

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...
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	Recruitment processes in place Induction process in process HR policies (including those for employee relations) in place with programme of review Training programmes in place (manager's passport, etc) County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc) Staff Well-being Service and Psychological Service in place Regular contact with Trade Union representatives/Staff Partnership forums Annual NHS staff surveys providing feedback from staff Separate clinical education programmes in place Apprenticeship programme and work experience programmes in place Leadership development programmes in place External ad-hoc talent programmes	Workforce/OD	5x4=20	3x2=6	See Our Outcomes section on BAF Dashboard	Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail (L1) Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1) Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee (L2) Staff Partnership Forum (L2) Medical Engagement scale feedback (L3) IA PADR Follow up - Reasonable (May-20) (L3) Internal Audit on Workforce Planning - Substantial (Apr22) (L3)	Planning Objectives Update - PODCC (Jun22) Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)	N		23

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		29
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1198	6. Sustainable use of resources	Ability to shift care in the community	Paterson, Jill	<p>Transformation Steering Group (TSG) & Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB</p> <p>Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.</p> <p>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 & 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 & 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		36
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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 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>	Finance inc. claims	4x4=16	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>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>Lightfoot 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>M9 Financial Report - Board (Jan 22)</p> <p>M10 Financial Report - SRC (Feb 22)</p> <p>Finance Planning Objective update - SRC (Aug21)</p>	Y		46
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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 & Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from 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	4x4=16	2x3=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 (Mar22) & SDCODC (May22)</p> <p>AHMWW PBC Programme Group Update - Board Seminar (Apr22)</p> <p>TMH Update - Board Seminar (Jun22)</p> <p>Planning Objectives Update (Planning) - SDODC (Jun22)</p> <p>Pentre Awel Update - SDODC (Apr22)</p> <p>DCP Update - SDODC (Jun22)</p>	Y		53
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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		58
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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	3x4=12	2x4=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 (Jan22)</p> <p>Healthcare Contracting Update - SRC (Feb22)</p>	N		69
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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</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>	Business objectives/projects	3x4=12	2x3=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		73
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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"> - 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 			<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	3x4=12	2x2=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 & other sources of assurances partnership working to the Board (L2)</p>		N		77
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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"> 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. Executive Team weekly review process <p>Planning Objectives related to:</p> <ol style="list-style-type: none"> 1. Delivery of the Transforming MH&LD programmes 2. Development of a Children's and Young People Plan for implementation from 2022/23 3. Development of plans to achieve the design assumptions underpinning A Healthier Mid & West Wales 4. Delivery of the Bronglais Strategy 5. Development of 24/7 out of hospital urgent and emergency care services 6. Transformation Fund initiatives 7. Cluster initiatives 8. Locality development plans and support for those with complex needs in our communities 	Business objectives/projects	3x4=12	1x4=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 & Planning (L3)</p>	<p>TMH Update - Board (May22)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Mar22)</p> <p>IMTP Update - Board (May22)</p>	Y		83
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				<p>9.Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways</p> <p>10. Locality based resource mapping and planning</p> <p>11. Business Case development for a new hospital in the south of the region and the repurposing of GGH & WGH</p> <p>12. On going, continuous engagement and support for carers</p> <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 & SEG process.</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	3x3=9	2x3=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		89

1194	4. The best health and wellbeing for our individuals, families and our communities	Increasing uptake and access to public health interventions	McCarthy, Jo	<p>National screening programmes in place (including Breast, Bowel and cervical)</p> <p>Vaccination and immunisation programme in place</p> <p>Local and National health promotion initiatives</p>	Health Inequalities/ Equity	3x3=9	2x2=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>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		94
1188	2. Working together to be the best we can be	Effective leveraging within partnerships	Gostling, Lisa	<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>	Business objectives/projects	3x3=9	1x3=3	<p>See Our Outcomes section in BAF Dashboard</p>	<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)</p>	N		98

1189	3. Striving to deliver and develop excellent services	Timely and sufficient learning, innovation and improvement	Moore, Steve	<p>Risk Management Framework and Board Assurance Framework (BAF)</p> <p>Established governance structures</p> <p>Established Assurance Trackers for audits, inspectorates & 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 (EQiP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&D etc)</p> <p>Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)</p>	Business objectives/projects	3x3=9	1x3=3	See Our Outcomes section of BAF Dashboard	<p>Tracker Performance reports issued to Lead Directors on bi-monthly basis (L1)</p> <p>Committee oversight of delivery of WHCs and MDs (L2)</p> <p>ARAC oversight of Audit Tracker (L2)</p> <p>RD&I Sub Committee overseeing delivery and success of RDI Strategy (L2)</p> <p>AW & IA Plan includes annual review of risk management arrangements & BAF (L2)</p> <p>Internal Quality & Engagement Act Implementation Group (L2)</p> <p>Improving Together Steering group (Bi-monthly) (L2)</p> <p>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) (L3)</p>	<p>Tracker Report - ARAC (Jun22)</p> <p>Strategic Business intelligence - Board (Aug21)</p>	N		100
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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	McCarthy, Jo	Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well being (these will be refreshed in Apr22) Director of Public Health and Director of Finance currently engaging with Social Value Portal (SVP). Analytical work being undertaken by the SVP to aid understanding of key issues affecting the most disadvantaged areas as described by the domains in the Index of Multiple Deprivation (IMD) and system wide data sources being collated.	Health Inequalities/ Equity	3x3=9	2x1=2	See Our Outcomes section of the BAF Dashboard Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress	Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2) 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 (L3)		N		108
1184	1. Putting people at the heart of everything we do	Measuring how we improve patient and workforce experience	Rayani, Mandy	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	Business objectives/projects	2x4=8	2x2=4	See Our Outcomes section of BAF Dashboard	Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1) WLSP Steering Group overseeing delivery of the plan and the workstreams (L2) Command Centre Steering Group (L2) Executive Team overseeing delivery of Planning Objectives (L2) People, OD and Culture Committee oversight of Planning Objectives (L2) Patient Experience Report to every Board (L2) Listening and Learning Sub Committee (L2) Periodic reporting of	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)		N	112

BOARD ASSURANCE FRAMEWORK JULY 2022

Date: July 2022

[illegible]

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. An event which impacts on a small number of patients.	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.
		Minor implications for patient safety if unresolved. Reduced performance if unresolved.	Major patient safety implications if findings are not acted on.		
Workforce & OD	Short-term low staffing level that temporarily reduces service quality	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.

	(< 1 day).		Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Ongoing unsafe staffing levels or competence. Loss of several key staff. 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.	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).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	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.
Finance including Claims	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.
Service or Business interruption or disruption	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.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.

Health Inequalities/ Equity	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
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RISK MATRIX




	LIKELIHOOD →				
IMPACT ↓	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.

Assurance Key:

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

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

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

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

Executive Director Owner:	Gostling, Lisa	Date of Review:	Jun-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Aug-22

Risk ID:	1186	Principal Risk Description:	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.
Does this risk link to any Directorate (operational) risks?			1406

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

Rationale for CURRENT Risk Score:
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.

Rationale for TARGET Risk Score:
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.

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			

Recruitment processes in place	Having a flexible and responsive recruitment process that encourage local employment for local people	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).	Davies, Christine	31/10/2022	On track - Framework of the People Culture plan is agreed along with the ways of working through Our Guiding Principles; Shaped our Cultural Intentions for our priority areas; Framework being socialised so far with regard to Nursing & Midwifery, Medical & Dental, Therapies, Mental Health & Learning Disabilities (MHL), Women's & Children, Estates & Facilities, Workforce & Organisation Development; Developing the capability to measure progress, building a dashboard and the ability to capture staff stories and staff experiences.
Induction process in process	Current induction process does not focus on key things a new candidate needs to know and does not provide continuous/on-going support/information				
HR policies (including those for employee relations) in place with programme of review	Current HR policies (including employee relations) do not fully support work-life balance and put the person at the centre				
Training programmes in place (manager's passport, etc)	Lack of equity of access to training regardless of personal and professional circumstances				
County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc)	Lack of agile approach to workforce training (eg 24/7 access, digital platforms)	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)	Glanville, Amanda	30/09/2022	On target - A new Terms of Reference have been written in draft including Workforce Planning and Education and Development, which will align services to ensure the future workforce plans are reflected and skills mapping matches these aspirations.
Staff Well-being Service and Psychological Service in place	Lack of support for services to people plan effectively				
Regular contact with Trade Union representatives/Staff Partnership forums	Ability to understand and respond to staff feedback on well-being				
Annual NHS staff surveys providing feedback from staff	Lack of a multidisciplinary approach to clinical education	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.
Separate clinical education programmes in place	Lack of a comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health				
Apprenticeship programme and work experience programmes in place					
Leadership development programmes in place					
External ad-hoc talent programmes					

<p>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>	Plan a Strategic Resourcing Programme (including Overseas RN Recruitment)	Thomas, Annmarie	31/03/2023	Strategic resourcing action plan considered in overarching document presented to ED team. International recruitment project proceeding at pace at NHS Wales level with local project team identified. ToR agreed for the local Task and Finish group. Regular reporting of progress to Nursing Workforce Planning Group (ED led).
	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	On track - Support for candidates launched. Centralised recruitment being trialled for PPH.
	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 - Remaining actions from 2021/22 plan on a page have been transferred to 2022/23. New plan on page: phase 1,2,5 completed with the introduction of a 26-week induction programme and detailed report written. Digital Transformation Project has commenced which is focussing on developing an induction booking system. Implementation of new 26-week programme will be rolled out as and when new digital solutions are implemented. Recruitment - Support for candidates launched. Centralised recruitment being trialled for PPH.
	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 - First group of policies for approval at PODCC on target for agreed date. Work has commenced on phase 2.

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 - Work is progressing to draw learning from experiences of all involved in ER process. Work will proceed into 2022/23 plans
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 - Substantial assurance attained within the internal audit, one recommendation to be implemented. Staff Benefits programme in place and consistently promoted via Global and the Hapi App. Financial Wellbeing Steering Group established. New programme for staff recognition & awards in place and for information at June PODCC.



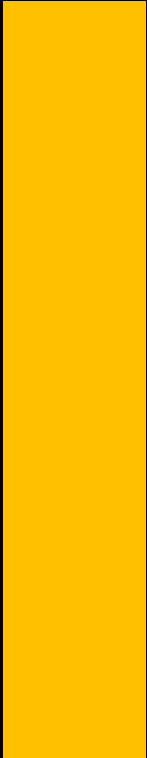






		By March 2023 design a comprehensive range of Leadership Development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care. (PO 2J)	Davies, Christine	31/03/2023	On track - Programme Delivery Completed for Quarter 1 includes: Climb Cohort 1; Warwick Nudge Behaviour Insights Programme; Completion of Board Reverse Mentor Programme (Cohort 1); Executive Team 2022 Time Out Series 1; Star Programme (Cohort 3); New Consultant Programme (Cohort 1); Medical Leadership Forum; Consultant/Peer Mentoring Programme Workshop. Coaching Capacity Growth Progress includes: An increase of 7 newly qualified coaches taking the current total of qualified coaches in the network to 15; and Cohorts 1-3 continuing with Cohort 4 commencing in May22. Facilitated Leadership Sessions include Senior Nurse Leadership team and Senior Medical Leadership Team. Senior Operations Executive (Target Operating Model Design).
		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	30/06/2022	On track - Substantial assurance attained within the internal audit, one recommendation to be implemented; Staff Benefits programme in place and consistently promoted via Global and the Hapi App; Financial Wellbeing Steering Group established; New programme for staff recognition & awards in place and for information at June PODCC.

ASSURANCE MAP

Control RAG

Latest Papers

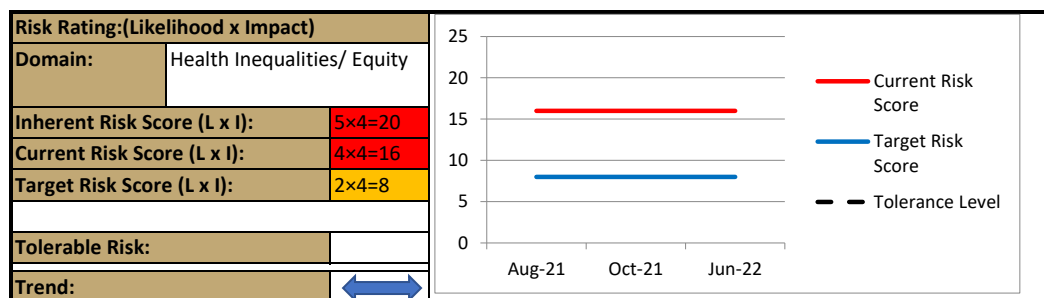
Gaps in ASSURANCES

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 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								

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

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Jun-22
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Aug-22

Risk ID:	1192	Principal Risk Description:	There is a risk that the Health Board sets the wrong value for best health and well-being for individuals and communities. This is caused by seeing health and well-being through the 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.
Does this risk link to any Directorate (operational) risks?			



Rationale for CURRENT Risk Score:
Whilst the Board does undertake engagement with its population it is still defining its approach to continuous engagement, its approach to tackling inequality / inequity, and its understanding of the 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.

Rationale for TARGET Risk Score:
Actions include developing an implementable plan for continuous engagement, and the Board defining its approach to tackling health inequality, and also what the 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.

Key CONTROLS Currently in Place: (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

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
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)	McCarthy, Joanne	31/03/2025	On track - On track - Progress in implementing the weight management elements of HWWH are on track. The wider systems work has been delayed due to the need to revise agreements with PHW to account for the regional approach being taken with Swansea Bay UHB.
No universal accepted view of best health and wellbeing				
Understanding what health and wellbeing matters to our communities				

<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>	<p>Lack of thorough engagement plan</p> <p>Wellbeing assessments being able to provide the level of detail required to inform service improvement</p> <p>Staff do not routinely collect information on wellbeing on every encounter with our population</p> <p>Strengthen working with RPB and PSBs</p>	<p>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)</p>	<p>Gostling, Lisa</p>	<p>30/06/2023</p>	<p>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.</p>
		<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)</p>	<p>Lewis, Bethan</p>	<p>31/03/2023</p>	<p>Behind - Due to capacity issues, ongoing work around health protection and sickness within the public health directorate, adequate progress has not been made to date. However, a Public Health Registrar will be joining the team in late June and will take a lead, with colleagues working in social value and in our health equity group, on initial analysis and an options appraisal. We expect this work to be back on track by September and continue to aim for the March 2023 board discussion date.</p>
		<p>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)</p>	<p>Kloer, Dr Philip</p>	<p>31/03/2023</p>	<p>On track - The SMfHW Steering group, and attendant task and finish groups have been agreed in principle. Progress has been made in the production of the systematic review of the Literature. The draft report is due by the end of June 2022. A task and finish group has been formed to take forward the PO 4U to design a process of local engagement activity/ activities in a target area within the HB in 22/23. Work is underway to understand and align the engagement requirements of the programme with the HB Continuous Engagement process.</p>

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 - As a result of the draft report a Food Systems Action Group is in the process of being formalised, with the agreement that it sits within the Social Model for Health and Wellbeing (SMfHW) governance structure. The draft report is subject to further review in light of an initial response from stakeholders. The proposals embedded within the report are due to be stratified in to enable the HB and partners/Stakeholders to have clarity over what is achievable by the HB alone/ in partnership/ At a UK WG level. A further workshop to assess the proposals is due to take place 13Jul22.
Develop and implement a food health literacy programme for Year 5 children - either as part of the formal curriculum or as a voluntary extra curricular programme - with a pilot taking place in 2022/23. Over the subsequent 3 years, this plan should seek to deliver the programme in at least one location in each county with the aim to have it in place for all Year 5 children over a 10 year period (2022/23 - 2032/33) (PO 4O)	Shakeshaft, Alison	31/03/2025 TBA	On track - Currently in scoping phase to understand the level of food literacy programmes currently underway across the 3 Local Authorities as a range of activities are already in situ. This PO will be absorbed into PO 4N (Food Systems).

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 exist in all three Counties. 3 Integrated Locality Plans have been developed for 2022-23 which will be further revised by Dec22 for the 3 years starting 2023-24. Updated information sets are being developed for each County aligned to the Regional and PSB needs assessments - these will support the review of priorities for the future plan. Further progress was reporting in the PO Update Report to SDODC in Jun22.
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 - Initial positive engagement with Public Health leads on overlaps with strategy and priorities. Engagement with all leads underway, to build from the platform of progress and exploration thus far within each of the sub-elements, to next draw together into an over-arching strategy via the proposed community of practice. Wider engagement remains a key risk given operational pressures of the Health Board. This will be proactively monitored, and if necessary escalated, via the Community of Practice and Executive lead.

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	On track - An interim budget has been established and articulated to all budget holders within each Accountability Letter. The Accountability Letters were accompanied with an opportunity's framework highlighting circa £50m of potential opportunities. The Senior Finance Business Partners engaged with their respective Directorates to explore the aforementioned opportunity's framework and whether there was any in technical and/or allocative efficiency that could be achieved in-year.
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 new Continuous Engagement Plan has been produced and was approved by Board in May. Work is underway to complete a continuous engagement toolkit for staff. The Continuous Engagement Plan will also be evaluated in Year 2 against agreed qualitative and quantitative measures for each objective outlined in the plan and a report presented to the Strategic Development and Operational Delivery Committee.

		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 - As referenced in PO 4L, A task and finish group has been formed to take forward the PO 4U to design a process of local engagement activity/ activities in a target area within the HB in 2022/23.
		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 - Assumptions; 1 Care and support are not the same; 2 Choice plays a part in the acceptance of care and support; 3 Don't assume people with increasing complex and /or rising health needs are looking for a health outcome; 4 Family, friends, neighbours, communities, digital can provide wrap around services; 5 Investment is needed.

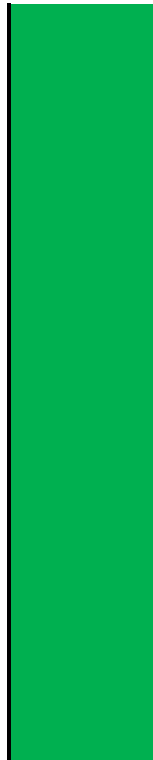
ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
See Our Outcomes section in the BAF Dashboard	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st	

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)

Gaps in ASSURANCES				
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
No established way of asking questions to understand the right value of	Undertake continuous engagement on Wellbeing Assessment	Davies, Lee	31/03/2022 TBA	Update to be provided in next report.

Tracking of crude mortality, risk-adjusted mortality and other data	1st	
Oversight of delivery of Planning Objectives undertaken by Assurance Committees	2nd	
Overseeing the development of Wellbeing Assessment as statutory member of PSB	2nd	
Oversight of Programme 7 of transformation fund by RPB	2nd	
Oversight of delivery of New Hospital Programme Business Case by SDODC	2nd	
SRG advisory role to the Board	2nd	
Director of Public Health Annual Report to Board	2nd	



health and wellbeing

No established mechanism to collect and analyse data

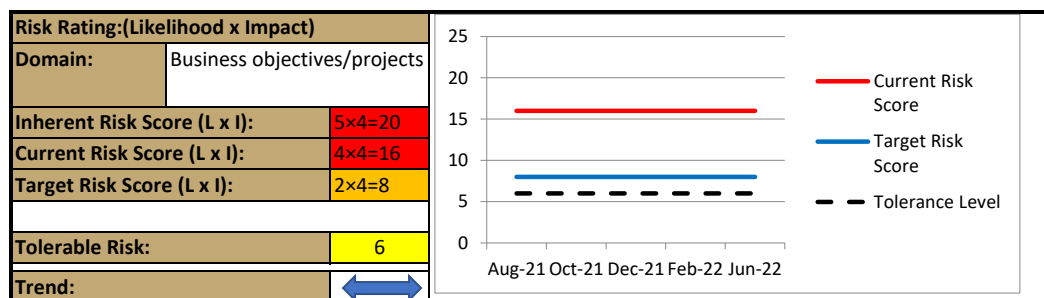
Lack of independent assurance mechanism

Explore international exemplars in continuous engagement	Davies, Lee	31/12/2022	Work underway

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

Executive Director Owner:	Paterson, Jill	Date of Review:	Jul-22
Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Aug-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?			



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)
Transformation Steering Group (TSG) & Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB
Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.
CHC and UHB Protocol for managing low level service change
All Business Cases need to be taken through Transformation Steering Group.
IMTP in place for every cluster which is submitted to WG
WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery

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
Workforce capacity to shift from secondary to community/ opportunities to use staff skills appropriately	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 exist in all three Counties. 3 Integrated Locality Plans have been developed for 2022-23 which will be further revised by Dec22 for the 3 years starting 2023-24. Updated information sets are being developed for each County aligned to the Regional and PSB needs assessments - these will support the review of priorities for the future plan. Further progress was reporting in the PO Update Report to SDODC in Jun22.
Optimal use of digital to support delivery of patient care				
Financial resources to invest in new technologies to improve demand and capacity across the system				
Resistance in secondary care to moving resources in primary and community care				

<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>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>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>	<p>Paterson, Jill</p>	<p>31/12/2022</p>	<p>On track - The programme will ensure alignment to the national UEC Policy Goals and will enhance our UEC performance. The local model will feature in Health Board IMTPs as part of core business from 2023/24 onwards as a key deliverable that contributes to the design assumptions and deliver route map for the 'A Healthier Mid and West Wales' Programme Business Case.'</p>
		<p>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), consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5A)</p>	<p>Moore, Steve</p>	<p>31/03/2024 TBA</p>	<p>On track - Plan on a Page for POs 5A and 5B have been developed 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.</p>
		<p>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)</p>	<p>Moore, Steve</p>	<p>31/03/2024</p>	<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"> • the repurposing or new build of GGH and WGH • implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears <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>On track - Programme Business Case submitted to WG in Feb22. Scrutiny comment from WG received and responded to by end Apr22. Presentation to Infrastructure Investment Board 27May22. Land selection process being undertaken by 4 appraisal workstreams. Report to Board in early 04Aug22. Transport analysis supports the appraisal workstreams and will help form the basis for the development of the transport strategy. Progress on Community Infrastructure business cases with Cross Hands Outline Business Case approved by Board in May 22 and submitted to WG 31May22. The Programme timeline is predicated on WG endorsement at the end of May22. This will now be the subject of a cabinet discussion in Jul22.</p>
<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)</p>	Carruthers, Andrew	31/03/2024	<p>On track - Update on Adult Mental Health, SCAMHS, Psychological Therapies, Learning Disabilities, Autism Spectrum Disorder Service and Commissioned Services reported to SDODC in Jun22.</p>

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 - Gaps in the services for children have been identified. An over-arching IMTP for all six directorates that relate to children will be shared with Children and Young People (CYP) Working Group Jun22. Deep dive of Community Paediatrics is underway - including a service review. Positive Behaviour Intervention & Support (PBIS) sub-group has been formed and a Task & Finish Group has been created. Will report to CYP Working Group Aug22.
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	On track - This Planning objective has a number of potential elements to it, this will include: Stroke Service: Re-design has recommenced post-pandemic but has been stalled whilst a clear decision was awaited from Swansea Bay UHB with regards to the Hyperacute Stroke Unit (HASU) development. Discussions were held w/c 23 May 2022 and a re-design plan will now be developed. This element of the Planning Objective is led by the Director of Therapies and Health Science
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	30/11/2021	On track - 3 whole time equivalents in post March 2022. Outcomes identified . All training to be able to support Difficult Asthma Clinics in secondary care. First report on outcomes due end September 2022

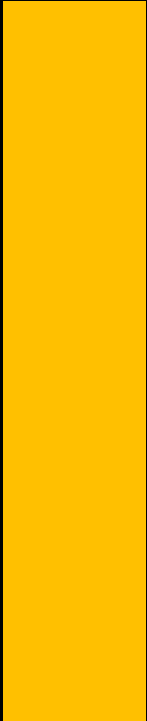



By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director. (PO 6I)	Thomas, Huw	31/03/2022	On track - An interim budget has been established and articulated to all budget holders within each Accountability Letter. The Accountability Letters were accompanied with an opportunity's framework highlighting circa £50m> of potential opportunities. The Senior Finance Business Partners engaged with their respective Directorates to explore the aforementioned opportunity's framework and whether there was any in technical and/or allocative efficiency that could be achieved in-year.
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 - Assumptions; 1 Care and support are not the same; 2 Choice plays a part in the acceptance of care and support; 3 Don't assume people with increasing complex and /or rising health needs are looking for a health outcome; 4 Family, friends, neighbours, communities, digital can provide wrap around services; 5 Investment is needed.

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	31/03/2025	Development of a Data Science Platform is still ongoing. Tools that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available for beta testing. They provide functionality for ED data and Admissions. Investigation to enhance these with machine learning predictions of Admissions is underway. GIS and Simulation tools still in development
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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"> • 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. • 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. • 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 clearing described, including the appropriate finance business partnering sign-off. • 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. 	Thomas, Huw	31/03/2022	On track- The inception of both the UoR (Executive) and the Use of Resources (Directorate) are intended to introduce a significant level of rigour around the utilisation of resources. All investments UoR (Executive) and cost pressures UoR (Directorate) have documentation to clearly set out either the Return on Investment and/or the cost drivers of the in-year financial position. Both UoR Groups have strong finance representation, including Director of Finance, Deputy, Assistant Directors and the relevant Business Partner to the Directorate. The articulation of any investments, savings, opportunities is set out in each of the respective forums to promote and balance financial sustainability. Further information included in PO Report to SRC Jun22.
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	On track - This continues to be on-track but is controlled through the 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 November 2021. IPC joined the CPG meeting in May 2022 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 Framework', and to then apply it to the MSR, through engagement with Regional Partners.
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 strategy will aim to deliver on the following key themes: Better quality accommodation; new ways of working programme; transformation plans and business operations; Town Centre First and wider Public Sector & Volunteering sector alignment; reducing/ optimising operating costs and increasing productivity; and alignment to wider HB goals in areas of wellbeing, workforce (i.e. recruitment / retention, work life balance, decarbonisation, etc, and our wider Hybrid working aspirations and development of the New Ways of Working Programme.

		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	30/06/2022	On track - A draft Planning cycle has been developed and will be tested / validated with Operational colleagues before the end of June 2022. The Planning cycle will ensure the best use of resources and skills from across the organisation at appropriate points - a skills map has been drawn to understand how this might be best achieved.
		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 - The Road Map to financial Sustainability has been endorsed by the Executive team and Board. The Road Map provides a clear blueprint for the Health Board to achieve financial sustainability. The realisation and implementation of the delivery plan will be intrinsically linked to the Target Operating Model (ToM). In order to support and enable the organisational change, all Senior Finance Business Partners and the Value Team have been aligned to the Operational and Planning Programmes underpinning the ToM. Further information included in PO Report to SRC Jun22.
		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	30/09/2021	On track - No update included in SDODC Report

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 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								

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

Executive Director Owner:	Thomas, Huw	Date of Review:	Feb-22
Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Mar-22

Risk ID:	1199	Principal Risk Description:	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 could lead to a resumption of financial turnaround with consequences for retention of the workforce, staff morale, poor patient experience and poorer value healthcare with a reduction of confidence from our stakeholders.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		
Domain:	Finance inc. claims	
Inherent Risk Score (L x I):	4x4=16	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x4=8	
Tolerable Risk:	6	
Trend:	New risk	

Rationale for CURRENT Risk Score:
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.
The Health Board's underlying deficit requires further refinement to fully explore and understand the opportunities for improvement which can be realised over the medium term. The forecast financial impact of COVID-19 on the underlying position is currently informed by modelling intelligence due to the fluid nature of the pandemic and the multitude of unknown variables inherent in such a situation. Furthermore, the funding from Welsh Government in response to the brought forward underlying position from FY21 (due to unidentified savings) has been confirmed on a non-recurrent basis. The recurrent funding position confirmed by WG leaves a significant gap based upon draft iterations of the financial plan for 2022-25; further work and discussions are underway.

Rationale for TARGET Risk Score:
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.

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	How and when the Gap in control be addressed	By Who	By When	Progress





	which the organisation is relying is not effective, or we do not have evidence that the controls are working)	Further action necessary to address the controls gaps			
<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 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>Actions in response to external review of underlying deficit calculation largely superseded by necessary shift in focus in response to COVID-19.</p> <p>Assessment of impact of COVID-19 on underlying deficit requires refinement.</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>Develop a detailed 3 year financial plan based on the finance team's assessment of allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money that can be captured within that timeframe. This plan should support the Health Board's other objectives and command the support of Welsh Government and the Board. This will require a process to allocate these opportunities to relevant budgets and support budget holders to identify, plan and deliver the changes necessary to realise those opportunities. A clear monitoring and escalation process will be required to ensure budget holders deliver their plans and Board maintains clear oversight (PO 6A)</p>	Thomas, Huw	31/03/2022	On track - Having already delivered a 5 year financial roadmap to breakeven, the detailed work is currently in progress with the IMTP updates across directorates. All key aspects of the overarching roadmap have been built into the Executive Team priorities that have shaped the second iteration following the initial version. Finance Business Partner teams presenting financial sustainability options to the service, supporting the total c.2.5% of recurrent savings target, that need to be delivered through the financial plan. Investments are undergoing internal scrutiny using the Four A's model but are currently significantly higher than the anticipated workforce and financial availability that has been stated. A prioritisation exercise will be concluded through the IMTP process in line with the PO deadline, and updates are being submitting to Board Seminar on 17Feb22 and SRC on 23Feb22 for update, discussion, and decision.
		<p>Establish an on-going process to review and refresh the assessment of technical and allocative value improvements and income opportunities open to the Health Board and use this both to maintain in-year financial delivery and future budget setting (PO 6B)</p>	Thomas, Huw	Completed	Complete - Whilst this will continuously need to update for new sources and opportunities a baseline position and tools established and previously shared, with introductory training, via finance business partnering teams. Updated Jan22 for further opportunity ideas, to be tested operationally this quarter. Planning objective 6B has been modified and strengthened for 2022/23.

Construct a 5 year financial plan that achieves financial balance based on securing the opportunities arising from the implementation of the strategy "A Healthier Mid and West Wales" and progress made in the interim period on the allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money improvements. This plan will command the support of Welsh Government and the Board (PO 6C)	Thomas, Huw	Completed	Complete - A 5 year financial plan has been developed and shared across the organisation. This is being used as the holistic direction for the more detailed IMTP. The Finance Function have identified a roadmap to breakeven, evidenced via various allocative and technical studies. The 'roadmap' has been shared with key stakeholders across the UHB, WG and Finance Delivery Unit (FDU) for their comment and support. Whilst the UHB has given it their full support, and the in-principle support to the shaping of the IMTP, Welsh Government and FDU colleagues have given their support to understand the operational and planning elements in more detail. It has been deemed that full support has been given to the assessment and construction of the plan, hence the complete status, 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
Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level (PO 6D)	Kloer, Dr Philip	31/03/2024	On track - Programme advancing in line with agreed rollout plan. Initial heart failure review in October, with follow-up planned for February. Further reviews to take place this calendar year include lymphoedema, trauma and orthopaedics, chronic pain, age related macular degeneration.
Design and implement a VBHC education programme to be implemented by April 2021 with academic institutions for managers and clinicians that could also be offered to partners (PO 6E)	Kloer, Dr Philip	Completed	Complete - Third cohort of education programme to take place in March (virtually), with a focus on delivery of value in rural areas. The course is being undertaken collaboratively with PTHB and BCUHB.

Implement a VBHC pathway costing programme for all clinical services that is capable of being completed within 3 years, and prioritised based on the likelihood of generating change (PO 6F)	Kloer, Dr Philip	31/03/2024	On track - Well advanced and in line with the PROM capture programme, with current activity focusing on trauma and orthopaedics. Regular formal and informal conversations in regional, national and indeed European groups. A standard but adaptive process has been put in place to support pathway costing. As an element of the overall VBHC programme, the finance team participate in early discussions with clinical and operational leads and co-produce the milestones and objectives where a financial perspective would be worthwhile.
<p>To be completed by the end of 2021/22 undertake a full analysis of our supply chain in light of the COVID-19 pandemic to assess the following:</p> <ul style="list-style-type: none"> - Length and degree of fragility - Opportunities for local sourcing in support of the foundational economy - Carbon footprint - Opportunities to eliminate single use plastics and waste <p>The resulting insights will be used to take immediate, in-year action where appropriate and develop proposed Planning Objectives for 2022/23 implementation (PO 6H)</p>	Thomas, Huw	31/03/2022	<p>On track - The Centre for Local Economic Strategies have produced some initial strategy documents in relation to the development of a Community Wealth Building baseline assessment. This has been approved.</p> <p>Our carbon accounting report was submitted to WG ahead of the October deadline. As part of ISO14001 one of our annual targets is usually around measures to improve recycling. This year we are rolling out source segregation in WGH in line with legislative requirements. We have already rolled out source segregation in BGH and PPH and the aim will be to eventually have source segregation on all sites. Through our sharps box provider we are hoping to change over to a more sustainable box which will contain 30% less virgin plastics than they do currently.</p>

By September 2021 propose new Planning Objectives to establish locality resource allocations covering the whole health budget (and social care where agreed with partners) and test innovative approaches to driving the shift of activity from secondary care settings to primary and community care. Additional aims will be to ensure secondary care thrives in doing only what it can do, shifts are based on the needs and assets of the local population, and localities progressively close the gap between budget and target resource allocation (PO 6I)	Thomas, Huw	30/09/2021 31/03/2022	Behind - Whilst the ambitious objective not delivered in way described, an innovative Locality Resource Tool baseline has been produced and shared via locality Directors and their teams, with updates and further insights ongoing in preparation for an extended new year objective 6B (as previously noted) and also 5H. Where the operational aspects are incorporated into an operational planning objective for Integrated Locality Plans, which finance team will support as described above.
Rapid deployment of digital solutions to support with better intelligence allowing better local decision-making based on evidence.	Thomas, Huw	30/09/2021	Refer to the Digital Strategy for actions and delivery timelines.
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	30/09/2021	On track - Actions and supporting net financial and workforce implications required to enable progress during 2022/23 set out in Operational IMTP proposals reflecting combined priorities across Acute and Community service areas. Plan awaiting approval in line with confirmation of HddUHB IMTP.

				<p>To develop, by 30 September, a plan to deliver £16m of recurrent savings based on opportunities for technical and allocative efficiencies across the Health Board's budgets. The savings will need to be deliverable on a pro rata basis by the end of the financial year to ensure that the underlying deficit does not further deteriorate. This will be based on the Health Board's developing opportunities framework, and developed in conjunction with budget managers across the organisation (PO 6J)</p>	Thomas, Huw	30/09/2021	<p>Behind - A plan, and associated delivery, has been fully developed for the £16m savings requirement for 2021/22 on a non-recurrent basis. However, there remains a recurrent gap in these plans of £11.5m. The remaining requirement has now been carried forward into the opening position of the IMTP where plans will need to be identified on top of the additional requirement for FY23. The £11.5m has been included within our underlying deficit position, that has been shared with WG.</p>
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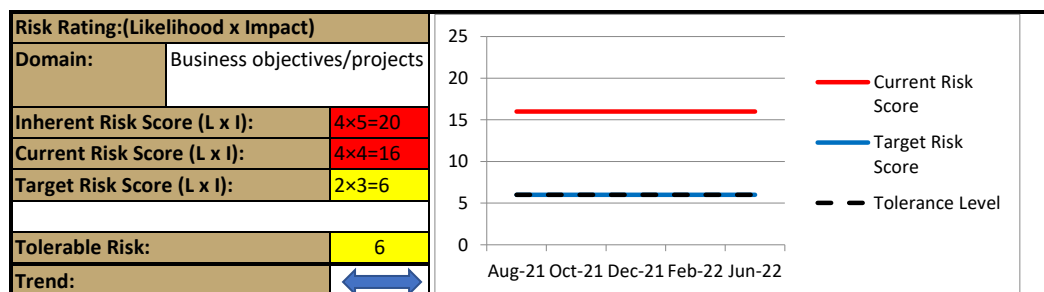
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance 			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
See Our Outcomes section on the BAF Dashboard Operational agreement to underlying deficit assessment. Welsh Government accepting of impact of COVID-19 on underlying deficit. Plan in place to develop a long	Lightfoot engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work	1st			M9 Financial Report - Board (Jan 22) M10 Financial Report - SRC (Feb 22) Finance Planning Objective update - SRC (Aug21)	None identified.				
	Financial Reporting to Sustainable Resources Committee	2nd								

[illegible]

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

Executive Director Owner:	Davies, Lee	Date of Review:	Jun-22
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Jul-22

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



Rationale for CURRENT Risk Score:
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.

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



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>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 & Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from 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 & 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"> the repurposing or new build of GGH and WGH 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) 	Davies, Lee	31/03/2024	<p>On track - Programme Business Case submitted to WG in Feb22. Scrutiny comment from WG received and responded to by end Apr22. Presentation to Infrastructure Investment Board 27May22. Land selection process being undertaken by 4 appraisal workstreams. Report to Board in early 04Aug22. Transport analysis supports the appraisal workstreams and will help form the basis for the development of the transport strategy. Progress on Community Infrastructure business cases with Cross Hands Outline Business Case approved by Board in May 22 and submitted to WG 31May22. The Programme timeline is predicated on WG endorsement at the end of May22. This will now be the subject of a cabinet discussion in Jul22.</p>
		<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).</p>	Carruthers, Andrew	31/03/2024	<p>On track - Update on Adult Mental Health, SCAMHS, Psychological Therapies, Learning Disabilities, Autism Spectrum Disorder Service and Commissioned Services reported to SDODC in Jun22.</p>

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.
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 are putting in place the resources required to develop the first priority business cases required for the approval of capital funds by WG. Outline Business Case now under development.

				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 strategy will aim to deliver on the following key themes: Better quality accommodation; new ways of working programme; transformation plans and business operations; Town Centre First and wider Public Sector & Volunteering sector alignment; reducing/ optimising operating costs and increasing productivity; and alignment to wider HB goals in areas of wellbeing, workforce (i.e. recruitment / retention, work life balance, decarbonisation, etc, and our wider Hybrid working aspirations and development of the New Ways of Working Programme.
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ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 
			Current Level
See Our Outcomes section on the Dashboard	Development of Integrated Assurance and Approval Plan in support of PBC	1st	

Control RAG Rating (what the assurance is telling you about your controls)


Latest Papers (Committee & date)
PCB - Implementing the Healthier Mid and West Wales Strategy Board (Apr-22) & SDCODC (May22)

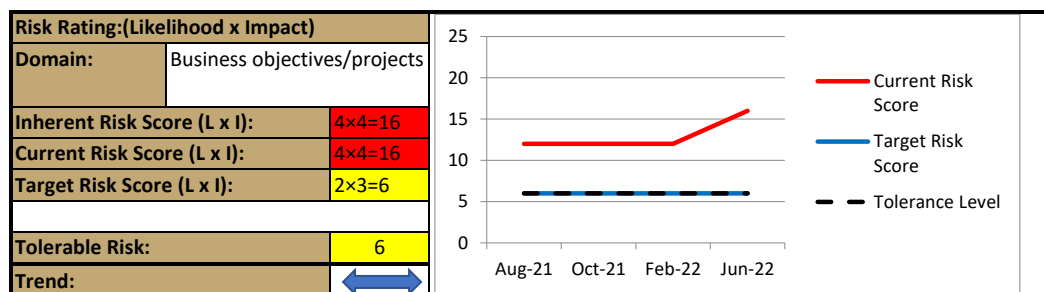
Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Assurance on land selection process	Consultation Institute to provide assurance on land selection process	Davies, Lee	31/08/2022	This will be reported to Board in Jul/Aug22.

Governance structure to oversee delivery of the Business Cases	1st			AHMWW PBC Programme Group Update - Board Seminar (Apr22)
Oversight by Strategic Development and Operational Delivery Committee	2nd			TMH Update - Board Seminar (Jun22)
Internal Audit Programme aligned to Business Case Development	3rd			Planning Objectives Update (Planning) - SDODC (Jun22)
Gateway review of PBCs by WG	3rd			Pentre Awel Update - SDODC (Apr22)
				DCP Update - SDODC (Jun22)

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

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Jun-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Aug-22

Risk ID:	1191	Principal Risk Description:	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.
Does this risk link to any Directorate (operational) risks?			



Rationale for CURRENT Risk Score:
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.

Rationale for TARGET Risk Score:
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.

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			

<ul style="list-style-type: none"> # 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. 	<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 development, rather than in place. 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>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>Kloer, Dr Philip</p>	<p>31/03/2024</p>	<p>On track - Year 1 action plan (2021/22) to deliver the strategy has been closed and submitted to the Research & Innovation sub-committee. Year 2 action plan (2022/23) has been largely written, some additional elements still to be added. All PADRs for team leads have been completed (2022/23), and objectives for team leads have been developed from the strategy action plan. Team leads are currently undertaking PADRs for their staff. New Head of Research & Development has been appointed. Start date 09May22. Induction plan developed.</p>
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# 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	<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>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"> • 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; • 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) 	Kloer, Dr Philip	31/03/2023	<p>On track - The Clinical Director for Effective Clinical Practice has been in post since March 2022 and a significant number of engagement sessions have taken place with Directorate and County Triumvirate teams. Teams are becoming familiarised with the AMaT system and targeting key areas to commence roll-out. Existing policies have been reviewed and prepared for wider consultation. This includes the Management of NICE and other National Guidance Policy; and the New Interventional Procedures Policy. A Clinical Standards and Guidelines Group has been developed, to replace the NICE and National Guidelines Group and has met to agree Terms of Reference. The Group will meet quarterly. An Effective Clinical Practice Strategic Plan has been developed, with input from the Clinical Director for Effective Clinical Practice. A Multidisciplinary Mortality Review Panel has been established and meets fortnightly with good multi-</p>
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Development of governance 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 - 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.
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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	31/03/2025	On track - Development of a Data Science Platform is still ongoing. Tools that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available for beta testing. They provide functionality for ED data and Admissions. Investigation to enhance these with machine learning predictions of Admissions is underway. GIS and Simulation tools still in development. Discussions have commenced with Head of Informatics regarding how data from the AMaT system can be extracted to contribute to the data platform in future.
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<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"> • the repurposing or new build of GGH and WGH • implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears <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>Programme Business Case submitted to WG in Feb22. Scrutiny comment from WG received and responded to by end Apr22. Presentation to Infrastructure Investment Board 27May22. Land selection process being undertaken by 4 appraisal workstreams. Report to Board in early 04Aug22. Transport analysis supports the appraisal workstreams and will help form the basis for the development of the transport strategy. Progress on Community Infrastructure business cases with Cross Hands Outline Business Case approved by Board in May 22 and submitted to WG 31May22. The Programme timeline is predicated on WG endorsement at the end of May22. This will now be the subject of a cabinet discussion in Jul22.</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>	Kloer, Dr Philip	30/09/2022	<p>On track - A new Terms of Reference have been written in draft including Workforce Planning and Education and Development, which will align services to ensure the future workforce plans are reflected and skills mapping matches these aspirations.</p>

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 1 includes: Climb Cohort 1; Warwick Nudge Behaviour Insights Programme; Completion of Board Reverse Mentor Programme (Cohort 1); Executive Team 2022 Time Out Series 1; Star Programme (Cohort 3); New Consultant Programme (Cohort 1); Medical Leadership Forum; Consultant/Peer Mentoring Programme Workshop. Coaching Capacity Growth Progress includes: An increase of 7 newly qualified coaches taking the current total of qualified coaches in the network to 15; and Cohorts 1-3 continuing with Cohort 4 commencing in May22.Facilitated Leadership Sessions include Senior Nurse Leadership team and Senior Medical Leadership Team. Senior Operations Executive (Target Operating Model Design).
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		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. A 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 - Currently developing our branding and sharepoint site for Improving Together to publish this in the Autumn. The Head of Strategic Performance Improvement is working with the Executive Director of Strategic Development and Operational Planning and the Communications Director to consider how we promote and cascade the organisational strategic objectives and aligned support through Improving Together. The intention is to commence this cascade in the Autumn.
		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			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
	Further action necessary to address the gaps			

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)	Engagement is not yet established with all Directorate/ County Quality and Governance Groups - in particular County level - for clinical effectiveness activities	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)	Due to gaps in the historic system, it is not always possible to provide assurance to DCMO re: specific guidelines 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 targetted 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 targetted activity is also ongoing in other service areas, according to Health Board priorities. 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.
	# VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation	1st					Develop relationships with new Quality Governance Groups to strengthen clinical involvement with RDI activities	Phillips, Leighton	31/10/2021 31/12/2021 31/03/2022 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.

# VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action	2nd		
# Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group	2nd		

Explore other mechanisms to engage with appropriate clinical leads/teams to strengthen clinical involvement with RDI activities	Phillips, Leighton	31/10/2021 30/11/2021 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.
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 been established, under the Chairmanship of the Clinical Director for Clinical Effectiveness and has identified priority areas to be invited to the Group's quarterly meetings. 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.

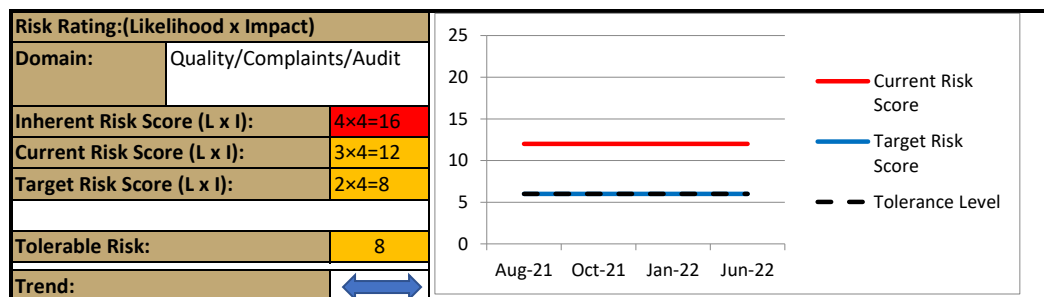
# Alignment with Health Board Quality and Governance Groups	2nd		
# Responses to letters from Welsh Government (DCMO) relating to specific guidelines	2nd		
# RDI Sub Committee & HCRW monitor delivery of RDI Strategy/Plan	2nd		
# PODCC & SRC oversee delivery of Planning Objectives	2nd		
# Annual Performance Review by WG/HCRW	3rd		
# RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities	3rd		

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.

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

Executive Director Owner:	Rayani, Mandy	Date of Review:	Jun-22
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Aug-22

Risk ID:	1195	Principal Risk Description:	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.
Does this risk link to any Directorate (operational) risks?			



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

Rationale for TARGET Risk Score:
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.

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>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>	<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	<p>On track - Currently developing our branding and sharepoint site for Improving Together to publish this in the Autumn.</p> <p>The Head of Strategic Performance Improvement is working with the Executive Director of Strategic Development and Operational Planning and the Communications Director to consider how we promote and cascade the organisational strategic objectives and aligned support through Improving Together. The intention is to commence this cascade in the Autumn.</p>
	<p>Quality Management System not formally signed off</p>	<p>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)</p>	Moore, Steve	31/03/2024	<p>On track - Plan on a Page for POs 5A and 5B have been developed</p> <p>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.</p>


		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	31/03/2025	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 - 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.
		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	work underway.

ASSURANCE MAP

Control RAG

Latest Papers

Gaps in ASSURANCES

Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level	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
See Our Outcomes section of the BAF Dashboard	Directorate Quality Governance Meetings in place	2nd			Patient Experience Report - Board (May22)	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 (Feb22)		Internal Audit to review the triangulation of data in the Health Board	Rayani, Mandy	31/03/2023	To be considered for inclusion in Internal Audit Plan 2022/23.
	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								

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

Executive Director Owner:	Davies, Lee	Date of Review:	Jul-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Sep-22

Risk ID:	1185	Principal Risk Description:	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.
Does this risk link to any Directorate (operational) risks?			

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


Rationale for CURRENT Risk Score:
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.

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
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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 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> <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"> - 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 	<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>A refreshed planning objective for continuous engagement was approved by board in Q1 of 2022. The scope of this new objectives addresses the identified gap in assurance: By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> • Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice • Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement • Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice <p>By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> • Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice • Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement • 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	<p>Joint training for CHC Executives and key members of the Strategic Development and Operational Planning Directorate has been delivered as planned, delivered by Consultation Institute, outlining the law around requirements for engagement and/ or consultation around service changes. This will enable members of the directorate who are in regular contact with operational/ acute services to raise awareness of these requirements for engagement and consultation. A detailed plan for continuous engagement is being drafted and will be presented to Board in Q2 of 2022. The plan includes details of training to be delivered.</p> <p>On track - A new Continuous Engagement Plan has been produced and was approved by Board in May. Work is underway to complete a continuous engagement toolkit for staff. The Continuous Engagement Plan will also be evaluated in Year 2 against agreed qualitative and quantitative measures for each objective outlined in the plan and a report presented to the Strategic Development and Operational Delivery Committee.</p>
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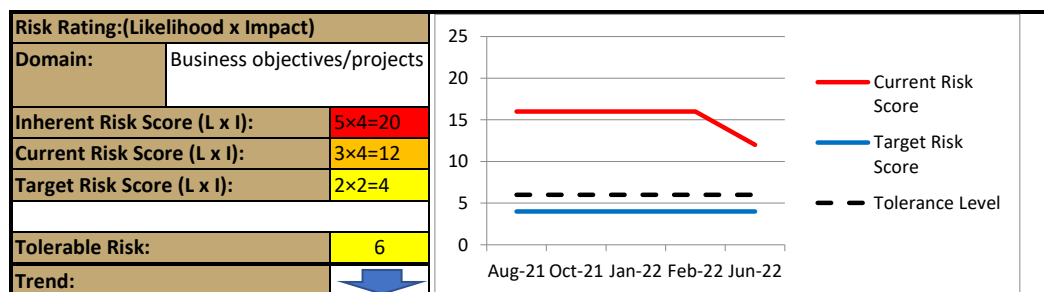
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 	Rating (what the assurance is telling you about your controls)	(Committee & date)	Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
			Current Level							
See Our Outcomes section on the BAF Dashboard	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	30/09/2022	Terms of Reference have been drafted and advice sought from the Corporate Governance Team to ensure alignment with wider organisational engagement goals.
	Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and	1st					Establishment of a Children and Young People's Advisory Forum	Davies, Lee	31/10/2022	A Task and Finish Group has been established with a view of launching a CYP Advisory Forum in the Autumn, in keeping with our 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					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	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.

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		

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

Executive Director Owner:	Moore, Steve	Date of Review:	Jul-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Sep-22

Risk ID:	1187	Principal Risk Description:	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.
Does this risk link to any Directorate (operational) risks?			



Rationale for CURRENT Risk Score:
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.

Rationale for TARGET Risk Score:
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.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Strategic Equality Plan and Objectives for 2020-24
Continuous Engagement Strategy approved by Board in Jan19
Healthier Mid and West Wales Strategy approved by Board Nov18
ARCH Recovery and Strategic Delivery Plans
Digital strategy
Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group
Research, development and innovation strategy
Regional Partnership Board

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
Access to latest equipment and state of the art facilities for research, development and innovation	By March 2023, implement and embed our approach to continuous engagement through: • Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice • Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement • 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 new Continuous Engagement Plan has been produced and was approved by Board in May. Work is underway to complete a continuous engagement toolkit for staff. The Continuous Engagement Plan will also be evaluated in Year 2 against agreed qualitative and quantitative measures for each objective outlined in the plan and a report presented to the Strategic Development and Operational Delivery Committee.
Promoting the successes of the Health Board and individual and organisational achievements				
Workforce, facilities and capital requirements to deliver on our delivery plans in ARCH and MWJC				
Capacity to support regional working within the organisation and at Executive level				

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 - Year 1 action plan (2021/22) to deliver the strategy has been closed and submitted to the Research & Innovation sub-committee. Year 2 action plan (2022/23) has been largely written, some additional elements still to be added. All PADRs for team leads have been completed (2022/23), and objectives for team leads have been developed from the strategy action plan. Team leads are currently undertaking PADRs for their staff. New Head of Research & Development has been appointed. Start date 09May22. Induction plan developed.
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 - A Communications Plan has been developed and actions within are being taken forward on an ongoing basis. The initial purpose of the plan, seeks to remind our key internal and external audiences of our strategy - A Healthier Mid and West Wales and inform of key strategy/PBC milestones. As our recovery plans are developed, the communication plan will evolve and focus on sharing information relating to how we are delivering our services as we move out of the pandemic. Work is also undergoing to communicate our purpose and strategic objectives - laying the foundation for our future communications on recovery.

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 - Initial steps made in shaping the strategy, including starting to review our current communication activities and communications channels. The launch and roll-out of the new intranet pages was delivered on time.
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	On track - No progress update provided to SDODC.
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 - The Strategic Partnerships, Diversity and Inclusion Team continue to co-ordinate a Health Board Armed Forces Network and increase awareness of the Armed Forces Covenant. An internal partnership group has been established and an action plan has been drafted in conjunction with teams/services from across the Health Board. Work has commenced to review internal arrangements for the implementation of the NHS Priority Treatment arrangements for veterans, responding to concerns raised by veterans in the community and local third-sector support organisations.

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.
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 - As a result of the draft report a Food Systems Action Group is in the process of being formalised, with the agreement that it sits within the Social Model for Health and Wellbeing (SMfHW) governance structure. The draft report is subject to further review in light of an initial response from stakeholders. The proposals embedded within the report are due to be stratified in to enable the HB and partners/Stakeholders to have clarity over what is achievable by the HB alone/ in partnership/ At a UK WG level. A further workshop to assess the proposals is due to take place 13 Jul 22.
Develop and implement a food health literacy programme for Year 5 children - either as part of the formal curriculum or as a voluntary extra curricular programme - with a pilot taking place in 2022/23. Over the subsequent 3 years, this plan should seek to deliver the programme in at least one location in each county with the aim to have it in place for all Year 5 children over a 10 year period (2022/23 - 2032/33) (PO 4O)	Shakeshaft, Alison	31/03/2023	On track - Currently in scoping phase to understand the level of food literacy programmes currently underway across the 3 Local Authorities as a range of activities are already in situ. This PO will be absorbed into PO 4N (Food Systems).

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 - As referenced in PO 4L, A task and finish group has been formed to take forward the PO 4U to design a process of local engagement activity/ activities in a target area within the HB in 2022/23.
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 exist in all three Counties. 3 Integrated Locality Plans have been developed for 2022-23 which will be further revised by Dec22 for the 3 years starting 2023-24. Updated information sets are being developed for each County aligned to the Regional and PSB needs assessments - these will support the review of priorities for the future plan. Further progress was reporting in the PO Update Report to SDODC in Jun22.

		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	31/03/2023	On track - No progress report provided to SDODC.
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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	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								

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

Executive Director Owner:	Moore, Steve	Date of Review:	Jul-22
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Sep-22

Risk ID:	1197	Principal Risk Description:	There is a risk that the Health Board will not deliver its strategic vision as set out in A Healthier Mid and West Wales of delivering safe, sustainable, accessible and kind services. This is caused by the models of care that do not deliver the aspirations of the 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.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		
Domain:	Business objectives/projects	
Inherent Risk Score (L x I):	3x4=12	
Current Risk Score (L x I):	3x4=12	
Target Risk Score (L x I):	1x4=4	
Tolerable Risk:	6	
Trend:	↔	

Rationale for CURRENT Risk Score:
The current risk score reflects where the Health Board is in terms of its implementation of A Healthier Mid & West Wales with plans in development 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).

Rationale for TARGET Risk Score:
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
	Further action necessary to address the controls gaps			

<p>Healthier Mid and West Wales Strategy approved by Board Nov18.</p> <p>Delivery Groups and processes:</p> <ol style="list-style-type: none"> 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. Executive Team weekly review process <p>Planning Objectives related to:</p> <ol style="list-style-type: none"> 1. Delivery of the Transforming MH&LD programmes 2. Development of a Children's and Young People Plan for implementation from 2022/23 3. Development of plans to achieve the design assumptions underpinning A Healthier Mid & West Wales 4. Delivery of the Bronglais Strategy 5. Development of 24/7 out of hospital urgent and emergency care services 6. Transformation Fund initiatives 7. Cluster initiatives 8. Locality development plans and support for those with complex needs in our communities 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 <p>Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.</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 & Young People (CYP) services Plan to address mental & 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 & 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	31/03/2024 TBA	On track - Plan on a Page for POs 5A and 5B have been developed 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.
		<p>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 that are consistent with the Health Board's Strategy (future PO 5B)</p>	Moore, Steve	31/03/2024 TBA	On track - See 5A above.

Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process.

<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"> • the repurposing or new build of GGH and WGH • implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears <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>On track - Programme Business Case submitted to WG in Feb22. Scrutiny comment from WG received and responded to by end Apr22. Presentation to Infrastructure Investment Board 27May22. Land selection process being undertaken by 4 appraisal workstreams. Report to Board in early 04Aug22. Transport analysis supports the appraisal workstreams and will help form the basis for the development of the transport strategy. Progress on Community Infrastructure business cases with Cross Hands Outline Business Case approved by Board in May 22 and submitted to WG 31May22. The Programme timeline is predicated on WG endorsement at the end of May22. This will now be the subject of a cabinet discussion in Jul22.</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 - Work to implement the strategy slipped during COVID, but progress has been made against a number of areas including reducing the number of single handed consultants and developing a frailty model for the site. A senior clinician sessions is being held in July to restart the strategy post COVID and examine how what we have learned from the changes made during the pandemic will influence and enhance the actions set out in the plan. Project management resource is being secured in order to support for the implementation of the strategy.</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 - Gaps in the services for children have been identified. An over-arching IMTP for all six directorates that relate to children will be shared with Children and Young People (CYP) Working Group Jun22. Deep dive of Community Paediatrics is underway - including a service review. Positive Behaviour Intervention & Support (PBIS) sub-group has been formed and a Task & Finish Group has been created. Will report to CYP Working Group Aug22.
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)	Paterson, Jill	31/12/2022	On track - The programme will ensure alignment to the national UEC Policy Goals and will enhance our UEC performance. The local model will feature in Health Board IMTPs as part of core business from 2023/24 onwards as a key deliverable that contributes to the design assumptions and deliver route map for the 'A Healthier Mid and West Wales' Programme Business Case.'



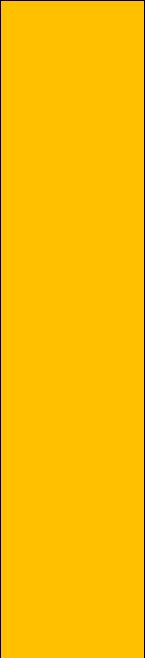




		By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the 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 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; Increased specialist and ambulatory care through community clinics (PO 5H)	Paterson, Jill	31/03/2023	On track - Integrated Locality Planning Groups exist in all three Counties. 3 Integrated Locality Plans have been developed for 2022-23 which will be further revised by Dec22 for the 3 years starting 2023-24. Updated information sets are being developed for each County aligned to the Regional and PSB needs assessments - these will support the review of priorities for the future plan. Further progress was reporting in the PO Update Report to SDODC in Jun22.
		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 based on Assumptions; 1 Care and support are not the same; 2 Choice plays a part in the acceptance of care and support; 3 Don't assume people with increasing complex and /or rising health needs are looking for a health outcome; 4 Family, friends, neighbours, communities, digital can provide wrap around services; 5 Investment is needed.

ASSURANCE MAP

Control RAG

Latest Papers

Gaps in ASSURANCES

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 in the BAF Dashboard	Board and Committee oversight of Planning Objectives	2nd			TMH Update - Board (Mar22)	None identified.				
	QSEAC to measure harms	2nd			Three Yedr Draft Plan for Children's Services - Board (Jul21)					
	WG Gateway process re accessing capital	2nd			PBC - Implementing the Healthier Mid and West Wales Strategy Board (May22)					
	Internal Audit reviews of Major Capital Programme	3rd			IMTP Update - Board (May22)					
	Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning	3rd								

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

Executive Director Owner:	Thomas, Huw	Date of Review:	Jul-22
Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Sep-22

Risk ID:	1200	Principal Risk Description:	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.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		
Domain:	Health Inequalities/ Equity	
Inherent Risk Score (L x I):	3x4=12	
Current Risk Score (L x I):	3x3=9	
Target Risk Score (L x I):	2x3=6	
Tolerable Risk:	8	
Trend:	↔	

Rationale for CURRENT Risk Score:
The Health Board has not historically considered social value within its mainstream approach to designing and delivering services. This means that the current risk score is high. 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.

Rationale for TARGET Risk Score:
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.

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>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>31/03/2022 30/09/2022</p>	<p>On track - The Decarbonisation Delivery Plan is developed and subject to final review; An update provided to the Decarbonisation Task & Finish Group on the 16June22 to sign off; An update to be provided to the Sustainable Resource Committee on the 28Jun22 to provide assurance to the Committee on performance against the Planning Objective; An Action Plan to be developed, setting out key actions and a 2-3 year delivery programme; Board endorsement on the strategic plan to be sought following Sustainable Resources Committee review and feedback.</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>McCarthy, Jo</p>	<p>31/03/2024</p>	<p>On track - There are 4 local target areas associated with this planning objective. 2 targets are around reducing smoking in pregnancy. 1 target is around reducing obesity in 4-5 year olds. The final target area has been achieved in Q4 21-22, with 99.8% of children having accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme.</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.	McCarthy, Jo	31/03/2023	Behind - Due to capacity issues, ongoing work around health protection and sickness within the public health directorate, adequate progress has not been made to date. However, a Public Health Registrar will be joining the team in late June and will take a lead, with colleagues working in social value and in our health equity group, on initial analysis and an options appraisal. We expect this work to be back on track by September and continue to aim for the March 2023 board discussion date.
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 - The wording for this PO has changed to: 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
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)	McCarthy, Jo	31/03/2024	On track - There are 16 target areas associated with this planning objective.

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 - The SMfHW Steering group, and attendant task and finish groups have been agreed in principle. Progress has been made in the production of the systematic review of the Literature. The draft report is due by the end of June 2022. A task and finish group has been formed to take forward the PO 4U to design a process of local engagement activity/ activities in a target area within the HB in 22/23. Work is underway to understand and align the engagement requirements of the programme with the HB Continuous Engagement process.
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 - As referenced in PO 4L, A task and finish group has been formed to take forward the PO 4U to design a process of local engagement activity/ activities in a target area within the HB in 2022/23.

						<p>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)</p>	Kloer, Dr Philip	31/03/2023	On track - As a result of the draft report a Food Systems Action Group is in the process of being formalised, with the agreement that it sits within the Social Model for Health and Wellbeing (SMfHW) governance structure. The draft report is subject to further review in light of an initial response from stakeholders. The proposals embedded within the report are due to be stratified in to enable the HB and partners/Stakeholders to have clarity over what is achievable by the HB alone/ in partnership/ At a UK WG level. A further workshop to assess the proposals is due to take place 13 Jul 22.
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ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
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	
	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	

Control RAG Rating (what the assurance is telling you about your controls)

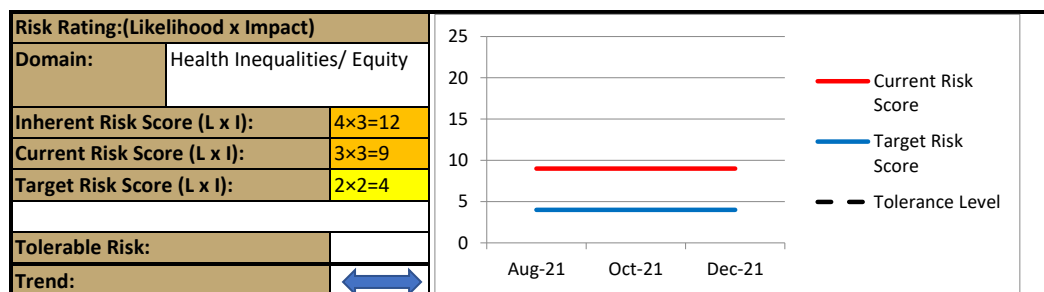
Latest Papers (Committee & date)
Social Value Workshop - SEG (Oct21)
Social Value Workshop - SRC (Dec21)

Gaps in ASSURANCES				
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
Evaluation	Consider options for evaluation	Thomas, Huw	31/08/2022	Update to be provided on next report.
	Establish key metrics for measuring social value improvements in Health Board	Thomas, Huw	30/11/2022	Working with a recognised industry partner to guide our prioritisation, metrics and embedding proposals. These will be presented to assurance committees for approval.

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

Executive Director Owner:	McCarthy, Jo	Date of Review:	Dec-21
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Jun-22

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



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




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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
National screening programmes in place (including Breast, Bowel and cervical)
Vaccination and immunisation programme in place
Local and National health promotion initiatives

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
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	31/03/2024	Action plans are in place to drive forward support for Homeless and Vulnerable groups and increasing accessible communication. The Community Development Outreach Team have worked proactively to provide support to Vaccination Outreach clinics and encourage update of vaccination and public health interventions.
Evidence based actions that improve individual and community behaviours				

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	31/03/2024 TBA	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board in Jan22 as part of the IMTP process.
For each of the three WG supported Transformation Fund schemes, develop and implement a plan to enhance, continue, modify or stop. These initiatives must form part of the planning objective to develop locality plans (5i) by March 2022 (PO 4C)	Paterson, Jill	31/03/2022	On track - A new Planning Objective for 2022/23 has been developed: To evaluate the impact and benefits of the three WG supported Transformation Funds on our systems in order to help in the development of proposals to support the new funding streams that will become available from Apr22.
Develop and implement plans to deliver, on a sustainable basis, national performance targets related to bowel, breast and cervical screening within the next 3 years (PO 4D)	McCarthy, Jo	31/03/2024 TBA	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board in Jan22 as part of the IMTP process.
Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022 (PO 4G)	McCarthy, Jo	Completed	In line with the plan submitted to Welsh Government, recruitment to Weight Management MDT posts for the Level 3 (L3) service for adults is complete. Work is now underway to scope existing services and plan to deliver on Level 2 and Level 1 services.

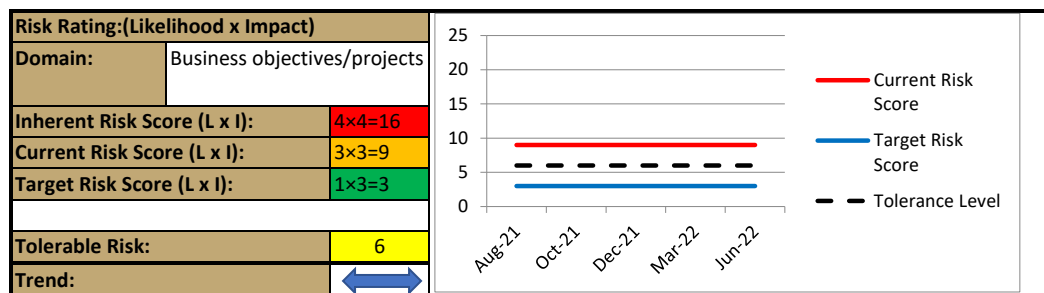
						<p>To develop an initial set of integrated locality plans by September 2021 incorporating the plans developed by our clusters, based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners. (PO 5H)</p>	Paterson, Jill	30/09/2021	<p>Behind - Planning process now aligned to the Health Boards planning cycle. Cluster plans, unscheduled care and County team plans aligned as first part of integrated plan for 21-22. Standardised template agreed. Standardised regional priorities agreed. 3 ILPs have been submitted October and December - next submission date 13.02.2022. IMTP and Plan on Page submitted. Business Partnering support action in progress. Governance framework and alignment to nation ACD programme in progress in readiness for Apr22. Financial system information in progress. New planning objective for 2022/23 has been drafted.</p>
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the BAF Dashboard Wellbeing, Public Health Outcome and Health Inequality,	Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC	2nd				Currently awaiting publication of health inequality indicators by PHW	Currently awaiting publication of health inequality indicators by PHW	McCarthy, Jo	31/03/2022 30/06/2022	PHW have committed to looking at key health inequality indicators. Information received is being shared with the PSBs to feed into the development of the Well-being Assessments. Awaiting report.

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

Executive Director Owner:	Gostling Lisa	Date of Review:	Jun-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Aug-22

Risk ID:	1188	Principal Risk Description:	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.
Does this risk link to any Directorate (operational) risks?			



Rationale for CURRENT Risk Score:
The Health Board is an active partner in a number of strategic and statutory partnerships: 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.

Rationale for TARGET Risk Score:
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 is not sufficient to mitigate against this risk. All departments and directorates have a role to play in leveraging the benefits of partnership working as well as ensuring synergy between partnership and Health Board priorities.

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

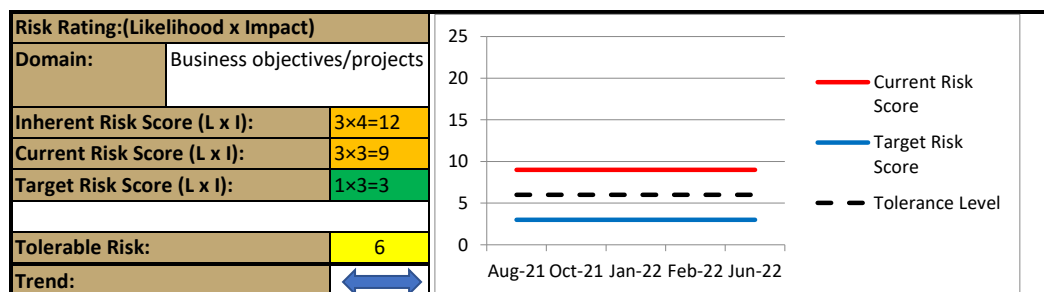
<p>The Health Board is a key member of strategic and statutory partnership groups.</p> <p>The Health Board approved a Partnership Governance Framework and Toolkit in September 2017 to provide a mechanism to ensure effective arrangements are in place for the governance of partnerships.</p>	Fully comprehending and exploiting the opportunities of true partnership working in order to deliver the ambitions within our Health and Care Strategy.	Participation in Population Needs Assessment refresh drawing on data and information gathered during Carers Week and other engagement activity to improve our understanding of the current needs of carers and how these may have changed as a result of the pandemic (PO4J).	Gostling, Lisa	31/03/2023	On track - Strategic Partnership, Diversity and Inclusion Team are supporting the refresh of the RPB Population Needs Assessment. Progress is reported within the Strategic Partnerships Update to each Board meeting. The Population Assessment was presented to SDODC on 24/2/22 and is due to be submitted for approval by Board on 31/3/22 to meet statutory timescales for publication by the Regional Partnership Board
		Partnership Governance Framework to be reviewed to consider how this tool can add value to mitigating this risk.	Gostling, Lisa	31/03/2023	Plan to commence work during 2022/23.

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 in BAF Dashboard	Statutory Partnerships Update to Board	2nd			Strategic Partnerships Update - Board (Jul21, Sep21, Nov21, Jan22)	Ability 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								

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

Executive Director Owner:	Moore, Steve	Date of Review:	Jun-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Aug-22

Risk ID:	1189	Principal Risk Description:	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.
Does this risk link to any Directorate (operational) risks?			



Rationale for CURRENT Risk Score:
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.

Rationale for TARGET Risk Score:
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

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>Risk Management Framework and Board Assurance Framework (BAF)</p> <p>Established governance structures</p> <p>Established Assurance Trackers for audits, inspectorates & 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&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>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.Â 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 - Currently developing our branding and sharepoint site for Improving Together to publish this in the Autumn. The Head of Strategic Performance Improvement is working with the Executive Director of Strategic Development and Operational Planning and the Communications Director to consider how we promote and cascade the organisational strategic objectives and aligned support through Improving Together. The intention is to commence this cascade in the Autumn.
	<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</p>	<p>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)</p>	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.



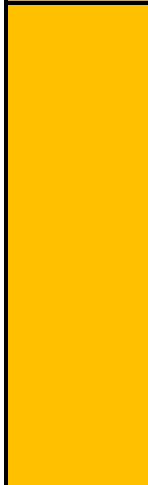


<p>Concise engagement and capacity of operational teams to engage in programmes listed in the 'key controls'.</p> <p>Availability of data that is accessible for teams to identify improvements</p>	<p>By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate 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). 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)</p>	<p>Thomas, Huw</p>	<p>31/03/2025</p>	<p>On track - Development of a Data Science Platform is still ongoing. Tools that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available for beta testing. They provide functionality for ED data and Admissions. Investigation to enhance these with machine learning predictions of Admissions is underway. GIS and Simulation tools still in development</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 Health and Care Research Wales expectations and improvement targets (PO 3G)	Kloer, Dr Philip	31/03/2024	On track - Year 1 action plan (2021/22) to deliver the strategy has been closed and submitted to the Research & Innovation sub-committee. Year 2 action plan (2022/23) has been largely written, some additional elements still to be added. All PADRs for team leads have been completed (2022/23), and objectives for team leads have been developed from the strategy action plan. Team leads are currently undertaking PADRs for their staff. New Head of Research & Development has been appointed. Start date 09May22. Induction plan developed.
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 (PO 3H)	Wilson, Joanne	31/03/2022	Plan on Page developed. Meeting scheduled with Assistant Director of Assurance and Risk and Head of Planning in July to develop a joint process and template, and discuss how this process should feed into Executive Team, Committees and the planning process to ensure learning is documented and addressed by the Health Board.

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 - This Planning objective has a number of potential elements to it, this will include: Stroke Service: Re-design has recommended post-pandemic but has been stalled whilst a clear decision was awaited from Swansea Bay UHB with regards to the Hyperacute Stroke Unit (HASU) development. Discussions were held w/c 23 May 2022 and a re-design plan will now be developed. This element of the Planning Objective is led by the Director of Therapies and Health Science
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 - Plan on a Page for POs 5A and 5B have been developed 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.

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	The Road Map to financial Sustainability has been endorsed by the Executive team and Board. The Road Map provides a clear blueprint for the Health Board to achieve financial sustainability. The realisation and implementation of the delivery plan will be intrinsically linked to the Target Operating Model (ToM). In order to support and enable the organisational change, all Senior Finance Business Partners and the Value Team have been aligned to the Operational and Planning Programmes underpinning the ToM. Further information included in PO Report to SRC Jun22.

		<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"> •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; •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) 	Kloer, Dr Philip	31/03/2023	On track - The Clinical Director for Effective Clinical Practice has been in post since March 2022 and a significant number of engagement sessions have taken place with Directorate and County Triumvirate teams. Teams are becoming familiarised with the AMaT system and targeting key areas to commence roll-out. Existing policies have been reviewed and prepared for wider consultation. This includes the Management of NICE and other National Guidance Policy; and the New Interventional Procedures Policy. A Clinical Standards and Guidelines Group has been developed, to replace the NICE and National Guidelines Group. An Effective Clinical Practice Strategic Plan has been developed, with input
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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)	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			Strategic Business Intelligence - Board (Aug21)	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					To develop measures that consider the use of improving together tools across the Health Board	Evans, Catherine	30/09/2022	Work underway.

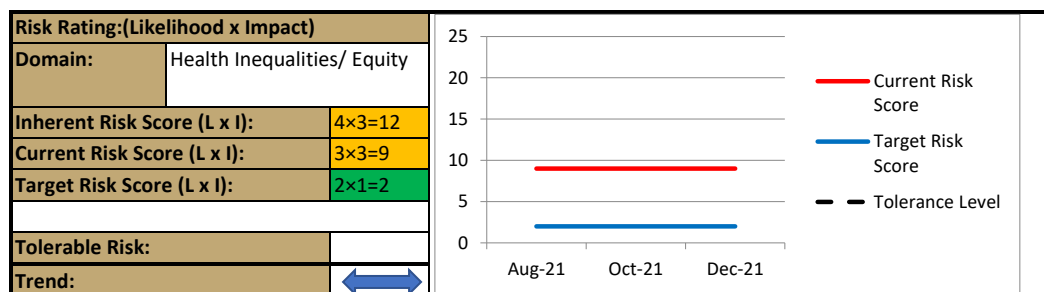
RD&I Sub Committee overseeing delivery and success of RDI Strategy	2nd		
AW & IA Plan includes annual review of risk management arrangements & BAF	2nd		
Internal Quality & Engagement Act Implementation Group	2nd		
Improving Together Steering group (Bi-monthly)	2nd		
IA Health and Care Standards to review adequate procedures in place to ensure, and monitor, effective utilisation of the standards to improve clinical quality and patient experience -Reasonable Assurance (Feb21)	3rd		

Assurance arrangements on delivery of Stroke & Rehab and Paediatric Plans (future PO 50)			

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

Executive Director Owner:	McCarthy, Jo	Date of Review:	Dec-21
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Jun-22

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



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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well being (these will be refreshed in Apr22)
Director of Public Health and Director of Finance currently engaging with Social Value Portal (SVP). Analytical work being undertaken by the SVP to aid understanding of key issues affecting the most disadvantaged areas as described by the domains in the Index of Multiple Deprivation (IMD) and system wide data sources being collated.

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	Further action necessary to address the controls gaps By September 2022, 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)	McCarthy, Jo	30/09/2022 TBA	Re-prioritised due to our on-going pandemic response. Timescale confirmed as part of the IMTP process.

Work in partnership through the RPB to develop a plan by March 2023 to improve the life chances of children and young people. This will be achieved working with the "Children's Task Force" and begin implementation in April 2023, prioritised on the basis of the opportunity to improve the lives of the most deprived (PO 4F)	Carruthers, Andrew	30/09/2021 TBA	Re-prioritised due to our on-going pandemic response. Children's Task Force meeting scheduled for Jan22 to reinvigorate this work.
Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022 (PO 4G)	McCarthy, Jo	Completed	In line with the plan submitted to Welsh Government, recruitment to Weight Management MDT posts for the Level 3 (L3) service for adults is on track and will be completed by March 22. The newly appointed pathway lead will now progress work on developing the Level 2 weight management service offer for adults and will work with colleagues in maternal and early years to develop the model for children and families (services/interventions). This work is slightly behind due to delays in recruitment. Work on publicising the L3 service and adapting the service model to 'on line' appointments is on track. Work is underway with Swansea Bay UHB to develop a regional team to implement the 'systems leadership' elements of the national strategy. This work has been impacted by COVID-19 but it is hoped that recruitment to posts will take place in early 2022.

		Contribute to the development and publication of a comprehensive needs assessment by April 2022, which meets the requirements of the Well-being of Future Generations Act and Social Services and Well-being Act. Based on these assessments, contribute to the setting of PSB and RPB objectives and the publication by April 2023 of a revised Area Plan and Well-being Plan for each local authority area (PO 4J)	McCarthy, Jo	31/03/2023	The Strategic Partnership, Diversity and Inclusion Team and Local Public Health Team are supporting the refresh of the PSB Well-being Assessments. Progress is reported within the Strategic Partnerships Update to each Board meeting. The Well-being Assessments will be presented to SDODC on 24/2/22 and for approval by Board on 31/3/22 to meet statutory timescales for publication by the three PSBs.
		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.	McCarthy, Jo	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.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
	Further action necessary to address the gaps			

<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</p>	2nd				<p>Currently awaiting publication of health inequality indicators by PHW</p>	<p>Liaising with Director of Knowledge at PHW in terms of timelines for the publication of this data/intelligence</p>	<p>McCarthy, Jo</p>	<p>31/03/2022 30/06/2022</p>	<p>PHW have committed to looking at key health inequality indicators. Information received is being shared with the PSBs to feed into the development of the Well-being Assessments.</p>
	<p>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</p>	3rd								

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

Executive Director Owner:	Rayani, Mandy	Date of Review:	Jun-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Aug-22

Risk ID:	1184	Principal Risk Description:	There is a 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.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		
Domain:	Business objectives/projects	
Inherent Risk Score (L x I):	4x4=16	
Current Risk Score (L x I):	2x4=8	
Target Risk Score (L x I):	2x2=4	
Tolerable Risk:	6	
Trend:	↔	

Rationale for CURRENT Risk Score:
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.

Rationale for TARGET Risk Score:
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)
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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>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 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>	<p>Ability to source suitable environment to host the Command Centre & WLSP</p> <p>Physical capacity to expand telecoms infrastructure to support the Command Centre and WLSP</p> <p>Ability to obtain consistent, UHB-wide level of clinical engagement to support the full role out and ambition of the single point of contact</p> <p>Whilst Infrastructure is in place however work is ongoing to demonstrate value of service at the end of 2022/23 for long term funding.</p> <p>A system has been developed to support triangulation of data however it needs to be formally agreed and implemented</p> <p>No periodic report during and after service change to reflect on the impact /improvement to patients, staff and performance</p> <p>No agreed method of aligning PROMs, PREMs and other measures to service change or development</p> <p>Value opportunities framework not fully embedded into service change into service change and transformation</p>	<p>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)</p>	Rayani, Mandy	31/03/2024	<p>On track - All surveillance cells now independently managed and able to function being hosted by Communication Hub; Staffing for single point of contact (SPOC) within Communication Hub established and operational. Current demand matching capacity; New services taken on using the SPOC function, early evaluation demonstrates service efficiencies, redistribution of staff within service, patients have instant human interaction and one SPOC providing a quality service, rather than leaving an answer phone message that may take several days to respond too. Further information provided in PO Update Report QSEC in Jun22.</p>
		<p>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:</p> <ol style="list-style-type: none"> 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; 7. Incorporate review and checking of patient consent. <p>By the end of March 2023 to have this process in place for all patients waiting for elective care in the HB (PO 1E)</p>	Rayani, Mandy	31/03/2023	<p>On track - A process to maintain personalised contact with patients awaiting elective care established and roll out plan in place; Waiting List Support Services (WLSS) funding agreed until March 2023 to demonstrate value and impact; Phase 1 delayed as described in previous report (February 2022); 15,000 Stage 4 patients will need to be contacted during 2022/23. Further update provided in PO Update Report to QSEC.</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). (PO 3E)	Rayani, Mandy	31/03/2023	On track - Development of a Data Science Platform is still ongoing. Tools that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available for beta testing. They provide functionality for ED data and Admissions. Investigation to enhance these with machine learning predictions of Admissions is underway. GIS and Simulation tools still in development
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 - Substantial assurance attained within the internal audit, one recommendation to be implemented; Staff Benefits programme in place and consistently promoted via Global and the Hapi App; Financial Wellbeing Steering Group established; New programme for staff recognition & awards in place and for information at June PODCC.
Explore use of Greatix to encourage sharing and learning from example	Rayani, Mandy	31/03/2022	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; Shaped our Cultural Intentions for our priority areas; Framework being socialised so far with regard to Nursing & Midwifery, Medical & Dental, Therapies, Mental Health & Learning Disabilities (MHL), Women's & Children, Estates & Facilities, Workforce & Organisation Development; Developing the capability to measure progress, building a dashboard and the ability to capture staff stories and staff experiences.
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 - New plan on page: phase 1,3,4 completed - Message/visual media from executive team used as part of the 'Making a Difference Programme' as detailed within the Making a Difference Report. Thank you for Making a Difference' cards being provided to attendees. Welsh provision available although as of yet, not requested. Further update in PODCC PO Update report.

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 new Continuous Engagement Plan has been produced and was approved by Board in May. Work is underway to complete a continuous engagement toolkit for staff. The Continuous Engagement Plan will also be evaluated in Year 2 against agreed qualitative and quantitative measures for each objective outlined in the plan and a report presented to the Strategic Development and Operational Delivery Committee.
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.
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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								