback from service users and staff</p> <p>Speak Up Safely Arrangements are developing</p> <p>Listening and Learning Sub-Committee</p> <p>Clinical Audits</p> <p>Clinical Executive Clinical Panel</p> <p>Quality Surveillance Meeting</p> <p>External reports (HIW, HSE, MWWFRS, Peer Reviews, etc)</p> <p>Mortality Reviews</p> <p>National Accreditation Standards for service specifications</p> <p>Healthcare Standards and Fundamentals of Care</p> <p>PROMS and PREMs</p> <p>Directorate and Service Quality Governance Meetings established</p> <p>Increased quality element of commissioned services from external organisations</p>	Quality/Complaints/Audit	3×4=12	2×4=8	See Our Outcomes section of the BAF Dashboard	<p>Directorate Quality Governance Meetings in place (L2)</p> <p>Patient and staff feedback (L2)</p> <p>Performance reports through power BI and Committee reports (L2)</p> <p>Points of Delivery and Healthcare Resource Group Analysis of Long Term Agreements with other Health Boards in Wales (L2)</p> <p>Commissioning arrangements overseen by Sustainable Resources Committee (SRC) (L2)</p> <p>GIRFT Reports reported to QSEC (L2)</p> <p>HIW patient complaints (L3)</p> <p>Quality Governance Follow up Report (Oct21) (L3)</p>	<p>Patient Experience Report - Board (Sep22)</p> <p>Healthcare Contracting Update - SRC (Aug22)</p>	N		<a href="#">73</a>
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1185	1. Putting people at the heart of everything we do, 2. Working together to be the best we can be	Consistent and meaningful engagement through our workforce	Davies, Lee	<p>Skills to Deliver Engagement A review has been undertaken around the capacity of the engagement team with commitment to increase capacity in 2022/23</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement led for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Consultation Institute provide expert advice on request.</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 CHC.</p>	Business objectives/projects	3×4=12	2×3=6	See Our Outcomes section on the BAF Dashboard	<p>Management process in place to monitor Engagement Team objectives (L1)</p> <p>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) (L1)</p> <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.</p>	Continuous Engagement Plan - Board (May22)	N		<a href="#">76</a>
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			<p>Voices of Children and Young People's Group</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"> <li>- provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB</li> <li>- management of the Siarad Iechyd / Talking Health involvement and engagement scheme</li> <li>- management of the stakeholder management system Tractivity</li> <li>- Management of the online engagement tool Have Your Say (EngagementHQ)</li> <li>- advice, guidance, support around the planning and delivery of traditional engagement methods</li> </ul>			<p>Ongoing process in place (L1)</p> <p>SRG used a oversight assurance mechanism (L2)</p> <p>For major pieces of engagement and consultation work sign off will be via Board (L2)</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 (L3)</p> <p>The Health Board and CHC have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee (L3)</p>			
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1187	2. Working together to be the best we can be	Strong enough reputation to attract people and partners	Moore, Steve	<p>Strategic Equality Plan and Objectives for 2020-24</p> <p>Continuous Engagement Strategy approved by Board in Jan19</p> <p>Healthier Mid and West Wales Strategy approved by Board Nov18</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>Regional Partnership Board</p> <p>Public Service Board</p>	Business objectives/projects	3×4=12	2×2=4	See Our Outcomes section on BAF Dashboard	<p>ARCH Reports to Strategic Development and Operational Planning Committee (SDODC) (L2)</p> <p>Oversight of delivery of Planning Objectives to SDODC &amp; other sources of assurances partnership working to the Board (L2)</p>		N		<a href="#">81</a>
1197	5. Safe, sustainable, accessible and kind care	Implementing models of care that do not deliver our strategy	Moore, Steve	<p>Healthier Mid and West Wales Strategy approved by Board Nov18.</p> <p>Delivery Groups and processes:</p> <ol style="list-style-type: none"> <li>1. Programme Business Cases (PBC) steering groups</li> <li>2. Cluster groups &amp; locality plans</li> <li>3. Regional Partnership Board, ARCH and other regional/national collaboratives</li> <li>4. Executive Team weekly review process</li> </ol> <p>Planning Objectives related to:</p> <ol style="list-style-type: none"> <li>1. Delivery of the Transforming MH&amp;LD programmes</li> <li>2. Development of a Children's and Young People Plan for implementation from 2022/23</li> <li>3. Development of plans to achieve the design assumptions underpinning A Healthier Mid &amp; West Wales</li> <li>4. Delivery of the Bronglais Strategy</li> <li>5. Development of 24/7 out of hospital urgent and emergency care services</li> <li>6. Transformation Fund initiatives</li> <li>7. Cluster initiatives</li> <li>8. Locality development plans and support for those with complex needs in our communities</li> </ol>	Business objectives/projects	3×4=12	1×4=4	See Our Outcomes section in the BAF Dashboard	<p>Board and Committee oversight of Planning Objectives (L2)</p> <p>QSEAC to measure harms (L2)</p> <p>WG Gateway process re accessing capital (L2)</p> <p>Internal Audit reviews of Major Capital Programme (L3)</p> <p>Audit Wales Structured Assessment Process review delivery of Health Board Strategy &amp; Planning (L3)</p>	<p>TMH Update - Board (Mar22)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PBC - Implementing the Healthier Mid and West Wales Strategy - Board (May22)</p> <p>IMTP Update - Board (May22)</p>	Y		<a href="#">88</a>

				9.Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways 10. Locality based resource mapping and planning 11. Business Case development for a new hospital in the south of the region and the repurposing of GGH & WGH 12. On going, continuous engagement and support for carers  Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.  Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process.									
1189	3. Striving to deliver and develop excellent services	Timely and sufficient learning, innovation and improvement	Moore, Steve	Risk Management Framework and Board Assurance Framework (BAF)  Established governance structures  Established Assurance Trackers for audits, inspectorates & regulators, Welsh Health Circulars, Ministerial Directions  Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience  Transformation Steering Group (TSG) and Strategic Enabling Group (SEG)  Research, Development and Innovation Strategy approved by QSEAC  The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements  Quality framework, with the Enabling Quality Improvement in Practice (EQIIP)	Business objectives/projects	4×3=12	1×3=3	See Our Outcomes section of BAF Dashboard	Tracker Performance reports issued to Lead Directors on bi-monthly basis (L1)  Committee oversight of delivery of WHCs and MDs (L2)  ARAC oversight of Audit Tracker (L2)  RD&I Sub Committee overseeing delivery and success of RDI Strategy (L2)  AW & IA Plan includes annual review of risk management arrangements & BAF (L2)  Internal Quality & Engagement Act Implementation Group (L2)  Improving Together Steering group (Bi-monthly) (L2)  IA Health and Care Standards to review adequate	Tracker Report - ARAC (Jun22)  Strategic Business intelligence - Board (Aug21)	N		<a href="#">100</a>

				<p>programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&amp;D etc)</p> <p>Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)</p> <p>OD Cultural Plans</p>					procedures in place to ensure, and monitor, effective utilisation of the standards to improve clinical quality and patient experience -Reasonable Assurance (Feb21) (L3)				
1194	4. The best health and wellbeing for our individuals, families and our communities	Increasing uptake and access to public health interventions	Moore, Steve	<p>National screening programmes in place (including Breast, Bowel and cervical)</p> <p>Vaccination and immunisation programme in place</p> <p>Senior Public Health Practitioner dedicated remit for Vaccination and immunisation</p> <p>Local and National health promotion initiatives</p> <p>Multi-agency Vaccination Agency Steering Group in place (with influenza group, Primary care childhood vaccination group, occupational health and COVID vaccination group)</p>	Health Inequalities/ Equity	3×3=9	2×2=4	<p>See Our Outcomes section on the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p>	<p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>Health Equity Group in place engage with different groups for feedback on service and wider inequities (I2)</p> <p>All Wales Wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW. Relevant ONS data - published resources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>		N		<a href="#">94</a>

1188	2. Working together to be the best we can be	Effective leveraging within partnerships	McCarthy, Jo	<p>The Health Board is a key member of strategic and statutory partnership groups.</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>	Business objectives/projects	3×3=9	1×3=3	See Our Outcomes section in BAF Dashboard	<p>Statutory Partnerships Update to Board (L2)</p> <p>Chief Executive and Chair Reports to Board (L2)</p> <p>Delivery of Planning Objectives are being overseen by Executive Team and Board Committees (L2)</p>	<p>Strategic Partnerships Update - Board (Jul21, Sep21, Nov21, Jan22, Mar22, May22, Jul22, Sep22)</p>	N		<a href="#">98</a>
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1193	4. The best health and wellbeing for our individuals, families and our communities	Broadening or failure to address health inequalities	Moore, Steve	<p>Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well-being (these were refreshed in Apr22)</p> <p>Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.</p> <p>Identified lead looking at evidence base and linking with local leads</p> <p>Embedded reducing inequalities throughout the HB Planning Objectives.</p> <p>Healthy weight, Health Wales Plans help to reduce health inequalities</p> <p>Health Equity Group in place</p>	Health Inequalities/ Equity	3×3=9	2×1=2	<p>See Our Outcomes section of the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p>	<p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>Health Equity Group in place engage with different groups for feedback on service and wider inequities (L2)</p> <p>All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW</p> <p>Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>		N		<a href="#">109</a>
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1184	1. Putting people at the heart of everything we do	Measuring how we improve patient and workforce experience	Rayani, Mandy	<p>Command Centre Plan in place with workstreams established</p> <p>Command Centre Programme lead appointed on interim basis</p> <p>Civica system capturing feedback from patients implemented</p> <p>Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured</p> <p>Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board</p> <p>Methodology to manage change with services to facilitate clinical engagement and pace of delivery</p> <p>Waiting List Support Programme (WLSP) Plan with workstreams established</p> <p>WLSP Phased Iterative Implementation</p>	Business objectives/projects	2x4=8	2x2=4	See Our Outcomes section of BAF Dashboard	<p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>WLSP Steering Group overseeing delivery of the plan and the workstreams (L2)</p> <p>Command Centre Steering Group (L2)</p> <p>Executive Team overseeing delivery of Planning Objectives (L2)</p> <p>People, OD and Culture Committee oversight of Planning Objectives (L2)</p> <p>Patient Experience Report to every Board (L2)</p> <p>Listening and Learning Sub Committee (L2)</p> <p>Periodic reporting of</p>	<p>Single Point of Contact Report - Board (Mar21)</p> <p>Patient Experience Report - Board (May22)</p> <p>Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)</p>	N		<a href="#">113</a>
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				<p>Plan which is regularly reviewed</p> <p>Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development</p> <p>Power BI Performance dashboards on IRIS</p> <p>Engagement in place with CHC (formal and informal arrangements in place)</p> <p>Staff Partnership Forum</p> <p>Any charitable funding applications need to demonstrate impact through agreed evaluation and metrics</p> <p>Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams</p>									
1200	6. Sustainable use of resources	Maximising social value	Thomas, Huw	<p>Health Board active participation within the Public Service Boards across Hywel Dda UHB region.</p> <p>Local Needs Analysis commissioned by the Social Value Portal which is based on the Wellbeing Goals.</p> <p>Agreed Plan on a Page for Planning Objective 6H.</p> <p>Project Manager in place.</p> <p>An outline Social Value framework has been developed with strands in workforce, facilities and estates, procurement, with further areas to explored such as public health, social value.</p>	Health Inequalities/ Equity	2×3=6	2×3=6	We are establishing an outcome measure for Board in relation to: Our positive impact on society is maximised	Social Value Steering Group reporting into SEG (L1)  SEG to provide monitoring/ oversight of steering group (L2)  Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2)  Board meetings to consider the outcome measure (Our positive impact on society is maximised) (L2)	Social Value Workshop - SEG (Oct21)  Social Value Workshop - SRC (Dec21)	N		<a href="#">1200</a>

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

## RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
* time-framed descriptors of frequency					
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
*used to assign a probability score for risks related to time-limited or one off projects or business objectives.					
Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days.	Increase in length of hospital stay by >15 days.	An event which impacts on a large number of patients.
		Agency reportable incident.	Mismanagement of patient care with long-term effects.		
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	Critical report.	Severely critical report.
				National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).

# PRINCIPAL RISK REGISTER SUMMARY

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	Potential for public concern.				Total loss of public confidence.
<b>Business Objectives or Projects</b>	Insignificant cost increase/schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
<b>Finance including Claims</b>	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
<b>Service or Business interruption or disruption</b>	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
<b>Environmental</b>	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
<b>Health Inequalities/ Equity</b>	Minimal or no impact on our attempts to reduce health inequalities/improve health equity	Minor impact on our attempts to reduce health inequalities or lack of clarity on the impact we are having on health equity	Moderate impact on our attempts to reduce health inequalities or lack of sufficient information that would demonstrate that we are not widening the gap. Indications that we are having no positive impact on health improvement or health equity	Major impact on our attempts to reduce health inequalities. Validated data suggesting we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity

## RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

## RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

<b>Date Risk Identified:</b>	Jun-21
<b>Strategic Objective:</b>	6. Sustainable use of resources

<b>Executive Director Owner:</b>	Thomas, Huw	<b>Date of Review:</b>	Nov-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Dec-22

<b>Risk ID:</b>	<b>1199</b>	<b>Principal Risk Description:</b>	There is a risk that the Health Board does not develop or deliver a credible plan to achieve financial sustainability. This is caused by insufficient data or intelligence driving theoretical opportunities which cannot be practically delivered by Operational Teams; change programmes are not sufficiently resourced or well-managed; or changes made to services which do not result in financial benefits as they address unmet demand or have unintended consequences. This could lead to an impact/affect on our inability to deliver financial sustainability, which has led to a resumption of WG escalated targeted intervention (October 2022) on both planning and financial grounds. This could lead to consequences for retention of the workforce, staff morale, poor patient experience and poorer value healthcare with a reduction of confidence from our stakeholders.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>		<p>Legend: Current Risk Score (red line), Target Risk Score (blue line), Tolerance Level (dashed black line).</p>
<b>Domain:</b>	Finance inc. claims	
<b>Inherent Risk Score (L x I):</b>	5×5=25	
<b>Current Risk Score (L x I):</b>	5×5=25	
<b>Target Risk Score (L x I):</b>	2×4=8	
<b>Tolerable Risk:</b>	6	
<b>Trend:</b>	New risk	

<b>Rationale for CURRENT Risk Score:</b>
<p>Issues have been raised over the ability of the Health Board to plan at a strategic and operational level for a number of years. The Health Board's performance over the last year has demonstrated a significant improvement in the ability to operationally plan and a developing maturity within the organisation. However, the Health Board's financial deficit has significantly deteriorated; significant workforce constraints remain; and the planning function remains small with significant opportunities to develop. These issues are exacerbated given the Health Board's financial deficit, with the need to not only shift resources to more appropriate settings, but provide care at considerably lower cost.</p> <p>The Health Board's underlying deficit, which has deteriorated during the pandemic, is now well understood and articulated, with clear decisions tracked that have been made by budget holders that exceed their delegated limits.</p> <p>With the Health Board reporting a significant in-year and recurrent underlying deficit, WG escalated the Health Board into Targeted Intervention during October 2022, on the grounds of planning and financial performance.</p> <p>The recurrent funding position confirmed by WG leaves a significant gap based upon draft iterations of the financial plan for 2023-24, with strategic and operational changes required in an attempt to erode the financial deficit.</p>

<b>Rationale for TARGET Risk Score:</b>
<p>Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government. Strategic and operational planning in an integrated Health Board is inherently complex leading to potential disconnections between demand, operational capacity planning; workforce planning and financial planning. Given the challenge in delivering the savings required in FY21, a further requirement of £16.1m in FY22 (of which £11.5m is currently unidentified), and the implications of this in the medium term, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.</p>

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 Further action necessary to address the controls gaps	By Who	By When	Progress
<p>Understanding the underlying deficit and Opportunities Framework. A pre-COVID-19 assessment has been completed, which will need to be refined as part of the Roadmap to Financial Sustainability.</p> <p>Very high level base-case long term financial model.</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p> <p>A Strategic Enabling Group is in place to co-ordinate improvements to the Health Board's key systems to improve systems and processes across the organisation, including:</p> <p>Improving together - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocaiton, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.</p> <p>Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.</p>	<p>Actions in response to external review of underlying deficit calculation largely superseded by necessary shift in focus in response to COVID-19 and the system pressures now presenting across services.</p> <p>Assessment not subject to planning scrutiny.</p> <p>Conversion of the Opportunities Framework, Savings Framework and Value for Money Framework into deliverable recurrent savings schemes.</p> <p>Early development of three-year Financial Plan.</p>	<p>By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based om the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.</p> <p>In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation. (PO 6B)</p>	Thomas, Huw	30/06/2022	<p>On track - A key focus of the roadmap back to financial sustainability is focused on the Matrix. The Matrix provides a rationalisation of ledger through explaining system costs and waste through an activity profile. These areas of waste and inefficiency then correlate to the programmes of work which have been established to remedy a number of the areas aligned to the Matrix. These includes, TUEC (Admission Avoidance), Integrated Locality Planning (Discharge), Nurse Stabilisation, Alternative Care, FLOs and CHC. Each programme then has a number of phases (projects) which correlates the intervention (project) to the anticipated activity reduction. This supports the alignment of finances being overlaid with activity planning assumptions and financial sustainability. Work continues in parallel with overall VBHC programme. Requesting early invitation to each new project, to discuss offering and jointly decide</p>



Use of Resources: executive and directorate meetings are routinely held to review all resourcing requirements and to provide scrutiny over financial management and risk mitigation plans.	
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PRINCIPAL RISK REGISTER SUMMARY


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			whether resource measurement is required. For example, the first phase of shoulder pathway has concluded in quarter. Around this, broader operational requests for resource modelling are evaluated within same framework and approach. For example capacity and demand modelling support to Radiology services has commenced in the last quarter.
Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation’ (PO 6D)	Kloer, Dr Philip	31/03/2024	On track - VBHC Update received at Nov22 SRC.

By March 2023 develop a consistent measurement framework to assess the impact of Health Board spending in the following 4 domains: 1. Social value; 2. Economic Value 3. Environmental impact; and 4. Cultural benefit. This framework will provide new measures for the Board Assurance Framework in relation to Strategic Objective 6 and will identify opportunities for new Planning Objectives for delivery from April 2024 (PO 6H)	Thomas, Huw	31/03/2023	On track - Centre for Local Economic Studies ("CLES") are continuing to work on baselining current Hywel Dda position, in areas such as procurement spend undertaken with local suppliers and other supply chain analysis, current CO2 management strategies versus desired reductions, local wealth creation etc. Social Value (SV) Portal currently being used to record target and actual improvements in social value in respect of new contract activity. Further projects being identified (eg recruitment activity) to capture further SV activity, and quantify for reporting purposes. Next steps will be to regroup once initial baselining has been completed and published, and identify further specific projects to work on capturing SV measures for, as well as wider dissemination of the concepts throughout the Health Board. Finally, it is intended that local authority and large employer organisations will be contacted to form a community of practice across the local area.
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By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director. (PO 6I)	Thomas, Huw	Completed	Complete - This was completed as part of the planning cycle. The budget linked to the re-submitted plan (£62.0m) was not transacted in the financial ledger, due to the plan not being accepted by WG however. Opportunities have, and continued to be, presented to the organisation and respected Executive Team leads. The 2023/24 planning cycle will undertake a further assessment, overseen by WG through the Targeted Intervention dialogue, to review options and whether a revised budget can be agreed and implemented.
By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in "A Healthier Mid and West Wales" related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23 (PO 6K)	Carruthers, Andrew	31/03/2023	On track - This work is on-going and is described through a number of the Planning Objectives within this report. Our on-going work with Lightfoot is critical.

			<p>Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability.</p> <ul style="list-style-type: none"> <li>• Chair the Use of Resources leadership group to facilitate balanced decision making, providing a summary update into the Sustainable Use of Resources committee as appropriate.</li> <li>• Continually deliver effective executive partnering from the finance function to achieve clarity on resource utilisation, investment and dis-investment appraisals, including the shift of resources across services to achieve our strategic objectives.</li> <li>• Develop and implement a single revenue investment approach pan Health Board, and instil it within pre-existing governance forums and procedures, ensuring summary financial appraisals are consistently and clearly described, including the appropriate finance business partnering sign-off.</li> <li>• Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications, namely, Savings and Opportunities realisation, investment and dis-investment schedules and funding streams (PO 6L)</li> </ul>	Thomas, Huw	31/03/2023	<p>On track - There is a Directorate monthly Use of Resource (UoR) meeting. The Use of Resources initially focused on the areas exceeding their budgeted accountability. Each Directorate UoR meeting has an accompanying information pack, which sets out a multitude of pertinent information around the Year-to-Date position and the Forecast Outturn (FoT). The packs also contain salient information including cost drivers, risks, mitigations and horizon scanning. It is anticipated that the UoR will continue to evolve with a novation and greater focus on activity, performance and quality outcomes. Business Partners-through their business conversations are proactively working to identify opportunities with operational leads to ensure all areas of opportunity are considered and realised wherever possible. Recognising FY23 is very challenging, the UoR meetings are also focused on the financial challenges and opportunities in FY24. The purpose of this approach is to horizon scan and implement any changes that support service provision and configuration whilst maximising financial sustainability. The Business Partners as part of their business meetings are proactively working with their operational colleagues to consider the extant resources and their utilisation. The next step is to consider whether there is an opportunity to decommission and/or reinvest as required.</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 			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
			Current Level							
<p>See Our Outcomes section on the BAF Dashboard</p> <p>Operational agreement to underlying deficit assessment.</p> <p>Welsh Government accepting of impact of COVID-19 on underlying deficit.</p> <p>Welsh Government accept and approved Intergrated Medium Term Plan (IMTP).</p> <p>Plan in place to develop a long-term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p>	Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work .	1st			<p>M7 Financial Report - Board (24 Nov 22)</p> <p>M6 Financial Report - SRC (10 Nov 22)</p> <p>Annual Plan Update 2022/23 - Board (24 Nov 22)</p>	None identified.				
	Financial Reporting to Sustainable Resources Committee .	2nd								
	Planning Objectives overseen by Sustainable Resources Committee .	2nd								

<b>Date Risk Identified:</b>	Apr-21
<b>Strategic Objective:</b>	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

<b>Executive Director Owner:</b>	Gostling, Lisa	<b>Date of Review:</b>	Oct-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Nov-22

<b>Risk ID:</b>	<b>1186</b>	<b>Principal Risk Description:</b>	There is a risk that the HB will not be able to attract, retain and develop staff with the right skills to enable it to deliver what we need to do now and our strategic vision to improve the overall experience of patients and staff within Hywel Dda. This is caused by the lack of clinical (medical, nursing and therapies) staff with the right skills and values in the market and not being able to offer staff the space, time and support to develop the right skills. This could lead to an impact/affect on our ability to improve the well-being of our staff, improve service delivery, access to timely care, change and develop innovative and responsive models of care, initiate and deliver service change and improve patient outcomes.
<b>Does this risk link to any Directorate (operational) risks?</b>			1406

<b>Risk Rating:(Likelihood x Impact)</b>		<p>Current Risk Score: 20 Target Risk Score: 6 Tolerance Level: 8</p>
<b>Domain:</b>	Workforce/OD	
<b>Inherent Risk Score (L x I):</b>	5x5=25	
<b>Current Risk Score (L x I):</b>	5x4=20	
<b>Target Risk Score (L x I):</b>	3x2=6	
<b>Tolerable Risk:</b>	8	
<b>Trend:</b>		↔

<b>Rationale for CURRENT Risk Score:</b>
Using the workforce domain at present there is a daily occurrence where staff aren't able to be released for training, vacancies exist and despite agency usage deficits remain on a daily basis.

<b>Rationale for TARGET Risk Score:</b>
Through implementation of the planning objectives it would be expected that likelihood reduces to 3 possible with shortfalls monthly (would hope to reduce further) and impact would be reduced if staffing levels improve and linked to the workforce plan this would be predicted to be during 2024/25.

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

<p>Recruitment processes in place</p> <p>Induction process in process</p> <p>HR policies (including those for employee relations) in place with programme of review</p> <p>Training programmes in place (manager's passport, etc)</p> <p>County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc)</p> <p>Staff Well-being Service and Psychological Service in place</p> <p>Regular contact with Trade Union representatives/Staff Partnership forums</p> <p>Annual NHS staff surveys providing feedback from staff</p> <p>Separate clinical education programmes in place</p> <p>Apprenticeship programme and work experience programmes in place</p> <p>Leadership development programmes in place</p> <p>External ad-hoc talent programmes</p>	<p>Having a flexible and responsive recruitment process that encourage local employment for local people</p> <p>Current induction process does not focus on key things a new candidate needs to know and does not provide continuous/on-going support/information</p> <p>Current HR policies (including employee relations) do not fully support work-life balance and put the person at the centre</p> <p>Lack of equity of access to training regardless of personal and professional circumstances</p> <p>Lack of agile approach to workforce training (eg 24/7 access, digital platforms)</p> <p>Lack of support for services to people plan effectively</p> <p>Ability to understand and respond to staff feedback on well-being</p> <p>Lack of a multidisciplinary approach to clinical education</p> <p>Lack of a comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board</p> <p>Lack of a comprehensive talent, succession planning and leadership development programme</p> <p>Lack of appropriate training facilities (space and digital)</p> <p>Lack of appropriate training budget</p>	<p>By October 2022 develop Directorate level People Culture Plans across the whole organisation coordinated by the OD Relationship Managers. These plans will lead the way to more good days at work for our staff and incorporate personal development pathways. (PO 1G).</p>	<p>Davies, Christine</p>	<p>31/10/2022</p>	<p>On track -Framework of the People Culture plan is agreed along with the ways of working through Our Guiding Principles. Cultural Intentions shaped for our priority areas. Framework being socialised widely across our organisation: 66 teams been engaged with across the system. Creating demand in the system for further engagement. In light of the system challenges, a new proposal to change the focus of where we go. We have agreed different priority areas (to ensure achievable) and to ensure wider impact. Our People Culture Plans will therefore focus only on our staffing groups for Hywel Dda.</p>
		<p>By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care (PO 2D)</p>	<p>Glanville, Amanda</p>	<p><del>30/09/2022</del> 30/11/2022</p>	<p>Slightly behind target and amended date added to reflect development of the plan. Phase 1, 2 completed. The Strategic People Planning and Education Governance group (SPPEG) TOR is on the agenda for PODCC October, which will then create a structure to create an education strategy and agree the TNA process moving forward. The Apprenticeship Academy is in the process of onboarding 60 Healthcare Apprentices and going out to recruit a remaining 40; increasing the scope and scale of the Adult Nursing Pathway in 2022. The Apprenticeship Academy in conjunction with Pembrokeshire County Council have recruited the first joint Health &amp; Social Care Apprentices in a pilot joint programme, with 11 candidates commencing in Oct22.</p>










A robust workforce plan will be developed and regularly reviewed to reflect on staffing issues and will also look to introduce new ways of working and new roles to mitigate against national skills shortage professions. This work will incorporate actions defined in PO 1F.1 and 2L	Walmsley, Tracy	31/03/2023	Work underway linked with IMTP submissions, strategic recruitment & retention strategy also under development to support plan.
Plan a Strategic Resourcing Programme (including Overseas RN Recruitment)	Thomas, Annmarie	31/03/2023	Strategic resourcing action plan considered and presented to Nurse Stabilisation Group on 27/10/22. Recruitment linked to specific ward requirements to be mapped over coming weeks. Stabilisation plans will then be developed for remaining Hospital sites before continuing with other services.
Following the development of processes to co-design with our staff every stage and element of our HR offer that embody our values. This will address the way the Health Board recruits new staff; (PO1F.1)	Thomas, Annmarie	30/09/2022	Complete - Audit of feedback from candidates, public and managers presented to PODCC in Oct22, change to practice now to be embedded into business as usual for recruitment team.
Following the development of processes to co-design with our staff every stage and element of our HR offer that embody our values improve the way the Health Board provides induction to new recruits, to enable this research best practice, identify how technology can support process. Pilot new approaches and implement new process (PO1F.1)	Glanville, Amanda	31/03/2023	On track
Following the development of processes to co-design with our staff a review of HR policies that support work-life balance and put the person at the centre, engage with manager and staff to understand experiences, identify policy review schedule and amend policies accordingly (PO 1F.2)	Gostling, Lisa	31/03/2023	On track



Following the development an implementation plan improve the way employee relations are managed, engage with staff and managers, review timelines and outcomes, introduce new process (PO 1F.3)	Gostling, Lisa	31/03/2023	On track
Following the development of an implementation plan improve how learning is delivered through accessible and agile methods encompassing a new vision for the function that ensures equitable access for all staff groups, this will include a review of study leave process and budgets (PO 1F.4)	Glanville, Amanda	31/08/2022	On track - Remaining actions from 2021/22 plan on a page have been transferred to 2022/23. Key Action 1&2 have been completed with Equitable Access Training Report completed and will be submitted to PODCC August 2022. Following agreement of recommendations, this will support implementation of an action plan.
By March 2023, demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support Health and wellbeing. (PO 2K)	Davies, Christine	31/03/2023	On track - Initial deadline of producing a plan to support improved retention - is complete and a working group established. This will be brought into Nurse Stabilisation progress and the HB has the lowest turnover in Wales. This PO will be reviewed in readiness for next PODCC to either refresh or close and embed as business as usual. Staff Benefits optimisation programme in place and continuing to evolve via the Hapi App which now has 4429 subscribers. Staff recognition and awards programme is now in place. 314 members of staff nominated for the Hywel's Applause. Winners to be announced at t

By March 2023 design a comprehensive range of Leadership Development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care. (PO 2J)	Davies, Christine	31/03/2023	On track - Programme Delivery Completed for Quarter 2 include: Warwick Nudge Behaviour Insights Programme (ongoing until December 2022) - x24 participants; ARCH Senior Leadership Development Programme commenced and continues for 18 months - x13 participants; Medical Leadership Forum; Board Development Programme; Research Nurse Leaders Development Programme; New Consultant Programme; Cohort 2 recruitment commenced for programme to start in Nov22; Academi Wales Summer School 2022 completed - 14 participants; and recruitment to first cohort of the HEIW Clinical Leadership Programme x3 participants. Coaching Capacity Growth: Cohort 4 commenced in May22 and Cohort 5 commenced in Sep22.
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		By June 2022 develop a plan to ensure the retention of our new and existing staff through the improvement of our engagement with staff and a reduction in turnover. This plan should, as a minimum achieve the Welsh average retention rates across all staff groups in the initial phase and achieve best in Wales as a minimum over its whole duration (PO 2L)	Davies, Christine	<del>30/06/2022</del> 30/06/2023	On track - Nurse Retention Task & Finish Group established with a specific work programme agreed. Good engagement from Heads of Nursing across sites and services. Although over the last month or so this has been more challenged due to service pressures. Deep Dives into high turnover areas for RN's - case studies being shared with group and SNMT to spread the learning around opportunity for change (ongoing). Review of induction process underway by the Education, Learning & Development team. Flexible working discovery piece been undertaken with RN and external research on best practice to inform an approach to flexible working in Hywel Dda.
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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 BAF Dashboard	Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail	1st			Planning Objectives Update - PODCC (Jun22)  Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)	Lack of relevant 3rd line/ independent assurance				
	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st								
	Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee	2nd								
	Staff Partnership Forum	2nd								
	Medical Engagement scale feedback	3rd								
	IA PADR Follow up - Reasonable (May-20)	3rd								
	Internal Audit on Workforce Planning - Substantial (Apr22)	3rd								

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

<b>Executive Director Owner:</b>	Kloer, Dr Philip	<b>Date of Review:</b>	Nov-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Dec-22

<b>Risk ID:</b>	<b>1192</b>	<b>Principal Risk Description:</b>	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 NHS lens, using incorrect 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/affect on the direction and strategy set by the Health Board, poorly designed services that do not improve outcomes for individuals and communities.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>		
<b>Domain:</b>	Health Inequalities/ Equity	
<b>Inherent Risk Score (L x I):</b>	5×4=20	
<b>Current Risk Score (L x I):</b>	4×4=16	
<b>Target Risk Score (L x I):</b>	2×4=8	
<b>Tolerable Risk:</b>		
<b>Trend:</b>	↔	

<b>Rationale for CURRENT Risk Score:</b>
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 social model of health and well-being and what this means to its local population and communities. Well-being assessments are being updated by the PSBs, however the Board doesn't 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.

<b>Rationale for TARGET Risk Score:</b>
Actions include developing an implementable plan for continuous engagement, and the Board defining its approach to tackling health inequality, and also what the social model for health & well-being 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 well-being, 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 well-being is a challenge for all populations internationally.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
Statutory member of Public Service Boards and each county has undertaken a Wellbeing Assessment in 2017 with a set of actions for partners to implement
Key member of Regional Partnership Board (RPB)
Engagement unpinning Healthier Mid and West Wales Strategy
Equality Impact Assessments and consultation undertaken on service change
Patient participation groups in place for some services, eg maternity,

Gaps in CONTROLS				
<b>Identified Gaps in Controls :</b> (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)	<b>How and when the Gap in control be addressed</b>	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
Need to understand the direction of travel	Over the period 2022/23 - 2024/25 implement the Health Board's "Healthy Weight: Healthy Wales" plan, undertake an evaluation of the impact and in light of this learning, by September 2024 develop a refreshed plan for the following 3 year planning cycle (PO 4G)	Lewis, Bethan	31/03/2025	Behind - The All Wales Weight Management Pathway (AWWMP) is on track. The Whole System Approach (WSA) work is behind due to recruitment issues, however this is in hand and joint recruitment at a regional level with Swansea Bay is underway.
No universal accepted view of best health and wellbeing				
Understanding what health and wellbeing matters to our communities				
Lack of thorough engagement plan				

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 Community Health Council (2 weekly meeting with Chair and CEO and bi-monthly planning meetings)  Working with disadvantaged/vulnerable groups  Stakeholder Reference Group  Staff Partnership Forum	Wellbeing assessments being able to provide the level of detail required to inform service improvement  Staff do not routinely collect information on wellbeing on every encounter with our population  Strengthen working with RPB and PSBs	Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023. (PO 4J)	Gostling, Lisa	30/06/2023	On track - A new Planning Objective is to be developed to replace the current one that will ensure that a work programme is in place following the publication of the documents. The Population Assessment is nearing completion. The PSB Well-being plans and Area Plan are in development
		By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalism" and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5. (PO 4K)	Lewis, Bethan	31/03/2023	On track - A deep dive into this Planning Objective came to the last SDODC meeting. A detailed report is being prepared to serve as a basis for this discussion at Board in Mar23.
		Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive "social model for health and wellbeing" and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society (PO 4L)	Kloer, Dr Philip	31/03/2023	On track - Aberystwyth University has provided the first draft of the systematic review. Colleagues have responded and we expect the final draft for approval by mid Oct22.


Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest (PO 4N)	Kloer, Dr Philip	31/03/2023	On track - Colleagues have convened to enable the now defunct PO 4O is incorporated into the PO4N. The Food systems Action Group ToR have been redrafted accordingly, and is awaiting final agreement. Hywel Dda has remained an active partner in the NST Wales Transition Lab work, feeding back to a wider stakeholder group the findings of the feasibility report.
By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the key priorities (listed in PO) (PO 5H)	Paterson, Jill	31/03/2023	On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Population health and resource consumption data has been shared to support local prioritisation of needs. This will support the iteration of the Integrated Locality Plans against the December and January national deadlines. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental system going live in October to support reporting from November ahead of the national metric. Full update in PO Progress Update Report to SDODC in Oct22.

By March 2023 develop a consistent measurement framework to assess the impact of Health Board spending in the following 4 domains: 1. Social value; 2. Economic Value; 3. Environmental impact; and 4. Cultural benefit. This framework will provide new measures for the Board Assurance Framework in relation to Strategic Objective 6 and will identify opportunities for new Planning Objectives for delivery from April 2024 (PO 6H)	Thomas, Huw	31/03/2023	On track - Centre for Local Economic Studies ("CLES") are continuing to work on baselining current Hywel Dda position, in areas such as procurement spend undertaken with local suppliers and other supply chain analysis, current CO2 management strategies versus desired reductions, local wealth creation etc. Social Value (SV) Portal currently being used to record target and actual improvements in social value in respect of new contract activity. Further projects being identified (eg recruitment activity) to capture further SV activity, and quantify for reporting purposes. Next steps will be to regroup once initial baselining has been completed and published, and identify further specific projects to work on capturing SV measures for, as well as wider dissemination of the concepts throughout the Health Board. Finally, it is intended that local authority and large employer organisations will be contacted to form a community of practice across the local area
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By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director. (PO 6I)	Thomas, Huw	31/03/2022	Complete - This was completed as part of the planning cycle. The budget linked to the re-submitted plan (£62.0m) was not transacted in the financial ledger, due to the plan not being accepted by WG however. Opportunities have, and continued to be, presented to the organisation and respected Executive Team leads. The 2023/24 planning cycle will undertake a further assessment, overseen by WG through the Targeted Intervention dialogue, to review options and whether a revised budget can be agreed and implemented.
By March 2023, implement and embed our approach to continuous engagement through: 1) Upskilling staff on continuous engagement through bespoke training and the introduction of a new continuous engagement toolkit, with the aim of achieving a deeper understanding of how continuous engagement can have a direct impact on HDdUHB's business success; 2)Implementing structures and mechanisms (such as advisory groups, platforms and channels for communication) that support continuous engagement; 3) Aligning to the Regional Partnership Board's (RPB) framework for continuous engagement, maximising on existing assets and resources within our communities. (PO 4T)	Davies, Lee	31/03/2023	On track - A range of continuous engagement training sessions for staff and the CHC have been delivered. Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May22. Established a public, patient and staff engagement group that triangulates feedback from all sources of engagement with public, patients and staff, to ensure that the work of Hywel Dda University Health Board is informed and influenced by the views and perspectives of all our stakeholders. Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.

			By December 2022 develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVa which includes an initial phase of development for community leaders, which includes asset mapping and identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years. (PO 4U)	Kloer, Dr Philip	31/12/2022	On track - Public Service Board and Regional Partnership Board colleagues have been engaged to enable the project to identify projects and initiatives in the three counties that will be suitable for the PO. Whilst agreement on the precise projects and areas is yet to be formally agreed, there is agreement that: There are suitable projects in each county for the Health Board to align with; and that partners and stakeholders are willing to include the Health Board within existing projects. Stakeholder mapping has commenced.
			By September 2022 propose new planning objectives for the following year to pilot and test innovative approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts (PO 5T)	Paterson, Jill	30/09/2022	On track - Recommendations to test over next year: Expansion of community micro enterprises; Develop the Circle of support; Digital Test the Connected Healthcare Administrative Interface (CHAI) community application; Evaluate and evidence the above models work. Work is ongoing to approve these recommendations. This Planning Objective also needs to be linked into Planning Objective 5H (Integrated Locality Planning) and form a central tenant of it.

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 			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
			Current Level							
See Our Outcomes section in the BAF Dashboard	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st				No established way of asking questions to understand the right value of health and wellbeing  No established mechanism to collect and analyse data  Lack of independent assurance mechanism	Undertake continuous engagement on Wellbeing Assessment	Davies, Lee	Ongoing	Engagement Team is currently liaising with Deputy Director of Public Health. The imminent face to face engagement work that is due to take place by Public Health for S04 will also be used to promote HDdUHB's continuous engagement work. The Engagement Team is also launching an open channel which will aim to link in with the well-being conversation toolkit to ensure that continuous engagement is all part of encouraging well-being conversations and feedback.
	Tracking of crude mortality, risk-adjusted mortality and other data	1st					Explore international exemplars in continuous engagement	Davies, Lee	31/12/2022	Engagement Team is continuing to explore international exemplars of good practice as part of its work in developing a Continuous Engagement Toolkit by Mar23. A number of gold standard examples will be highlighted as part of the toolkit. Regular liaison with the Consultation Institute is also being maintained to ensure service improvements and learnings are shared throughout the organisation. The establishment of the new Engagement and Experience Group will also allow for the sharing of good practice.

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		
SRG advisory role to the Board	2nd		
Director of Public Health Annual Report to Board	2nd		

PRINCIPAL RISK REGISTER SUMMARY

NOVEMBER 2022


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

Executive Director Owner:	Paterson, Jill	Date of Review:	Sep-22
Lead Committee:	Board	Date of Next Review:	Oct-22

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	
Tolerable Risk:	6	
Trend:		↔

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. Current internal processes do not facilitate and support the transition to new way 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)
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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			

<p>Transformation Steering Group (TSG) &amp; 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>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>IMTP in place for every cluster which is submitted to WG</p> <p>WHC (18) 025 - Improving Value through Allocative &amp; Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery</p> <p>Project support provision in place</p> <p>A 5 year financial plan has been developed and shared across the organisation but further work will continue to gain the actual resource support from WG, or not, as part of the IMTP process which would need to demonstrate the assurance around deliverable plans to achieve this. (PO 6C WAS COMPLETED IN 2021/22)</p>	<p>Workforce capacity to shift from secondary to community/ opportunities to use staff skills appropriately</p> <p>Optimal use of digital to support delivery of patient care</p> <p>Financial resources to invest in new technologies to improve demand and capacity across the system</p> <p>Resistance in secondary care to moving resources in primary and community care</p> <p>Maximising efficiencies in secondary care</p> <p>Limited by vision of what is available to and resourcable by the UHB.</p> <p>Workforce, financial and modelling support required to facilitate shift of services to community</p>	<p>By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health &amp; care system. (PO 5H)</p>	Paterson, Jill	31/03/2023	<p>On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Population health and resource consumption data has been shared to support local prioritisation of needs. This will support the iteration of the Integrated Locality Plans against the December and January national deadlines. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental system going live in October to support reporting from November ahead of the national metric. Full update in PO Progress Update Report to SDODC in Oct22.</p>
		<p>Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model in this area by September 2022 so that implementation can be completed by December 2022 (PO 5J)</p>	Paterson, Jill	31/03/2023	<p>On track - The 24/7 urgent primary care model (includes community in this context) is predicated on the development of a clinical streaming hub which would take urgent referrals from Emergency Departments, WAST and 111 First. Given the rurality of our geography, it was acknowledged that our Hub would need to be remote in nature and that clinical assessments of those referred would be undertaken virtually by appropriately trained and experienced clinicians. It is clear that improving our Urgent and Emergency Care provision however requires a focus on the whole system. This is acknowledged by the national 6 UEC Goals programme that each Health Board are expected to implement locally. Specifically, there is a need to consider how we ensure our system is 'fit for frailty'.</p>

			<p>Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality &amp; Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i), consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5A)</p>	<p>Moore, Steve</p>	<p>31/03/2023</p>	<p>On track - Key elements of the work plan through 2022/23 include: Review our performance measures in line with the WG 2022/23 delivery framework; Work with our teams to develop trajectories for our WG and key improvement measures; Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required; Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required. We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind. Our performance is available through our IPAR.</p>
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Develop and implement plans to deliver, on a sustainable basis , locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i), consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5B)	Moore, Steve	31/03/2023	On track - See 5A above
<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in ' A Healthier Mid and West Wales' for:</p> <ul style="list-style-type: none"> <li>• the repurposing or new build of GGH and WGH</li> <li>• implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears</li> </ul> <p>Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii). Develop plans for all other infrastructure requirements in support of the health and care strategy. (PO 5C)</p>	Davies, Lee	31/03/2026	<p>Behind - Programme Business Case submitted to WG in Feb22.Board agreed a shortlist of 3 sites at the meeting on 4th Aug22 and that the UHB would go out to public consultation on these 3 sites. A consultation plan was presented to the Board on Sep22. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on Sep22. The current Programme timeline is predicated on WG endorsement at the end of May22. This was the subject of a cabinet discussion in Jul22. The UHB have received a formal response from WG. It has been agreed that the next stage in the process will be: a commissioning of an external review of the proposed clinical model, and development of a Strategic Outline Case. Officers will work with the WG to agree the next steps in the process. This could have an 18 month impact on the current programme timeline, mitigations will be explored when we have more detail on the work to be completed.</p>



Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD. (PO 5G)	Carruthers, Andrew	31/03/2024	On track - Full update in PO Progress Update Report to SDODC in Oct22.
By December 2020 undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB (PO 5I)	Carruthers, Andrew	31/03/2024	On track - he Director of operations has commissioned an internal review of Community Paediatrics. In addition, Community paediatrics have commenced a Task and Finish (T&F) exercise the focus of which is to reduce the number of CYP waiting for a new or follow up appointment with a community paediatrician. The T&F group will assess the requirement for skill-mix and changes in practice across the Service. A sub-group to explore the identified gaps in Positive Behaviour Support has been formed and will report to the CYP working group at the next meeting, planned for Nov22.
Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established (PO 5O)	Carruthers, Andrew	31/03/2025	Behind - No progress update provided to SDODC in Oct22.
To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand (PO 5Q)	Paterson, Jill	31/03/2023	On track - Full update in PO Progress Update Report to SDODC in Oct22.

By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director. (PO 6I)	Thomas, Huw	<del>31/03/2022</del> 30/09/2022	Complete - This was completed as part of the planning cycle. The budget linked to the re-submitted plan (£62.0m) was not transacted in the financial ledger, due to the plan not being accepted by WG however. Opportunities have, and continued to be, presented to the organisation and respected Executive Team leads. The 2023/24 planning cycle will undertake a further assessment, overseen by WG through the Targeted Intervention dialogue, to review options and whether a revised budget can be agreed and implemented.
By September 2022, propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts (PO 5T)	Paterson, Jill	30/09/2022	On track - Recommendations to test over next year: Expansion of community micro enterprises; Develop the Circle of support; Digital Test the Connected Healthcare Administrative Interface (CHAI) community application; Evaluate and evidence the above models work. Work is ongoing to approve these recommendations. This Planning Objective also needs to be linked into Planning Objective 5H (Integrated Locality Planning) and form a central tenant of it.

<p>By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis).</p> <p>As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025 (PO 3E)</p>	Thomas, Huw	31/03/2023	<p>On track - The Data Science Platform performing advanced analytics is available for use. Applications that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available in the Data Science Platform. They provide functionality for the examination of ED Attendance and Admissions. Future work will incorporate data sets that will analyse Bed Occupancy, LOS and Discharge data. A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.</p>
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<p>Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability.</p> <ul style="list-style-type: none"> <li>• Chair the Use of Resources leadership group to facilitate balanced decision making, providing a summary update into the Sustainable Use of Resources committee as appropriate.</li> <li>• Continually deliver effective executive partnering from the finance function to achieve clarity on resource utilisation, investment and dis-investment appraisals, including the shift of resources across services to achieve our strategic objectives.</li> <li>• Develop and implement a single revenue investment approach pan Health Board, and instil it within pre-existing governance forums and procedures, ensuring summary financial appraisals are consistently and clearly described, including the appropriate finance business partnering sign-off.</li> <li>• Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications, namely, Savings and Opportunities realisation, investment and dis-investment schedules and funding streams.</li> </ul> <p>(PO 6L)</p>	Thomas, Huw	31/03/2023	<p>On track- There is a Directorate monthly Use of Resource (UoR) meeting. The Use of Resources initially focused on the areas exceeding their budgeted accountability. Each Directorate UoR meeting has an accompanying information pack, which sets out a multitude of pertinent information around the Year-to-Date position and the Forecast Outturn (FoT). The packs also contain salient information including cost drivers, risks, mitigations and horizon scanning. It is anticipated that the UoR will continue to evolve with a novation and greater focus on activity, performance and quality outcomes. Business Partners- through their business conversations are proactively working to identify opportunities with operational leads to ensure all areas of opportunity are considered and realised wherever possible. Recognising FY23 is very challenging, the UoR meetings are also focused on the financial challenges and opportunities in FY24. The purpose of this approach is to horizon scan and implement any changes that support service provision and configuration whilst maximising financial sustainability.</p> <p>The Business Partners as part of their business meetings are proactively working with their operational colleagues to consider the extant resources and their utilisation. The next step is to consider whether there is an opportunity to decommission and/or reinvest as required.</p>
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Request workforce, financial and modelling support required to facilitate shift of services to community (no PO ref)	Paterson, Jill	31/03/2023	New action
Bring the finalised Market Stability Statement and Population Needs Assessment programme to the Health Board by June 2022 and develop an initial set of new Planning Objectives to address the opportunities and issues raised by September 2022 for implementation from Q3 2022/23. (PO 5P)	Paterson, Jill	30/09/2022	Behind - This is now behind schedule but is being progressed via the Regional Commissioning Programme Group (CPG). The Market Stability Report (MSR) was completed by the Institute of Public Care (IPC), and then approved by the CPG in Nov21. IPC joined the CPG meeting in May22 to discuss how the MSR may be used to set Health Board and Local Authority (LA) planning objectives. It was agreed that IPC would be commissioned to design a 'Decision Tool, and to then apply it to the MSR, through engagement with Regional Partners. IPC have developed the Tool for testing by Regional Partners. The final version is therefore awaiting completion. IPC will be facilitating 6 working groups in Q3 2022/23 (2 each of Children and Young People, Working Age Adults, and Older Adults) to consider applications of the Tool. The Tool will help direct capital and revenue spending from the Regional Innovation Fund (and other funding streams).

By September 2022 develop an initial plan for the Health Board's community and non-clinical estate with a focus on addressing the WG's "Town First" initiative, reducing HB accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed. (PO 5U)	Davies, Lee	30/09/2022	On track - Our A Healthier Mid and West Wales programme provides the overarching strategic plan for the community and non-clinical estate. This is supported by a developed Property Strategy that identifies short, medium estate plans which captures both estate development and rationalisation plans and opportunities.
By quarter 2, develop an IMTP annual planning cycle which supports the Exec Team in the timely development future annual and 3 year plans. This should incorporate the utilisation of quarterly Exec Team residential sessions and a model to deploy operational planning capability out into the organisation.(PO 5V)	Davies, Lee	30/09/2022	On track - Early indications from Welsh Government are that they will be requesting Board-approved Plans for 2023/24 to be submitted at the end of Jan23. •The Health Minister has indicated that a template driven approach may be requested for this submission to allow for more consistency between NHS Wales organisations submissions. This is likely to be released to NHS Wales, along with the 2023/24 Planning Framework in Oct22. Full update in PO Progress Update Report to SDODC in Oct22.

<p>By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.</p> <p>In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation. (PO 6B)</p>	Thomas, Huw	30/06/2022	<p>On track - A key focus of the roadmap back to financial sustainability is focused on the Matrix. The Matrix provides a rationalisation of ledger through explaining system costs and waste through an activity profile. These areas of waste and inefficiency then correlate to the programmes of work which have been established to remedy a number of the areas aligned to the Matrix. These includes, TUEC (Admission Avoidance), Integrated Locality Planning (Discharge), Nurse Stabilisation, Alternative Care, FLOs and CHC. Each programme then has a number of phases (projects) which correlates the intervention (project) to the anticipated activity reduction. This supports the alignment of finances being overlaid with activity planning assumptions and financial sustainability. Work continues in parallel with overall VBHC programme. Requesting early invitation to each new project, to discuss offering and jointly decide whether resource measurement is required. For example, the first phase of shoulder pathway has concluded in quarter. Around this, broader operational requests for resource modelling are evaluated within same framework and approach. EG capacity and demand modelling support to Radiology services has commenced in the last quarter.</p>
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		By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in "A Healthier Mid and West Wales" related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. (PO 6K)	Carruthers, Andrew	31/03/2023	On track - This work is on-going and is described through a number of the Planning Objectives within this report. Our on-going work with Lightfoot is critical.
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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	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 (May22)	Ability to measure improvements when undertaking service change	Lightfoot Viewer to be used to monitor improvements in future changes	Thomas, Huw	31/03/2024	Already being used in all 3 counties. Community based data to be further developed.
	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								



<b>Date Risk Identified:</b>	May-21
<b>Strategic Objective:</b>	3. Striving to deliver and develop excellent services

<b>Executive Director Owner:</b>	Kloer, Dr Philip	<b>Date of Review:</b>	Oct-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Nov-22

<b>Risk ID:</b>	<b>1191</b>	<b>Principal Risk Description:</b>	There is a risk that the Health Board has suboptimal ambition for our services. This is caused by an underestimation of excellence by the Health Board. This could lead to an impact/affect on relative deterioration in the quality of our services in the future, inability to improve recruitment and retention of the workforce, staff morale, poor patient experience or harm, poorer value healthcare and reduction of confidence from our stakeholders.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>		
<b>Domain:</b>	Business objectives/projects	
<b>Inherent Risk Score (L x I):</b>	4×4=16	
<b>Current Risk Score (L x I):</b>	4×4=16	
<b>Target Risk Score (L x I):</b>	2×3=6	
<b>Tolerable Risk:</b>	6	
<b>Trend:</b>	↔	

<b>Rationale for CURRENT Risk Score:</b>
Whilst there is the ambition to strive for excellence, there are significant challenges to our ability to maintain safe, sustainable services across some of our services, which has led to the increase in the current risk score, and increase the number of investigators for research activities. There is a need to strengthen clinical engagement in embedding and maximising 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. There is also an over-reliance on external funding for RDI activities and stretching cost recovery targets for developmental work.

<b>Rationale for TARGET Risk Score:</b>
Further work to strengthen clinical engagement in some areas is required to ensure that clinical effectiveness systems and processes are fully embedded and used to their maximum potential. From an RDI perspective, the Health Board needs to increase the number of lead investigators for research studies to continue to justify its status as a 'university' health board. There also needs to be a recurrent investment (staff time and financial resources) from the Health Board to support RDI activities and facilities to support the delivery of this objective. There is an over-reliance on external funding at present.

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

<p># Quality Assurance System including Clinical effectiveness</p> <p># Process re NICE and professional guidance.</p> <p># National &amp; Local Clinical Audits Programme</p> <p># Peer Reviews</p> <p># Healthcare standards</p> <p># Major cause of harm</p> <p># National Quality setting.</p> <p># TSG to learn from best in World.</p> <p># Advisory Board.</p> <p># Clinical Director for Clinical Effectiveness - role to secure clinical engagement.</p> <p># Monitoring system in place for NICE guidance.</p> <p># QSEC Approved Research &amp; Development (RDI) Strategy with Implementation Plan</p> <p># Research &amp; Innovation Sub Committee with strengthened membership for improved scrutiny</p> <p># Strengthened RDI Management Team</p> <p># Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place.</p> <p># University partnership arrangements in place.</p> <p># Strategic Enabling Groups</p> <p># Value Based Health Care Sponsoring Group</p> <p># Value Based Health Care Programme Team</p> <p># National Value Based Health Care Community of Practice</p> <p># Improving Together Programme</p>	<p>Being cognisant of patients' perception of excellence</p> <p>Clinical engagement across the Health Board is growing but it still needs to be strengthened in some areas to ensure that clinical effectiveness systems and processes are fully embedded and used to their maximum potential.</p> <p>Systems for recording status against clinical effectiveness standards are in place however there is not a complete historical record relating to all NICE guidelines.</p> <p>Ensuring alignment across service level and Health Board-wide priorities.</p> <p>Staffing fragility within the RDI Team (both core team and lead investigators for research studies as focus on response to COVID/reducing backlog)</p> <p>Over-reliance on external funding for RDI and insufficient recurrent internal financial investment, or resource alignment (e.g. time for research) to support ambition within RDI strategy</p> <p>Inadequate facilities to undertake research activities.</p> <p>Resources within the wider HB to deploy to servicing the university partnership arrangements.</p> <p>Focused patient input into the use of Value Based Health Care intelligence in providing higher value services</p> <p>Explicit Nursing input into the programmatic implementation of Value Based Health Care across the Health Board</p> <p>Development of governance</p>	<p>Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the Health Board, Welsh Government and HCRW expectations and improvement targets (PO 3G)</p> <p>Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the Health Board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• Supporting the assessment of practice against local and national clinical effectiveness standards and ensuring that findings are used improve the services provided to our patients;</li> <li>• Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews (PO 5K)</li> </ul>	<p>Kloer, Dr Philip</p> <p>Kloer, Dr Philip</p>	<p>31/03/2024</p> <p>31/03/2023</p>	<p>On track - Action plan for second year (22/23) of strategy implementation agreed by R&amp;I Sub Committee.</p> <p>Research Progress: Clinical Research Time Awards in place for Orthopaedics and Ophthalmology. The latter candidate awarded substantial grant. Separate protected time awards in general surgery and women and children's health. New Head of R&amp;D now fully embedded and working on resilience across wider team.</p> <p>Innovation Progress: TriTech Business Plan developed and strengthened project governance to cover innovation. Substantial and diverse project portfolio underway. New Head of TriTech and Innovation in post.</p> <p>On track - The Clinical Director for Effective Clinical Practice and the Head of Effective Clinical Practice and Quality Improvement (Medical Directorate) have met with most Directorate and County Triumvirate teams to engage on effective clinical practice and inform the strategic framework and delivery plan. Additionally, a member of the Clinician Effectiveness team attends the majority of the Quality and Governance Group meetings, and reports are routinely shared detailing newly published and updated NICE and other national guidance. The AMaT system is now being used in targeted areas within the Health Board, which includes the maternity service, and for the Pelvic Health programme workstreams.</p>
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arrangements to encompass the Value Based Health Care work being undertaken as part of the Mid Wales Health Collaborative	Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation (PO 6D)	Kloer, Dr Philip	31/03/2024	On track - VBHC Update received at Nov22 SRC.
	By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis). As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025 (PO 3E)	Thomas, Huw	31/03/2023	On track - The Data Science Platform performing advanced analytics is available for use. Applications that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available in the Data Science Platform. They provide functionality for the examination of ED Attendance and Admissions. Future work will incorporate data sets that will analyse Bed Occupancy, LOS and Discharge data. A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.

<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:</p> <ul style="list-style-type: none"> <li>• the repurposing or new build of GGH and WGH</li> <li>• implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears</li> </ul> <p>Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)</p> <p>Develop plans for all other infrastructure requirements in support of the health and care strategy. (PO 5C)</p>	Davies, Lee	31/03/2026	<p>Behind - PCB submitted to WG in Feb22. Board agreed a shortlist of 3 sites at the meeting on 4th Aug22 and that the UHB would go out to public consultation on these 3 sites. A consultation plan was presented to the Board on Sep22. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on Sep22. The current Programme timeline is predicated on WG endorsement at the end of May22. This was the subject of a cabinet discussion in Jul22. The UHB have received a formal response from WG. It has been agreed that the next stage in the process will be: a commissioning of an external review of the proposed clinical model, and development of a Strategic Outline Case. Officers will work with the WG to agree the next steps in the process. This could have an 18 month impact on the current programme timeline, mitigations will be explored when we have more detail on the work to be completed.</p>
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By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care (PO 2D)	Kloer, Dr Philip	30/09/2022	On track - Phase 1, 2 completed. The Strategic People Planning and Education Governance group (SPPEG) TOR is on the agenda for PODCC October, which will then create a structure to create an education strategy and agree the TNA process moving forward. The Apprenticeship Academy is in the process of onboarding 60 Healthcare Apprentices and going out to recruit a remaining 40; increasing the scope and scale of the Adult Nursing Pathway in 2022. The Apprenticeship Academy in conjunction with Pembrokeshire County Council have recruited the first "joint" Health & Social Care Apprentices in a pilot joint programme, with 11 candidates commencing in Oct22.
By March 2023 design a comprehensive range of Leadership Development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care. (PO 2J)	Gostling, Lisa	31/03/2023	On track - Programme Delivery Completed for Quarter 2 include: Warwick Nudge Behaviour Insights Programme (ongoing until December 2022) - x24 participants; ARCH Senior Leadership Development Programme commenced and continues for 18 months - x13 participants; Medical Leadership Forum; Board Development Programme; Research Nurse Leaders Development Programme; New Consultant Programme; Cohort 2 recruitment commenced for programme to start in Nov22; Academi Wales Summer School 2022 completed - 14 participants; and recruitment to first cohort of the HEIW Clinical Leadership Programme x3 participants. Coaching Capacity Growth: Cohort 4 commenced in May22 and Cohort 5 commenced in Sep22.

		Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence. (PO 3A)	Thomas, Huw	31/03/2025	On track - Refreshed outcome measures and measures aligned to 6 Strategic objectives. First Directorate dashboard within MHL D developed which helps to display, quality, workforce and performance information in one place to support an improvement discussion. This format will now be rolled out across other directorates over the coming year. a new sharepoint site for Improving Together, which is available on our intranet. More information in PO Update Report to SDODC Oct22.
		From April 2022, establish an implementation group to identify the actions required to respond to the emerging requirements of the Quality & Engagement Act. The specific actions that will be put in place to support organisational readiness will be informed by the work undertaken to review the Health & Care Standards during 2021/2022 and the receipt of any formal guidance related to the Act.(PO 3C)	Rayani, Mandy	31/03/2023	On track - The Health Board implementation group is continuing to meet regularly to discuss opportunities for early implementation. The guidance from Welsh Government is awaited as well as further detail relating to the arrangements for reporting on quality and implementation of duty of candour.

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			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
			Current Level							
See Our Outcomes section on the BAF Dashboard	# Participation in the NICE Welsh Health Network where specific guidelines are proposed for review on a national basis - to provide benchmark information	1st			Planning Objective 5K and the development of an Effective Clinical Practice Strategic Framework - EFCAP (Aug21)	Due to gaps in the historic system, it is not always possible to provide assurance to DCMO re: specific guidelines	Develop relationship with Directorate/ County Quality and Governance Groups to improve engagement on clinical effectiveness.	Davies, Lisa	Completed	Meetings have taken place with the majority of Triumvirate Teams and attendance is now secured at the majority of Directorate Quality and Governance Groups.
	# Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan	1st			Review and Assessment against NICE Guidance - ECPAP (Feb22)	Lack of alignment for RDI to formal clinical committee/ network	Support implementation of AMaT within 50% of Directorates by end of 2022/23	Davies, Lisa	31/03/2023	AMaT is now in place within the Health Board and engagement is ongoing in terms of rolling out to targeted areas. Capacity within the team is too limited to support a full roll out however there is a target to implement the system within 50% of Directorates by the end of 2022/23. Maternity services will be the first to roll out, however targeted activity is also ongoing in other service areas, according to Health Board priorities. Target areas are highlighted in the developing ECP Delivery Plan. Response to the system has been very positive. AMaT is now being utilised in 6 of the 7 Health Boards and 1 Trust, and a Welsh AMaT group has been established with discussions around the potential for the system to support national benchmarking.

PRINCIPAL RISK REGISTER SUMMARY

NOVEMBER 2022

# VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation	1st		
# VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action	2nd		

Develop relationships with new Quality Governance Groups to strengthen clinical involvement with RDI activities	Phillips, Leighton	<del>31/10/2021</del> <del>31/12/2021</del> <del>31/03/2022</del> 30/09/2022	A successful interview process has led to the appointment of clinical leads for research covering oncology, sexual health, and site based leadership at GGH. These, alongside other measures, will be brought together as a clear plan to R&I Sub Committee on 10Jan22. A review of the impact of these arrangements is planned for 12 September, together with a plan for next steps.
Explore other mechanisms to engage with appropriate clinical leads/teams to strengthen clinical involvement with RDI activities	Phillips, Leighton	<del>31/10/2021</del> <del>30/11/2021</del> 31/03/2022	Performance framework for RDI positively received by R&I Sub Committee on 08Nov21. Performance dashboard, PowerBI, is now demonstrating an improving trajectory in relation to number of studies supported, number of investigators, and number of patients recruited. Further review planned for 12 September RISC.



# Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group	2nd		
# Alignment with Health Board Quality and Governance Groups	2nd		
# Responses to letters from Welsh Government (DCMO) relating to specific guidelines	2nd		

Develop the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify gaps and improve services.	Davies, Lisa	31/03/2023	The Clinical Standards and Guidelines Group has met twice and has scheduled quarterly meetings. One service area has attended the group to date and two more are planned for the November meeting. The purpose of the Group is to enable the delivery of Planning Objective 5k, and Identify, through collaboration with Directorates and service areas, priority areas for the Group to target through its forward work plan, in alignment with Health Board strategic and planning objectives, and identified priorities; Support clinicians and service areas to assess themselves against the clinical effectiveness standards and guidelines, and use this information to learn and improve; and Oversee the adoption, implementation of and adherence to nationally recognised clinical standards and guidance. The Group will receive the revised NICE and National Guidance Dissemination Policy for sign-off as Owning Group in Nov22. The Effective Clinical Practice Strategic Plan will be shared with the Group in November, prior to wider dissemination.
Develop a regular clinical effectiveness 'showcase' mechanism to enable excellent practice to be shared across the Health Board.	Davies, Lisa	31/03/2023	Discussions have commenced to hold a quarterly clinical effectiveness forum, to be led by the Clinical Director for Clinical Effectiveness and feature examples of good practice from across the Health Board. Aim for first event to take place in December to launch the Effective Clinical Practice Strategic Plan.

# RDI Sub Committee & HCRW monitor delivery of RDI Strategy/Plan	2nd		
# PODCC & SRC oversee delivery of Planning Objectives	2nd		
# Annual Performance Review by WG/HCRW	3rd		
# RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities	3rd		

PRINCIPAL RISK REGISTER SUMMARY

NOVEMBER 2022


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

<b>Executive Director Owner:</b>	Davies, Lee	<b>Date of Review:</b>	Nov-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Dec-22

<b>Risk ID:</b>	<b>1196</b>	<b>Principal Risk Description:</b>	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.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>		
<b>Domain:</b>	Business objectives/projects	
<b>Inherent Risk Score (L x I):</b>	4x5=20	
<b>Current Risk Score (L x I):</b>	4x4=16	
<b>Target Risk Score (L x I):</b>	2x3=6	
<b>Tolerable Risk:</b>	6	
<b>Trend:</b>	↔	

<b>Rationale for CURRENT Risk Score:</b>
Whilst a programme group has been established to manage the production of the programme business case to secure long term investment in support of the UHB health and care strategy, until the PBC is endorsed by WG, the UHB cannot assume investment is likely to be forthcoming at the scale or in the timelines required.

<b>Rationale for TARGET Risk Score:</b>
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 UHB health and care strategy.

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

<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 the UHB.</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 Welsh Government via Planning Framework and IMTP (Infrastructure &amp; Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&amp;T in the event of notification of additional capital funds from Welsh Government 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>Digital Strategy.</p> <p>A programme structure has been established with the Chief Executive as 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 by WG.</p> <p>Modular Day Surgery Unit developed at PPH to improve surgical facilities within Hywel Dda.</p>	<p>Reliance on WG capital to fund Business Cases and therefore the UHB 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 &amp; equipment.</p> <p>Impact that COVID recovery may have on the requirement for Capital Resources.</p>	<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:</p> <ul style="list-style-type: none"> <li>the repurposing or new build of GGH and WGH</li> <li>implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears. Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii). Develop plans for all other infrastructure requirements in support of the health and care strategy. (PO 5C)</li> </ul> <p>Implement the remaining elements of the Transforming MH &amp; develop and implement a Transforming LD strategy in line with "Improving Lives, Improving Care" over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD (PO 5G).</p>	<p>Davies, Lee</p> <p>Carruthers, Andrew</p>	<p>31/03/2026</p> <p>31/03/2024</p>	<p>Behind - PCB submitted to WG in Feb22. Board agreed a shortlist of 3 sites at the meeting on 4th Aug22 and that the UHB would go out to public consultation on these 3 sites. A consultation plan was presented to the Board on Sep22. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on Sep22. The current Programme timeline is predicated on WG endorsement at the end of May22. This was the subject of a cabinet discussion in Jul22. The UHB have received a formal response from WG. It has been agreed that the next stage in the process will be: a commissioning of an external review of the proposed clinical model, and development of a Strategic Outline Case. Officers will work with the WG to agree the next steps in the process. This could have an 18 month impact on the current programme timeline, mitigations will be explored when we have more detail on the work to be completed.</p> <p>On track - Full update in PO Progress Update Report to SDODC in Oct22.</p>
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Development of final business cases for the delivery of improved community health infrastructure in support of the Health and Care Strategy, A Heathier Mid and West Wales. (No PO)	Davies, Lee	31/03/2024	The community infrastructure improvements are an integral part of the AHMWW PBC. During scrutiny of the PBC and planned endorsement by WG scoping meetings will be held on all additional community developments to establish the business case routes and timescales for completion. Community infrastructure developments already in train i.e. Cross Hands and Cylch Caron, Pentre Awel and Carmarthen Hwb will continue on their current timelines. Crosshands OBC submitted to WG in May22. Scoping meeting held with WG on Aberystwyth ICC and North Pembs. There is now established guidance for these schemes accessing the Rebalancing Fund which will require combined SOC/OBC documentation.
Development of Business Continuity Outline Business Case to address major infrastructure backlog on hospital sites.	Davies, Lee	31/03/2024	PBC has been endorsed by WG. The estates team have appointed initial resources to progress scoping work. WG have supported this process with £150K to allow the UHB to appoint additional specialist consultancy teams . This scoping document will include additional risk assessment information on health board priorities, prioritisation reviews needed and more detail of expected cashflow for the full 5/6 year programme period. It is expected that this work will be completed by circa Jan23.

		By September 2022 develop an initial plan for the Health Board's community and non-clinical estate with a focus on addressing the WG's "Town First" initiative, reducing HB accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed. (PO 5U)	Davies, Lee	30/09/2022	On track - Our A Healthier Mid and West Wales programme provides the overarching strategic plan for the community and non-clinical estate. This is supported by a developed Property Strategy that identifies short, medium estate plans which captures both estate development and rationalisation plans and opportunities. This plan to be finalised by Dec22.
		Consultation Institute to provide assurance on land selection process	Davies, Lee	31/08/2022	Best practice assurance was received for the land appraisal process resulting in Board discussion on 04Aug22.

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	1st			PCB - Implementing the Healthier Mid and West Wales Strategy Board (Apr22, May22, Jul22, Aug22 and Sep22) & SDCODC (May22, Aug22)  AHMWW PBC Programme Group Update - Board Seminar (Apr22)  TMH Update - Board Seminar (Jun22)  Executive Team - Apr22  Planning Objectives Update (Planning) - SDODC (Jun22)  Pentre Awel Update - SDODC (Apr22)  DCP Update - SDODC (Jun22)	Assurance on land selection process				
	Governance structure to oversee delivery of the Business Cases	1st								
	Oversight by Strategic Development and Operational Delivery Committee	2nd								
	Internal Audit Programme aligned to Business Case Development	3rd								
	Gateway review of PBCs by WG	3rd								

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

<b>Executive Director Owner:</b>	Rayani, Mandy	<b>Date of Review:</b>	Oct-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Dec-22

<b>Risk ID:</b>	<b>1195</b>	<b>Principal Risk Description:</b>	There is a risk that the Health Board is not able to receive early indications across the breadth of its existing and new services of where they may fall short of being safe as defined by the agreed standards. This is caused by no comprehensive and consistent way of measuring safety aligned to the standards adopted by the Health Board for all the services we provide and commission on behalf of people requiring health care interventions. This could lead to an impact/affect on public and patient confidence, organisational reputation, positive patient reported outcomes.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>		
<b>Domain:</b>	Quality/Complaints/Audit	
<b>Inherent Risk Score (L x I):</b>	4x4=16	
<b>Current Risk Score (L x I):</b>	3x4=12	
<b>Target Risk Score (L x I):</b>	2x4=8	
<b>Tolerable Risk:</b>	8	
<b>Trend:</b>	↔	

<b>Rationale for CURRENT Risk Score:</b>
Systems are not yet established to enable easy triangulation of data and there are still some gaps in information collection.


<b>Rationale for TARGET Risk Score:</b>
The target risk score is based on implementing a system to enable capture data across the breadth of our services with timely escalation reporting arrangements in place.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
<p>Range of performance measures/metrics in place</p> <p>Updated Datix Incident reporting system</p> <p>Standardised approach through a standard agenda in Quality Governance meetings</p> <p>CIVICA system is available and being rolled out to gain feedback to let us know issues in services</p> <p>Range of different mechanisms to capture feedback from service users and staff</p> <p>Speak Up Safely Arrangements are developing</p> <p>Listening and Learning Sub-Committee</p> <p>Clinical Audits</p> <p>Clinical Executive Clinical Panel</p>

Gaps in CONTROLS				
<b>Identified Gaps in Controls :</b> (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)	<b>How and when the Gap in control be addressed</b>	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
<p>There is no standardised way of joining existing systems in place</p> <p>Ability to triangulate sources of data and provide meaningful analysis</p> <p>Not all services have clear pathways and variance trackers in place to enable consistent monitoring and interpretation to enable rationale for variance.</p> <p>Improved engagement with the latest Datix Incident Reporting system to ensure staff are confident in reporting incidents</p> <p>Not yet consistently using the information from PROMs, PREMs and FROMs as part of triangulation process</p>	<p>Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence. (PO 3A)</p>	Thomas, Huw	31/03/2025	On track - Refreshed outcome measures and measures aligned to 6 Strategic objectives. First Directorate dashboard within MHL D developed which helps to display, quality, workforce and performance information in one place to support an improvement discussion. This format will now be rolled out across other directorates over the coming year. a new sharepoint site for Improving Together, which is available on our intranet. More information in PO Update Report to SDODC Oct22.



<p>Quality Surveillance Meeting</p> <p>External reports (HIW, HSE, MWWFRS, Peer Reviews, etc)</p> <p>Mortality Reviews</p> <p>National Accreditation Standards for service specifications</p> <p>Healthcare Standards and Fundamentals of Care</p> <p>PROMS and PREMs</p> <p>Directorate and Service Quality Governance Meetings established</p> <p>Increased quality element of commissioned services from external organisations</p>	Quality Management System not formally signed off	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5A)	Moore, Steve	31/03/2023	On track - Key elements of the work plan through 2022/23 include: Review our performance measures in line with the WG 2022/23 delivery framework; Work with our teams to develop trajectories for our WG and key improvement measures; Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required; Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required. We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind. Our performance is available through our IPAR.
		Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5B)	Moore, Steve	31/03/2023	On track - See 5A above.
		Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation' (PO6D)	Kloer, Dr Philip	31/03/2024	On track - VBHC Update received at Nov22 SRC.
		To finalise the Quality Management System and issue to services across the Health Board following sign off by QSEC and the Board (no PO ref)	Rayani, Mandy	31/12/2022	Final Quality Management system to be presented to the Executive Team, prior to being reported to QSEC.

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	Required Assurance 			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
		(1st, 2nd, 3rd)	Current Level							
See Our Outcomes section of the BAF Dashboard	Directorate Quality Governance Meetings in place	2nd			Patient Experience Report - Board (Sep22)	Assurance on triangulation of data	Internal Audit to review Directorate and Service Quality Governance Meetings	Rayani, Mandy	31/03/2023	To be considered for inclusion in Internal Audit Plan 2022/23.
	Patient and staff feedback	2nd			Healthcare Contracting Update - SRC (Aug22)		Internal Audit to review the triangulation of data in the Health Board	Rayani, Mandy	Completed	completed - Quality Governance Review undertaken and provided Reasonable Assurance.
	Performance reports through power BI and Committee reports	2nd								
	Points of Delivery and Healthcare Resource Group Analysis of Long Term Agreements with other Health Boards in Wales	2nd								
	Commissioning arrangements overseen by Sustainable Resources Committee (SRC)	2nd								
	GIRFT Reports reported to QSEC	2nd								
	HIW patient complaints	3rd								
	Quality Governance Follow up Report (Oct21)	3rd								

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

<b>Executive Director Owner:</b>	Davies, Lee	<b>Date of Review:</b>	Sep-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Nov-22

<b>Risk ID:</b>	<b>1185</b>	<b>Principal Risk Description:</b>	There is a risk that the HB 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 capacity, capability and willingness, including awareness and understanding, within all levels of the workforce to undertake consistent and meaningful engagement with the Hywel Dda population. 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.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>		
<b>Domain:</b>	Business objectives/projects	
<b>Inherent Risk Score (L x I):</b>	4x5=20	
<b>Current Risk Score (L x I):</b>	3x4=12	
<b>Target Risk Score (L x I):</b>	2x3=6	
<b>Tolerable Risk:</b>	6	
<b>Trend:</b>	↔	

<b>Rationale for CURRENT Risk Score:</b>
A request has been submitted for an additional two dedicated posts to support engagement around 'A Healthier Mid and West Wales' (as part of the IMTP request for investment). Lack of resource will have an impact on the capacity of the team to deliver 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.

<b>Rationale for TARGET Risk Score:</b>
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.

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

<p>Skills to Deliver Engagement</p> <p>A review has been undertaken around the capacity of the engagement team with commitment to increase capacity in 2022/23</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement led for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Consultation Institute provide expert advice on request.</p> <p>Organisational Structures to Support the Delivery of Engagement</p> <p>Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with CHC.</p> <p>Voices of Children and Young People's Group</p> <p>Newly established 'improving the use of feedback across the</p>	<p>Identified gaps in engagement team capacity</p> <p>Improved links with acute operational teams</p> <p>Lack of understanding of operational teams on their role in terms of engagement / continuous engagement with a purpose</p> <p>Awareness and staff utilisation of available engagement tools</p>	<p>By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> <li>• Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice</li> <li>• Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement</li> <li>• Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice (PO 4T)</li> </ul>	Davies, Lee	31/03/2023	<p>On track - A range of continuous engagement training sessions for staff and the CHC have been delivered. Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May22. Established a public, patient and staff engagement group that triangulates feedback from all sources of engagement with public, patients and staff, to ensure that the work of Hywel Dda University Health Board is informed and influenced by the views and perspectives of all our stakeholders. Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.</p>
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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.

Engagement mechanisms to support the delivery of continuous engagement across the organisation include:

- provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB
- management of the Siarad Iechyd / 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

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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)	There is a gap in terms of the formal review of engagement activities after completion - we need to better close the loop after a formal engagement or consultation	Establish a Public, Patient and Staff Engagement (PPSE) Group	Davies, Lee	Completed	Completed - Inaugural meeting held in Oct22.
	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					Establishment of a Children and Young People's Advisory Forum	Davies, Lee	31/10/2022	A Task and Finish Group has met to scope out the requirements of a new CYP Advisory Forum. Due to the early engagement work being undertaken for the interim paediatrics review and the land consultation, it is proposed to launch in the New Year so that children and young people can play an active part in the consultation. It has been agreed to emulate the Siarad lechyd/Talking Health model.
	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	1st					A review of membership of the Stakeholder Reference Group (SRG), to ensure all protected characteristics are represented.	Davies, Lee	Completed	SRG membership extended to include Members from an ethnic community/Members with protected characteristics. Terms of Reference also amended to reflect this development and the SRG's commitment under the Equalities Act 2010.

SRG used a oversight assurance mechanism	2nd		
For major pieces of engagement and consultation work sign off will be via Board	2nd		
Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review	3rd		
The Health Board and CHC have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee	3rd		

PRINCIPAL RISK REGISTER SUMMARY

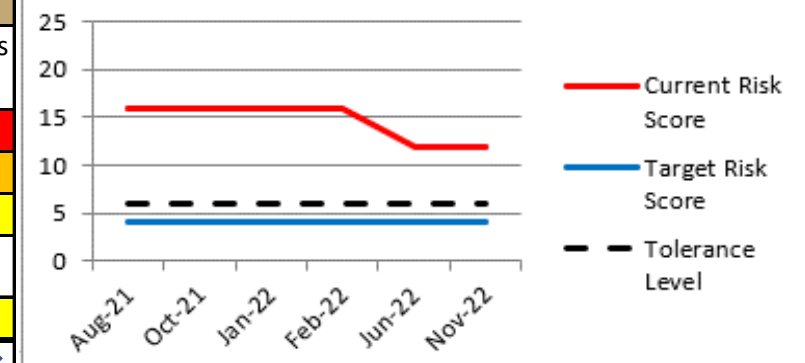
Establishment of a virtual engagement group focused on listening to seldom heard groups /protected characteristics (recommended by The Consultation Institute).	Davies, Lee	31/03/2023	On track - A virtual group has supported engagement with the technical land appraisal process and further work with virtual groups is planned for the Interim Paediatrics Review and OBC.

<b>Date Risk Identified:</b>	Apr-21
<b>Strategic Objective:</b>	2. Working together to be the best we can be

<b>Executive Director Owner:</b>	Moore, Steve	<b>Date of Review:</b>	Jul-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Sep-22

<b>Risk ID:</b>	<b>1187</b>	<b>Principal Risk Description:</b>	There is a risk that the Health Board does not have a strong enough reputation to attract partners to come and work with us. This is caused by the fragility of our services, the lack of understanding and buy-in to the Health Board's mission and geography. This could lead to an impact/affect on the Health Board not realising the benefits of partnerships and local support as well as reduced confidence from stakeholders.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Business objectives/projects
<b>Inherent Risk Score (L x I):</b>	5×4=20
<b>Current Risk Score (L x I):</b>	3×4=12
<b>Target Risk Score (L x I):</b>	2×2=4
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	↔



<b>Rationale for CURRENT Risk Score:</b>
Our reputation is growing and there are a number of Health Board and wider plans to make Hywel Dda an attractive partner. Partnership working is strong in the ARCH and Mid Wales Joint Committee (MWJC), and has deepened and broadened with local authority partners and is driving our research, development and innovation work with universities.

<b>Rationale for TARGET Risk Score:</b>
The score reflects the fact that there is a great deal of partnership working in place but the impact of much of this has yet to be maximised. Areas such as widening community based care, expanding research and development and delivering the plans associated with ARCH and MWJC will all significantly reduce this risk in the next 3 years.

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



PRINCIPAL RISK REGISTER SUMMARY

NOVEMBER 2022


<p>Strategic Equality Plan and Objectives for 2020-24</p> <p>Continuous Engagement Strategy approved by Board in Jan19</p> <p>Healthier Mid and West Wales Strategy approved by Board Nov18</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>Regional Partnership Board</p> <p>Public Service Board</p>	<p>Access to latest equipment and state of the art facilities for research, development and innovation</p> <p>Promoting the successes of the Health Board and individual and organisational achievements</p> <p>Workforce, facilities and capital requirements to deliver on our delivery plans in ARCH and MWJC</p> <p>Capacity to support regional working within the organisation and at Executive level</p>	<p>By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> <li>• Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice</li> <li>• Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement</li> <li>• Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice. (PO 4T)</li> </ul>	<p>Davies, Lee</p>	<p>31/03/2023</p>	<p>On track - A range of continuous engagement training sessions for staff and the CHC have been delivered. Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May22. Established a public, patient and staff engagement group that triangulates feedback from all sources of engagement with public, patients and staff, to ensure that the work of Hywel Dda University Health Board is informed and influenced by the views and perspectives of all our stakeholders. Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.</p>
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Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the Health Board, Welsh Government and HCRW expectations and improvement targets (see specific requirement 3.G.i). The plan will be implemented in partnership with universities, life science companies, and public service partners, so as to maximise the development of new research, technologies and services that improve patient care and health outcomes. The portfolio will target an expansion of activity into new areas of organisational, clinical and academic strength, including ophthalmology, orthopaedics, women and children's health, sexual and primary care. A function spanning clinical engineering, research and innovation (TriTech) will also target a threefold increase in technology trials (PO 3G)	Kloer, Dr Philip	31/03/2024	On track - Action plan for second year (22/23) of strategy implementation agreed by R&I Sub Committee.  Research Progress: Clinical Research Time Awards in place for Orthopaedics and Ophthalmology. The latter candidate awarded substantial grant. Separate protected time awards in general surgery and women and children's health. New Head of R&D now fully embedded and working on resilience across wider team. Innovation Progress: TriTech Business Plan developed and strengthened project governance to cover innovation. Substantial and diverse project portfolio underway. New Head of TriTech and Innovation in post.
By June 2022, develop an initial communications plan in relation to our strategy - A Healthier Mid and West Wales - and our 3 year plan to restore, recover and develop local services. This plan will be proactive and seek to build trust with our staff, partners and local population and a sense of hope and optimism as Mid & West Wales emerges from the pandemic. Implementation of the plan to begin no later July 2022. (PO 3J)	Hughes-Moakes, Alwena	30/06/2022	On track - No update on progress reported to SDODC Oct22. The Public Board in Aug22 shortlisted land options. The next step is the agreement of the consultation at the Nov22 Board, to start in Jan23. In addition, the Chair and CEO have led a number of community and political events, including mainstream media, to raise awareness and promote the PBC.
By March 2023, develop a comprehensive communication plan for the next 3 years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to Board approval in March 2023, begin implementation from April 2023. (PO 3M)	Hughes-Moakes, Alwena	31/03/2023	On track - No update on progress reported to SDODC Oct22.

To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024 (PO 4C)	Paterson, Jill	Completed	Complete - Transformation funds and ICF programmes as they were historically established no longer exist. All programmes were reviewed and for some programmes funding has been agreed through RIF funding against the new criteria established under RIF and will continue to report through that structure and into IEG. Transformation and ICF as entities no longer exist.
By March 2023 further develop the Health Board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually. (PO 4I)	Gostling, Lisa	31/03/2023	On track - An Armed Forces Steering Group and Armed Forces Staff Network have been established and are developing a Health Board Plan to support implementation of the Armed Forces Covenant commitments.
Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023. (PO 4J)	Gostling, Lisa	30/06/2023	On track - A new Planning Objective is to be developed to replace the current one that will ensure that a work programme is in place following the publication of the documents. The Population Assessment is nearing completion. The PSB Well-being plans and Area Plan are in development.

Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest. (PO 4N)	Kloer, Dr Philip	31/03/2023	On track - Colleagues have convened to enable the now defunct PO 4O is incorporated into the PO4N. The Food systems Action Group ToR have been redrafted accordingly, and is awaiting final agreement. Hywel Dda has remained an active partner in the NST Wales Transition Lab work, feeding back to a wider stakeholder group the findings of the feasibility report.
By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects. (PO 4R)	Gostling, Lisa	31/03/2023	On track - This work needs to link to Planning Objective 6G on decarbonisation
By December 2022, develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes the identification and development of community leaders, asset mapping and the identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years. (PO 4U)	Kloer, Dr Philip	31/12/2022	On track - Public Service Board and Regional Partnership Board colleagues have been engaged to enable the project to identify projects and initiatives in the three counties that will be suitable for the PO. Whilst agreement on the precise projects and areas is yet to be formally agreed, there is agreement that: There are suitable projects in each county for the Health Board to align with; and that partners and stakeholders are willing to include the Health Board within existing projects. Stakeholder mapping has commenced.

			By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. (PO 5H)	Paterson, Jill	31/03/2023	On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Population health and resource consumption data has been shared to support local prioritisation of needs. This will support the iteration of the Integrated Locality Plans against the December and January national deadlines. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental system going live in October to support reporting from November ahead of the national metric. Full update in PO Progress Update Report to SDODC in Oct22.
			Implement all outstanding plans in relation to but not limited to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative, Welsh Health Specialised Services Committee (PO 5N)	Moore, Steve	31/03/2024	On track - Reported to SDODC in Oct22.

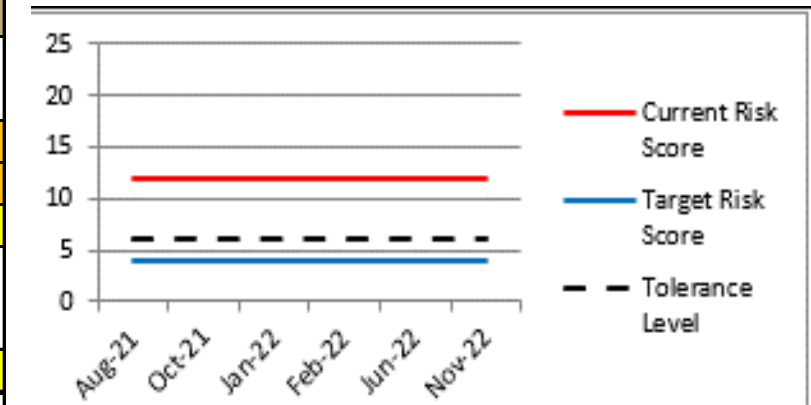
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed  Further action necessary to address the gaps	By Who	By When	Progress
			Current Level							
See Our Outcomes section on BAF Dashboard	ARCH Reports to Strategic Development and Operational Planning Committee (SDODC)	2nd								
	Oversight of delivery of Planning Objectives to SDODC & other sources of assurances partnership working to the Board	2nd								

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

<b>Executive Director Owner:</b>	Moore, Steve	<b>Date of Review:</b>	Jul-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Sep-22

<b>Risk ID:</b>	<b>1197</b>	<b>Principal Risk Description:</b>	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 HB'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.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Business objectives/projects
<b>Inherent Risk Score (L x I):</b>	3×4=12
<b>Current Risk Score (L x I):</b>	3×4=12
<b>Target Risk Score (L x I):</b>	1×4=4
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	↔



<b>Rationale for CURRENT Risk Score:</b>
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 but at an early stage and suffering some delays due to the the pandemic. The Likelihood score will reduce as evidence of the shift towards preventative and community based care builds and will link strongly to those Planning Objectives underpinning the Roadmap to Recovery, as well as moving to Outline Business Case (OBC) stage for the major capital developments contained in our recently published Programme Business Case (PBC)(subject to WG approval).This risk has been assessed against the impact that the increase of WG escalation status may have on our ability to deliver our strategy.

<b>Rationale for TARGET Risk Score:</b>
The Likelihood score reflects the expectation that, through the successful delivery of existing Planning Objectives and new ones developed by the Transformation Steering Group and Strategic Enabling Group, 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)	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>Healthier Mid and West Wales Strategy approved by Board Nov18.</p> <p>Delivery Groups and processes:</p> <ol style="list-style-type: none"> <li>1. Programme Business Cases (PBC) steering groups</li> <li>2. Cluster groups &amp; locality plans</li> <li>3. Regional Partnership Board, ARCH and other regional/national collaboratives</li> <li>4. Executive Team weekly review process</li> </ol> <p>Planning Objectives related to:</p> <ol style="list-style-type: none"> <li>1. Delivery of the Transforming MH&amp;LD programmes</li> <li>2. Development of a Children's and Young People Plan for implementation from 2022/23</li> <li>3. Development of plans to achieve the design assumptions underpinning A Healthier Mid &amp; West Wales</li> <li>4. Delivery of the Bronglais Strategy</li> <li>5. Development of 24/7 out of hospital urgent and emergency care services</li> <li>6. Transformation Fund initiatives</li> <li>7. Cluster initiatives</li> <li>8. Locality development plans and support for those with complex needs in our communities</li> <li>9. Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways</li> <li>10. Locality based resource mapping and planning</li> <li>11. Business Case development for a new hospital in the south of the region and the repurposing of GGH &amp; WGH</li> <li>12. On going, continuous engagement and support for carers</li> </ol> <p>Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.</p> <p>Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG &amp; SEG process.</p>	<p>Successful realisation of the Healthier Mid and West Wales Strategy</p> <p>Successful realisation of the TMH and LD strategy</p> <p>Ability to shift investment into primary and community settings and realise the social model for health ambitions</p> <p>Not having a comprehensive Children &amp; Young People (CYP) services Plan to address mental &amp; physical health needs for CYP</p> <p>Ability to maximise the potential of our local and regional partnerships</p>	<p>Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality &amp; Safety, Primary care, Secondary care and MH services within the next 3 years, that are consistent with the Health Board's Strategy (future PO 5A)</p>	Moore, Steve	31/03/2023	<p>On track - Key elements of the work plan through 2022/23 include:</p> <p>Review our performance measures in line with the WG 2022/23 delivery framework; Work with our teams to develop trajectories for our WG and key improvement measures; Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required; Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required.</p> <p>We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind. Our performance is available through our Integrated Performance Assurance Report</p>
		<p>Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality &amp; Safety, Primary care, Secondary care and MH services within the next 3 years that are consistent with the Health Board's Strategy (future PO 5B)</p>	Moore, Steve	31/03/2023	<p>On track - See 5A above.</p>



<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:</p> <ul style="list-style-type: none"> <li>• the repurposing or new build of GGH and WGH</li> <li>• implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears</li> </ul> <p>Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)</p> <p>Develop plans for all other infrastructure requirements in support of the health and care strategy. (PO 5C)</p>	Davies, Lee	31/03/2026	<p>Behind - Programme Business Case submitted to WG in Feb22. Board agreed a shortlist of 3 sites at the meeting on 4th Aug22 and that the UHB would go out to public consultation on these 3 sites. A consultation plan was presented to the Board on Sep22. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on Sep22. The current Programme timeline is predicated on WG endorsement at the end of May22. This was the subject of a cabinet discussion in Jul22. The UHB have received a formal response from WG. It has been agreed that the next stage in the process will be: a commissioning of an external review of the proposed clinical model, and development of a Strategic Outline Case. Officers will work with the WG to agree the next steps in the process. This could have an 18 month impact on the current programme timeline, mitigations will be explored when we have more detail on the work to be completed.</p>
<p>Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic (PO 5F)</p>	Carruthers, Andrew	31/03/2024	<p>Behind - WThe COVID pandemic has adversely affected progress on the delivery of the Bronglais Hospital Strategy with operational teams focussed on delivery of services during the last 2 years. A post COVID review of the Strategy has commenced with a view to an update paper being prepared by the end of Nov22. A revised implementation plan will follow the review in Dec22.</p>

Undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB (PO 5I)	Carruthers, Andrew	31/03/2024	On track - The Director of operations has commissioned an internal review of Community Paediatrics. In addition, Community paediatrics have commenced a Task and Finish (T&F) exercise the focus of which is to reduce the number of CYP waiting for a new or follow up appointment with a community paediatrician. The T&F group will assess the requirement for skill-mix and changes in practice across the Service. A sub-group to explore the identified gaps in Positive Behaviour Support has been formed and will report to the CYP working group at the next meeting, planned for Nov22.
Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model in this area by September 2022 so that implementation can be completed by December 2022Â (PO 5J)	Paterson, Jill	31/03/2023	On track - The 24/7 urgent primary care model (includes community in this context) is predicated on the development of a clinical streaming hub which would take urgent referrals from Emergency Departments, WAST and 111 First. Given the rurality of our geography, it was acknowledged that our Hub would need to be remote in nature and that clinical assessments of those referred would be undertaken virtually by appropriately trained and experienced clinicians. It is clear that improving our Urgent and Emergency Care provision however requires a focus on the whole system. This is acknowledged by the national 6 UEC Goals programme that each Health Board are expected to implement locally. Specifically, there is a need to consider how we ensure our system is 'fit for frailty'.


		<p>By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health &amp; care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities:</p> <ul style="list-style-type: none"> <li>• Connected kind communities including implementation of the social prescribing model</li> <li>• Proactive and co-ordinated risk stratification, care planning and integrated community team delivery</li> <li>• Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home</li> <li>• Enhanced use of technology to support self and proactive care</li> <li>• Increased specialist and ambulatory care through community clinics (PO 5H)</li> </ul>	Paterson, Jill	31/03/2023	On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Population health and resource consumption data has been shared to support local prioritisation of needs. This will support the iteration of the Integrated Locality Plans against the December and January national deadlines. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental system going live in October to support reporting from November ahead of the national metric. Full update in PO Progress Update Report to SDODC in Oct22.
		<p>By September 2022 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts (PO 5T)</p>	Paterson, Jill	30/09/2022	On track - Recommendations to test over next year: Expansion of community micro enterprises; Develop the Circle of support; Digital Test the Connected Healthcare Administrative Interface (CHAI) community application; Evaluate and evidence the above models work. Work is ongoing to approve these recommendations. This Planning Objective also needs to be linked into Planning Objective 5H (Integrated Locality Planning) and form a central tenant of it.

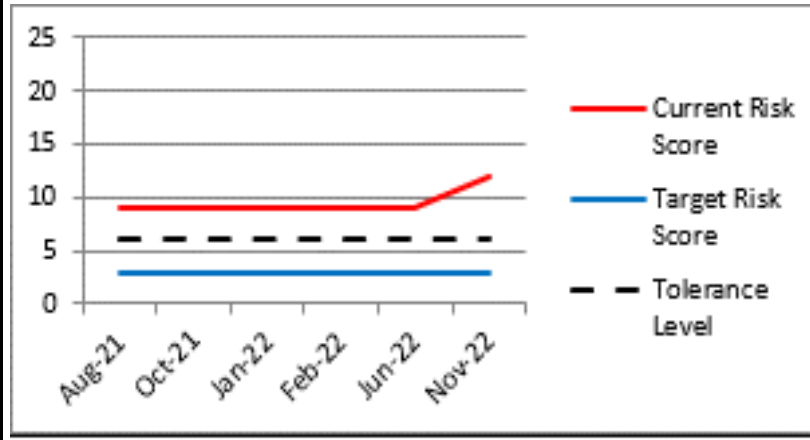
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the 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	Board and Committee oversight of Planning Objectives	2nd			TMH Update - Board (Mar22)  Three Year Draft Plan for Children's Services - Board (Jul21)  PBC - Implementing the Healthier Mid and West Wales Strategy Board (May22)  IMTP Update - Board (May22)	None identified.				
	QSEAC 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								

<b>Date Risk Identified:</b>	May-21
<b>Strategic Objective:</b>	3. Striving to deliver and develop excellent services

<b>Executive Director Owner:</b>	Moore, Steve	<b>Date of Review:</b>	Jun-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Aug-22

<b>Risk ID:</b>	<b>1189</b>	<b>Principal Risk Description:</b>	There is a risk that services fail to learn, innovate and improve to a sufficient level in a timely manner. This is caused by a culture that does not facilitate learning (mindset); that skills are not developed across the organisation to implement the approach (skillset) and that the systems required to support the rollout are not implemented (toolset). This could lead to an impact/affect on services failing to see evidence of continuous improvement.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Business objectives/projects
<b>Inherent Risk Score (L x I):</b>	3×4=12
<b>Current Risk Score (L x I):</b>	4×3=12
<b>Target Risk Score (L x I):</b>	1×3=3
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	



Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	12	3	6
Oct-21	12	3	6
Jan-22	12	3	6
Feb-22	12	3	6
Jun-22	12	3	6
Nov-22	15	3	6

<b>Rationale for CURRENT Risk Score:</b>
The current risk score reflects the fact that the organisation has existing processes in place to value and embed learning and improvement but that it is not comprehensive. This means we may miss opportunities to enhance the care we provide and create a supportive environment for staff to develop and grow. There is increasing evidence that the mindset of the organisation is focussed on learning, the skillset is developing quickly, particularly in areas such as EQiP, Improving Together and Research and Development, however further work is required to strengthen our toolset. In reference to the outcome measures in the BAF, operational pressures are also likely to be causing challenges for people to enact change or improvement in their areas. As a result, the likelihood has been increased from 3 to 4, increasing the overall current risk score to 12.

<b>Rationale for TARGET Risk Score:</b>
3 of our 6 strategic objectives are people-focussed and are aimed at making the Health Board a great place to work and receive care. The Board will be focussing on this for the long term which would result in an organisation which has learning, innovation and improvement threaded through everything it does.

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

<p>Risk Management Framework and Board Assurance Framework (BAF)</p> <p>Established governance structures</p> <p>Established Assurance Trackers for audits, inspectorates &amp; regulators, Welsh Health Circulars, Ministerial Directions</p> <p>Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience</p> <p>Transformation Steering Group (TSG) and Strategic Enabling Group (SEG)</p> <p>Research, Development and Innovation Strategy approved by QSEAC</p> <p>The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements</p> <p>Quality framework, with the Enabling Quality Improvement in Practice (EQIIP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&amp;D etc)</p> <p>Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)</p> <p>OD Cultural Plans</p>	<p>Staff not being clear of the expectation of their contribution to the delivery of the strategic objectives/planning objectives</p> <p>Ability to address our audit, inspectorate and regulatory requirements at pace</p> <p>Understanding our position against HCS and having an effective plan to ensure we comply with them</p> <p>Having an effective process to find new opportunities to improve what the HB does and how it does it through new POs and enablers</p> <p>Having comprehensive approach to use of data - operational, tactical and strategic</p> <p>Alignment of BAF to strategic objectives</p> <p>Having ambitious comprehensive RDI programme</p> <p>Having an effective process to collate and disseminate learning across the organisation</p> <p>Cohesive engagement and capacity of operational teams to engage in programmes listed in the 'key</p>	<p>Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence (PO 3A)</p>	Thomas, Huw	31/03/2025	<p>On track - Refreshed outcome measures and measures aligned to 6 Strategic objectives. First Directorate dashboard within MHLD developed which helps to display, quality, workforce and performance information in one place to support an improvement discussion. This format will now be rolled out across other directorates over the coming year. a new sharepoint site for Improving Together, which is available on our intranet. More information in PO Update Report to SDODC Oct22. Harms dashboard launched in Nov22.</p>
		<p>From April 2022, establish an implementation group to identify the actions required to respond to the emerging requirements of the Quality &amp; Engagement Act. The specific actions that will be put in place to support organisational readiness will be informed by the work undertaken to review the Health &amp; Care Standards during 2021/2022 and the receipt of any formal guidance related to the Act (PO 3C)</p>	Rayani, Mandy	31/03/2023	<p>On track - The Health Board implementation group is continuing to meet regularly to discuss opportunities for early implementation. The guidance from Welsh Government is awaited as well as further detail relating to the arrangements for reporting on quality and implementation of duty of candour.</p>

		controls'.  Availability of data that is accessible for teams to identify improvements	By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis).  As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by Sep22 with full inclusion of all health and social care data (as a minimum) by Mar25 (PO 3E)	Thomas, Huw	31/03/2023	On track - The Data Science Platform performing advanced analytics is available for use. Applications that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available in the Data Science Platform. They provide functionality for the examination of ED Attendance and Admissions. Future work will incorporate data sets that will analyse Bed Occupancy, LOS and Discharge data. A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.
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Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the Health Board, Welsh Government and Health and Care Research Wales expectations and improvement targets (PO 3G)	Kloer, Dr Philip	31/03/2024	On track - Action plan for second year (22/23) of strategy implementation agreed by R&I Sub Committee. Research Progress: Clinical Research Time Awards in place for Orthopaedics and Ophthalmology. The latter candidate awarded substantial grant. Separate protected time awards in general surgery and women and children's health. New Head of R&D now fully embedded and working on resilience across wider team. Innovation Progress: TriTech Business Plan developed and strengthened project governance to cover innovation. Substantial and diverse project portfolio underway. New Head of TriTech and Innovation in post.
By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved (PO 3H)	Wilson, Joanne	31/03/2023	On track - A Planning Objective (PO) Dashboard is in the process of being developed which will include enable PO leads to monitor outcome measures and assess whether they are having a positive impact on quality, workforce and financial performance. This will enable the Health Board to modify its objectives to reflect new knowledge and insight and to quickly and efficiently apply it to its planning process. The PO Dashboard will feed into the planning process and enable the Health Board to prioritise key POs, understand the interface between POs and modify/cull POs that are not adding value, allowing the Health Board to focus on those that have the largest impact on quality, workforce and financial performance. It will also be used to provide assurance in Committee reporting and the 'how are we doing' BAF sessions at Executive Team.



Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established (PO 50)	Shakeshaft, Alison	31/03/2025	On track - No progress update provided to SDODC in Oct22.
Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5A)	Rayani, Mandy	31/03/2023	On track - Key elements of the work plan through 2022/23 include: Review our performance measures in line with the WG 2022/23 delivery framework; Work with our teams to develop trajectories for our WG and key improvement measures; Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required; Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required. We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind. Our performance is available through our Integrated Performance Assurance Report
Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5B)	Rayani, Mandy	31/03/2023	On track - See 5A above.

By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought. In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation (PO 6B)	Thomas, Huw	30/06/2022	On track - A key focus of the roadmap back to financial sustainability is focused on the Matrix. The Matrix provides a rationalisation of ledger through explaining system costs and waste through an activity profile. These areas of waste and inefficiency then correlate to the programmes of work which have been established to remedy a number of the areas aligned to the Matrix. These includes, TUEC (Admission Avoidance), Integrated Locality Planning (Discharge), Nurse Stabilisation, Alternative Care, FLOs and CHC. Each programme then has a number of phases (projects) which correlates the intervention (project) to the anticipated activity reduction. This supports the alignment of finances being overlaid with activity planning assumptions and financial sustainability. Work continues in parallel with overall VBHC programme. Requesting early invitation to each new project, to discuss offering and jointly decide whether resource measurement is required. For example, the first phase of shoulder pathway has concluded in quarter. Around this, broader operational requests for resource modelling are evaluated within same framework and approach. EG capacity and demand modelling support to Radiology services has commenced in the last quarter.
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		<p>Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the Health Board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• Supporting the assessment of practice against local and national clinical effectiveness standards and ensuring that findings are used improve the services provided to our patients;</li> <li>• Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews PO 5K)</li> </ul>	Kloer, Dr Philip	31/03/2023	<p>On track - The Clinical Director for Effective Clinical Practice and the Head of Effective Clinical Practice and Quality Improvement (Medical Directorate) have met with most Directorate and County Triumvirate teams to engage on effective clinical practice and inform the strategic framework and delivery plan. Additionally, a member of the Clinician Effectiveness team attends the majority of the Quality and Governance Group meetings, and reports are routinely shared detailing newly published and updated NICE and other national guidance. The AMaT system is now being used in targeted areas within the Health Board, which includes the maternity service, and for the Pelvic Health programme workstreams.</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 of BAF Dashboard	Tracker Performance reports issued to Lead Directors on bi-monthly basis	1st			Tracker Report ARAC (Jun22)  Strategic Business intelligence - Board (Aug21)	Assurance arrangements for overseeing development and delivery of BI and modelling	Assurance arrangements on monitoring delivery of future Planning Objectives to be agreed as part of IMTP process	Wilson, Joanne	31/03/2022	Completed. PO Update reports scheduled on Committee workplans along with proactive and reactive deep dives into specific POs.
	Committee oversight of delivery of WHCs and MDs	2nd				Assurance arrangements for collating learning from delivery of Planning Objectives (future PO 3H)	Setting up a QI Strategic Steering Group to ensure that all current control measurements are connected	Davies, Mandy	31/12/2022	Work underway.
	ARAC oversight of Audit Tracker	2nd				Assurance arrangements on delivery of Stroke & Rehab and Paediatric Plans (future PO 50)	To develop measures that consider the use of improving together tools across the Health Board	Evans, Catherine	30/09/2022	Work underway.
	RD&I Sub Committee overseeing delivery and success of RDI Strategy	2nd								
	AW & IA Plan includes annual review of risk management arrangements & BAF	2nd								
	Internal Quality & Engagement Act Implementation Group	2nd								

Improving Together Steering group (Bi-monthly)	2nd		
IA Health and Care Standards to review adequate procedures in place to ensure, and monitor, effective utilisation of the standards to improve clinical quality and patient experience -Reasonable Assurance (Feb21)	3rd		

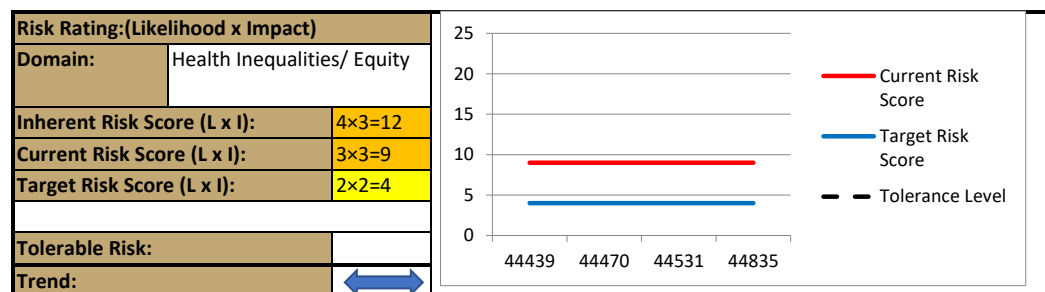
PRINCIPAL RISK REGISTER SUMMARY

NOVEMBER 2022


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

<b>Executive Director Owner:</b>	McCarthy, Jo	<b>Date of Review:</b>	Sep-21
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Nov-22

<b>Risk ID:</b>	1194	<b>Principal Risk Description:</b>	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.
<b>Does this risk link to any Directorate (operational) risks?</b>			



<b>Rationale for CURRENT Risk Score:</b>
Possible x moderate risk. Some interventions will fair better than others such as universal services (such as the COVID vaccination programme and social prescribing) than 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.

<b>Rationale for TARGET Risk Score:</b>
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.


<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
National screening programmes in place (including Breast, Bowel and cervical)
Vaccination and immunisation programme in place
Senior Public Health Practitioner dedicated remit for Vaccination and immunisation
Local and National health promotion initiatives
Multi-agency Vaccination Agency Steering Group in place (with influenza group, Primary care childhood vaccination group, occupational health and COVID vaccination 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
Further action necessary to address the controls gaps				
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	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related public health within the next 3 years (PO 4A)	McCarthy, Jo	31/03/2025	On track - There are a number of targets related to this planning objective, work around all is on track. Key elements include: Respiratory virus vaccination plan presented to board in September, joint flu & covid programme for 2022/23 underway; Deep dive into childhood vaccine uptake ongoing, to be presented to SDODC Q4 2022/23 and will form the basis of an improvement plan; and Health Improvement and wellbeing strategy due to Board Nov22.
Evidence based actions that improve individual and community behaviours				

By March 2024, develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years (PO 4B)	McCarthy, Jo	Ongoing	On track - There are a number of targets related to this planning objective, work around all is on track. Key elements include: Respiratory virus vaccination plan presented to board in September, joint flu & covid programme for 2022/23 underway; and Health Improvement and wellbeing strategy due to Board Nov22.
To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024 (PO 4C)	Paterson, Jill	31/03/2023	Complete - Transformation funds and ICF programmes as they were historically established no longer exist. All programmes were reviewed and for some programmes funding has been agreed through RIF funding against the new criteria established under RIF and will continue to report through that structure and into IEG. Transformation and ICF as entities no longer exist.
By March 2023 develop a plan to reduce the local health inequalities arising in relation to screening services with implementation of agreed actions to begin no later than April 2023. The aim is to increase the access and opportunity for screening in our most deprived communities to the levels of our least deprived areas (PO 4D)	McCarthy, Jo	31/03/2023	On track Continual engagement with the national screening team and national screening equity strategy. Development of a multidisciplinary group to oversee the cancer screening agenda in Hywel Dda is underway. Plans to strengthen screening data and support for clusters are in development.
Following implementation of the local plan to deliver "Healthy Weight: Healthy Wales" measure and report the impact and develop a 3 year plan by March 2023 to promote system leadership and working across areas locally for delivery of Level 2 and Level 1 services. (PO 4G)	McCarthy, Jo	31/03/2025	Behind - Behind - The All Wales Weight Management Pathway (AWWMP) is on track. The Whole System Approach (WSA) work is behind due to recruitment issues, however this is in hand and joint recruitment at a regional level with Swansea Bay is underway.

		<p>By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health &amp; care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities: Connected kind communities including implementation of the social prescribing model; Proactive and co-ordinated risk stratification, care planning and integrated community team delivery; Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home; Enhanced use of technology to support self and proactive care; and increased specialist and ambulatory care through community clinics. (PO 5H)</p>	Paterson, Jill	31/03/2023	On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Population health and resource consumption data has been shared to support local prioritisation of needs. This will support the iteration of the Integrated Locality Plans against the December and January national deadlines. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental system going live in October to support reporting from November ahead of the national metric. Full update in PO Progress Update Report to SDODC in Oct22.
		<p>By March 2024 develop and implement the strategy to improve population health so that everyone within HDdUHB region can expect to live more of life in good health by:</p> <p>1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and</p> <p>2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working (PO 4S)</p>	McCarthy, Jo	31/03/2023	On track - A deep dive into this planning objective will come to SDODC at the end of October. The strategy will come to SDODC in Dec22 ready for Board in Jan23, the timeline for this Planning Objective has been brought forward from Mar24.



Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 	Rating (what the assurance is telling you about your controls)	(Committee & date)	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
			Current Level							
See Our Outcomes section on 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								
	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 resources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd								

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

<b>Executive Director Owner:</b>	Gostling, Lisa	<b>Date of Review:</b>	Nov-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Jan-23

<b>Risk ID:</b>	<b>1188</b>	<b>Principal Risk Description:</b>	There is a risk that the Health Board is not effectively leveraging within our partnerships . This is caused by a lack of clarity about what we want to achieve together. This could lead to an impact/affect on the Health Board missing out on opportunities, duplication of effort as various partnerships not streamlined, and not realising the shared value/benefits of achieving more together than as separate entities.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>		
<b>Domain:</b>	Business objectives/projects	
<b>Inherent Risk Score (L x I):</b>	4×4=16	
<b>Current Risk Score (L x I):</b>	3×3=9	
<b>Target Risk Score (L x I):</b>	1×3=3	
<b>Tolerable Risk:</b>	6	
<b>Trend:</b>	↔	

<b>Rationale for CURRENT Risk Score:</b>
The Health Board is an active partner in a number of strategic and statutory partnerships. These include the following: Public Services Boards; Regional Partnership Board; Area Planning Board for Substance Misuse; 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. 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.

<b>Rationale for TARGET Risk Score:</b>
The Health Board approved a Partnership Governance Framework and Toolkit in Sep17. 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.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
<p>The Health Board is a key member of strategic and statutory partnership groups.</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>

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				
Fully comprehending and exploiting the opportunities of true partnership working in order to deliver the ambitions within our Health and Care Strategy.	Review the Partnership Governance Framework for strategic and statutory partnerships to consider how this tool can add value to mitigating this risk and help the Health Board achieve it strategic and planning objectives. This will need to include defining an inclusion criteria for HB partners, mapping POs to key partners and grading their significance/contribution to the delivery of each PO.	Gostling, Lisa	31/03/2023	New Action - Review the tool that the Health Board uses for strategic and statutory partnerships and develop a further plan to populate and implement it.
The Partnership Governance Framework and Toolkit has not been proactively utilised for the past three years and would require review to				

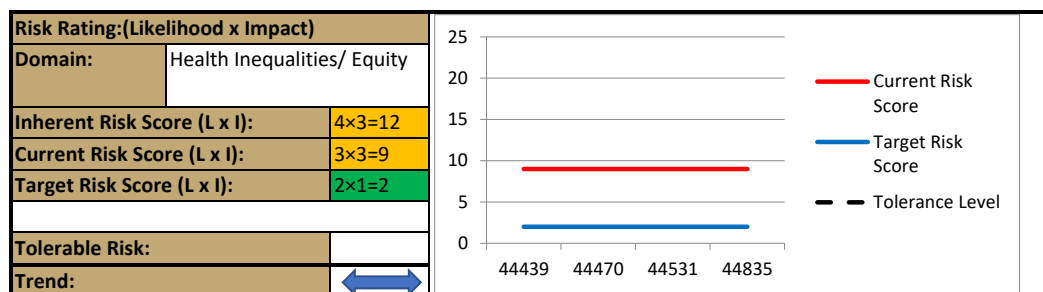
	<p>ensure fit for purpose in the current governance environment.</p> <p>Strengthen the synergy between partnership priorities and the strategic objectives of the Health Board to provide greater opportunities to consider how the benefits of partnership working can be maximised.</p>				
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ASSURANCE 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 BAF Dashboard	Statutory Partnerships Update to Board	2nd			Strategic Partnerships Update - Board (Jul21, Sep21, Nov21, Jan22, March 22, May 22, July 22, Sep 22, Nov22)	Ability of the organisation and individual directorates to understand whether opportunities within partnerships are being maximised.				
	Chief Executive and Chair Reports to Board	2nd								
	Delivery of Planning Objectives are being overseen by Executive Team and Board Committees	2nd								

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

<b>Executive Director Owner:</b>	McCarthy, Jo	<b>Date of Review:</b>	Oct-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Dec-22

<b>Risk ID:</b>	<b>1193</b>	<b>Principal Risk Description:</b>	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 continue to have poorer or worse outcomes from service changes.
<b>Does this risk link to any Directorate (operational) risks?</b>			



<b>Rationale for CURRENT Risk Score:</b>
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.

<b>Rationale for TARGET Risk Score:</b>
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.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well-being (these were refreshed in Apr22)
Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.
Identified lead lookinat evidence base and linking with local leads
Embedded reducing inequalities throughout the HB Planning Objectives.
Healthy weight, Health Wales Plans help to reduce health inequalities
Health Equity Group in place

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
Currently no formal process in place that considers impact of health inequity/equity of outcomes across our population  Ability of the Community Development Outreach Team to engage with all communities within Hywel Dda area	Further action necessary to address the controls gaps  By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalismâ€œ) and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5. (PO 4K)	McCarthy, Jo	31/03/2023	On track - A deep dive into this Planning Objective came to the last SDODC meeting. A detailed report is being prepared to serve as a basis for this discussion at Board in Mar23.

Following implementation of the local plan to deliver "Healthy Weight: Healthy Wales" measure and report the impact and develop a 3 year plan by March 2023 to promote system leadership and working across areas locally for delivery of Level 2 and Level 1 services. (PO 4G)	McCarthy, Jo	31/03/2025	Behind - The All Wales Weight Management Pathway (AWWMP) is on track. The Whole System Approach (WSA) work is behind due to recruitment issues, however this is in hand and joint recruitment at a regional level with Swansea Bay is underway.
Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023. (PO 4J)	McCarthy, Jo	30/06/2023	On track - A new Planning Objective is to be developed to replace the current one that will ensure that a work programme is in place following the publication of the documents. The Population Assessment is nearing completion. The PSB Well-being plans and Area Plan are in development
Establish sustainable funding for the Community Development Outreach Team to continue their work to engage with minority ethnic communities and those who face barriers to accessing health and care services. Providing valuable intelligence about needs of these communities to support action to address health inequalities and improve population health and wellbeing.	Gostling, Lisa	31/03/2024	Community Development Outreach Team established as a pilot project funded from NHS Charities Together and P&EY funding. 639 individuals have been supported between April-November 2021,; information has been translated into 13 community languages to increase accessibility and there has been a significant increase in the number of stakeholder details which have been shared which will inform future engagement activities. IMTP Investment plan submitted to secure on-going funding to ensure permanency of this resource.

			By March 2024 develop and implement the strategy to improve population health so that everyone within HDdUHB region can expect to live more of life in good health by: 1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and 2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working (PO 4S)	McCarthy, Jo	31/03/2024	On track - A deep dive into this planning objective will come to SDODC at the end of October. The strategy will come to SDODC in Dec22 ready for Board in Jan23, the timeline for this Planning Objective has been brought forward from Mar24.
			By March 2023 develop a consistent measurement framework to assess the impact of Health Board spending in the following 4 domains: 1. Social value; 2. Economic Value; 3. Environmental impact; and 4. Cultural benefit. This framework will provide new measures for the Board Assurance Framework in relation to Strategic Objective 6 and will identify opportunities for new Planning Objectives for delivery from April 2024 (PO6H)	Thomas, Huw	31/03/2023	On track - Centre for Local Economic Studies ("CLESâ€œ) are continuing to work on baselining current Hywel Dda position, in areas such as procurement spend undertaken with local suppliers and other supply chain analysis, current CO2 management strategies versus desired reductions, local wealth creation etc. Social Value (SV) Portal currently being used to record target and actual improvements in social value in respect of new contract activity. Further projects being

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	Required Assurance			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
		(1st, 2nd, 3rd)	Current Level							
See Our Outcomes section of the BAF Dashboard  Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid	Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC	2nd				Governance structure for Health Equity Group to be strengthened	Establish Strategic Equity Group with partners with DOF, DOPH, MD and key officers in HB and PSB leads for health inequalities (the Health Equity Group will report to this group)	McCarthy, Jo	31/12/2022	Terms of Reference are under development

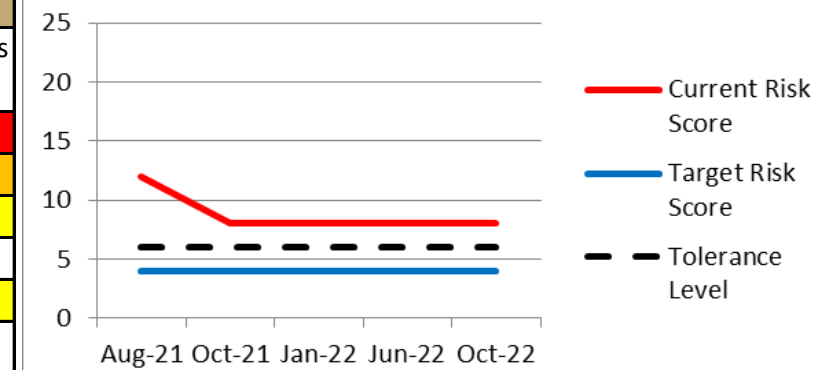
baseline setting to map progress	Health Equity Group in place engage with different groups for feedback on service and wider inequities	2nd		
	All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd		


<b>Date Risk Identified:</b>	Apr-21
<b>Strategic Objective:</b>	1. Putting people at the heart of everything we do

<b>Executive Director Owner:</b>	Rayani, Mandy	<b>Date of Review:</b>	Sep-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Nov-22

<b>Risk ID:</b>	<b>1184</b>	<b>Principal Risk Description:</b>	There is a risk risk that the Health Board will not be able to measure whether the transformational changes it is investing in are improving the experience for our workforce and the delivery of care, and will enable it to meet or exceed patient and families expectations. This is caused by the lack of an effective, systematic way to continuously engage with and capture feedback from our workforce, patients and public across the breadth of our services. This could lead to an impact/affect on poor patient experience, public confidence, lost opportunities and inability to offer patients and staff a great experience.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Business objectives/projects
<b>Inherent Risk Score (L x I):</b>	4×4=16
<b>Current Risk Score (L x I):</b>	2×4=8
<b>Target Risk Score (L x I):</b>	2×2=4
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	↔



<b>Rationale for CURRENT Risk Score:</b>
The current risk score reflects the current lack of formal mechanism to triangulate different sources of engagement and feedback from public, patients and staff across Hywel Dda. There is also uncertainty regarding sustainable funding, the interim nature of current staffing arrangements and the current IT infrastructure which facilitates feedback from staff and patients.

<b>Rationale for TARGET Risk Score:</b>
Target score is predicated on obtaining appropriate level of long term funding, implementation of the digital strategy which will create and sustain the required IT infrastructure, clinical and patient/public engagement. Plans are also in place to establish formal mechanisms for creating and triangulating feedback.



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 Further action necessary to address the controls gaps	By Who	By When	Progress
Command Centre Plan in place with workstreams established  Command Centre Programme lead appointed on interim basis  Civica system capturing feedback from patients implemented  Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured  Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board  Methodology to manage change with services to facilitate clinical engagement and pace of delivery  Waiting List Support Programme (WLSP) Plan with workstreams established  WLSP Phased Iterative Implementation Plan which is regularly reviewed  Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development  Power BI Performance dashboards on IRIS	Ability to source suitable environment to host the Command Centre & WLSP  Physical capacity to expand telecoms infrastructure to support the Command Centre and WLSP  Ability to obtain consistent, UHB-wide level of clinical engagement to support the full role out and ambition of the single point of contact  Whilst Infrastructure is in place however work is ongoing to demonstrate value of service at the end of 2022/23 for long term funding.  A system has been developed to support triangulation of data however it needs to be formally agreed and implemented  No periodic report during and after service change to reflect on the impact /improvement to patients, staff and performance	Building on the success of the command centre, develop a longer-term sustainable model to cover the following: single point of contact, switchboard/single call handling system, online booking and call handlers, surveillance cell to support TTP, incident response and management cell for COVID-19 response, sharepoint function and patients access to own records and appointments. Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years (PO 1B)	Rayani, Mandy	31/03/2025	On track - Current services supported remain the same as last report with the addition of; Lymphoedema; Continence; Expanded Health Visiting to Ceredigion; Pulmonary rehabilitation; Nosocomial review; Community respiratory; Phlebotomy booking; and Research & Development. Escalation hub has responded to 3 priority requests to support services in crisis. Services to come on board in next period are: Pelvic Health; Diabetes; Heart failure; Neurology; Urology; Ophthalmology; and Prostate cancer prehab. Confirmation of relocation of the communication hub to Canolfan Derwen. Move expected Oct/Nov22. Work on objective to roll out access for all patients to own record and appointments needs to continue in 2023.

Engagement in place with CHC (formal and informal arrangements in place)	No agreed method of aligning PROMs, PREMs and other measures to service change or development	During 2022/23 roll out the processes developed in 2021/22 to maintain personalised contact with all patients currently waiting for elective care which will:	Rayani, Mandy	31/03/2023	On track - In addition to earlier updates. To date 7100 stage 4 patients have been contacted (Orthopaedics, ENT, Urology, Dermatology, Ophthalmology, Gynaecology) with an offer of support via a single point of contact, information and advice on how to prepare for treatment (Waiting Well) and resources to support self-management. Online self-management and waiting well resources developed and have been accessed over 4000 times. Roll out to plan to General Surgery Oct22. Additional roll out to support patients on waiting lists for Community Paediatrics and Long COVID services in progress. Active engagement with 3rd sector, Education Programmes for patients (EPP) and services in Local Authorities to improve offer of support to patients/ alternative services. Patient Advisory Liaison Service (PALS) team have contacted patients to evaluate their experience of service. Further progress included in PO Update report to QSEC Oct22.
Staff Partnership Forum	Value opportunities framework not fully embedded into service change and transformation	1. Keep them regularly informed of their current expected wait; 2. Offer a single point of contact should they need to contact us; 3. Provide advice on self-management options whilst waiting; 4. Offer advice on what to do if their symptoms deteriorate; 5. Establish a systematic approach to measuring harm - bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation; 6. Offer alternative treatment options if appropriate; and 7. Incorporate review and checking of patient consent. By the end of March 2023 to have this process in place for all patients waiting for elective care in the HB (PO 1E)			
Any charitable funding applications need to demonstrate impact through agreed evaluation and metrics					
Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams					

By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis). (PO 3E)	Rayani, Mandy	31/03/2023	On track - The Data Science Platform performing advanced analytics is available for use. Applications that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available in the Data Science Platform. They provide functionality for the examination of ED Attendance and Admissions. Future work will incorporate data sets that will analyse Bed Occupancy, LOS and Discharge data. A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.
By March 2023, demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support Health and wellbeing.(PO 2K)	Gostling, Lisa	31/03/2023	On track - Staff Benefits optimisation programme in place and continuing to evolve via the Hapi App which now has 4429 subscribers. Staff recognition and awards programme is now in place. 314 members of staff nominated for the Hywel's Applause. Winners to be announced at the end of Oct, early Nov22. Nursing Staff Health & Wellbeing survey completed during the summer. The analytics and report findings are due early Dec22. The National Staff Survey has been postponed to Spring 2023.
Explore use of Greatix to encourage sharing and learning from example (No PO ref)	Rayani, Mandy	31/12/2022	A pilot project has been undertaken on one hospital site. For roll out across all sites. Work is also ongoing within patient experience on sharing compliments received via the 'feel good Friday' initiative and the staff appreciation awards from the Big Thank You.

Consider use of PROMS/PREMS to as a mechanism for measuring impact of transformation	Rayani, Mandy	31/12/2022	Meeting arranged to triangulate feedback from patients, public and staff with an invitation extended to the VBHC Team.
By October 2022 develop Directorate level People Culture Plans across the whole organisation coordinated by the OD Relationship Managers. These plans will lead the way to more good days at work for our staff and incorporate personal development pathways. (PO 1G)	Gostling, Lisa	31/10/2022	On track - Framework of the People Culture plan is agreed along with the ways of working through Our Guiding Principles. Cultural Intentions shaped for our priority areas. Framework being socialised widely across our organisation: 66 teams been engaged with across the system. Creating demand in the system for further engagement. In light of the system challenges, a new proposal to change the focus of where we go. We have agreed different priority areas (to ensure achievable) and to ensure wider impact. Our People Culture Plans will therefore focus only on our staffing groups for Hywel Dda.
Following the development and design of the "Making a Difference" Customer Service programme, implement a plan to focus on delivery and measuring outcomes (linked with the Board Assurance Framework), with all members of staff to have completed the programme by September 2024. (PO 1H)	Gostling, Lisa	30/09/2024	On track - Phase 1, 2, 3, 4, 5 completed. Moved booking system over to ESR. Evaluation underway - needs further refinement. Development of behaviour tool - initial external review started. Requires extending due to capacity issues, however staff being onboarded will drive this. Difficulty in filling courses impacting the number of courses having to be cancelled. Data as at 31/08/22 334 attended to date. More detail in SBAR deep dive.

Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation'. (PO 6D)	Kloer, Dr Philip	31/03/2024	On track - PROM collection is live in 17 areas. PREM collection is live in 6 areas. Resource utilisation has been completed in 7 areas. The Service Review process has been completed in Heart Failure and actions being implemented. Detailed information analysis performed in Heart Failure and Lymphoedema services to highlight the insights from PROM data collection. Data visualisation dashboard developed for Heart Failure clinicians to be used in co-producing healthcare with patients. Three Value Based Healthcare (VBHC) Education Programme cohorts successfully delivered with 150 participants. Clinical leadership models and engagement being reviewed for action in Q2. Further information included in PO Report to SRC Jun22.
Ensure metrics are agreed and in place ahead of any service changes as part of investment application to evaluate the impact /improvement to patients, staff and performance (No PO ref)	Rayani, Mandy	31/12/2022	Discussions to be hold with Director of Finance and Director of Strategic Planning to ensure alignment with planning/transformation.

			By March 2023, implement and embed our approach to continuous engagement through: 1. Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice; 2. Implementing structures and mechanisms to support continuous engagement, aligned to the regional; 3. A framework for continuous engagement; 4. Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice (PO 4T)	Davies, Lee	31/03/2023	On track - A range of continuous engagement training sessions for staff and the CHC have been delivered. Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May22. Established a public, patient and staff engagement group that triangulates feedback from all sources of engagement with public, patients and staff, to ensure that the work of Hywel Dda University Health Board is informed and influenced by the views and perspectives of all our stakeholders. Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.
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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 of BAF Dashboard	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st			Single Point of Contact Report - Board (Mar21)  Patient Experience Report - Board (May22)  Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)	Meaningful outcome measures for patient and workforce experience				
	WLSP Steering Group overseeing delivery of the plan and the workstreams	2nd								
	Command Centre Steering Group	2nd								
	Executive Team overseeing delivery of Planning Objectives	2nd								
	People, OD and Culture Committee oversight of Planning Objectives	2nd								
	Patient Experience Report to every Board	2nd								
	Listening and Learning Sub Committee	2nd								
	Periodic reporting of engagement index survey results to People, OD and Culture Committee and Board (from Nov21)	2nd								
	Public Service Ombudsman for Wales Reports	3rd								
	HIW Inspection Reports and Complaints	3rd								

<b>Date Risk Identified:</b>	Jun-21
<b>Strategic Objective:</b>	6. Sustainable use of resources

<b>Executive Director Owner:</b>	Thomas, Huw	<b>Date of Review:</b>	Oct-22
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Apr-23

<b>Risk ID:</b>	<b>1200</b>	<b>Principal Risk Description:</b>	There is a risk that the Health Board does not maximise the social value it creates through adequately addressing the challenges faced by society as we recover from COVID. This is caused by the Health Board not having an established framework in place to promote and measure social value. This could lead to an impact/affect on population health within Hywel Dda over the long term, with the Health Board not maximising its contribution to meeting the needs of future generations and addressing wider determinants of health and well-being.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>		
<b>Domain:</b>	Health Inequalities/ Equity	
<b>Inherent Risk Score (L x I):</b>	3x3=9	
<b>Current Risk Score (L x I):</b>	2x3=6	
<b>Target Risk Score (L x I):</b>	2x3=6	
<b>Tolerable Risk:</b>	8	
<b>Trend:</b>	↓	

<b>Rationale for CURRENT Risk Score:</b>
The Health Board has not historically considered social value within its mainstream approach to designing and delivering services. This means that the unmitigated risk score is moderate. While the impact will not be immediate, the impact on the long term could be significant. The impact of climate change, environmental degradation, deprivation and cost of living are known to all disproportionately impact the most vulnerable in society leading to long term adverse health impacts.

<b>Rationale for TARGET Risk Score:</b>
The long term impact remains unchanged, but following the actions taken below it is anticipated that the Health Board will reduce the risk of this impact materialising. It is unlikely that this risk will be experienced as an event, but a continuum of impact depending on the Health Board's appetite to address the issues with pace.

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



<p>Health Board active participation within the Public Service Boards across Hywel Dda UHB region.</p> <p>Local Needs Analysis commissioned by the Social Value Portal which is based on the Wellbeing Goals.</p> <p>Agreed Plan on a Page for Planning Objective 6H.</p> <p>Project Manager in place.</p> <p>An outline Social Value framework has been developed with strands in workforce, facilities and estates, procurement, with further areas to explored such as public health, social value.</p>	<p>The controls are in their early stages, and we need to develop a system to embed social value into our decision making in key areas.</p> <p>National framework agreements might not be moving at the same pace as HDUHB in maximising Social Value through procurement.</p>	<p>Development of a decarbonisation strategy (PO 6G: To develop a plan during 2021/22 and begin implementation within the next 3 years to make all Health Board services carbon neutral by 2030 and establish Green Health initiatives across the health board estate building on the work currently underway. The aim will be to address the climate emergency at Health Board level, improve the natural environment and support the wellbeing of our staff and public.)</p>	<p>Davies, Lee</p>	<p><del>31/03/2022</del> 30/09/2022</p>	<p>On track - An update was provided to the Sustainable Resource Committee on the 28th June 2022 to provide assurance to the Committee on performance against the PO. The Decarbonisation Delivery Plan is finalised and signed off by the Task Force group; Board paper being submitted on the 29th September 2022 to seek approval to the Delivery Plan and to take assurance from progress on Decarbonisation in line with Planning Objective and WG reporting requirements;</p> <p>Welsh Government reporting requirements in September 2022 met for both quantitative and qualitative reporting submissions.</p> <p>An Action Plan was tabled at the Task Force meeting 15th September 22 setting out progress at Q2 2022/23 stage. Action plan to be reviewed &amp; monitored via the Task Force group.</p>
		<p>By March 2024 Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years (PO 4B)</p>	<p>Lewis, Bethan</p>	<p>31/03/2024</p>	<p>On track - There are a number of targets related to this planning objective, work around all is on track. Key elements include: Respiratory virus vaccination plan presented to board in September, joint flu &amp; covid programme for 2022/23 underway; and Health Improvement and wellbeing strategy due to Board Nov22.</p>

By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by “Proportionate Universalism” and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5. (PO 4K)	Lewis, Bethan	31/03/2023	On track - A deep dive into this Planning Objective came to the last SDODC meeting. A detailed report is being prepared to serve as a basis for this discussion at Board in Mar23.
By September 2022 develop a comprehensive action plan to address the biggest preventable risk factors for ill health and premature death in the Hywel Dda area. This plan to be presented to Board and, subject to approval, implementation to begin in Q3 2022/23 and included in the next IMTP refresh (PO 4S)	Lewis, Bethan	30/09/2022	On track - A deep dive into this planning objective will come to SDODC at the end of October. The strategy will come to SDODC in Dec22 ready for Board in Jan23, the timeline for this Planning Objective has been brought forward from Mar24.
Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next 3 years (with 2022/23 being year 1) (see specific requirements 4.A.i) (PO 4A)	Lewis, Bethan	31/03/2024	On track - There are a number of targets related to this planning objective, work around all is on track. Key elements include: Respiratory virus vaccination plan presented to board in September, joint flu & covid programme for 2022/23 underway; Deep dive into childhood vaccine uptake ongoing, to be presented to SDODC Q4 2022/23 and will form the basis of an improvement plan; and Health Improvement and wellbeing strategy due to Board Nov22.
Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health and wellbeing” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society (PO 4L)	Kloer, Dr Philip	31/03/2023	On track - Aberystwyth University has provided the first draft of the systematic review. Colleagues have responded and we expect the final draft for approval by mid Oct22.

		By December 2022, develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes the identification and development of community leaders, asset mapping and the identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years. (PO 4U)	Kloer, Dr Philip	31/12/2022	On track - Public Service Board and Regional Partnership Board colleagues have been engaged to enable the project to identify projects and initiatives in the three counties that will be suitable for the PO. Whilst agreement on the precise projects and areas is yet to be formally agreed, there is agreement that: There are suitable projects in each county for the Health Board to align with; and that partners and stakeholders are willing to include the Health Board within existing projects. Stakeholder mapping has commenced.
		Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest (PO 4N)	Kloer, Dr Philip	31/03/2023	On track - Colleagues have convened to enable the now defunct PO 4O is incorporated into the PO4N. The Food systems Action Group ToR have been redrafted accordingly, and is awaiting final agreement. Hywel Dda has remained an active partner in the NST Wales Transition Lab work, feeding back to a wider stakeholder group the findings of the feasibility report.

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We are establishing an outcome measure for Board in relation to: Our positive impact on society is maximised	Social Value Steering Group reporting into SEG	1st			Social Value Workshop - SEG (Oct21)  Social Value Workshop - SRC (Dec21)	Evaluation	Establish key metrics for measuring social value improvements in Health Board	Thomas, Huw	30/11/2022	On Track - Working with a recognised industry partner to guide our prioritisation, metrics and embedding proposals. These will be presented to assurance committees for approval.  Draft Measurements direction report presented at a working level (social value lead and TL) and meeting booked with HT.
	SEG to provide monitoring/oversight of steering group	2nd								
	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd								
	Board meetings to consider the outcome measure (Our positive impact on society is maximised)	2nd								