

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) 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)	Planning Objectives Update - PODCC (Feb22) Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)	N		25

1199	6. Sustainable use of resources	Achieving financial sustainability	Thomas, Huw	<p>Understanding the underlying deficit and Opportunities Framework. A pre-COVID-19 assessment has been completed, which will need to be refined as part of the Roadmap to Financial Sustainability.</p> <p>Very high level base-case long term financial model.</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p> <p>A Strategic Enabling Group is in place to co-ordinate improvements to the Health Board's key systems to improve systems and processes across the organisation, including:</p> <p>Improving together - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the</p>	Finance inc. claims	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 (Jan22)</p> <p>M10 Financial Report - SRC (Feb 22)</p> <p>Finance Planning Objective update - SRC (Aug21)</p>	Y		32
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			<p>organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.</p> <p>Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.</p>					
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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>	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 (Jul21)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PCB- Implementing the Healthier Mid and West Wales Strategy - Board (Jan22)</p>	N		39
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1190	3. Striving to deliver and develop excellent services	Capacity to engage and contribute to "Improving Together"	Thomas, Huw	<p>Key Board outcome indicators with aligned qualitative and quantitative measures.</p> <p>Improving Together Plan.</p> <p>Improving Together Steering Group reports into SEG. This meet monthly to review progress in relation to developing the concept and roll out.</p> <p>Improving Together Work streams to develop initial concept prior to engagement and roll out with operational teams.</p> <p>Head of Strategic Performance Improvement appointed and in post.</p> <p>Performance Dashboards developed for finance, workforce, quality and risk</p> <p>Existing datasets for NHS Delivery Framework</p> <p>Support and expert advice for improvement Cymru and appointed consultants</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>	Business objectives/projects	4x4=16	2x4=8	See Our Outcomes section on BAF Dashboard	<p>Improving Together T&F groups (L1)</p> <p>Improving Together Steering group (L2)</p> <p>Strategic Enabling Group (L2)</p>	<p>Strategic Business intelligence - Board (Aug21)</p> <p>Improving Together Steering Group - (Oct 21)</p>	N		49
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1192	4. The best health and wellbeing for our individuals, families and our communities	Wrong value set for best health and well-being	Kloer, Dr Philip	<p>Statutory member of Public Service Boards and each county has undertaken a Wellbeing Assessment in 2017 with a set of actions for partners to implement</p> <p>Key member of Regional Partnership Board (RPB)</p> <p>Engagement unpinning Healthier Mid and West Wales Strategy</p> <p>Equality Impact Assessments and consultation undertaken on service change</p> <p>Patient participation groups in place for some services, eg maternity, respiratory</p> <p>Close links between services and voluntary sector groups, eg AgeConcern, MIND</p> <p>Speaking to people re outcomes (Prog7 of Trans Fund)</p> <p>Together for change (supporting community led programme)</p> <p>Relationship with Community Health Council (2 weekly meeting with Chair and CEO and bi-monthly planning meetings)</p> <p>Working with disadvantaged/vulnerable groups</p> <p>Stakeholder Reference Group</p> <p>Staff Partnership Forum</p>	Health Inequalities/Equity	4x4=16	2x4=8	See Our Outcomes section in the BAF Dashboard	<p>Population health measures collected by Public Health Wales (vaccinations, screening, etc) (L1)</p> <p>Tracking of crude mortality, risk-adjusted mortality and other data (L1)</p> <p>Oversight of delivery of Planning Objectives undertaken by Assurance Committees (L2)</p> <p>Overseeing the development of Wellbeing Assessment as statutory member of PSB (L2)</p> <p>Oversight of Programme 7 of transformation fund by RPB (L2)</p> <p>Oversight of delivery of New Hospital Programme Business Case by SDODC (L2)</p> <p>SRG advisory role to the Board (L2)</p> <p>Director of Public Health Annual Report to Board (L2)</p>		N		53
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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 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>	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>Programme Group 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 (Jan-22) & SDCODC (Feb22)</p> <p>AHMWW PBC Programme Group Update - Board Seminar (Dec 21)</p> <p>TMH Update - Board (Jul21)</p> <p>Planning Objectives Update (Planning) - SDODC (Feb22)</p> <p>Pentre Awel Update - SDODC (Aug21)</p> <p>DCP Update - SDODC (Feb22)</p>	Y		60
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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>Digital strategy</p> <p>Access to capital funding from Discretionary Capital Programme (DCP) & All Wales Capital Programme (AWCP)</p> <p>Prioritised list of equipment, estates/facilities, infrastructure improvements and infrastructure investments</p> <p>Apprenticeship Academy with established Healthcare apprenticeship programme in place</p> <p>Comprehensive OD programme, eg Nurse (STAR) programme, Aspiring Leadership Programme</p> <p>HEIW Talentbury</p>	Business objectives/projects	4x4=16	2x2=4	See Our Outcomes section on BAF Dashboard	<p>Staff Survey results (L1)</p> <p>Established Governance framework for Improving Together (L1)</p> <p>Reports to People, OD and Culture Committee oversight of delivery of Planning Objectives & other sources of assurances such as workforce performance & staff survey results (L2)</p>	Strategic Equality Plan Annual Report - PODCC (Aug21) & Board (Sep21)	N		66
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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>	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>HIW patient complaints (L3)</p> <p>Quality Governance Follow up Report (Oct21) (L3)</p>	Patient Experience Report - Board (Jan22)	Healthcare Contracting Update - SRC (Feb22)	N	70
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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> <ul style="list-style-type: none"> # A review has been undertaken around the capacity of the engagement team # Expert engagement team in place with ongoing training needs reviewed regularly. # Operational engagement led for each county. # Engagement training provided to operational on an ad hoc/as required basis. # Consultation Institute provide expert advice on request. <p>Organisational Structures to Support the Delivery of Engagement :</p> <ul style="list-style-type: none"> # Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities. # Close working relationship with CHC. 	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>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</p>		N		74
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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>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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1191	3. Striving to deliver and develop excellent services	Underestimation of Excellence	Kloer, Dr Philip	<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. 	Business objectives/projects	3x4=12	2x3=6	See Our Outcomes section on the BAF Dashboard	<ul style="list-style-type: none"> # 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 NICE and National Guidance Group (L2) # Alignment with Health Board Quality and Governance Groups (L2) 	<p>Planning Objective 5K and the development of an Effective Clinical Practice Strategic Framework - EFCAP (Aug21)</p> <p>Review and Assessment against NICE Guidance - ECPAP (Feb22)</p>	N		79
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			<p># QSEAC Approved Research & Development (RDI) Strategy with Implementation Plan</p> <p># Research & Innovation Sub Committee with strengthened membership for improved scrutiny</p> <p># Strengthened RDI Management Team</p> <p># Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place.</p> <p># University partnership arrangements in place.</p> <p># Strategic Enabling Groups</p> <p># Value Based Health Care Sponsoring Group</p> <p># Value Based Health Care Programme Team</p> <p># National Value Based Health Care Community of Practice</p> <p># Improving Together Programme</p>				<p># Responses to letters from Welsh Government (DCMO) relating to specific guidelines (L2)</p> <p># RDI Sub Committee & HCRW monitor delivery of RDI Strategy/Plan (L2)</p> <p># PODCC & SRC oversee delivery of Planning Objectives (L2)</p> <p># Annual Performance Review by WG/HCRW (L3)</p> <p># RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities (L3)</p>			
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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 (Jul21)</p> <p>Three Yedr Draft Plan for Children's Services - Board (Jul21)</p> <p>PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Jan22)</p> <p>IMTP Update - Board (Jan22)</p>	Y		84
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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>	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	<p>Social Value Steering Group reporting into SEG (L1)</p> <p>SEG to provide monitoring/oversight of steering group (L2)</p> <p>Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2)</p> <p>Board meetings to consider the outcome measure (Our positive impact on society is maximised) (L2)</p>	<p>Social Value Workshop - SEG (Oct21)</p> <p>Social Value Workshop - SRC (Dec21)</p>	N	89

1194	4. The best health and wellbeing for our individuals, families and our communities	Increasing uptake and access to public health interventions	Jervis, Ros	<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</p> <p>Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>		N		93
1188	2. Working together to be the best we can be	Effective leveraging within partnerships and carers	Jervis, Ros	<p>The Health Board is a key member of strategic and statutory partnership groups.</p> <p>The Health Board approved a Partnership Governance Framework and Toolkit in September 2017 to provide a mechanism to ensure effective arrangements are in place for the governance of partnerships.</p> <p>The Health Board is working to implement the Regional Carers Strategy and has a Action Plan detailing the Health Board commitment to this. This work is being lead via the Health Board Carers Strategy Group. (PO2A)</p>	Business objectives/projects	3x3=9	1x3=3	See Our Outcomes section in BAF Dashboard	<p>Carers Action Plan is overseen by the Carers Strategy Group and an Annual Report provided to Public Board on an annual basis (L1)</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> <p>Carers Annual Report and Update - Board (Jul21).</p> <p>Update to PODCC (Feb22)</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>	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>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 (Feb22)</p> <p>Strategic Business intelligence - Board (Aug21)</p>	N		101
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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	Jervis, Ros	<p>Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well being (these will be refreshed in Apr22)</p> <p>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.</p>	Health Inequalities/Equity	3x3=9	2x1=2	<p>See Our Outcomes section of the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p>	<p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>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)</p>		N		106
1184	1. Putting people at the heart of everything we do	Measuring how we improve patient and workforce experience	Rayani, Mandy	<p>Command Centre Plan in place with workstreams established</p> <p>Command Centre Programme lead appointed on interim basis</p> <p>Civica system capturing feedback from patients</p> <p>Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured</p> <p>Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board</p> <p>Methodology to manage change with services to facilitate clinical engagement and pace of delivery</p> <p>Waiting List Support Programme (WLSP) Plan with workstreams established</p> <p>WLSP Phased Iterative Implementation</p>	Business objectives/projects	2x4=8	2x2=4	<p>See Our Outcomes section of BAF Dashboard</p>	<p>WLSP Steering Group overseeing delivery of the plan and the workstreams (L2)</p> <p>Command Centre Steering Group (L2)</p> <p>Executive Team overseeing delivery of Planning Objectives (L2)</p> <p>People, OD and Culture Committee oversight of Planning Objectives (L2)</p> <p>Patient Experience Report to every Board (L2)</p> <p>Listening and Learning Sub Committee (L2)</p> <p>Periodic reporting of engagement index survey results to People, OD and Culture Committee and Board (from Nov21) (L2)</p>	<p>Single Point of Contact Report - Board (Mar21)</p> <p>Patient Experience Report - Board (Jan22)</p> <p>Discovery Report: Understanding the Staff Experience in</p> <p>HUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)</p>	N		110

			<p>Plan</p> <p>Evaluation of first cohort of patients involved in the WLSP to inform future development of the programme</p> <p>Power BI Performance dashboards on IRIS</p> <p>Good engagement in place with CHC</p> <p>Staff Partnership Forum</p>			<p>Public Service Ombudsman for Wales Reports (L3)</p> <p>HIW Inspection Reports and Complaints (L3)</p>		
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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? <small>(how many times will the adverse consequence being assessed actually be realised?)</small>	This will probably never happen/recur (except in very exceptional circumstances). Not expected to occur for years.*	Do not expect it to happen/recur but it is possible that it may do so. Expected to occur at least annually.*	It might happen or recur occasionally. Expected to occur at least monthly.*	It might happen or recur occasionally. Expected to occur at least weekly.*	It will undoubtedly happen/recur, possibly frequently. Expected to occur at least daily.*
<small>* time-framed descriptors of frequency</small>					
Probability - Will it happen or not? <small>(what is the chance the adverse consequence will occur in a given reference period?)</small>	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
<small>*used to assign a probability score for risks related to time-limited or one off projects or business objectives.</small>					
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. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days.	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days.	Incident leading to death. 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. Agency reportable incident. An event which impacts on a small number of patients.	Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	An event which impacts on a large number of patients.
		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. Local resolution.	Formal complaint. Escalation.	Multiple complaints/ independent review. Low achievement of performance/delivery requirements.	Gross failure of patient safety if findings not acted on. Inquest/ombudsman inquiry.
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.
		Formal complaint. Local resolution.	Formal complaint - Escalation.	Multiple complaints/ independent review. Low achievement of performance/delivery requirements.	Gross failure of patient safety if findings not acted on. Inquest/ombudsman inquiry.
		Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance if unresolved.	Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Critical report.	Gross failure to meet national standards/performance requirements.
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).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
Critical report.	Severely critical report.				
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.				
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




IMPACT ↓	LIKELIHOOD →				
	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 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:	Feb-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Mar-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, 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?			

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.

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>Recruitment processes in place</p> <p>Induction process in process</p> <p>HR policies (including those for employee relations) in place with programme of review</p> <p>Training programmes in place (manager's passport, etc)</p> <p>County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc)</p> <p>Staff Well-being Service and Psychological Service in place</p> <p>Regular contact with Trade Union representatives/Staff Partnership forums</p> <p>Annual NHS staff surveys providing feedback from staff</p> <p>Separate clinical education programmes in place</p> <p>Apprenticeship programme and work experience programmes in place</p> <p>Leadership development programmes in place</p> <p>External ad-hoc talent programmes</p>	<p>Having a flexible and responsive recruitment process that encourage local employment for local people</p> <p>Current induction process does not focus on key things a new candidate needs to know and does not provide continuous/on-going support/information</p> <p>Current HR policies (including employee relations) do not fully support work-life balance and put the person at the centre</p> <p>Lack of equity of access to training regardless of personal and professional circumstances</p> <p>Lack of agile approach to workforce training (eg 24/7 access, digital platforms)</p> <p>Lack of support for services to people plan effectively</p> <p>Ability to understand and respond to staff feedback on well-being</p> <p>Lack of a multidisciplinary approach to clinical education</p> <p>Lack of a comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board</p> <p>Lack of a comprehensive talent, succession planning and leadership development programme</p>	<p>Develop an implementation plan for approval to improve the way the Health Board recruits new staff, engage with managers and applicants, research best practice and implement changes to process (PO 1F.1)</p>	<p>Thomas, Annmarie</p>	<p>31/03/2022 30/06/2022</p>	<p>All actions due for delivery by end of September 2021 are complete. There are four actions due to complete by end of March 2022. The four actions are: 1) Implement revised job description and person specification template; 2) Streamline recruitment pathway for RN recruitment; 3) Review how internal recruitment is managed in the context of vision for talent management and succession planning and the volume of appointments which are made internally; 4) Wider engagement with key stakeholders to develop proposal for changes to policies, processes and approaches for recruitment. Use research findings from initial stages to inform proposed way forward. At this point in time, it is anticipated that the delivery of the four actions will fall behind by a quarter due to • work associated with additional recruitment to support the scale up of the vaccination service; • an increase in general recruitment activity by 92% comparing December 2019 (pre-pandemic levels) to December 2021; • planning for international registered nurse (RN) recruitment at pace early 2022; • vacancy factor and increase in staff absence in the Team.</p>
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<p>Lack of appropriate training facilities (space and digital)</p> <p>Lack of appropriate training budget</p>	<p>Develop an implementation plan for approval to 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 (PO 1F.1)</p>	<p>Glanville, Amanda</p>	<p>31/03/2022 31/03/2023</p>	<p>Behind - The Implementation plan will be ready by 31/03/2022, although implementation will be transferred to the new Plan on a page, a phased approach will begin 01/04/2022, with staged approach as roll-out, being fully embedded by 31/03/2023.</p>
	<p>Develop an implementation plan for approval to ensure that all HR policies 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)</p>	<p>Morgan, Steve</p>	<p>31/03/2022</p>	<p>On track - A new delivery date for the actual review of the policies once other key actions were complete was agreed with the Director of WOD - to begin by Jan22. Research conducted; Stakeholder group formed; Revised approach agreed; Policy priorities agreed and first 3 policies to be drafted by end Mar22 in readiness for submission to SPF and PODCC.</p>
	<p>Develop an implementation plan for Board approval to improve the way employee relations are managed, engage with staff and managers, review timelines and outcomes, introduce new process (PO 1F.3)</p>	<p>Morgan, Steve</p>	<p>31/03/2022 31/03/2023</p>	<p>A new delivery date was agreed with the Director of WOD - initial phase by Oct21 and full implementation by March 23. Key Stakeholder group set up and progressing; Recommended approach and Terms of Reference agreed; Stakeholder Group currently analysing best practice and reviewing current practice. By March 22 the Group will recommend actions, improvements and modifications to current approach - this will be finalised by Apr22 with toolkit, awareness raising/training to be completed by March 23.</p>

Develop an implementation plan for approval to 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	31/03/2022 31/08/2022	Behind - Significant progress has been made, however overall achievement of objectives have been impacted due to an increase in general recruitment activity by 92%, impacting the workload as a result of onboarding.
Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from September 2021. Their role will be to support the directorates in developing their people plan, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams (PO 1G).	Davies, Christine	31/12/2022	On track - Development programme designed and mid-way through implementation phase. People Culture Plan Framework developed in conjunction with Trade Union Chairs ready for data population for each service area. Principles of Engagement agreed with In-Committee PODCC in Dec21.
Conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff. Report to be produced by Q1, staff experience optimisation by Q 3(PO 1H)	Davies, Christine	30/06/2022	On track - Discovery Report Action Plan signed of at PODCC in December 2021 with key actions now in progress. Intelligence used to inform new Plans on a Page for 2022/23. You Said, We Did communications being prepared for Spring launch with staff.
Develop a plan to optimise the resources from internal/external charitable funds to impact positively on staff health and wellbeing (PO 1I)	Davies, Christine	31/03/2022	On track - New Framework developed and will be launched imminently for staff to access a Life Long Learning Education fund (Charitable Funding). Charitable Funds established (Circa £180k) and out to service engagement to support the increase of rest & recovery areas for staff.

<p>Develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this (PO 2D)</p>	<p>Glanville, Amanda</p>	<p>30/04/2022 30/10/2022</p>	<p>Behind - This has stalled and become a much bigger strategic objective, with the need to focus on creating an overall educational group to include both clinical and non-clinical education. As a result, this has been transferred to a 2022/2023 Planning objective, with the whole educational governance structure being fully embedded. By Sep22 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from Oct22.</p>
<p>Construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme (PO 2G)</p>	<p>Glanville, Amanda</p>	<p>31/08/2022</p>	<p>Behind - Significant progress has been made, providing assurance to the Committee that although this plan remains behind schedule, there is significant impetus to achieve the overall objective with many actions having been achieved. Issues that have prevented further progress include: The need for the Future Workforce and Apprentice Academy Team needing to focus on the deployment of apprentices into the MVC's and the recruitment and onboarding of an additional 110 volunteers, impacting the workload as a result of onboarding; vacancy factor and increase in staff absence in the Team and relocations of the Education & Development function within Carmarthenshire, requiring significant manpower.</p>

Construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development (PO 2H)	Davies, Christine	31/03/2023	On track - Research into best practice to inform the Leadership Framework is nearing completion. Programme delivery on track as planned, however key dates postponed for Jan22 due to the COVID-19 pandemic, including Reverse Mentoring sessions with mentors and mentees. Other programme activity was not scheduled for Jan22 due to normal winter pressures.
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.	Walmsley, Tracy	31/03/2022	Work underway linked with IMTP submissions, strategic recruitment & retention strategy also under development to support plan.
Plan a Strategic Resourcing Programme (including Overseas RN Recruitment)	Thomas, Annmarie	31/03/2022	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).
Plan a Strategic Retention Programme	Davies, Christine	31/03/2022	A new planning objective has been developed to support the retention of Hywel Dda staff and this will be implemented from Apr22. Also, Terms of Reference for a specific group to lead the retention of Nursing staff have been drawn up. This group has met once and will continue to meet fortnightly to ensure delivery at pace.

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	Research "internal labour market" concept for health & social care (eg SWITCH example Sunderland Council)	Walmsley, Tracy	31/03/2022	In progress. Circulated concept to WOD Leadership Team. Details to follow.
	A new internal audit brief has been scoped into organisational values and wellbeing.	Gostling, Lisa	31/05/2022	Scope agreed in Feb22 and Fieldwork planned for Mar22.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
See Our Outcomes section on BAF Dashboard	Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail	1st	Blue
	Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee	2nd	Blue
	Staff Partnership Forum	2nd	Pink
	Medical Engagement scale feedback	3rd	Blue
	IA PADR Follow up - Reasonable (May-20)	3rd	Blue

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

Latest Papers (Committee & date)
Planning Objectives Update - PODCC (Feb22)
Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)

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
Lack of relevant 3rd line/ independent assurance	Request and partake in Internal Audit Report on Recruitment	Gostling, Lisa	Completed	Recruitment audit relating to medical workforce presented to ARAC 19/10/2021.
	Develop and implement internal staff pulse engagement surveys	Davies, Christine	Completed	Plan in place to sample 1000 employees each month, selecting different staff each month. Platform purchased to provide additional support.
	NWSSP Internal Audit on Workforce Planning in progress	Walmsley, Tracy	28/02/2022 31/03/2022	All documents related to workforce planning and development shared linked to audit request. Meeting held to review 16Dec21. Follow up planning for Jan22. Meetings held and on track for draft by 14Mar22.

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:

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)

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>	<p>Thomas, Huw</p>	<p>31/03/2022</p>	<p>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>


<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>	<p>Thomas, Huw</p>	<p>Completed</p>	<p>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.</p>
<p>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)</p>	<p>Thomas, Huw</p>	<p>Completed</p>	<p>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</p>

			to achieve this.
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>
<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)</p>	Thomas, Huw	30/09/2021 31/03/2022	<p>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.</p>

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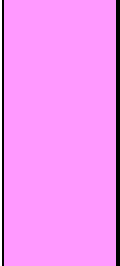
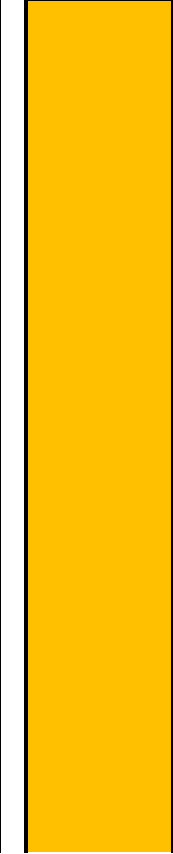
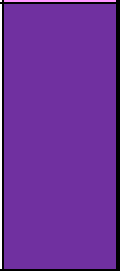
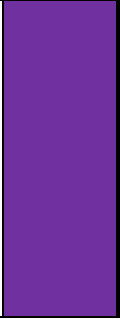
	Rapid deployment of digital solutions to support with better intelligence allowing better local decision-making based on evidence.	Thomas, Huw	30/09/2021	Refer to the Digital Strategy for actions and delivery timelines.
	By September 2021 develop a plan to achieve, as a minimum, the design assumptions 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.
	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)	Thomas, Huw	30/09/2021	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.

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

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

Latest Papers (Committee & date)

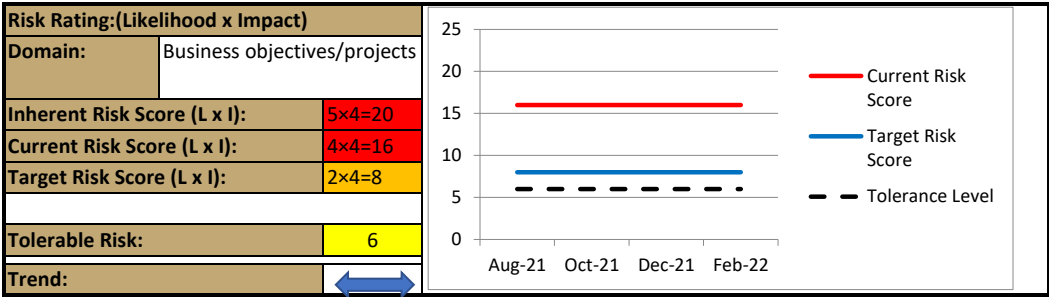
Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress

<p>See Our Outcomes section on the BAF Dashboard</p> <p>Operational agreement to underlying deficit assessment.</p>	<p>Lightfoot engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work</p>	<p>1st</p>			<p>M9 Financial Report - Board (Jan 22)</p>	<p>None identified.</p>				
<p>Welsh Government accepting of impact of COVID-19 on underlying deficit.</p>	<p>Financial Reporting to Sustainable Resources Committee</p>	<p>2nd</p>			<p>M10 Financial Report - SRC (Feb 22)</p>	<p>Finance Planning Objective update - SRC (Aug21)</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>Planning Objectives overseen by Sustainable Resources Committee</p>	<p>2nd</p>								

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

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

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	Planned care recovery plan - To develop plans capable of being implemented during 2021/22 to achieve WG targets in relation to RTT, Diagnostics, Therapies, Cancer and Mental Health using measures of likely harm as a way to prioritise initial action in 2021/22 (GI)	Carruthers, Andrew	31/03/2022	There are still significant pressures on services despite the reduction in positivity rates within the community, which has led to disruption in the re-starting and delivery of Planned Care services.
Optimal use of digital to support delivery of patient care				

<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>Financial resources to invest in new technologies to improve demand and capacity across the system</p> <p>Resistance in secondary care to moving resources in primary and community care</p> <p>Maximising efficiencies in secondary care</p> <p>Limited by vision of what is available to and resourcable by the UHB.</p>	<p>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 (PO 1D)</p>	<p>Paterson, Jill</p>	<p>30/09/2021</p>	<p>On track - Early discussions have taken place.</p>
		<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>	<p>Paterson, Jill</p>	<p>30/09/2021</p>	<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>

Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model (PO 5J)	Paterson, Jill	31/03/2024	On track - Work progressing. UEC Programme Management Office has been established with recruitment progressing in outstanding roles. Draft UEC Outcomes Framework and Performance Metrics have been developed and are awaiting final sign off through UEC Delivery Group in Feb22. 111 First MOU and are currently in final draft format pending agreement by both WAST and HddUHB. 111 First 'Go Live' has been delayed by WAST and is anticipated in April 2022 (Q1). Achieved 78% sign up to the 'virtual' Urgent Primary Care Centre from GP practices. Same Day Emergency Care (SDEC) models are enhanced across all 4 acute hospital Sites and Same Day Urgent Care (SDUC) operating in South Ceredigion community. Technology Enabled Care and Telehealth implementation has now been agreed. Those UEC policy goals associated with Discharge and Flow (Policy Goal 5 & 6) were postponed due to operational pressures.
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)	Moore, Steve	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.

<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>Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board in Jan22 as part of the IMTP process.</p>
<p>Produce a final business case for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them) (PO 5C)</p>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>Behind - Board has approved the PBC in Jan22. The PBC was formally submitted to WG for consideration and scrutiny on the 01Feb22. The timeline for the development of the business cases associated with the PBC reported in the Board papers and PBC document now indicate a Mar26 Full Business Case (FBC) submission. The service scenarios included in the PBC include the assumption regarding architectural separation between urgent and planned care at the new hospital. The scenarios also include for minimising the length of stay at the hospital and also scenarios which include longer length of stays to maximise efficiency and reduce clinical risk at the repurposed Glangwili and Withybush hospitals. These scenarios will be further explored at the outline business case stage.</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. (See specific requirement 5.G.i) (PO 5G)</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>On track - Aspects of the strategy aligned to Transforming Mental Health (7-day services, Community Mental Health Centres, Alternative 136 and Third Sector Tier 0/1 prevention services) have been accelerated at pace during the Pandemic. Older Adult Mental Health Services will focus on sharing clinical expertise and improving care pathway interface with Adult Mental Health Transformation initiatives, the West Wales Dementia Wellbeing Pathway, Acute Hospitals, and Primary Care/GP Clusters/Community Resource Teams. A Learning Disability Service Improvement (LDSIP) has been established to oversee the development and implementation of a speciality healthcare service for individuals with learning disabilities that meets demand and is more appropriately skilled and managed. S-CAMHS services are focussing on the development of the workforce through increasing skills and competencies in order to improve emotional resilience in children and young people. This includes a number of new partnerships initiatives such as the Looked After Children team and the School In-reach programme.</p>
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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 Working Group Feb22.
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	31/03/2024 TBA	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board in Jan22 as part of the IMTP process.
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 - Update to be provide in next report.

<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 (PO 6A)</p>	<p>Thomas, Huw</p>	<p>31/03/2022</p>	<p>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>
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<p>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)</p>	<p>Thomas, Huw</p>	<p>31/03/2022</p>	<p>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 to achieve this.</p>
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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

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.

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	Lightfoot Viewer for urgent care to track improvements	1st	
	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	

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

Latest Papers (Committee & date)

TMH Update - Board (Jul21)

Three Year Draft Plan for Children's Services - Board (Jul21)

PCB- Implementing the Healthier Mid and West Wales Strategy Board (Jan22)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
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.

Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd		
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Date Risk Identified:	May-21
Strategic Objective:	3. Striving to deliver and develop excellent services

Executive Director Owner:	Thomas, Huw	Date of Review:	Feb-22
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Mar-22

Risk ID:	1190	Principal Risk Description:	There is a risk that the workforce do not have the capacity to engage and contribute in the ambition to strive for the delivery of excellence. This is caused by the shared commitment to implementation not being jointly owned across the Health Board. This includes ensuring that the approach is widely adopted (mindset); that skills are developed across the organisation to implement the approach (skillset) and that the systems required to support the rollout are implemented (toolset). This could lead to an impact/affect on the pace of our recovery and re-set process.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	2x4=8
Tolerable Risk:	6
Trend:	↔

Rationale for CURRENT Risk Score:

Current operational pressures present a challenge with respect to engagement with teams. We need to co-design the implementation of the concept with operational teams, prior to it being rolled out further. Once the implementation has been achieved in one area, and when we have had an opportunity to speak to and visit systems elsewhere who have adopted similar approaches, this will enable teams to have a better understanding of how the concept can be brought to life. We are working with an operational team currently, so this process has commenced.

Work is ongoing with the operational staff, face to face meetings have been held and an operational dashboard is expected by end of March 2022.

Rationale for TARGET Risk Score:

We have identified one team to work with, so initial discussions have commenced. The concept has been designed by a number of different directorates and as such there is support from a number of different corporate teams. Improvement Cymru are also supporting us with the journey. The approach has been successfully implemented in a number of trusts nationally, and they have documented improvements in performance in key areas as a result.

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

Key Board outcome indicators with aligned qualitative and quantitative measures.

Improving Together Plan.




Improving Together Steering Group reports into SEG. This meet monthly to review progress in relation to developing the concept and roll out.


Improving Together Work streams to develop initial concept prior to engagement and roll out with operational teams.

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
Cohesive engagement and capacity of operational teams to engage in co-designing the implementation and developing sufficient organisational learning to move forward.	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5A)	Moore, Steve	31/03/2024 TBA	The implementation of Improving Together will help ensure and focus and alignment with team and strategic goals. PO 5A re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process.
Availability of data that is accessible for teams to identify improvements				
Insufficient data to recognise trends				

<p>Head of Strategic Performance Improvement appointed and in post.</p> <p>Performance Dashboards developed for finance, workforce, quality and risk</p> <p>Existing datasets for NHS Delivery Framework</p> <p>Support and expert advice for improvement Cymru and appointed consultants</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>and identify improvements</p> <p>No agreed performance arrangements in place</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. These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5B)</p>	<p>Moore, Steve</p>	<p>31/03/2024 TBA</p>	<p>The implementation of Improving Together will help ensure and focus and alignment with team and strategic goals. PO 5B re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process.</p>
		<p>To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, WG, regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31st March 2022 (PO 3A)</p>	<p>Thomas, Huw</p>	<p>31/03/2022</p>	<p>On track - Outcome measures developed which are now a part of our Board Assurance Framework. We are working on the definitions which will be available for the BAF in March. Review the measures next year and agree the ambition and interim steps for each measure. IPAR measures have been mapped to each Planning Objective. Work progressing on Executive Performance Dashboards.</p>
		<p>Support from the OD Relationship Manager Team (PO 1G) to connect to the operational teams.</p>	<p>Gostling, Lisa</p>	<p>31/12/2022</p>	<p>On track - New team of OD Relationship Managers appointed and now in post. ODRMs assigned to key organisational teams and professional staff groups. A development plan for the ODRMs is in progress now. People Culture Plans Framework being developed in conjunction with staff side colleagues.</p>

				Business intelligence and modelling - to establish real-time, integrated, easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's strategic objective to improve value of its services and shift resources into primary and community settings. The initial phase of this, involving as a minimum hospital data, should be in place by Sept21 with full inclusion of all health and social care data (as a minimum) by Mar24 (PO 3E)	Thomas, Huw	31/03/2024	Ahead - Preliminary work on the Advanced Analytics Platform is underway. The datasets for Admitted Episodes and ED Attendances are currently being explored by the TSA and Pathway Analysis dashboards. Current Status - In development. Anticipated beta application to be available in May/Jun22. Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients/citizens within both systems.
				Link to PO 1A) Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years. (1Ai Overall staff engagement score - scale score method)	Gostling, Lisa	31/03/2024	On track - On target to present first performance dashboard to PODCC in February 2022 ahead of March 2022 deadline. This dashboard will include additional metrics and key performance indicators in addition to the NHS Delivery Framework targets. Feedback on content and evolving presentational style of the earlier drafts have been positive from a range of stakeholders.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 
			Current Level
See Our Outcomes section on BAF Dashboard	Improving Together T&F groups	1st	
	Improving Together Steering group	2nd	

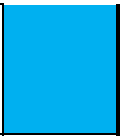
Control RAG Rating (what the assurance is telling you about your controls)


Latest Papers (Committee & date)
Strategic Business intelligence - Board (Aug21)
Improving Together

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 independent review of success	Developing an approach to evaluation	Davies, Mandy	31/08/2022	Update to be provided on next report.

Strategic Enabling Group

2nd



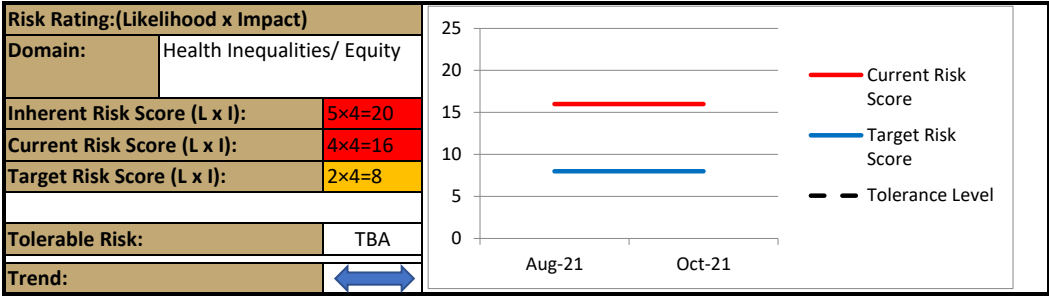
Together
Steering Group
(Oct 21)



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:	Oct-21
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Dec-21

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	Review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year (PO 2C)	Davies, Lee	Completed	Complete - This Planning Objective has been completed as the capacity and capability to undertake continuous engagement has been reviewed. A new Planning Objective for 2022/23 will be in place - By Mar23, implement and embed our approach to continuous engagement.	
No universal accepted view of best health and wellbeing					
Understanding what health and wellbeing matters to our communities					
Lack of thorough engagement plan					

<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>Implement a plan to train all Health Board Therapists in "Making Every Contact Count", and offer to their clients by March 2022 (PO 4E)</p>	<p>Shakeshaft, Alison</p>	<p>31/03/2022</p>	<p>Behind - The required funding to deliver the program has not been identified, and the ability to release the volumes of staff identified during the current system pressures poses a significant risk, in addition to the challenge of securing sufficient additional backfill capacity to release staff.</p>
		<p>Develop a plan by September 2021 to improve the life chances of children and young people working with the "Children's Task Force" and begin implementation in April 2022, prioritised on the basis of the opportunity to improve the lives of the most deprived (PO 4F)</p>	<p>Carruthers, Andrew</p>	<p>31/03/2022 TBA</p>	<p>Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process.</p>
		<p>Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022 (PO 4G)</p>	<p>Jervis, Ros</p>	<p>31/03/2022</p>	<p>On track - 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.</p>

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)	Jervis, Ros	31/03/2023	Work is underway with expected publication date of April 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)	Jervis, Ros	30/09/2023	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process.
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	31/03/2022	On track - Literature review has completed the first sift, based on agreed parameters. Additional invitees have been identified. PHW colleagues have completed the first tranche of interview reviews. Contact has been made with Pembrokeshire PSB. Awaiting a mutually convenient date.

<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>	<p>Kloer, Dr Philip</p>	<p>31/03/2023</p>	<p>On track - Stakeholder map in draft. Outcomes workshop completed and dates for stakeholder engagement have been secured.</p>
<p>Develop and implement a food health literacy programme for Year 5 children with a pilot taking place in 2021/22, with scaling to all 3 counties of Hywel Dda within the next 3 years. The longer term goal will be to make this routine for all children in the area within the next 10 years (PO 4O)</p>	<p>Shakeshaft, Alison</p>	<p>31/03/2022 TBA</p>	<p>Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process.</p>

<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>	<p>Paterson, Jill</p>	<p>30/09/2021</p>	<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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		<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: 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. 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>
		<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)</p>	Thomas, Huw	30/09/2021	<p>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.</p>

ASSURANCE MAP

Control RAG

Latest Papers

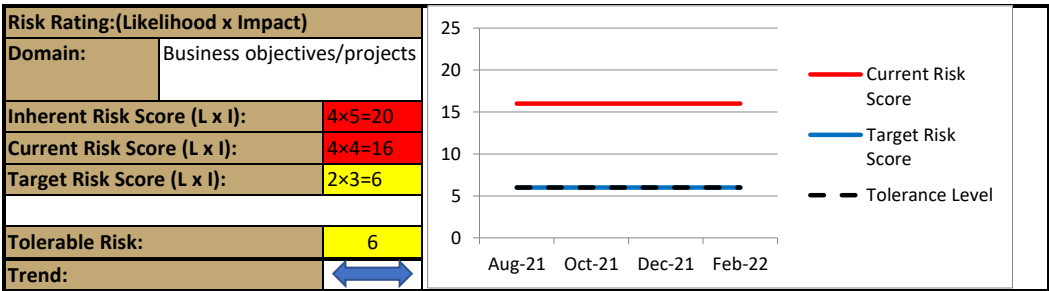
Gaps in ASSURANCES

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	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st		Green		No established way of asking questions to understand the right value of health and wellbeing	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					Explore external/expert testing of our approach, eg, peer review	Kloer, Dr Philip	31/12/2022 TBA	Update to be provided in next report.
	Oversight of delivery of Planning Objectives undertaken by Assurance Committees	2nd					No established mechanism to collect and analyse data			
	Overseeing the development of Wellbeing Assessment as statutory member of PSB	2nd					Lack of independent assurance mechanism			
	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								

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

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


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>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>Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). Using the experience and change brought about by the COVID pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay (PO 5C)</p> <p>Produce and agree the final business case by March 2024 for the repurposing of the GGH and WGH sites in line with the strategy published in November 2018 (PO 5D)</p>	<p>Davies, Lee</p> <p>Davies, Lee</p>	<p>31/03/2024</p> <p>31/03/2024</p>	<p>Behind - Board has approved the PBC in Jan22. The PBC was formally submitted to WG for consideration and scrutiny on the 01Feb22. The timeline for the development of the business cases associated with the PBC reported in the Board papers and PBC document now indicate a Mar26 Full Business Case (FBC) submission. The service scenarios included in the PBC include the assumption regarding architectural separation between urgent and planned care at the new hospital. The scenarios also include for minimising the length of stay at the hospital and also scenarios which include longer length of stays to maximise efficiency and reduce clinical risk at the repurposed Glangwili and Withybush hospitals. These scenarios will be further explored at the outline business case stage.</p> <p>Behind - This achievement of this action has a critical interdependency with the business case process for the new hospital and therefore the same caveats apply as listed above.</p>
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<p>Develop a plan with partners to address access, travel, transport and necessary infrastructure (PO 5E)</p>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>Behind - As per Planning Objective 5C: In addition, the PBC includes a transport annex which begins to set out the transport and access challenges which will need to be overcome. This will need to address access to community based services but also very thoroughly for the new urgent and planned care hospital. This will be addressed in the timeline for the production of the outline business case for the new urgent & planned care hospital and will be a requirement for obtaining outline planning permission for the new hospital. The timeline in the PBC for completion of the Outline Business Case (OBC) for the new hospital is Jan24. This assumes OBC activities can commence in May22.</p>
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<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>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>On track - Aspects of the strategy aligned to Transforming Mental Health (7-day services, Community Mental Health Centres, Alternative 136 and Third Sector Tier 0/1 prevention services) have been accelerated at pace during the Pandemic. Older Adult Mental Health Services will focus on sharing clinical expertise and improving care pathway interface with Adult Mental Health Transformation initiatives, the West Wales Dementia Wellbeing Pathway, Acute Hospitals, and Primary Care/GP Clusters/Community Resource Teams. A Learning Disability Service Improvement (LDSIP) has been established to oversee the development and implementation of a speciality healthcare service for individuals with learning disabilities that meets demand and is more appropriately skilled and managed. S-CAMHS services are focussing on the development of the workforce through increasing skills and competencies in order to improve emotional resilience in children and young people. This includes a number of new partnerships initiatives such as the Looked After Children team and the School In-reach programme.</p>
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				Development of final business cases for the delivery of improved community health infrastructure in support of the Health and Care Strategy, A Heathier Mid and West Wales. (No PO)	Davies, Lee	31/03/2024	The community infrastructure improvements are an integral part of the AHMWW PBC. During scrutiny of the PBC and planned endorsement by WG scoping meetings will be held on all additional community developments to establish the business case routes and timescales for completion. Community infrastructure developments already in train i.e. Cross Hands and Cylch Caron, Pentre Awel and Carmarthen Hwb will continue on their current timelines.
				Development of Business Continuity Programme 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.
				Develop a plan for agile working across the Health Board, to reduce the requirement for physical space.	Davies, Lee	31/03/2024	Agile working Group in place with representation from key stakeholders and programme PMO / TPO support. Appointment of an external consultant resource made to support with the delivery of the programme over a 3 phase approach in 2021/22; Discovery, Design and Delivery phases, including a focus of supporting implementation of agreed pathfinder projects.

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

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

See Our Outcomes section on the Dashboard	Development of Integrated Assurance and Approval Plan in support of PBC	1st			PCB - Implementing the Healthier Mid and West Wales Strategy Board (Jan-22) & SDCODC (Feb22)	None Identified					
	Programme Group to oversee delivery of the Business Cases	1st			AHMWW PBC Programme Group Update - Board Seminar (Dec 21)						
	Oversight by Strategic Development and Operational Delivery Committee	2nd			TMH Update - Board (Jul21)						
	Internal Audit Programme aligned to Business Case Development	3rd			Planning Objectives Update (Planning) - SDODC (Feb22)						
	Gateway review of PBCs by WG	3rd			Pentre Awel Update - SDODC (Aug21)						
					DCP Update - SDODC (Feb22)						

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:	Feb-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Mar-22

Risk ID:	1187	Principal Risk Description:	There is a risk that the Health Board does not have a strong enough reputation to attract people and 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, geography, and Terms and Conditions of national contract of employment. This could lead to an impact/affect on our inability to recruit, retain and develop the best people, not realising the benefits of local support for the Hywel Dda charity, reduced confidence from stakeholders.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	2x2=4
Tolerable Risk:	6
Trend:	←→

Rationale for CURRENT Risk Score:
 Our reputation is growing and there are a number of Health Board and wider plans (such as the School of Nursing in Aberystwyth University) to make Hywel Dda an attractive place to live and work. These plans have yet to be felt to a significant degree in agency and locum usage although recent staff survey results (including the Medical Engagement Scale survey) provide some encouraging signs of improvement in some areas.

Rationale for TARGET Risk Score:
 The score reflects the fact that there is much the Health Board can do to improve but issues such as national terms and conditions of service, training placements and geography are outside of the Health Board's gift to change. There will always remain an inherent risk for health economies in more remote areas to attract and retain sufficient work force.

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

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
Having the right organisational culture to attract and retain staff to become employer of choice	Further action necessary to address the controls gaps			
Continuous and meaningful engagement with our population and	Develop and implement a rolling programme of training to raise the awareness of equality, diversity and inclusion (EqD&I) (PO 2B).	Gostling, Lisa	TBC	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board in Jan22 as part of the IMTP process.

<p>Digital strategy</p> <p>Access to capital funding from Discretionary Capital Programme (DCP) & All Wales Capital Programme (AWCP)</p> <p>Prioritised list of equipment, estates/facilities, infrastructure improvements and infrastructure investments</p> <p>Apprenticeship Academy with established Healthcare apprenticeship programme in place</p>	<p>engagement with our population and involving the public in service planning and delivery</p> <p>Not having a clear and compelling strategy to attract and retain staff in West Wales</p> <p>Having a learning culture</p> <p>Access to latest equipment and state of the art facilities for training and work</p>	<p>Review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous engagement strategy, and implement improvements over the next year (PO 2C)</p>	<p>Davies, Lee</p>	<p>Completed</p>	<p>Complete - This Planning Objective has been completed as the capacity and capability to undertake continuous engagement has been reviewed. A new Planning Objective for 2022/23 will be in place - By Mar23, implement and embed our approach to continuous engagement.</p>
<p>Comprehensive OD programme, eg Nurse (STAR) programme, Aspiring Leadership Programme</p> <p>HEIW Talentbury</p>	<p>Poor working and accommodation environments</p> <p>Not being able to offer latest technological developments</p> <p>Promoting the successes of the Health Board and individual and organisational achievements</p> <p>Ability to encourage local population</p>	<p>Develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer and also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this (PO 2D)</p>	<p>Gostling, Lisa</p>	<p>31/12/2021 30/10/2022</p>	<p>Behind - Progress has stalled in the development of a clinical education governance structure due to an increase in general recruitment activity by 92%, vacancy factor and an increase in staff absence in the team, specifically the Clinical Education Manager, and the relocation of the Education & Development function within Carmarthenshire, requiring significant manpower.</p>

to become part of our workforce

A comprehensive and well developed talent process

<p>Construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme (PO 2G)</p>	<p>Gostling, Lisa</p>	<p>30/10/2021 31/08/2022</p>	<p>Behind - Significant progress has been made, providing assurance to the Committee that although this plan remains behind schedule, there is significant impetus to achieve the overall objective with many actions having been achieved. Issues that have prevented further progress include: The need for the Future Workforce and Apprentice Academy Team needing to focus on the deployment of apprentices into the MVC's and the recruitment and onboarding of an additional 110 volunteers, impacting the workload as a result of onboarding; vacancy factor and increase in staff absence in the Team and relocations of the Education & Development function within Carmarthenshire, requiring significant manpower.</p>
<p>Construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development. (PO 2H)</p>	<p>Gostling, Lisa</p>	<p>31/10/2021</p>	<p>On track - Research into best practice to inform the Leadership Framework is nearing completion. Programme delivery on track as planned, however key dates postponed for Jan22 due to the COVID-19 pandemic, including Reverse Mentoring sessions with mentors and mentees. Other programme activity was not scheduled for Jan22 due to normal winter pressures.</p>

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	To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, WG, regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31st March 2022. (PO 3A)	Thomas, Huw	31/03/2022	On track - Outcome measures developed which are now a part of our Board Assurance Framework. We are working on the definitions which will be available for the BAF in March. Review the measures next year and agree the ambition and interim steps for each measure. IPAR measures have been mapped to each Planning Objective. Work progressing on Executive Performance Dashboards.
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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 BAF Dashboard	Staff Survey results	1st	
	Established Governance framework for Improving Together	1st	
	Reports to People, OD and Culture Committee oversight of delivery of Planning Objectives & other sources of assurances such as workforce performance & staff survey results	2nd	

Control RAG Rating (what the assurance is telling you about your controls)
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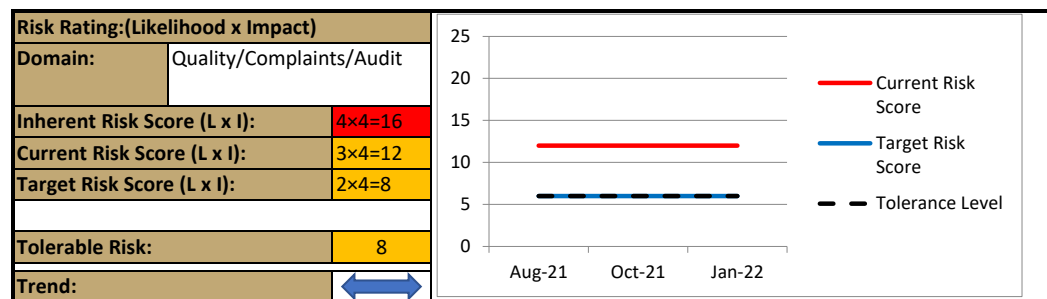
Latest Papers (Committee & date)
Strategic Equality Plan Annual Report - PODCC (Aug21) & Board (Sep21)

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
Measure awareness of Equality, Diversity & Inclusion (EqD&I)	Provide an annual progress report to Board on EqD&I (PO 2B)	Gostling, Lisa	TBC	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board in Jan22 as part of the IMTP process.
Measuring and reporting on continuous engagement strategy				

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

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

Range of performance measures/metrics in place

Updated Datix Incident reporting system

Standardised approach through a standard agenda in Quality Governance meetings

CIVICA system is available and being rolled out to gain feedback to let us know issues in services



Range of different mechanisms to capture feedback from service users and staff

Speak Up Safely Arrangements are developing

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
There is no standardised way of joining existing systems in place	To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, WG, regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31st March 2022 (PO 3A)	Thomas, Huw	31/03/2022	On track - Outcome measures developed which are now a part of our Board Assurance Framework. We are working on the definitions which will be available for the BAF in March. Review the measures next year and agree the ambition and interim steps for each measure. IPAR measures have been mapped to each Planning Objective. Work progressing on Executive Performance Dashboards.
Ability to triangulate sources of data and provide meaningful analysis				
Not all services have clear pathways and variance trackers in place to enable consistent monitoring and interpretation to enable rationale for variance.				
Updated Datix Incident Reporting system not fully embedded within				

Listening and Learning Sub-Committee	organisation County and Service level Quality Governance meetings need to be established and embedded across the Health Board	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5A)	Moore, Steve	31/03/2024 TBA	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process for 2022/25.	
Clinical Audits		Not yet consistently using the information from PROMs, PREMs and FROMs as part of triangulation process	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	31/03/2024	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process for 2022/25.
Clinical Executive Clinical Panel			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 (PO6D)	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.
Quality Surveillance Meeting						
External reports (HIW, HSE, MWWFRS, Peer Reviews, etc)						
Mortality Reviews						
National Accreditation Standards for service specifications						
Healthcare Standards and Fundamentals of Care						
PROMS and PREMs						

		Establish and embed Quality Governance Meetings at County and Service level	Rayani, Mandy	31/10/2021 next review 31/03/2022	County Quality Governance meetings are being arranged. These arrangements have been paused in light of the increased operational pressures and capacity to put the arrangements in place. In the meantime the OQSEAC TOR have been reviewed and updated, plus Chairing arrangements amended to enable consistency of approach. The OQSEAC workplan has also been updated. A further review will be undertaken in Mar22 with a view to determining whether the County arrangements are still required.
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ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
See Our Outcomes section of the BAF Dashboard	Directorate Quality Governance Meetings in place	2nd	
	Patient and staff feedback	2nd	

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)
Patient Experience Report - Board (Jan22)
Healthcare Contracting Update - SRC

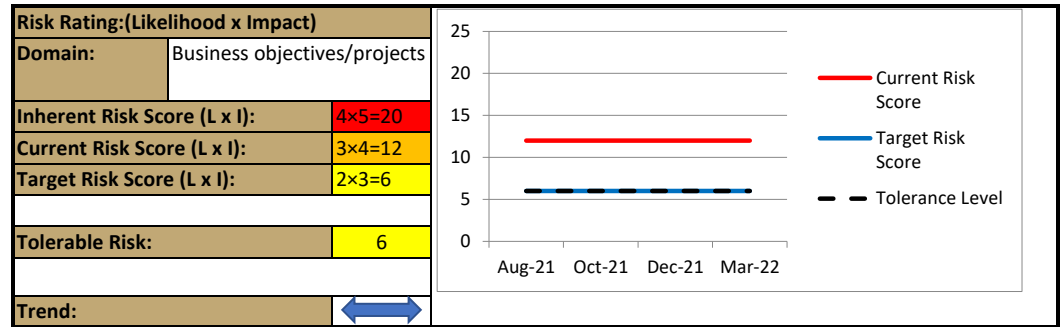
Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Assurance on triangulation of data	Internal Audit to review Quality Governance Meetings	Rayani, Mandy	31/03/2023	To be considered for inclusion in Internal Audit Plan 2022/23.
Early warning metrics in commissioned services to	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			(Feb22)	enable early recognition of emerging safety, quality and outcome matters	Development of joint set of metrics and Dashboard report with Health Boards relating to commissioned services that will provide earlier warning metrics	Ayres, Shaun	Completed	Work has started with Swansea Bay UHB to utilise the Improving Together metrics. Service and business continuity issues are raised via ARCH and Regional Commissioning Group. The metrics for monitoring a deteriorating position would be via RTT information and the sharing of Nationally Reportable Incidents (NRIs). This process will become part of wider contracting and commissioning arrangements.
Points of Delivery and Healthcare Resource Group Analysis of Long Term Agreements with other Health Boards in Wales	2nd					Use of patient feedback and MDS for feedback on Commissioned Services	Ayres, Shaun	Completed	The utilisation of CHKS with an agreed Quality/KPI schedule of metrics with Swansea Bay UHB has progressed. It continues to be an iterative process with good progress to date. There will also be a focus in the key areas of concern, namely; 1. Cardiology 2.Neurology 3. Oral Surgery 4. Spinal (within the wider T&O waits).Furthermore, all available tools are being utilised (where applicable), and there is a focus on Nationally Reportable Incidents (NRI) within the LTAs meetings. A specific patient will be discussed within the quality section of the Swansea Bay LTA. This process will become part of wider contracting and commissioning arrangements.
Commissioning arrangements overseen by Sustainable Resources Committee (SRC)	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:	Mar-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	May-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?			



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)

Skills to Deliver Engagement
 A review has been undertaken around the capacity of the engagement team

Expert engagement team in place with ongoing training needs reviewed regularly.

Operational engagement led for each county.

Engagement training provided to operational on an ad hoc/as required basis.

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
Identified gaps in engagement team capacity	Review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year (PO 2C)	Davies, Lee	Completed	Complete - This Planning Objective has been completed as the capacity and capability to undertake continuous engagement has been reviewed. A new Planning Objective for 2022/23 will be in place - By March 2023, implement and embed our approach to continuous engagement.
Improved links with acute operational teams				
Lack of understanding of operational teams on their role in terms of engagement / continuous engagement with a purpose				


<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 	<p>Awareness and staff utilisation of available engagement tools</p>	<p>Create continuous engagement modules that fit within existing training provided within the organisation (e.g. New Consultant's Training, STAR, Managers Passport) to improve the awareness and skills of staff.</p>	<p>Davies, Lee</p>	<p>31/03/2022 30/06/2022 31/03/2023</p>	<p>As explained above, a refreshed planning objective for continuous engagement was approved by Board in Q1 of 2022. One of the objectives is to create a continuous engagement toolkit for use by the wider organisation, including templates and guidance for staff on how to embed continuous engagement in work programmes and projects or service changes. This has been agreed as a more effective way to embed and mainstream continuous engagement than creating 'continuous engagement modules', as planned prior to the pandemic. The engagement team may introduce training sessions on how to use the toolkit if needed (toolkit to be completed by March 2023).</p>
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- 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

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:

- 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

Davies, Lee 31/03/2023 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.

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

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

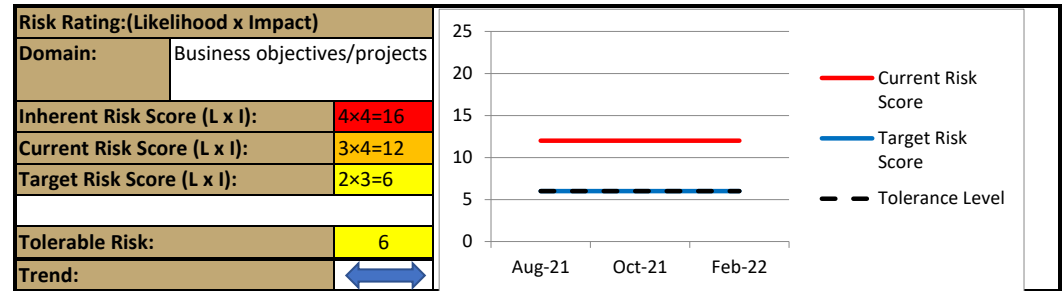
See Our Outcomes section on the BAF Dashboard	Management process in place to monitor Engagement Team objectives	1st				There is currently not a process in place to review the efficiency and effectiveness of training There is a gap in terms of the formal review of engagement activities after completion	Develop a system for recording training numbers and evaluation to assess the effectiveness of the training	Davies, Lee	31/12/2021 31/03/2022 31/03/2023	As explained above, a continuous engagement toolkit will be implemented instead of creating 'continuous engagement modules' (as planned prior to the pandemic). Use / take-up of toolkit will be monitored by engagement team. The engagement team is also working closely with the CHC and operations around maintenance of a 'service changes tracker' to ensure that all service changes are recorded and engagement or consultation undertaken as required.
	Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans)	1st					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.	Davies, Lee	Completed	This work was scheduled to commence in Q2 and has been completed. A list of lessons learnt and recommendations for our future practice has been circulated within the team. The next step is to implement our recommendations in future pieces of engagement, during Q3 and Q4. A regular debrief with the team happens during weekly team meetings, and reflective reviews will take place after any large piece of engagement in future.
	SRG used a oversight assurance mechanism	2nd								
	For major pieces of engagement and consultation work sign off will be via Board	2nd								

Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review	3rd		
The Health Board and CHC have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee	3rd		

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

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Mar-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	May-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 increase the number of investigators for research activities and 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)
<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

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
Being cognisant of patients' perception of excellence 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.	Further action necessary to address the controls gaps Develop and implement a 3 year strategic plan to increase RDI activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (PO 3G)	Kloer, Dr Philip	31/03/2024	Behind - This work remains in progress. A consideration of what counts as impact has been undertaken. A simple scoring system for assessing study intensity is being piloted. Sites are identifying their unique selling points. Revised completion date is end of Quarter 4.

<p>engagement.</p> <ul style="list-style-type: none"> # 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 	<p>Systems for recording status against clinical effectiveness standards are in development, rather than in place.</p> <p>There is not a complete historical record relating to all NICE guidelines.</p> <p>Ensuring alignment across service level and Health Board-wide priorities.</p> <p>Staffing fragility within the RDI Team (both core team and lead investigators for research studies as focus on response to COVID/reducing backlog)</p>	<p>Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Boards Quality and Governance process (PO 5K)</p>	<p>Kloer, Dr Philip</p>	<p>31/03/2022</p>	<p>Behind - A new audit and guidance tracking system has been procured to support the delivery of the Planning Objective. Training on the system will take place from Feb22 and will inform the processes to be developed local. Review of existing policies is progressing, but final drafts cannot be produced until the underpinning processes are developed. Clinical Director for Effective Clinical Practice recruited and due to commence in post in Feb22. Ongoing work to ensure alignment with the Quality Management System (PO3A), and development of the Effective Clinical Practice Strategic Plan as an underpinning enabling/delivery document within this wider strategic framework. Development of 'Strategic Plan' anticipated for completion by Mar22. Clinical Lead for Mortality and Mortality Review and Improvement Facilitator posts have been appointed to.</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>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)</p>	<p>Kloer, Dr Philip</p>	<p>31/03/2024</p>	<p>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.</p>

	Health Collaborative	Design and implement a VBHC education programme to be implemented 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.

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

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

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	31/12/2021 31/03/2022	All Triumvirate Teams (Directorate and County) have been contacted with a request for a meeting to discuss Effective Clinical Practice, involving the Clinical Director for Effective Clinical Practice, and a request to attend the Quality and Governance Groups to discuss the best ways to secure engagement. There has been a very positive response to this and several meetings are arranged from February onwards.
	# 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	Implement a new system to track compliance with key clinical guidelines	Davies, Lisa	31/03/2022	An Audit Management and Tracking system (AMaT) has been procured and training is underway. This system is in use in 3 other Health Board's within Wales. There are some delays with procurement and IT which are impacting on ability to progress with training and add Health Board data to the system, and hence its full intended use. Pilot areas are being identified currently and there is a good level of engagement. Discussions are also underway regarding use of the system to support HIW inspections tracking, and manage HSE inspection action plans. It is anticipated that the AMaT system will contribute valuable information to quality performance date, as part of the quality management system.

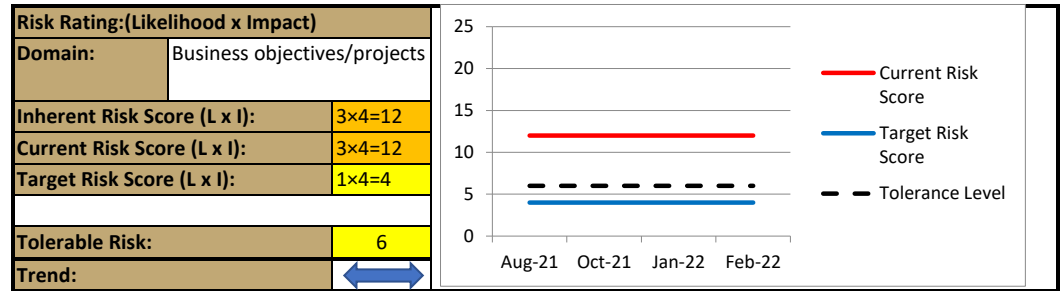
# VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation	1st		
# VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action	2nd		
# Reporting through the Effective Clinical Practice Advisory Panel and NICE and National Guidance Group	2nd		
# 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 relationships with new Quality Governance Groups to strengthen clinical involvement with RDI activities	Phillips, Leighton	31/10/2021 31/12/2021 31/03/2022	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.
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. Final version to be considered by Sub Committee on 10Jan22.

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

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



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 rise in pressure in Q3. 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.

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)
Healthier Mid and West Wales Strategy approved by Board Nov18. Delivery Groups and processes: 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. Executive Team weekly review process

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Successful realisation of the Healthier Mid and West Wales Strategy Successful realisation of the TMH and LD strategy Ability to shift investment into primary and community settings and realise the social model for health	Further action necessary to address the controls gaps 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 greater control over the choice of care and support they need to improve the value (outcome vs cost) from the services we provide (PO 1D)	Paterson, Jill	30/09/2021	On track - Early discussions have taken place.

<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>Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process.</p>	<p>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	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process for 2022/25.
		<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	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process for 2022/25.
		<p>Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (PO 5C)</p>	Davies, Lee	31/03/2024	Behind - Board has approved the PBC in Jan22. The PBC was formally submitted to WG for consideration and scrutiny on the 01Feb22. The timeline for the development of the business cases associated with the PBC reported in the Board papers and PBC document now indicate a Mar26 Full Business Case (FBC) submission. The service scenarios included in the PBC include the assumption regarding architectural separation between urgent and planned care at the new hospital. The scenarios also include for minimising the length of stay at the hospital and also scenarios which include longer length of stays to maximise efficiency and reduce clinical risk at the repurposed Glangwili and Witybush hospitals. These scenarios will be further explored at the outline business case stage.







Produce and agree the final business case by March 2024 for the repurposing of the Glangwili and Withybush General Hospital sites in line with the Health Board's strategy (PO 5D)	Davies, Lee	31/03/2024	Behind - As per Planning Objective 5C.
With relevant partners, develop a plan by 2024 to address access, travel, transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID pandemic (PO 5E)	Davies, Lee	31/03/2024	Behind - As per Planning Objective 5C: In addition, the PBC includes a transport annex which begins to set out the transport and access challenges which will need to be overcome. This will need to address access to community based services but also very thoroughly for the new urgent and planned care hospital. This will be addressed in the timeline for the production of the outline business case for the new urgent & planned care hospital and will be a requirement for obtaining outline planning permission for the new hospital. The timeline in the PBC for completion of the Outline Business Case (OBC) for the new hospital is Jan24. This assumes OBC activities can commence in May22.
Fully implement the Bronglais Hospital strategy agreed at Board in November 2019 taking into account the learning from the COVID pandemic (PO 5F)	Carruthers, Andrew	31/03/2024	On track - The creation of an Advisory Board made up of Service users and interested parties has been undertaken, which will provide a sounding board for developments going forward.
Undertake a comprehensive assessment of all Health Board CYP Services to identify areas for improvement. From this, develop an implementation plan to address the findings 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 Working Group Feb22.

<p>Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model (PO 5J)</p>	<p>Paterson, Jill</p>	<p>31/03/2024 30/07/2021</p>	<p>On track - Work progressing. UEC Programme Management Office has been established with recruitment progressing in outstanding roles. Draft UEC Outcomes Framework and Performance Metrics have been developed and are awaiting final sign off through UEC Delivery Group in Feb22. 111 First MOU and are currently in final draft format pending agreement by both WAST and HddUHB. 111 First 'Go Live' has been delayed by WAST and is anticipated in April 2022 (Q1). Achieved 78% sign up to the 'virtual' Urgent Primary Care Centre from GP practices. Same Day Emergency Care (SDEC) models are enhanced across all 4 acute hospital Sites and Same Day Urgent Care (SDUC) operating in South Ceredigion community. Technology Enabled Care and Telehealth implementation has now been agreed. Those UEC policy goals associated with Discharge and Flow (Policy Goal 5 & 6) were postponed due to operational pressures.</p>
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Develop a comprehensive, systematic and coordinated social prescribing service across Hywel Dda (PO 40)	Jervis, Ros	30/09/2022	Behind - Principles and standards draft complete and for engagement and feedback with stakeholder Jan22. Investment needed for 2022 submitted as part of the IMTP process. CRM commissioning commenced through procurement - approved through Operational Planning and Delivery Group. New planning objective to align this model to the national programme for Board consideration. Expected delivery by 31.03.2022.
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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 in the BAF Dashboard	Board and Committee oversight of Planning Objectives	2nd	
	QSEAC to measure harms	2nd	
	WG Gateway process re accessing capital	2nd	
	Internal Audit reviews of Major Capital Programme	3rd	
	Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning	3rd	

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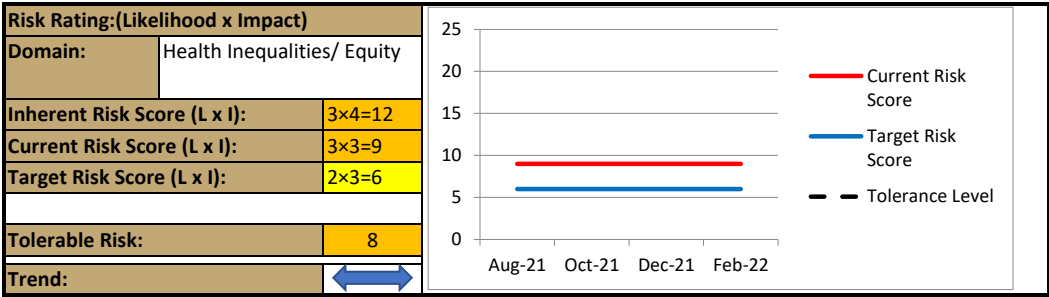
Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
None identified.				

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:	Apr-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 a 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?			



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 and deprivation 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)

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>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</p>	<p>On track - By Q1 2022/23 develop and endorse a strategic roadmap to respond to the WG ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The UHB will set out a work programme and implement this plan to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare including promoting clinical sustainability. Where feasible through the opportunities presented via the UHB's transformation journey it will look to exceed targets and establish best practice models and pilots, as exemplars for the NHS and wider public sector. The overall aim will be to reduce the Health Board's carbon footprint to support the wider public sector ambition to address the climate emergency.</p>
		<p>Development of a procurement strategy which addresses the need to build wealth within our communities.</p>	<p>Thomas, Huw</p>	<p>30/11/2021</p>	<p>In development</p>

Development of a recruitment strategy which supports those from our most deprived or marginalised communities to gain employment within the Health Board. (Aligned to PO 1F).	Gostling, Lisa	31/03/2022	This action has strong alignment to Strategic Planning Objective 1f. 1a. Work has commenced on researching best practice, candidate surveys and focus groups to review candidate attraction and widening access including positive action and pathways aligned to economic recovery plan and community wealth building approach. Barriers faced by individuals in hard to reach communities (homeless, physical/mental disability, minority groups) are being explored to inform action plans. To date Mencap and the Wales Council for Deaf People have confirmed an interest in being part of this work.
Development of a commercial strategy which supports wealth building within our local communities.	Thomas, Huw	30/11/2021	Included as part of the procurement strategy, partnership building with key local suppliers and also lotting strategies on national framework agreements being implemented to further increase use of locally produced food stuffs drawn down by Hywel Dda.
Development of Community Wealth Building baseline assessment commissioned by the Centre for Local Economic Strategies.	Thomas, Huw	Ongoing	Initial strategy documents received and approved.
Continue to influence national procurement strategies and activities through existing procurement networks & raising the profile of the Hywel Dda procurement strategies.	Thomas, Huw	Ongoing	Currently in train
Develop and agree our outcome and measures to track progress in relation to Social Value	Thomas, Huw	Ongoing	Currently in train

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Establishment of a Social Value Community of Practice with the Health Board leading and convening the work alongside other public, private and third sector partners, community groups and citizens.	Jervis, Ros	Ongoing	Currently being developed.
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ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance
			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	Blue
	SEG to provide monitoring/ oversight of steering group	2nd	Blue
	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd	Pink
	Board meetings to consider the outcome measure (Our positive impact on society is maximised)	2nd	Pink

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

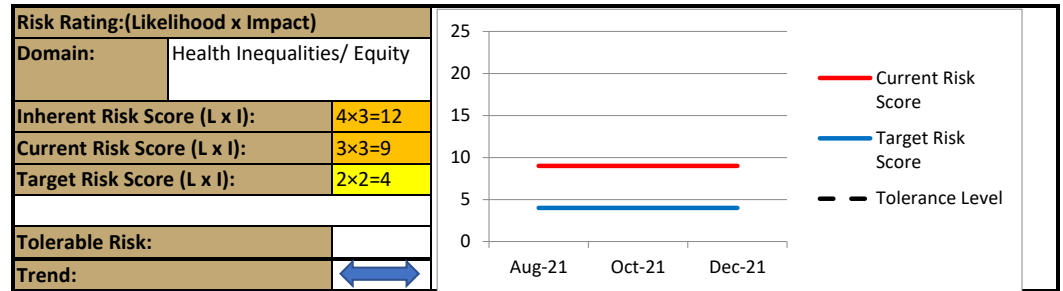
Latest Papers (Committee & date)
Social Value Workshop - SEG (Oct21)
Social Value Workshop - SRC (Dec21)

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.

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

Executive Director Owner:	Jervis, Ros	Date of Review:	Dec-21
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Feb-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.

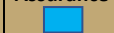
Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
National screening programmes in place (including Breast, Bowel and cervical)
Vaccination and immunisation programme in place
Local and National health promotion initiatives

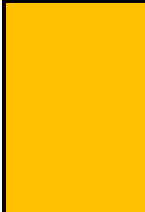
Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Gap in knowledge in terms of 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 Evidence based actions that improve individual and community behaviours	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related public health within the next 3 years (PO 4A)	Jervis, Ros	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.

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)	Jervis, Ros	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)	Jervis, Ros	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.

<p>Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022 (PO 4G)</p>	<p>Jervis, Ros</p>	<p>31/03/2022</p>	<p>On track - 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.</p>
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		<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			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
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	

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


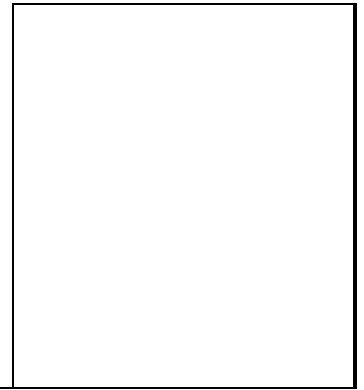
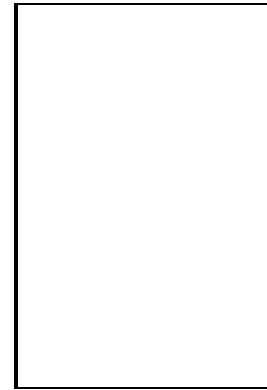
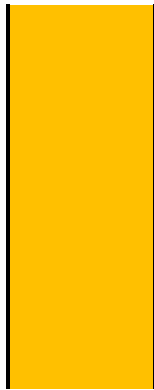
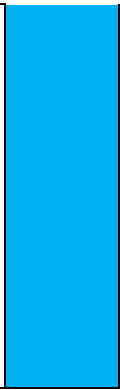
Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
Currently awaiting publication of health inequality indicators by PHW	Further action necessary to address the gaps Currently awaiting publication of health inequality indicators by PHW	Jervis, Ros	31/03/2022	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.

inequality,
Deprivation
metrics to aid
baseline setting to
map progress

All Wales Wellbeing and
Public Health Outcome
indicators published by PHW
Observatory. QA
responsibility of PHW.
Relevant ONS data -
published resources. Other
ad hoc published
works/resources from
various recognised and
credible bodies/foundations

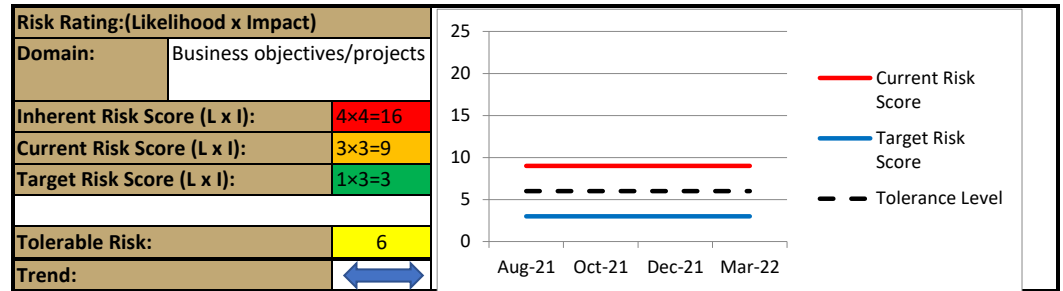
3rd



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

Executive Director Owner:	Jervis, Ros	Date of Review:	Mar-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Sep-22

Risk ID:	1188	Principal Risk Description:	There is a risk that the Health Board is not effectively leveraging within our partnerships (and carers). 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 September 2017. This has not been reviewed or actively utilised for a number of years so will need to be refreshed in order to contribute to the assurance process and to mitigate against this risk.

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

The Health Board is a key member of strategic and statutory partnership groups.

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.

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
Fully comprehending and exploiting the opportunities of true partnership working in order to deliver the ambitions within our Health and Care Strategy.	Review and refresh the Partnership Governance Framework and toolkit to ensure that it is fit for purpose and supports the Health Board to provide assurance that partnerships are being effectively leveraged.	Jervis, Ros	31/03/2023	Strategic Partnerships, Diversity and Inclusion Team to commence review and refresh of Partnership Governance Framework in 2022/23 and complete this by Mar23.

The Health Board is working to implement the Regional Carers Strategy and has a Action Plan detailing the Health Board commitment to this. This work is being lead via the Health Board Carers Strategy Group. (PO2A)

Understanding the gaps in our knowledge particularly how we prioritise action across the partnership to respond to the increased number of unpaid Carers identified during the pandemic and through the 2021 Census.

Review membership of key statutory and strategic Partnership groups to ensure a clear understanding by the Executive Team of the opportunities to leverage partnership working through representation on the various groups.	Jervis, Ros	Completed	Completed - Strategic Partnerships, Diversity and Inclusion Team provided a review of memberships of PSB groups which was shared with Medical Director/Deputy CEO and Director of WOD to inform discussions at Executive Team.
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).	Jervis, Ros	31/03/2022	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.
Implementation of the Carers Action Plan (PO2A) overseen by the Carers Strategy Group.	Jervis, Ros	31/03/2024	On track - The UHB Carers Strategy Group is meeting on a regular basis with broad attendance from officers across the HDdUHB. A detailed update report on progress was presented to PODCC in February 2022. The Carers Team are working with the Value Based Healthcare Team to develop Carer Reported Outcome Measures and hope to implement these by Apr22.
Partnership Governance Framework takes account of the Health Board Planning Objectives to ensure opportunities are being maximised to deliver these in partnership	Jervis, Ros	31/03/2023	Plan to commence work during 2022/23.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance

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

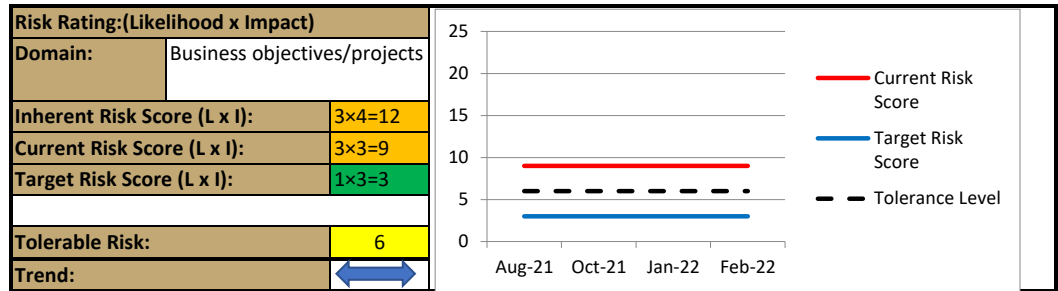
Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress

		(1st, 2nd, 3rd)	Current Level	about your controls		Further action necessary to address the gaps			
See Our Outcomes section in BAF Dashboard	Carers Action Plan is overseen by the Carers Strategy Group and an Annual Report provided to Public Board on an annual basis	1st			Strategic Partnerships Update - Board (Jul21, Sep21, Nov21, Jan22)	Ability to understand whether opportunities within partnerships are being maximised			
	Statutory Partnerships Update to Board	2nd			Carers Annual Report and Update - Board (Jul21). Update to				
	Chief Executive and Chair Reports to Board	2nd			PODCC (Feb22)				
	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:	Feb-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Apr-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, innovation and improvement. 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 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)

Risk Management Framework and Board Assurance Framework (BAF)

Established governance structures

Established Assurance Trackers for audits, inspectorates & regulators, Welsh Health Circulars, Ministerial Directions

Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience

Transformation Steering Group (TSG) and Strategic Enabling Group (SEG)

Research, Development and Innovation Strategy approved by QSEAC

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
Staff not being clear of the expectation of their contribution to the delivery of the strategic objectives/planning objectives	To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, WG, regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31st March 2022. (PO 3A)	Thomas, Huw	31/03/2022	On track - Outcome measures developed which are now a part of our Board Assurance Framework. We are working on the definitions which will be available for the BAF in March. Review the measures next year and agree the ambition and interim steps for each measure. IPAR measures have been mapped to each Planning Objective. Work progressing on Executive Performance Dashboards.
Ability to address our audit, inspectorate and regulatory requirements at pace				
Understanding our position against HCS and having an effective plan to ensure we comply with them				
Having an effective process to find				




<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>new opportunities to improve what the HB does and how it does it through new POs and enablers</p> <p>Having comprehensive approach to use of data - operational, tactical and strategic</p> <p>Alignment of BAF to strategic objectives</p> <p>Having ambitious comprehensive RDI programme</p> <p>Having an effective process to collate and disseminate learnign across the organisation</p>	<p>Deliver the requirements arising from our regulators, WG and professional bodies (PO 3B)</p>	<p>Moore, Steve</p>	<p>31/03/2024</p>	<p>Behind - This Planning Objective was not included in the proposed set of Planning Objectives for 2022/23 submitted to Board in Jan22. There is a process in place for how we manage, track, escalate and report on compliance on requirements/ recommendations from our auditors, inspectorates, regulators, with assurance on this process received through the annual Structured Assessment process, this is part of routine 'business as usual' work.</p>
		<p>Complete a review of all HCS including evidence of compliance. From this review, propose new Planning Objectives for implementation in 2022/23 (PO 3C)</p>	<p>Rayani, Mandy</p>	<p>30/09/2021</p>	<p>On track - Findings from the Health Board wide Audit of the Welsh Nursing Clinical Record (WNCR) was presented to QSEC in Dec21. Automation of data collection, collation and analysis through maximising use of digital technology/Business intelligence has progressed. The pilot of Nursing metrics from WNCR is progressing and will be reported to the Senior Nursing Management Team in Feb22. This work is progressing in line with the national workstreams implementation of the Quality Engagement Act. New PO for 2022/23 proposed.</p>

Establish a new process to continuously identify and propose new planning objectives for Board and Statutory Partner's consideration which enhance and accelerate the delivery of the Board's 6 strategic objectives. (PO 3D)	Moore, Steve	Completed	This will be superseded by a new Planning Objective: By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved.
To establish real-time, integrated (across the patient pathway), easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's strategic objective to improve value of its services and shift resources into primary and community settings. Initial phase involving as a minimum hospital data (Sep21) Phase 2 all health and social care data (as a minimum) by Mar24 (PO 3E)	Thomas, Huw	31/03/2024	Ahead - Preliminary work on the Advanced Analytics Platform is underway. The datasets for Admitted Episodes and ED Attendances are currently being explored by the TSA and Pathway Analysis dashboards. Current Status - In development. Anticipated beta application to be available in May/Jun22. Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients/citizens within both systems.
Develop a Board Assurance Framework to support the delivery of the Health Board strategic objectives over the 3 years (PO 3F)	Wilson, Joanne	Completed	Complete - The refreshed Board Assurance Framework Dashboard was presented to the Board in September 2021.

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Develop and implement a 3 year strategic plan to increase research, development, and innovation (RDI) activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (PO 3G)	Kloer, Dr Philip	31/03/2024	Behind - This work remains in progress. A consideration of what counts as impact has been undertaken. A simple scoring system for assessing study intensity is being piloted. Sites are identifying their unique selling points. Revised completion date is end of Quarter 4.
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 (future PO 3H)	Wilson, Joanne	31/03/2021 TBA	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process.
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)	Carruthers, Andrew	31/08/2024 TBA	Re-prioritised due to our on-going pandemic response. Timescale will be confirmed to Board as part of the IMTP process.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
See Our Outcomes section of BAF Dashboard	Tracker Performance reports issued to Lead Directors on bi-monthly basis	1st	
	Committee oversight of delivery of WHCs and MDs	2nd	
	ARAC oversight of Audit Tracker	2nd	

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)
Tracker Report - ARAC (Feb22)
Strategic Business intelligence - Board (Aug21)

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				
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	To be considered when developing IMTP.
Assurance arrangements for collating learning from delivery of				

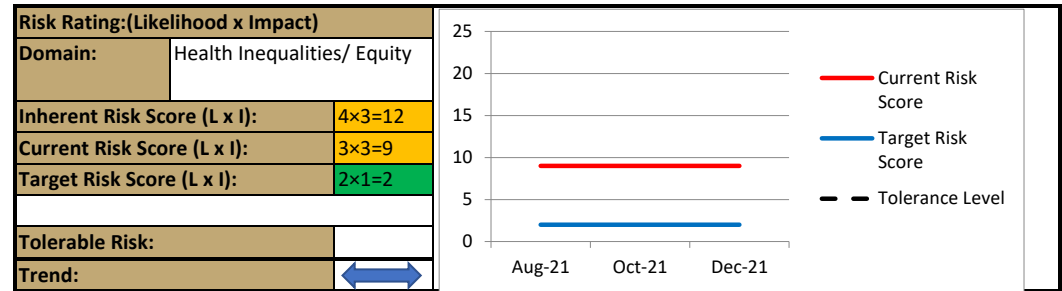
RD&I Sub Committee overseeing delivery and success of RDI Strategy	2nd		
AW & IA Plan includes annual review of risk management arrangements & BAF	2nd		
IA Health and Care Standards to review adequate procedures in place to ensure, and monitor, effective utilisation of the standards to improve clinical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

Planning Objectives (future PO 3H)			
Assurance arrangements on delivery of Stroke & Rehab and Paediatric Plans (future PO 5O)			

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

Executive Director Owner:	Jervis, Ros	Date of Review:	Dec-21
Lead Committee:	Strategic Development and Operational Delivery Committee	Date of Next Review:	Feb-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	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)	Jervis, Ros	30/09/2022 TBA	Re-prioritised due to our on-going pandemic response. Timescale confirmed as part of the IMTP process.

<p>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)</p>	<p>Carruthers, Andrew</p>	<p>30/09/2021 TBA</p>	<p>Re-prioritised due to our on-going pandemic response. Children's Task Force meeting scheduled for Jan22 to reinvigorate this work.</p>
<p>Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022 (PO 4G)</p>	<p>Jervis, Ros</p>	<p>31/03/2022</p>	<p>On track - 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.</p>

		<p>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)</p>	Jervis, Ros	31/03/2023	<p>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.</p>
		<p>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.</p>	Jervis, Ros	31/03/2024	<p>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.</p>

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  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 Further action necessary to address the gaps	By Who	By When	Progress

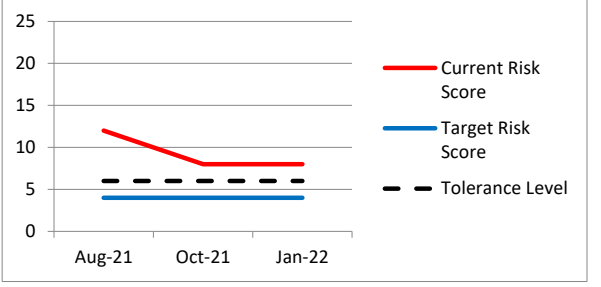
See Our Outcomes section of the BAF Dashboard	Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC	2nd				Currently awaiting publication of health inequality indicators by PHW	Liaising with Director of Knowledge at PHW in terms of timelines for the publication of this data/intelligence	Jervis, Ros	31/03/2022	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.
Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress	All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd								

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

Executive Director Owner:	Rayani, Mandy	Date of Review:	Jan-21
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Mar-22

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



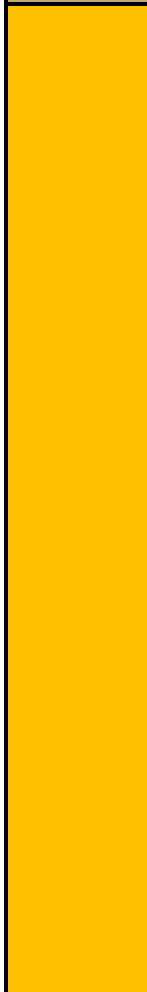







Rationale for TARGET Risk Score:
 Target score is predicated on obtaining appropriate level of long term funding, implementation of the digital strategy which will create and sustain the required IT infrastructure, clinical and patient/public engagement. Plans are also in place to establish formal mechanisms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

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

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</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</p> <p>Evaluation of first cohort of patients involved in the WLSP to inform future development of the programme</p> <p>Power BI Performance dashboards on IRIS</p> <p>Good engagement in place with CHC</p> <p>Staff Partnership Forum</p>	<p>Ability to fund the required workforce with the appropriate skills and experience within the Command Centre</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 get the right level of clinical engagement to support the full role out and ambition of the single point of contact</p> <p>Infrastructure to support the delivery of WLSP programme and workforce to deliver the WLSP</p> <p>No systematic mechanism yet developed to triangulate data on staff and patient experience and other clinical incident data</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>	<p>Rayani, Mandy</p>	<p>31/03/2024</p>	<p>Work back on track - Scoping exercise of UHB wide call handling functions complete. Prioritisation plan for integration into the Communication Hub being developed, based on risk, operational value and capacity release by Steering Group for agreement at Oversight Group. Integration of Dental Calls being piloted in January 2022 (Delayed from December 2021). Funding for staff for CCC co-ordinators, call handlers and email screeners/responders terminates in March 2022. IMTP submission for planning objective submitted. Digital Director establishing a T&F Group to identify and implement appropriate telephony and digital infrastructure for the Communication Hub. Expansion and upgrading of Netcall system in progress. The Board have approved an alternative accommodation plan for the CCC/ permanent Communication Hub - Predicting relocation by the end of the financial year (2021/22).</p>
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During 2020/21, establish a process to maintain personalised contact with all patients currently waiting for elective care for roll out through 2021/22 (PO 1E)	Rayani, Mandy	31/03/2022	Behind - Phase 1 delayed as described in Dec21 report. Letter issued Stage 4 adult Ear, Nose and Throat (ENT) patients early Dec21 inviting contact with Waiting List Support Service (WLSS) by telephone or email via Command Centre (CCC) systems. Due to the volume of Vaccination enquiries to the CCC and risk that patients offered support from WLSS would not be able to have calls answered, the WLSS Team called patients directly during Dec021 and early Jan22. An attempt to contact all patients has been made. The Patient, Advice and Liaison (PALS) team are in process of contacting ENT patients to evaluate their experience of the service.
Develop a workplan that ensures that the metrics required to flag/provide an early warning system are developed. This will include the provision of routine reports.	Rayani, Mandy	31/03/2022	Work to be initiated in the Autumn.
By July 2021 conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff (PO 1H).	Gostling, Lisa	31/07/2023	On track - Discovery Report Action Plan signed of at PODCC in December 2021 with key actions now in progress. Intelligence used to inform new Plans on a Page for 2022/23. You Said, We Did communications being prepared for Spring launch with staff.
Explore use of Greatix to encourage sharing and learning from example	Rayani, Mandy	31/03/2022	Initial discussions have taken place with workforce and clinical effectiveness.
Consider use of PROMS/PREMS to as a mechanism for measuring impact of transformation	Rayani, Mandy	31/12/2021	Meeting arranged to triangulate feedback from patients, public and staff with an invitation extended to the VBHC Team.

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	WLSP Steering Group overseeing delivery of the plan and the workstreams	2nd			Single Point of Contact Report Board (Mar21) Patient Experience Report - Board (Jan22) Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)	Meaningful outcome measures for patient and workforce experience	Establish Steering Group for Command Centre.	Rayani, Mandy	Completed	Completed.
	Command Centre Steering Group	2nd					Develop additional workforce and patient experience outcome measures	Rayani, Mandy	Completed	Workforce and patient experience outcome measures have been agreed. Reporting is being finalised.
	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	