

Risk Ref	Strategic Objectives	Risk Title (for more detail see individual risk entries)	Risk Owner	Controls	Domain	Current Risk Score (L x I)	Target Risk Score (L x I)	Performance Indicators	Assurance from What? (sources/providers of assurance) L1, L2 & L3 (see below key)	Latest paper	Assurance Sufficient? (Y/N)	Control RAG rating (see below key)	Risk on page no...
1199	6. Sustainable use of resources	Achieving financial sustainability	Thomas, Huw	<p>Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services</p> <p>Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc</p> <p>The Planning Team are embedded within the operational management structures</p>	Finance inc. claims	5x5=25	2x4=8	<p>See Our Outcomes section on the BAF Dashboard</p> <p>Operational agreement to underlying deficit assessment.</p> <p>Welsh Government accepting of impact of COVID-19 on underlying deficit.</p> <p>Welsh Government accept and approved Intergrated Medium Term Plan (IMTP).</p> <p>Plan in place to develop a long-term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p>	<p>Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work (L1).</p> <p>Financial Reporting to Sustainable Resources Committee (L2).</p> <p>Planning Objectives overseen by Sustainable Resources Committee (L2).</p>	<p>Developing a roadmap to financial balance - SRC (27 June 23)</p> <p>Medium term financial strategy- Board Seminar (22 June 23 )</p> <p>Annual Plan Update 2022/23 - In-Board Seminar (01Mar23)</p>	Y		26

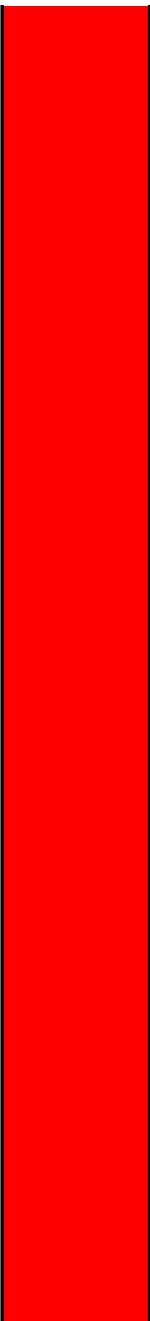
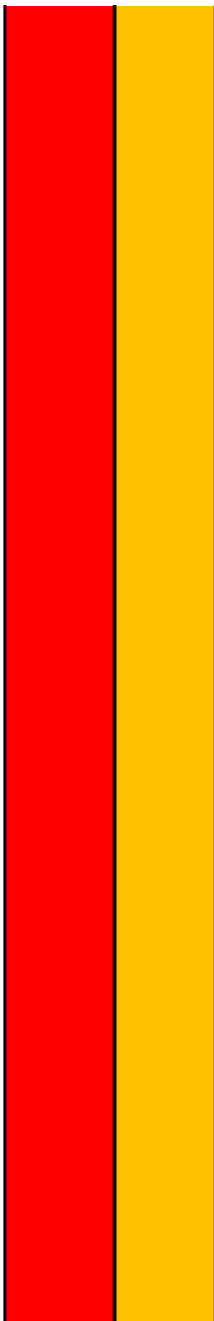
across the organisation.

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:

Improving together - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.

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.

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.



1198	6. Sustainable use of resources	Ability to shift care in the community	Paterson, Jill	<p>Transformation Steering Group (TSG) &amp; Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB</p> <p>Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.</p> <p>CHC and UHB Protocol for managing low level service change</p> <p>All Business Cases need to be taken through Transformation Steering Group.</p> <p>IMTP in place for every cluster which is submitted to WG</p> <p>WHC (18) 025 - Improving Value through Allocative &amp; Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery</p> <p>Project support provision in place</p> <p>A 5 year financial plan has been developed and shared across the organisation but further work will continue to gain the actual resource support from WG, or not, as part of the IMTP process which would need to demonstrate the assurance around deliverable plans to achieve this. (PO 6C WAS COMPLETED IN 2021/22)</p>	Business objectives/projects	4x4=16	2x4=8	See Our Outcomes section in the BAF Dashboard	<p>Lightfoot Viewer for urgent care to track improvements (L1)</p> <p>County Management Systems Leadership Forum focus on performance and delivery (L1)</p> <p>Locality Leads meeting oversee integrated locality development (L1)</p> <p>Primary Care &amp; Long Term Care SMT meeting (L1)</p> <p>Regional Partnership Fund Group (L2)</p> <p>Board Seminar discussions (L2)</p> <p>Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2)</p>	<p>TMH Update - Board (May22)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PCB- Implementing the Healthier Mid and West Wales Strategy - Board (May22)</p> <p>Implementing the Healthier Mid and West Wales Strategy - Board - (Jan23)</p>	N		32
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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 2022 with a set of wellbeing objectives agreed by the board in March 2023 setting 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		38
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1196	5. Safe, sustainable, accessible and kind care	Insufficient investment in facilities/equipment/digital infrastructure	Davies, Lee	<p>Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB.</p> <p>Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>Communication with Welsh Government via Planning Framework and IMTP (Infrastructure &amp; Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&amp;T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual</p>	Business objectives/projects	4x4=16	2x3=6	See Our Outcomes section on the Dashboard	<p>Development of Integrated Assurance and Approval Plan in support of PBC (L1)</p> <p>Governance structure to oversee delivery of the Business Cases (L1)</p> <p>Oversight by Strategic Development and Operational Delivery Committee (L2)</p> <p>Internal Audit Programme aligned to Business Case Development (L3)</p> <p>Internal Audit AHMWW Programme Forward Look Governance Review (L3)</p> <p>Gateway review of PBCs by WG (L3)</p>	<p>PCB - Implementing the Healthier Mid and West Wales Strategy - Board (Apr22, May22, Jul22, Aug22 and Sep22, Nov22 &amp; Jan23) &amp; SDCODC (May22, Aug22, Oct22, Dec22 &amp; Feb23)</p> <p>AHMWW PBC Programme Group Update - Board Seminar (Apr22)</p> <p>TMH Update - Board Seminar (Jun22)</p> <p>Executive Team - Apr22</p> <p>Planning Objectives Update (Planning) - SDODC (Jun22, Oct22 &amp; Feb23)</p>	Y		44
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			<p>planning cycle.</p> <p>Digital Strategy.</p> <p>A programme structure has been established with the Chief Executive as SRO to develop the business cases required in support of the Health and Care Strategy, A Healthier Mid and West Wales. It is likely that all the capital mitigations for the over arching risk will be interim solutions only pending the major infrastructure investment plans to ensure the sustainability of the health and care strategy.</p> <p>Programme Business Case (PBC) for Business Continuity supported by WG.</p> <p>Modular Day Surgery Unit developed at PPH to improve surgical facilities within Hywel Dda.</p> <p>Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF)</p> <p>Co-production of 10 Year Capital Investment Plan with the RPB</p>						<p>Pentre Awel Update - SDODC (Apr22)</p> <p>DCP Update - SDODC (Feb23)</p> <p>Forward Look Governance Review - ARAC (Feb23)</p>			
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1191	3. Striving to deliver and develop excellent services	Underestimation of Excellence	Kloer, Dr Philip	<p># Quality Assurance System including Clinical effectiveness</p> <p># Process re NICE and professional guidance.</p> <p># National &amp; Local Clinical Audits Programme</p> <p># Peer Reviews</p> <p># Healthcare standards</p> <p># Major cause of harm</p> <p># National Quality setting.</p> <p># TSG to learn from best in World.</p> <p># Advisory Board.</p> <p># Clinical Director for Clinical Effectiveness - role to secure clinical engagement.</p> <p># Monitoring system in place for NICE guidance.</p> <p># QSEC Approved Research &amp; Development (RDI) Strategy with Implementation Plan</p> <p># Research &amp; Innovation Sub Committee with strengthened membership for improved scrutiny</p> <p># Strengthened RDI Management Team</p> <p># Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place.</p> <p># University partnership arrangements in place.</p> <p># Strategic Enabling Groups</p> <p># Value Based Health Care Sponsoring Group</p> <p># Value Based Health Care Programme Team</p> <p># National Value Based Health Care Community of Practice</p> <p># Improving Together Programme</p> <p># Regular attendance at Directorate/ County Quality and Governance Groups to improve engagement on clinical effectiveness</p> <p># Establishment of the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify gaps and improve services.</p>	Business objectives/projects	4x4=16	2x3=6	See Our Outcomes section on the BAF Dashboard	<p># Participation in the NICE Welsh Health Network where specific guidelines are proposed for review on a national basis - to provide benchmark information (L1)</p> <p># Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan (L1)</p> <p># VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation (L1)</p> <p># VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action (L2)</p> <p># Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group (L2)</p> <p># Alignment with Health Board Quality and Governance Groups (L2)</p> <p># Responses to letters from Welsh Government (DCMO) relating to specific guidelines (L2)</p> <p># RDI Sub Committee &amp; HCRW monitor delivery of RDI Strategy/Plan (L2)</p> <p># PODCC &amp; 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>	<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> <p>Update Group Reports to QSEC (Jul22 and Feb23)</p> <p>Effective Clinical Practice Strategic Plan for ratification to ECPAP (Sep22)</p> <p>Effective Clinical Practice Delivery Plan to ECPAP (Dec22)</p>	N		50
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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"> <li>1. Programme Business Cases (PBC) steering groups</li> <li>2. Cluster groups &amp; locality plans</li> <li>3. Regional Partnership Board, ARCH and other regional/national collaboratives</li> <li>4. Executive Team weekly review process</li> </ol> <p>Planning Objectives related to:</p> <ol style="list-style-type: none"> <li>1. Delivery of the Transforming MH&amp;LD programmes</li> <li>2. Development of a Children's and Young People Plan for implementation from 2022/23</li> <li>3. Development of plans to achieve the design assumptions underpinning A Healthier Mid &amp; West Wales</li> <li>4. Delivery of the Bronglais Strategy</li> <li>5. Development of 24/7 out of hospital urgent and emergency care services</li> <li>6. Transformation Fund initiatives</li> <li>7. Cluster initiatives</li> <li>8. Locality development plans and support for those with complex needs in our communities</li> <li>9. Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways</li> <li>10. Locality based resource mapping and planning</li> <li>11. Business Case development for a new hospital in the south of the region and the repurposing of GGH &amp; WGH</li> <li>12. On going, continuous engagement and support for carers</li> </ol> <p>Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.</p> <p>Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG &amp; SEG process.</p>	Business objectives/projects	4x4=16	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 &amp; Planning (L3)</p>	<p>TMH Update - Board (Mar22)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PBC - Implementing the Healthier Mid and West Wales Strategy - Board (May23)</p> <p>Annual Plan 2023/24 Update - Board (May23)</p>	Y		57
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1186	1. Putting people at the heart of everything we do, 2. Working together to be the best we can be, 3. Striving to deliver and develop excellent services	Attract, retain and develop staff with the right skills	Gostling, Lisa	<p>Recruitment processes in place</p> <p>Induction process in process</p> <p>HR policies (including those for employee relations) in place with programme of review</p> <p>Training programmes in place (manager's passport, etc)</p> <p>County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc)</p> <p>Staff Well-being Service and Psychological Service in place</p> <p>Regular contact with Trade Union representatives/Staff Partnership forums</p> <p>Annual NHS staff surveys providing feedback from staff</p> <p>Separate clinical education programmes in place</p> <p>Apprenticeship programme and work experience programmes in place</p> <p>Leadership development programmes in place</p> <p>External ad-hoc talent programmes</p> <p>Directorate Improving Together Sessions</p>	Workforce/OD	3x5=15	1x5=5	See Our Outcomes section on BAF Dashboard	<p>Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail (L1)</p> <p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>Oversight of Delivery of planning objectives, measures and staff feedback at People, OD &amp; Culture Committee (L2)</p> <p>Staff Partnership Forum (L2)</p> <p>Medical Engagement scale feedback (L3)</p> <p>IA PADR Follow up - Reasonable (May-20) (L3)</p> <p>Internal Audit on Workforce Planning - Substantial (Apr22) (L3)</p>	<p>Planning Objectives Update - PODCC (Feb23)</p> <p>Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)</p>	N		61
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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,</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>Harms Dashboard is reported monthly to Formal Executive team with Our Performance and other intelligence for triangulation of data (L2)</p> <p>Improving Together performance sessions with clinical and corporate directorates (bi-monthly) (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>Patient Experience Report - Board (Jan23)</p> <p>Healthcare Contracting Update - SRC (Aug22)</p>	N		66
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			Peer Reviews, etc)			Commissioning arrangements overseen by Sustainable Resources Committee (SRC) (L2)		
			Mortality Reviews					
			National Accreditation Standards for service specifications			GIRFT Reports reported to QSEC (L2)		
			Healthcare Standards and Fundamentals of Care			HIW patient complaints (L3)		
			PROMS and PREMs			Quality Governance Follow up Report (Oct21) (L3)		
			Directorate and Service Quality Governance Meetings established					
			Increased quality element of commissioned services from external organisations					
			Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings.					

1185	:ting 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 Two additional members of staff were appointed to the Engagement team in early 2023. Additional resource has been requested to enable engagement during CSP.</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement led for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Consultation Institute provide expert advice on request.</p> <p>Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with Llais.</p>	Business objectives/projects	3x4=12	2x3=6	See Our Outcomes section on the BAF Dashboard	<p>Management process in place to monitor Engagement Team objectives (L1)</p> <p>Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans) (L1)</p> <p>Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice.</p>	Continuous Engagement Plan - Board (May22)	N		70
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<p>1. Put</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"> <li>- provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB</li> <li>- management of the Siarad Iechyd / Talking Health involvement and engagement scheme</li> <li>- management of the stakeholder management system Tractivity</li> <li>- Management of the online engagement tool Have Your Say (EngagementHQ)</li> <li>- advice, guidance, support around the planning and delivery of traditional engagement methods</li> </ul>		<p>Ongoing process in place (L1)</p> <p>SRG used a oversight assurance mechanism (L2)</p> <p>For major pieces of engagement and consultation work sign off will be via Board (L2)</p> <p>Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review (L3)</p> <p>The Health Board and CHC have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee (L3)</p>	
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1187	2. Working together to be the best we can be	Strong enough reputation to attract partners to work with us	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 with Programme Business Case submitted to WG in Feb22 (following Board approval)</p> <p>ARCH Recovery and Strategic Delivery Plans</p> <p>Digital strategy</p> <p>Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group</p> <p>Research, development and innovation strategy</p> <p>Regional Partnership Board</p> <p>Public Service Board</p>	Business objectives/projects	3x4=12	2x2=4	See Our Outcomes section on BAF Dashboard	<p>ARCH Reports to Strategic Development and Operational Planning Committee (SDODC) (L2)</p> <p>Oversight of delivery of Planning Objectives to SDODC &amp; other sources of assurances partnership working to the Board (L2)</p>	<p>Continuous Engagement Plan - Board (May22)</p> <p>4U Deep Dive Report - SDODC (Dec22)</p>	N		75
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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 has been completed based on the Wellbeing Goals.</p> <p>Agreed Plan on a Page for Planning Objective 6H</p> <p>An outline Social Value framework has been developed with strands in workforce, facilities and estates, procurement, with further areas to explored such as public health, social value.</p> <p>Decarbonisation plan in place, with its own risk assessment. Annual carbon reporting underway to WG</p> <p>A measurement opportunity has been found which is adaptable to HDUHB usage - to be taken for SRC approval in October '23</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>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> <p>Public value action plan (004) (May23)</p> <p>Public Values Framework strategy (June23)</p>	N		81
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1194	4. The best health and wellbeing for our individuals, families and our communities	Increasing uptake and access to public health interventions	McCarthy, Jo	<p>National screening programmes in place (including Breast, Bowel and cervical)</p> <p>Local initiatives in place such as Moondance Cancer Learning Programme for Schools, Cervical Screening and Refugees, and Barriers to Screening Uptake in Carers</p> <p>Vaccination and immunisation programme in place</p> <p>Senior Public Health Practitioner dedicated remit for Vaccination and immunisation</p> <p>Local and National health promotion initiatives</p> <p>Multi-agency Vaccination Agency Steering Group in place (with influenza group, Primary care childhood vaccination group, occupational health and COVID vaccination group)</p>	Health Inequalities/ Equity	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>Health Equity Group (L2)</p> <p>All Wales Wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW. Relevant ONS data - published resources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>		N		85
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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 &amp; regulators, Welsh Health Circulars, Ministerial Directions</p> <p>Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience</p> <p>Research, Development and Innovation Strategy approved by QSEC</p> <p>The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements</p> <p>Quality framework, with the Enabling Quality Improvement in Practice (EQIIP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&amp;D etc)</p> <p>Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)</p> <p>OD Cultural Plans</p> <p>A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity)</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&amp;I Sub Committee overseeing delivery and success of RDI Strategy (L2)</p> <p>AW &amp; IA Plan includes annual review of risk management arrangements &amp; BAF (L2)</p> <p>Internal Quality &amp; Engagement Act Implementation Group (L2)</p> <p>Improving Together Steering group (Bi-monthly) (L2)</p> <p>IA Health and Care Standards to review adequate procedures in place to ensure, and monitor, effective utilisation of the standards to improve clinical quality and patient experience -Reasonable Assurance (Feb21) (L3)</p>	<p>Tracker Report - ARAC (Jun22)</p> <p>Strategic Business intelligence - Board (Aug21)</p>	N	89
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1188	2. Working together to be the best we can be	Effective leveraging within partnerships	Gostling, Lisa	<p>The Health Board is a key member of strategic and statutory partnership groups.</p> <p>The Health Board approved a Partnership Governance Framework and Toolkit in September 2017 to provide a mechanism to ensure effective arrangements are in place for the governance of partnerships.</p> <p>Representatives on strategic partnerships groups to provide regular updates to the Board/Executive Team.</p>	Business objectives/projects	3x3=9	1x3=3	See Our Outcomes section in BAF Dashboard	<p>Statutory Partnerships Update to Board (L2)</p> <p>Chief Executive and Chair Reports to Board (L2)</p> <p>Delivery of Planning Objectives are being overseen by Executive Team and Board Committees (L2)</p>	Strategic Partnerships Update - Board (Mar22, May22, Jul22, Sep22, Nov22, Jan 2023, Mar23)	N		93
1193	4. The best health and wellbeing for our individuals, families and our communities	Broadening or failure to address health inequalities	McCarthy, Jo	<p>Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well-being (these were refreshed in Apr22)</p> <p>Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.</p> <p>Identified lead lookinat evidence base and linking with local leads</p> <p>Embedded reducing inequalities throughout the HB Planning Objectives.</p> <p>Healthy weight, Health Wales Plans help to reduce health inequalities</p> <p>Health Equity Group in place</p>	Health Inequalities/ Equity	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>Health Equity Group in place engage with different groups for feedback on service and wider inequities (L2)</p> <p>All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>		N		96

1184	1. Putting people at the heart of everything we do	Measuring how we improve patient and workforce experience	Rayani, Mandy	<p>Command Centre Plan in place with workstreams established</p> <p>Command Centre Programme lead appointed on interim basis</p> <p>Civica system capturing feedback from patients implemented</p> <p>Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured</p> <p>Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board</p> <p>Methodology to manage change with services to facilitate clinical engagement and pace of delivery</p> <p>Waiting List Support Programme (WLSP) Plan with workstreams established</p> <p>WLSP Phased Iterative Implementation</p>	Business objectives/projects	2x4=8	2x2=4	See Our Outcomes section of BAF Dashboard	<p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>WLSP Steering Group overseeing delivery of the plan and the workstreams (L2)</p> <p>Improving Together performance sessions with clinical and corporate directorates (bi-monthly) (L2)</p> <p>Formal Executive Team review and triangulate data from the Harms Dashboard, Our Performance Dashboards and other intelligence (L2)</p> <p>Command Centre Steering Group (L2)</p> <p>Executive Team overseeing delivery of Planning Objectives (L2)</p>	<p>Single Point of Contact Report - Board (Mar21)</p> <p>Patient Experience Report - Board (May22)</p> <p>Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)</p>	N		100
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			<p>Plan which is regularly reviewed</p> <p>Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development</p> <p>Power BI Performance dashboards on IRIS</p> <p>Engagement in place with CHC (formal and informal arrangements in place)</p> <p>Staff Partnership Forum</p> <p>Any charitable funding applications need to demonstrate impact through agreed evaluation and metrics</p> <p>Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams</p> <p>Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings.</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>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
<b>Frequency - How often might it/does it happen?</b> <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>					
<b>Probability - Will it happen or not?</b> <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
<b>Safety of Patients, Staff or Public</b>	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.
<b>Quality, Complaints or Audit</b>		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.
	<b>Workforce &amp; OD</b>	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.
<b>Statutory Duty or Inspections</b>	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.				
<b>Adverse Publicity or Reputation</b>	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.				
<b>Business Objectives or Projects</b>	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
<b>Finance including Claims</b>	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
<b>Service or Business interruption or disruption</b>	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
<b>Environmental</b>	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.

<b>Health Inequalities/ Equity</b>	Minimal or no impact on our attempts to reduce health inequalities/improve health equity	Minor impact on our attempts to reduce health inequalities or lack of clarity on the impact we are having on health equity	Moderate impact on our attempts to reduce health inequalities or lack of sufficient information that would demonstrate that we are not widening the gap. Indications that we are having no positive impact on health improvement or health equity	Major impact on our attempts to reduce health inequalities. Validated data suggesting we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity
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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
<b>15-25</b>	<b>Extreme</b>	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.
<b>8-12</b>	<b>High</b>	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.
<b>4-6</b>	<b>Moderate</b>	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.
<b>1-3</b>	<b>Low</b>	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	
<b>LOW</b>	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>MEDIUM</b>	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>HIGH</b>	Controls in place assessed as adequate/effective and in proportion to the risk
<b>INSUFFICIENT</b>	Insufficient information at present to judge the adequacy/effectiveness of the controls

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

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

<b>Risk ID:</b>	1199	<b>Principal Risk Description:</b>	There is a risk that the Health Board does not develop or deliver a credible plan to achieve financial sustainability, or undertake the necessary actions identified in that plan. This is caused by insufficient identification of deliverable savings schemes; non-delivery of agreed savings schemes; change programmes 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. Our financial performance - coupled with insufficient emphasis on planning - has led to the Health Board being placed into the "Targeted Intervention" category of NHS Wales Escalation and Intervention Arrangements. This could lead to an impact/affect on potential reputational impacts, as well as lead to consequences for retention of the workforce, staff morale, poor patient experience and poorer value healthcare with a reduction of confidence from our stakeholders.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Finance inc. claims
<b>Inherent Risk Score (L x I):</b>	5x5=25
<b>Current Risk Score (L x I):</b>	5x5=25
<b>Target Risk Score (L x I):</b>	2x4=8
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	

Month	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	16	8	6
Oct-21	16	8	6
Feb-22	16	8	6
Oct-22	25	25	6
Mar-23	25	25	6
Jun-23	25	25	6

**Rationale for CURRENT 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 over a number of years, 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.

**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 over a number of years, 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)
<p>Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services</p> <p>Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc</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>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Post-Covid focus on recovery of planned care activity - coupled with increasing complexity of patients presenting acutely ill - means that there is a lack of focus and ambition across the organisation on ensuring we live within the financial and staffing resources available.</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 is not apparent.</p> <p>Focus from TI is on in-year recovery, and at best consideration of the next 12 months financial performance; development of a long term strategic plan would help move to a more strategic approach to managing resources</p>	<p>Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities (PO 4A)</p> <p>To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)</p>	<p>Carruthers, Andrew</p> <p>Kloer, Dr Philip</p> <p>Thomas, Huw</p>	<p>31/03/2024</p> <p>31/03/2024</p> <p>31/03/2024</p>	<p>On track</p> <p>On track</p> <p>On track</p>

Facilitate the shift of resources over time.

<p>To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will</p> <ul style="list-style-type: none"> <li>- Provide clear trajectories, including actions and delivery requirements for the organisation.</li> <li>- Form the basis of a robust three-year financial plan as part of a broader IMTP</li> <li>- Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner. (PO 8C)</li> </ul>	Thomas, Huw	31/03/2024	On track
<p>Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates (PO 1A)</p>	Gostling, Lisa	31/03/2024	On track
<p>Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026. (PO 3C)</p>	Carruthers, Andrew	31/03/2024	On track
<p>Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024. (PO 4B)</p>	Carruthers, Andrew	31/03/2024	On track

<p>Estates Strategy - Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <ul style="list-style-type: none"> <li>- Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval</li> <li>- A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2)</li> <li>- A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A)</li> </ul>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>On track</p>
<p>Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner. (PO 5C)</p>	<p>Thomas, Huw</p>	<p>31/03/2024</p>	<p>On track</p>

	<p>Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)</p>	Davies, Lee	31/03/2024	On track
	<p>Integrated Localities, Accelerated Cluster Development and Primary Care sustainability - Integrated Localities &amp; ACD - Primary care sustainability plan (PO 7B)</p>	Paterson, Jill	31/03/2024	On track
	<p>Decarbonisation and Sustainability - Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition (PO 8A)</p>	Davies, Lee	31/03/2024	On track

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
<p>See Our Outcomes section on the BAF Dashboard</p> <p>Operational agreement to underlying deficit assessment.</p> <p>Welsh Government accepting of impact of COVID-19 on underlying deficit.</p> <p>Welsh Government accept and approved Intergrated Medium Term Plan (IMTP).</p> <p>Plan in place to develop a long-term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p>	<p>Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work .</p>	1st			<p>Developing a roadmap to financial balance - SRC (Jun23)</p> <p>Medium term financial strategy- Board Seminar (Jun23)</p> <p>Annual Plan Update 2022/23 - In-Board Seminar (Mar23)</p>	None identified.				
	<p>Financial Reporting to Sustainable Resources Committee .</p>	2nd								
	<p>Planning Objectives overseen by Sustainable Resources Committee .</p>	2nd								

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

<b>Executive Director Owner:</b>	Paterson, Jill	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Jul-23

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

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

**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.



<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	<b>Identified Gaps in Controls :</b> (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	<b>How and when the Gap in control be addressed</b>	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
Transformation Steering Group (TSG) & Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB  Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.  CHC and UHB Protocol for managing low level service change  All Business Cases need to be taken through Transformation Steering Group.  IMTP in place for every cluster which is submitted to WG  WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery  Project support provision in place  A 5 year financial plan has been developed and shared across the organisation but further work will continue to gain the actual resource support from WG, or not, as part of the IMTP process which would need to demonstrate the assurance around deliverable plans to achieve this. (PO 6C WAS COMPLETED IN 2021/22)	Workforce capacity to shift from secondary to community/ opportunities to use staff skills appropriately	Request workforce, financial and modelling support required to facilitate shift of services to community (no PO ref)	Paterson, Jill	31/03/2023	New action
	Optimal use of digital to support delivery of patient care  Financial resources to invest in new technologies to improve demand and capacity across the system	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 (PO 3A)	Carruthers, Andrew	31/03/2024	On track
	Resistance in secondary care to moving resources in primary and community care  Maximising efficiencies in secondary care	Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities (PO 4A)	Carruthers, Andrew	31/03/2024	On track
	Limited by vision of what is available to and resourcable by the UHB.  Workforce, financial and modelling support required to facilitate shift of services to community	Mental Health Recovery Plan - To develop a recovery plan for Mental Health, neurodevelopmental and CAMHS services to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues (PO 4C)	Carruthers, Andrew	31/03/2024	On track
		Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include: - Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval - A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) - A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A)	Davies, Lee	31/03/2024	On track

<p>Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner (PO 5C)</p>	Thomas, Huw	31/03/2024	On track
<p>Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board (PO 6A)</p>	Davies, Lee	31/03/2024	On track
<p>To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)</p>	Kloer, Dr Philip	31/03/2024	On track

Development of a Primary and Community Services strategy that is underpinned by the principles established in the development of Integrated Localities, Accelerated Cluster Development and Primary Care sustainability - Integrated Localities & ACD - Primary care sustainability plan	Paterson, Jill	31/03/2024	On track
Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition (PO 8A)	Davies, Lee	31/03/2024	On track
To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will - Provide clear trajectories, including actions and delivery requirements for the organisation - Form the basis of a robust three-year financial plan as part of a broader IMTP - Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner. (PO 8C)	Thomas, Huw	31/03/2024	On track
Review of the Five Facet Survey undertaken for GP Practices as part of the development of the Primary Care Strategy considering the additional support required across contractor professional groups to enable the development of the Primary Care estate to deliver a wide range of services that supports the shift left	Bond, Rhian	31/03/2024	On track

Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024.(PO 4B)	Carruthers, Andrew	31/03/2024	On track
<p>Continuous Engagement - To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will:</p> <ol style="list-style-type: none"> <li>1. Increase public confidence and trust in the reputation of the Health Board</li> <li>2. Offer greater ability of service users to influence services and to be better informed.</li> <li>3. Improve decision making that is driven by public feedback.</li> <li>4. Enhance visibility of the Health Board's values through open and transparent communication. (PO 6C)</li> </ol>	Hughes-Moakes, Alwena	31/03/2024	On track
<p>Population Health - Develop and Implement public health plans which:</p> <ul style="list-style-type: none"> <li>- Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course</li> <li>- Provide robust health protection and vaccination services for the community</li> <li>- Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)</li> </ul>	Lewis, Bethan	31/03/2024	On track
Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Kloer, Dr Philip	31/03/2024	On track

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Lightfoot Viewer for urgent care to track improvements	1st	█	█	TMH Update - Board (May22)  Three Year Draft Plan for Children's Services - Board (Jul21)  PCB- Implementing the Healthier Mid and West Wales Strategy Board (May22)  Implementing the Healthier Mid and West Wales Strategy Board - (May23)	Ability to measure improvements when undertaking service change	Lightfoot Viewer to be used to monitor improvements in future changes	Thomas, Huw	31/03/2024	Already being used in all 3 counties. Community based data to be further developed.
	County Management Systems Leadership Forum focus on performance and delivery	1st	█							
	Locality Leads meeting oversee integrated locality development	1st	█							
	Primary Care & Long Term Care SMT meeting	1st	█							
	Regional Partnership Fund Group	2nd	█							
	Board Seminar discussions	2nd	█							
	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd	█							

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

<b>Executive Director Owner:</b>	Kloer, Dr Philip	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Jul-23

<b>Risk ID:</b>	1192	<b>Principal Risk Description:</b>	There is a risk that the Health Board sets the wrong value for best health and well-being for individuals and communities. This is caused by seeing health and well-being through the NHS lens, using incorrect measures, not engaging with individuals and communities, and under and/or over-estimating potential for best health and well-being. This could lead to an impact/affect on the direction and strategy set by the Health Board, poorly designed services that do not improve outcomes for individuals and communities.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Health Inequalities/ Equity
<b>Inherent Risk Score (L x I):</b>	5x4=20
<b>Current Risk Score (L x I):</b>	4x4=16
<b>Target Risk Score (L x I):</b>	2x4=8
<b>Tolerable Risk:</b>	8
<b>Trend:</b>	↔

**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 have been updated by the PSBs, however the Board does not currently have an effective method of measuring the well-being of individuals, communities and the population. A number of plans and actions are currently in place to support mitigation of this risk, although not at population scale.

**Rationale for TARGET Risk Score:**  
 Actions include developing an implementable plan for continuous engagement, and the Board defining its approach to tackling health inequality, and also what the 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)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Statutory member of Public Service Boards and each county has undertaken a Wellbeing Assessment in 2022 with a set of wellbeing objectives agreed by the board in March 2023 setting 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>	<p>Need to understand the direction of travel</p> <p>No universal accepted view of best health and wellbeing</p> <p>Understanding what health and wellbeing matters to our communities</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>To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will:</p> <ol style="list-style-type: none"> <li>1. Increase public confidence and trust in the reputation of the Health Board</li> <li>2. Offer greater ability of service users to influence services and to be better informed.</li> <li>3. Improve decision making that is driven by public feedback.</li> <li>4. Enhance visibility of the Health Board's values through open and transparent communication. (PO 6C)</li> </ol>	Hughes-Moakes, Alwena	31/03/2024	On track
	<p>Staff do not routinely collect information on wellbeing on every encounter with our population</p> <p>Strengthen working with RPB and PSBs</p>	<p>Develop and Implement public health plans which:</p> <ul style="list-style-type: none"> <li>-Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course</li> <li>-Provide robust health protection and vaccination services for the community</li> <li>-Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)</li> </ul>	Lewis, Bethan	31/03/2024	On track
		<p>Integrated Localities, Accelerated Cluster Development and Primary Care sustainability</p> <ul style="list-style-type: none"> <li>- Integrated Localities &amp; ACD</li> <li>- Primary care sustainability plan (PO 7B)</li> </ul>	Paterson, Jill	31/03/2024	On track

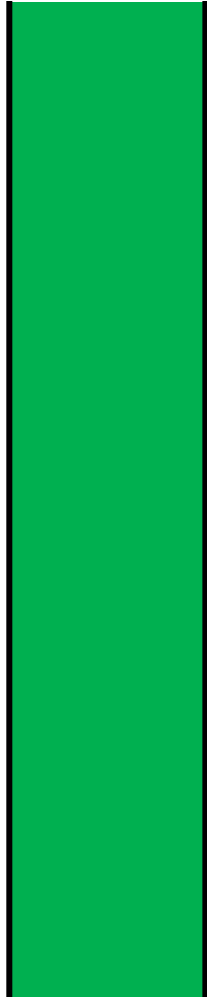
Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Kloer, Dr Philip	31/03/2024	On track
Local Economic and Social Impact - We will: - Direct our expenditure to local benefit - Collaborate with partners to maximise our impact - Ensure that we remain focused on the long term impact we can have - Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. (PO 8B)	Thomas, Huw	31/03/2024	On track
To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will - Provide clear trajectories, including actions and delivery requirements for the organisation - Form the basis of a robust three-year financial plan as part of a broader IMTP - Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner. (PO 8C)	Thomas, Huw	31/03/2024	On track



	<p>Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board (PO 6A)</p>	Davies, Lee	31/03/2024	On track
	<p>Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)</p>	Kloer, Dr Philip	31/03/2024	On track

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st				<p>No established way of asking questions to understand the right value of health and wellbeing</p> <p>No established mechanism to collect and analyse data</p> <p>Lack of independent assurance mechanism</p>	Davies, Lee	31/12/2022	Engagement Team is continuing to explore international exemplars of good practice as part of its work in developing a Continuous Engagement Toolkit by Mar23. A number of gold standard examples will be highlighted as part of the toolkit. Regular liaison with the Consultation Institute is also being maintained to ensure service improvements and learnings are shared throughout the organisation. The establishment of the new Engagement and Experience Group will also allow for the sharing of good practice.	
	Tracking of crude mortality, risk-adjusted mortality and other data	1st					Undertake continuous engagement on Wellbeing Assessment	Davies, Lee	Ongoing	Engagement Team is currently liaising with Deputy Director of Public Health. The imminent face to face engagement work that is due to take place by Public Health for S04 will also be used to promote HDdUHB's continuous engagement work. The Engagement Team is also launching an open channel which will aim to link in with the well-being conversation toolkit to ensure that continuous engagement is all part of encouraging well-being conversations and feedback.

Oversight of delivery of Planning Objectives undertaken by Assurance Committees	2nd	
Overseeing the development of Wellbeing Assessment as statutory member of PSB	2nd	
Oversight of Programme 7 of transformation fund by RPB	2nd	
Oversight of delivery of New Hospital Programme Business Case by SDODC	2nd	
SRG advisory role to the Board	2nd	
Director of Public Health Annual Report to Board	2nd	




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

<b>Executive Director Owner:</b>	Davies, Lee	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Jul-23

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

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

**Rationale for CURRENT Risk Score:**  
 Whilst a programme has been established to manage the production of business cases to secure long term investment in support of the 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. Significant risks exist with the existing estate across business continuity issues, fire and reinforced autoclave aerated concrete (RAAC) which risk the viability of parts of the Health Board estate.

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

<p><b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)</p>
<p>Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB.</p> <p>Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>Communication with Welsh Government via Planning Framework and IMTP (Infrastructure &amp; Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&amp;T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual planning cycle.</p> <p>Digital Strategy.</p> <p>A programme structure has been established with the Chief Executive as SRO to develop the business cases required in support of the Health and Care Strategy, A Healthier Mid and West Wales. It is likely that all the capital mitigations for the over arching risk will be interim solutions only pending the major infrastructure investment plans to ensure the sustainability of the health and care strategy.</p> <p>Programme Business Case (PBC) for Business Continuity supported by WG.</p> <p>Modular Dav Surgerv Unit developed at PPH to improve surgical facilities</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Reliance on WG capital to fund Business Cases and therefore the UHB may be unable to secure the capital investment to provide the services that we need.</p> <p>Capital funding is significantly short of the level required to deal with backlog maintenance programme for estates, digital &amp; equipment.</p>	<p>Development of Business Continuity Outline Business Cases to address major infrastructure backlog on hospital sites and respond to Fire Enforcement Notices.</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>PBC has been endorsed by WG. The estates team have appointed initial resources to progress scoping work. WG have supported this process with £150K to allow the UHB to appoint additional specialist consultancy teams . This scoping document will include additional risk assessment information on health board priorities, prioritisation reviews needed and more detail of expected cashflow for the full 5/6 year programme period. It is expected that this work will be completed by early 2023.</p>
	<p>Consultation Institute to provide assurance on land selection process</p>	<p>Davies, Lee</p>	<p>Completed</p>	<p>Consultation Institute has been advising the Health Board on the consultation and undertaken a quality assurance.</p>
	<p>Mental Health Recovery Plan - To develop a recovery plan for Mental Health, neurodevelopmental and CAMHS services to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues (PO 4C)</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>On track</p>

<p>within Hywel Dda.</p> <p>Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF)</p> <p>Co-production of 10 Year Capital Investment Plan with the RPB</p>
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<p>Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <ul style="list-style-type: none"> <li>- Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval</li> <li>- A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2)</li> <li>-A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A)</li> </ul>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>On track. Clinical review commissioned by Welsh Government expected to report in August. Strategic Outline Case drafted and aiming to present at September Board meeting, subject to Clinical Review findings.</p>
<p>Undertake surveys and remedial work in respect of the Reinforced Autoclave Aerated Concrete (RAAC) identified in our sites.</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>To be provided at next risk review</p>
<p>Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner (PO 5C)</p>	<p>Thomas, Huw</p>	<p>31/03/2024</p>	<p>On track</p>

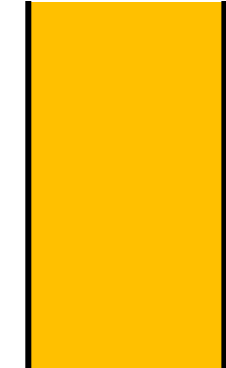
<p>Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)</p>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>On track</p>
<p>Decarbonisation and Sustainability - Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition (PO 8A)</p>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>On track</p>
<p>To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will</p> <ul style="list-style-type: none"> <li>- Provide clear trajectories, including actions and delivery requirements for the organisation</li> <li>- Form the basis of a robust three-year financial plan as part of a broader IMTP</li> <li>- Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner (PO 8C)</li> </ul>	<p>Thomas, Huw</p>	<p>31/03/2024</p>	<p>On track</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the Dashboard	Development of Integrated Assurance and Approval Plan in support of PBC	1st	Required Assurance	Yellow	PCB - Implementing the Healthier Mid and West Wales Strategy Board (Apr22, May22, Jul22, Aug22 and Sep22, Nov22 & Jan23) & SDCODC (May22, Aug22, Oct22, Dec22, Feb23, Apr23 & Jun23)  AHMWW PBC Programme Group Update - Board Seminar (Apr22)  TMH Update - Board Seminar (Jun22)  Executive Team - Apr22  Planning Objectives Update (Planning) - SDODC (Jun22, Oct22, Feb23 & Jun23)  Pentre Awel Update -	Assurance on land selection process	tCI were commissioned to review and quality assure the work undertaken in the period Apr-Aug22 on the land selection shortlisting process	Davies, Lee	Completed	Complete
	Governance structure to oversee delivery of the Business Cases	1st	Required Assurance			tCI Have been commissioned to provide assurance on the Consultation process being undertaken in Feb-May23 period	Davies, Lee	31/08/2023	Review has been commissioned.	
	Oversight by Strategic Development and Operational Delivery Committee	2nd	Required Assurance							
	Internal Audit Programme aligned to Business Case Development	3rd	Required Assurance							

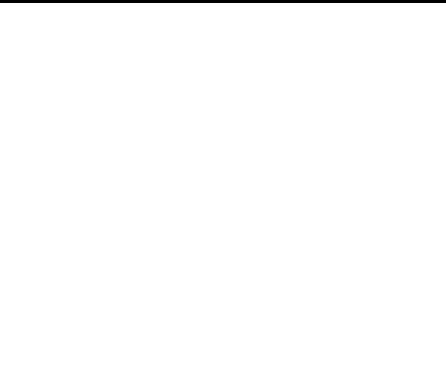


Internal Audit AHMWW  
Programme Forward Look  
Governance Review

3rd

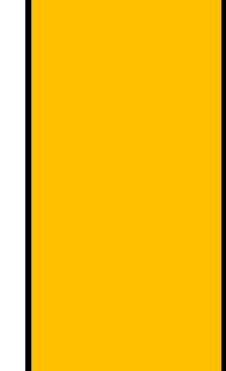


Update  
SDODC (every  
meeting)  
  
DCP Update -  
SDODC (Feb23)  
  
Forward Look  
Governance  
Review - ARAC  
(Feb23)



Gateway review of PBCs by  
WG

3rd



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

<b>Executive Director Owner:</b>	Kloer, Dr Philip	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Jul-23

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

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

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	12	6	6
Oct-21	12	6	6
Feb-22	12	6	6
Jun-22	16	6	6
Nov-22	16	6	6
Feb-23	16	6	6
Jun-23	16	6	6

**Rationale for CURRENT Risk Score:**  
 Whilst there is the ambition to strive for excellence, there are significant challenges to our ability to maintain safe, sustainable services across some of our services, which has led to the increase in the current risk score, and increase the number of investigators for research activities. There is a need to strengthen clinical engagement in embedding and maximising clinical effectiveness systems and processes, against the backdrop of increased staffing and operational pressures, delivering its recovery plan post-COVID, current clinical configuration and resource constraints. 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)
# Quality Assurance System including Clinical effectiveness # Process re NICE and professional guidance. # National & Local Clinical Audits Programme # Peer Reviews # Healthcare standards # Major cause of harm # National Quality setting. # TSG to learn from best in World. # Advisory Board. # Clinical Director for Clinical Effectiveness - role to secure clinical engagement. # Monitoring system in place for NICE guidance. # QSEC Approved Research & Development (RDI) Strategy with Implementation Plan # Research & Innovation Sub Committee with strengthened membership for improved scrutiny # Strengthened RDI Management Team # Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place. # University partnership arrangements in place. # Strategic Enabling Groups # Value Based Health Care Sponsoring Group # Value Based Health Care Programme Team # National Value Based Health Care Community of Practice # Improving Together Programme # Regular attendance at Directorate/ County Quality and Governance Groups to improve engagement on clinical effectiveness # Establishment of the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify

Gaps 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	Infection prevention and control action plan. A detailed infection prevention and control action plan has been developed to target the management of C difficile infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia (PO 3B)	Rayani, Mandy	31/03/2024	On track
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.	Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include: -Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval -A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) -A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A)	Davies, Lee	31/03/2024	On track
Systems for recording status against clinical effectiveness standards are in place however there is not a complete historical record relating to all NICE guidelines.				
Ensuring alignment across service level and Health Board-wide priorities.				
Staffing fragility within the RDI Team				
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				
Inadequate facilities to undertake research activities.	Research and Innovation (PO 5B)	Kloer, Dr Philip	31/03/2024	On track

gaps and improve services.

<p>Resources within the wider HB to deploy to servicing the university partnership arrangements.</p> <p>Focused patient input into the use of Value Based Health Care intelligence in providing higher value services</p> <p>Explicit Nursing input into the programmatic implementation of Value Based Health Care across the Health Board</p> <p>Development of governance arrangements to encompass the Value Based Health Care work being undertaken as part of the Mid Wales Health Collaborative</p>	<p>Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner. (PO 5C)</p>	<p>Thomas, Huw</p>	<p>31/03/2024</p>	<p>On track</p>
<p>Clinical services configuration and current resource constraints</p>	<p>To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care. (PO 6B)</p>	<p>Kloer, Dr Philip</p>	<p>31/03/2024</p>	<p>On track</p>
	<p>Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role (PO 1B)</p>	<p>Gostling, Lisa</p>	<p>31/03/2024</p>	<p>On track</p>
	<p>Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates (PO 1A)</p>	<p>Gostling, Lisa</p>	<p>31/03/2024</p>	<p>On track</p>
	<p>Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services (PO 2B)</p>	<p>Gostling, Lisa</p>	<p>31/03/2024</p>	<p>On track</p>

		Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)	Gostling, Lisa	31/03/2024	On track
		Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board (PO 6C)	Kloer, Dr Philip	31/03/2024	On track

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the BAF Dashboard	# Participation in the NICE Welsh Health Network where specific guidelines are proposed for review on a national basis - to provide benchmark information	1st			Planning Objective 5K and the development of an Effective Clinical Practice Strategic Framework - EFCAP (Aug21)	Due to gaps in the historic system, it is not always possible to provide assurance to DCMO re: specific guidelines	Develop relationship with Directorate/ County Quality and Governance Groups to improve engagement on clinical effectiveness.	Davies, Lisa	Completed	Meetings have taken place with the majority of Triumvirate Teams and attendance is now secured at the majority of Directorate Quality and Governance Groups.
	# Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan	1st			Review and Assessment against NICE Guidance - ECPAP (Feb22)  Update Group Reports to QSEC (Jul22 and Feb23)  Effective Clinical Practice Strategic Plan for ratification to ECPAP (Sep22)  Effective Clinical Practice Delivery Plan to ECPAP (Dec22)		Support implementation of AMaT within 50% of Directorates by end of 2022/23	Davies, Lisa	Completed	Completed - Effective Clinical Practice SharePoint site and Toolkit supporting implementation of AMaT developed and shared via Global Email, and emailed to Medical, Nursing, Therapies and Pharmacy Leads for onward dissemination. Resources promoted and shared at most Directorate Quality and Governance Groups. AMaT promoted at most Directorate Quality and Governance Groups most months. Liaison with over 50% of Directorates to initiate guidance compliance reviews on relevant NICE guidance. AMaT being used to disseminate 100% of NICE Guidelines, NICE MTG's and Health Technology Wales Guidance.
	# VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation	1st					Develop relationships with new Quality Governance Groups to strengthen clinical involvement with RDI activities	Phillips, Leighton	Completed	Completed - This is being achieved through the appointment of dedicated clinical research leaders, with a brief to engage with Quality Governance Groups. The R&I Sub Committee considered a plan on 10Jan22. A review of the arrangements is planned for the 13Mar23.

<p># VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action</p>	<p>2nd</p>					<p>Explore other mechanisms to engage with appropriate clinical leads/teams to strengthen clinical involvement with RDI activities</p>	<p>Phillips, Leighton</p>	<p>Completed</p>	<p>Completed - New performance management dashboards developed (utilising Power BI) and are providing the R&amp;ISC with live data on the strength of clinical involvement with RDI activities. Local research delivery plans to be developed by site leads by May 2023, setting out growth areas for clinical research into 2023/24.</p>
<p># Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group</p>	<p>2nd</p>					<p>Develop the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify gaps and improve services.</p>	<p>Davies, Lisa</p>	<p>Completed</p>	<p>The Clinical Standards and Guidelines Group now meets quarterly and there is a schedule of meetings for 2023. The purpose of the Group is to enable the delivery of Planning Objective 5k, and Identify, through collaboration with Directorates and service areas, priority areas for the Group to target through its forward work plan, in alignment with Health Board strategic and planning objectives, and identified priorities; Support clinicians and service areas to assess themselves against the clinical effectiveness standards and guidelines, and use this information to learn and improve; and Oversee the adoption, implementation of and adherence to nationally recognised clinical standards and guidance. The Group has received the revised NICE and National Guidance Dissemination Policy for sign-off as Owning Group in Nov22. The Effective Clinical Practice Strategic and Delivery Plan has been shared with the Group for input prior to Effective Clinical Practice Advisory Panel approval, pending for 07Mar23.</p>

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

Develop a regular clinical effectiveness 'showcase' mechanism to enable excellent practice to be shared across the Health Board.	Davies, Lisa	<del>31/03/2023</del> 31/12/2023	The quarterly NICE and National Guidance Bulletin continue to feature stories showcasing use of NICE guidance to develop/improve services. A Clinical Effectiveness Roadshow is taking place in 2023, commencing with a Bronglais General Hospital event on 18th July. A Grand Round session is taking place in the Autumn of 2023 to launch the Effective Clinical Practice Strategic Plan and Delivery Plan, and associated resources. This site will be developed with showcase of examples where reviews against NICE guidance have led to service improvement.



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

<b>Executive Director Owner:</b>	Moore, Steve	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Jul-23

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

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Business objectives/projects
<b>Inherent Risk Score (L x I):</b>	3x4=12
<b>Current Risk Score (L x I):</b>	4x4=16
<b>Target Risk Score (L x I):</b>	1x4=4
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	

Month	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	12	4	6
Oct-21	12	4	6
Jan-22	12	4	6
Feb-22	12	4	6
Jun-22	12	4	6
Nov-22	12	4	6
Feb-23	16	4	6
Jun-23	16	4	6

**Rationale for CURRENT Risk Score:**  
 The current risk score reflects where the Health Board is in terms of its implementation of A Healthier Mid & West Wales with plans in development. The likelihood score will reduce as evidence of the shift towards preventative and community based care builds and will link strongly to those Planning Objectives underpinning the Roadmap to Recovery, as well as moving to Outline Business Case (OBC) stage for the major capital developments contained in our published Programme Business Case (PBC)(subject to WG approval). This risk has been assessed against the impact that the increase of WG escalation status may have on our ability to deliver our strategy and that we are in process of completing a Strategic Outline Case. There have been some delays to the programme whilst we await WG support and development of our roadmap to recovery. The current risk score has been increased due to delays to the programme relating to the WG requirement for a clinical review and strategic outline case (SOC) to be completed.

**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.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
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  Planning Objectives related to: 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  Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.  Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process.	<b>Identified Gaps in Controls :</b> (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	<b>How and when the Gap in control be addressed</b>  Further action necessary to address the controls gaps	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
	Successful realisation of the Healthier Mid and West Wales Strategy  Successful realisation of the TMH and LD strategy	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 (PO 3A)	Carruthers, Andrew	31/03/2024	On track
	Ability to shift investment into primary and community settings and realise the social model for health ambitions  Not having a comprehensive Children & Young People (CYP) services Plan to address mental & physical health needs for CYP  Ability to maximise the potential of our local and regional partnerships	Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include: - Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval - A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) - A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A)	Davies, Lee	31/03/2024	On track
		Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)	Davies, Lee	31/03/2024	On track

	Integrated Localities, Accelerated Cluster Development and Primary Care sustainability - Integrated Localities & ACD - Primary care sustainability plan (PO 7B)	Paterson, Jill	31/03/2024	On track
	Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024 (PO 4B)	Carruthers, Andrew	31/03/2024	On track
	Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner (PO 5C)	Thomas, Huw	31/03/2024	On track

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 <span style="background-color: #00bfff; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Board and Committee oversight of Planning Objectives	2nd			TMH Update - Board (Mar22)  Three Year Draft Plan for Children's Services - Board (Jul21)  PBC - Implementing the Healthier Mid and West Wales Strategy Board (May23)  Annual Plan 2023/24 Update - Board (May23)	None identified.				
	QSEAC to measure harms	2nd								
	WG Gateway process re accessing capital	2nd								
	Internal Audit reviews of Major Capital Programme	3rd								
	Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning	3rd								

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

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

<b>Risk ID:</b>	1186	<b>Principal Risk Description:</b>	There is a risk that the Health Board will not be able to attract, retain and develop staff with the right skills to enable it to deliver our strategic vision to improve the overall health and experience of patients and staff within Hywel Dda. This is caused by the lack of critical staff roles (medical, nursing and therapies) with the right skills and values in the market and not being able to offer staff the space, time and support to develop. This could lead to an impact/affect on our ability to improve the well-being of our staff, improve service delivery, access to timely care, change and develop innovative and responsive models of care, initiate and deliver service change and improve patient outcomes.
<b>Does this risk link to any Directorate (operational) risks?</b>			1649, 1247

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Workforce/OD
<b>Inherent Risk Score (L x I):</b>	4x5=20
<b>Current Risk Score (L x I):</b>	3x5=15
<b>Target Risk Score (L x I):</b>	1x5=5
<b>Tolerable Risk:</b>	8
<b>Trend:</b>	↓

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	20	5	8
Oct-21	20	5	8
Dec-21	20	5	8
Feb-22	20	5	8
Jun-22	20	5	8
Oct-22	20	5	8
Dec-22	20	5	8
Mar-23	15	5	8
Jun-23	15	5	8

**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. If we do not clearly understand our service models to design the workforce we need we may not develop the future capability we need. To add if we do not enable capacity for learning or develop alternative methods to create easier access to learning we will not be able to design or deliver the workforce of the future. As at June 2023, the trajectories as noted on the IPAR are currently being met in terms of numbers of staff employed.



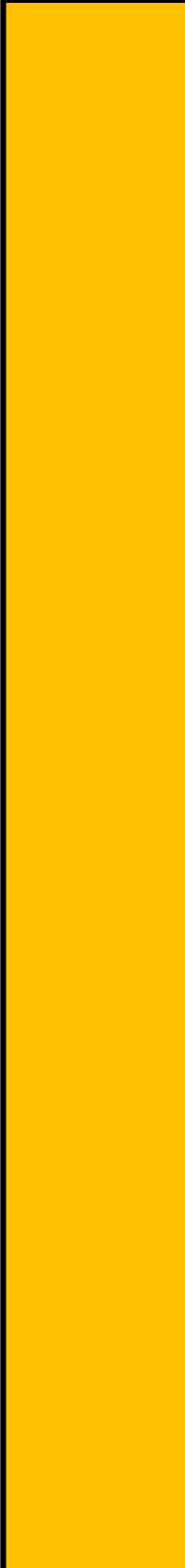






**Rationale for TARGET Risk Score:**  
 Through implementation of the planning objectives it would be expected that likelihood reduces to 1, and given current performance against IPAR targets it is hopeful this trend will continue.

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
Recruitment processes in place	Having a flexible and responsive recruitment process that encourage local employment for local people	Plan a Strategic Resourcing Programme (including Overseas RN Recruitment)	Thomas, Annmarie	Completed	Strategic resourcing action plan considered and presented to Nurse Stabilisation Group on 27/10/22.
Induction process in process	Current induction process does not focus on key things a new candidate needs to know and does not provide continuous/on-going support/information	Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates (PO 1A)	Gostling, Lisa	31/03/2024	On track
HR policies (including those for employee relations) in place with programme of review	Current HR policies (including employee relations) do not fully support work-life balance and put the person at the centre	Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role. (PO 1B)	Gostling, Lisa	31/03/2024	On track
Training programmes in place (manager's passport, etc)	Lack of equity of access to training regardless of personal and professional circumstances				
County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc)	Lack of agile approach to workforce training (eg 24/7 access, digital platforms)				
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	Lack of support for services to people plan effectively	Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2A)	Gostling, Lisa	31/03/2024	On track
External ad-hoc talent programmes	Ability to understand and respond to staff feedback on well-being	Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)	Gostling, Lisa	31/03/2024	On track
Directorate Improving Together Sessions	Lack of a multidisciplinary approach to clinical education	Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services. (PO 2B)	Gostling, Lisa	31/03/2024	On track
	Lack of a comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board	Estates Strategy - Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:	Davies, Lee	31/03/2024	On track
	Lack of a comprehensive talent, succession planning and leadership development programme	- Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval			
	Lack of appropriate training facilities (space and digital)	- A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2)			
	Lack of appropriate training budget	- A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO5A)			
	Demand and capacity modelling				

	Research and Innovation (PO 5B)	Kloer, Dr Philip	31/03/2024	On track
	Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)	Davies, Lee	31/03/2024	On track
	Welsh Language and Culture - Building on the Welsh language and Culture Discovery process, we will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will also seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words (PO 8D)	Hughes-Moakes, Alwena	31/03/2024	On track



ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on BAF Dashboard	Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail	1st			Planning Objectives Update - PODCC (Jun23)  Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)	Lack of relevant 3rd line/ independent assurance	The Health Board is currently participating in the Audit Wales All Wales Workforce Planning Audit within our Health Board	Gostling, Lisa	Completed	Draft finding issued to Director of Workforce, and to be issued in a factual paper August 2023 through an All Wales lens. Actions on the risk to be further reviewed on receipt of finalised report.
	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st				Establishment of a Strategic People Planning & Education Committee	Glanville, Amanda	<del>31/05/2023</del> 31/07/2023	TOR agreed by PODCC. Chair agreed and HEIW representation sought. Revisions to be put in place to TOR, with education elements feeding through SPPEG. Agreed to reduce scope of the meetings as the TOR was wide. All subgroups have been agreed.	
	Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee	2nd				Maturity Matrix for Strategic Workforce Plan (SWP) and "Panel"	Walmsley, Tracy	31/07/2023	This is linked to our corporate risk however has the same function in assessing our maturity to be able to create a strategic workforce plan and address this risk	
	Staff Partnership Forum	2nd								
	Medical Engagement scale feedback	3rd								
	IA PADR Follow up - Reasonable (May-20)	3rd								
	Internal Audit on Workforce Planning - Substantial (Apr22)	3rd								

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

<b>Executive Director Owner:</b>	Rayani, Mandy	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Aug-23

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

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

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	12	8	8
Oct-21	12	8	8
Jan-22	12	8	8
Jun-22	12	8	8
Oct-22	12	8	8
Feb-23	12	8	8
Jun-23	12	8	8

**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
Listening and Learning Sub-Committee
Clinical Audits
Clinical Executive Clinical Panel
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
Directorate and Service Quality Governance Meetings established
Increased quality element of commissioned services from external organisations
Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings.

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 finalise the Quality Management System and issue to services across the Health Board following sign off by QSEC and the Board (no PO ref)	Rayani, Mandy	Completed	Final Quality Management system presented to QSEC in Feb23, prior to presentation to Board in Mar23 as part of an overarching Quality Improvement report.
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.	Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities (PO 4A)	Carruthers, Andrew	31/03/2024	On track
Improved engagement with the latest Datix Incident Reporting system to ensure staff are confident in reporting incidents	Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)	Kloer, Dr Philip	31/03/2024	On track
Not yet consistently using the information from PROMs, PREMs and FROMs as part of triangulation process				
Quality Management System not formally signed off				
	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026. (PO 3A)	Carruthers, Andrew	31/03/2024	On track
	Infection prevention and control action plan - A detailed infection prevention and control action plan has been developed to target the management of C difficile infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia (PO 3B)	Rayani, Mandy	31/03/2024	On track

	Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024. (PO 4B)	Carruthers, Andrew	31/03/2024	On track
	Mental Health Recovery Plan - To develop a recovery plan for Mental Health, neurodevelopmental and CAMHS services to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues (PO 4C)	Carruthers, Andrew	31/03/2024	On track
	Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)	Davies, Lee	31/03/2024	On track

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 <span style="background-color: #00aaff; color: white; padding: 2px;"> </span> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of the BAF Dashboard	Directorate Quality Governance Meetings in place	2nd			Patient Experience Report - Board (May23)  Healthcare Contracting Update - SRC (Aug22)	Assurance on triangulation of data	Internal Audit to review Directorate and Service Quality Governance Meetings	Rayani, Mandy	Completed	Completed - Quality Governance Review undertaken and provided Reasonable Assurance.
	Patient and staff feedback	2nd				Internal Audit to review the triangulation of data in the Health Board	Rayani, Mandy	<del>31/03/2023</del> 30/09/2023	Safety Indicators IA review currently underway and reported to ARAC in Apr23, with work progressing in terms of implementing recommendations raised.	
	Harms Dashboard is reported monthly to Formal Executive team with Our Performance and other intelligence for triangulation of data	2nd								
	Improving Together performance sessions with clinical and corporate directorates (bi-monthly)	2nd								
	Performance reports through power BI and Committee reports	2nd								
	Points of Delivery and Healthcare Resource Group Analysis of Long Term Agreements with other Health Boards in Wales	2nd								
	Commissioning arrangements overseen by Sustainable Resources Committee (SRC)	2nd								
	GIRFT Reports reported to QSEC	2nd								
	HIW patient complaints	3rd								
	Quality Governance Follow up Report (Oct21)	3rd								

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

<b>Executive Director Owner:</b>	Davies, Lee	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Aug-23

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

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

**Rationale for CURRENT Risk Score:**  
 Resources from the Engagement Team have ben focussed on Hospital Site Selection and now Paediatric Consultation. Lack of resource will have an impact on the capacity of the team to deliver continuous engagement expertise at a senior level and the operational capacity to deliver the full spectrum of engagement activities during this period, ensuring our communities have a real influence on strategic direction.

**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.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	<b>Identified Gaps in Controls :</b> (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	<b>How and when the Gap in control be addressed</b> Further action necessary to address the controls gaps	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
<p>Skills to Deliver Engagement Two additional members of staff were appointed to the Engagement team in early 2023. Additional resource has been requested to enable engagement during CSP.</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement led for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Consultation Institute provide expert advice on request.</p> <p>Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with Llais.</p> <p>Voices of Children and Young People's Group</p> <p>Newly established 'improving the use of feedback across the</p>	<p>Identified gaps in engagement team capacity to deliver continuous engagement during periods of consultation</p> <p>Improved links with acute operational teams to gain greater understanding of operational teams and their role in terms of engagement / continuous engagement with a purpose</p> <p>Lack of understanding of operational teams on their role in terms of engagement / continuous engagement with a purpose</p> <p>Awareness and staff utilisation of available engagement tools</p>	<p>6c Continuous Engagement -To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will:</p> <ol style="list-style-type: none"> <li>1. Increase public confidence and trust in the reputation of the Health Board</li> <li>2. Offer greater ability of service users to influence services and to be better informed.</li> <li>3. Improve decision making that is driven by public feedback.</li> <li>4. Enhance visibility of the Health Board's values through open and transparent communication.</li> </ol>	<p>Hughes-Moakes, Alwena</p>	<p>31/03/2024</p>	<p>On track</p>

organisation' group to explore how the triangulation of feedback from different parts of the organisation including engagement, corporate office, communications, diversity and inclusion, quality improvement, transformation, patient experience and workforce and organisational development can be used to inform key pieces of work around service change.

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

- provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB
- management of the Siarad lechyd / Talking Health involvement and engagement scheme
- management of the stakeholder management system Tractivity
- Management of the online engagement tool Have Your Say (EngagementHQ)
- advice, guidance, support around the planning and delivery of traditional engagement methods

Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2A)	Gostling, Lisa	31/03/2024	On track
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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	Management process in place to monitor Engagement Team objectives	1st	
	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	

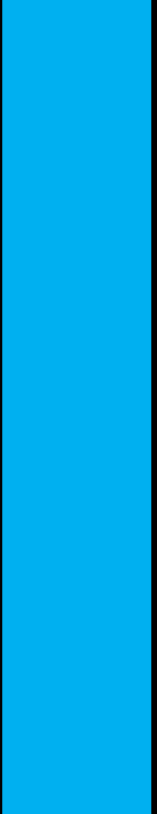
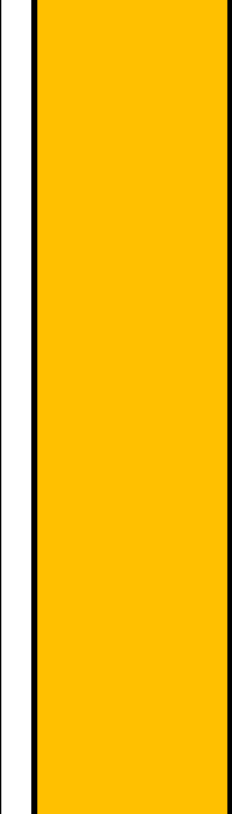
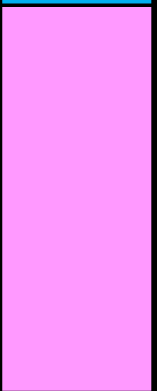
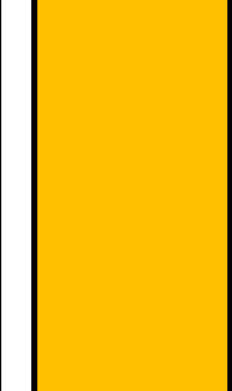
**Control RAG Rating (what the assurance is telling you about your controls)**

**Latest Papers (Committee & date)**

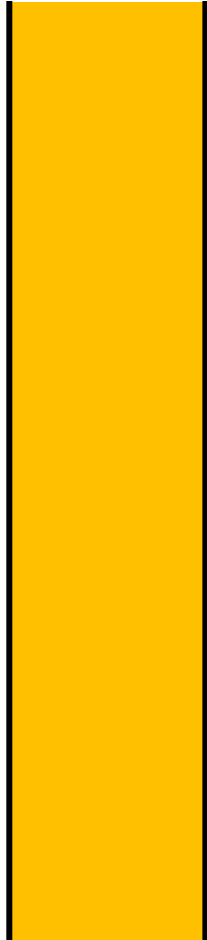
Continuous Engagement Plan - Board (May22)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
There is a gap in terms of the formal review of engagement activities after completion - we need to better close the loop after a formal engagement or consultation	Establish a Public, Patient and Staff Engagement (PPSE) Group	Davies, Lee	Completed	Completed - Inaugural meeting held in Oct22.
	Establishment of a Children and Young People's Advisory Forum	Davies, Lee	<del>31/10/2022</del> <del>31/01/2023</del> 31/10/2023	A Task and Finish Group has met to scope out the requirements of a new CYP Advisory Forum. Due to the early engagement work being undertaken for the interim paediatrics review and the land consultation, it is proposed to launch in the New Year so that children and young people can play an active part in the consultation. It has been agreed to emulate the Siarad lechyd/Talking Health model.



<p>Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice. Ongoing process in place</p>	<p>1st</p>					<p>A review of membership of the Stakeholder Reference Group (SRG), to ensure all protected characteristics are represented.</p>	<p>Davies, Lee</p>	<p>Completed</p>	<p>SRG membership extended to include Members from an ethnic community/Members with protected characteristics. Terms of Reference also amended to reflect this development and the SRG's commitment under the Equalities Act 2010.</p>
<p>SRG used a oversight assurance mechanism</p>	<p>2nd</p>					<p>Establishment of a virtual engagement group focused on listening to seldom heard groups /protected characteristics (recommended by The Consultation Institute).</p>	<p>Davies, Lee</p>	<p>31/03/2023</p>	<p>On track - A virtual group has supported engagement with the technical land appraisal process and further work with virtual groups is planned for the Interim Paediatrics Review and OBC.As part of the land consultation, further meetings will be held virtually with seldom heard groups.</p>

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	




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

<b>Executive Director Owner:</b>	Moore, Steve	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Jun-23

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

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Business objectives/projects
<b>Inherent Risk Score (L x I):</b>	5x4=20
<b>Current Risk Score (L x I):</b>	3x4=12
<b>Target Risk Score (L x I):</b>	2x2=4
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	↔

**Rationale for CURRENT Risk Score:**  
 Our reputation is growing and there are a number of Health Board and wider plans to make Hywel Dda an attractive partner. Partnership working is strong in the ARCH and Mid Wales Joint Committee (MWJC), and has deepened and broadened with local authority partners (particularly the Regional Partnership arrangements) and is driving our research, development and innovation work with universities. Involvement with the Public Service Boards is strengthening with further to go. The current risk score (CRS) reflects that current planning objectives are due to be completed by the end of Mar23 at which point the CRS will be reassessed.

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

<p><b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)</p> <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 with Programme Business Case submitted to WG in Feb22 (following Board approval)</p> <p>ARCH Recovery and Strategic Delivery Plans</p> <p>Digital strategy</p> <p>Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group</p> <p>Research, development and innovation strategy</p> <p>Regional Partnership Board</p> <p>Public Service Board</p>
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Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Access to latest equipment and state of the art facilities for research, development and innovation	Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2A)	Gostling, Lisa	31/03/2024	On track
Promoting the successes of the Health Board and individual and organisational achievements	Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities. (PO 4A)	Carruthers, Andrew	31/03/2024	On track
Workforce, facilities and capital requirements to deliver on our delivery plans in ARCH and MWJC	Research and Innovation (PO 5B)	Kloer, Dr Philip	31/03/2024	On track
Capacity to support regional working within the organisation and at Executive level	To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will: 1. Increase public confidence and trust in the reputation of the Health Board 2. Offer greater ability of service users to influence services and to be better informed. 3. Improve decision making that is driven by public feedback. 4. Enhance visibility of the Health Board's values through open and transparent communication. (PO 6C)	Hughes-Moakes, Alwena	31/03/2024	On track

Develop and Implement public health plans whichÂ -Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course -Provide robust health protection and vaccination services for the community -Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)	Lewis, Bethan	31/03/2024	On track
Integrated Localities, Accelerated Cluster Development and Primary Care sustainability -Integrated Localities & ACD -Primary care sustainability plan (PO 7B)	Paterson, Jill	31/03/2024	On track
Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Kloer, Dr Philip	31/03/2024	On track
Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition (PO 8A)	Davies, Lee	31/03/2024	On track
Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates (PO 1A)	Gostling, Lisa	31/03/2024	On track
Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)	Gostling, Lisa	31/03/2024	On track

<p>Estates Strategy - Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <ul style="list-style-type: none"> <li>- Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval</li> <li>- A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2)</li> <li>- A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A)</li> </ul>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>On track</p>
<p>Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner (PO 5C)</p>	<p>Thomas, Huw</p>	<p>31/03/2024</p>	<p>On track</p>

	<p>Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board (PO 6A)</p>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>On track</p>
	<p>8b Local Economic and Social Impact - We will:</p> <ul style="list-style-type: none"> <li>• Direct our expenditure to local benefit</li> <li>• Collaborate with partners to maximise our impact</li> <li>• Ensure that we remain focused on the long term impact we can have</li> <li>• Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund (PO 8B)</li> </ul>	<p>Thomas, Huw</p>	<p>31/03/2024</p>	<p>On track</p>


ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on BAF Dashboard	ARCH Reports to Strategic Development and Operational Planning Committee (SDODC)	2nd			Continuous Engagement Plan - Board (May22)  4U Deep Dive Report - SDODC (Dec22)					
	Oversight of delivery of Planning Objectives to SDODC & other sources of assurances partnership working to the Board	2nd								

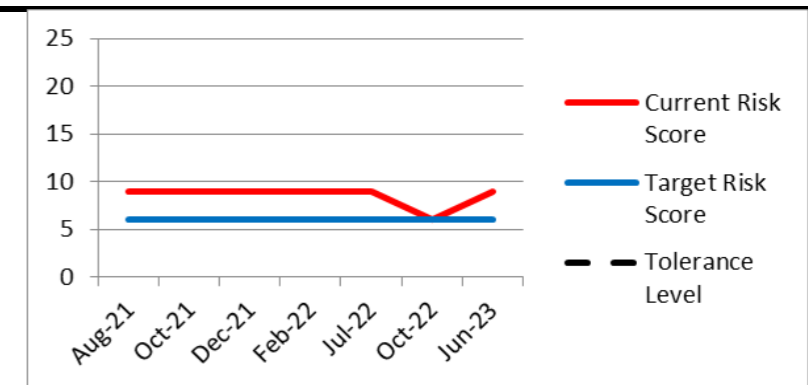


<b>Date Risk Identified:</b>	Jun-21
<b>Strategic Objective:</b>	6. Sustainable use of resources

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

<b>Risk ID:</b>	<b>1200</b>	<b>Principal Risk Description:</b>	There is a risk that the Health Board does not maximise the social value it creates through its actions, as an anchor institution in West Wales. This is caused by the Health Board not having had a framework in place to embed and measure social value. This could lead to an impact/affect on the Health Board not meeting the needs of future generations and addressing wider determinants of health and well-being.
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<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Health Inequalities/ Equity
<b>Inherent Risk Score (L x I):</b>	3x3=9
<b>Current Risk Score (L x I):</b>	3x3=9
<b>Target Risk Score (L x I):</b>	2x3=6
<b>Tolerable Risk:</b>	8
<b>Trend:</b>	



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 unmitigated risk score is moderate. While the impact will not be immediate, the impact on the long term could be significant. The impact of climate change, environmental degradation, deprivation and cost of living are known to all disproportionately impact the most vulnerable in society leading to long term adverse health impacts.

**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.

<p><b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)</p>
<p>Health Board active participation within the Public Service Boards across Hywel Dda UHB region.</p> <p>Local Needs Analysis has been completed based on the Wellbeing Goals.</p> <p>Agreed Plan on a Page for Planning Objective 6H</p> <p>An outline Social Value framework has been developed with strands in workforce, facilities and estates, procurement, with further areas to explored such as public health, social value.</p> <p>Decarbonisation plan in place, with its own risk assessment. Annual carbon reporting underway to WG</p> <p>A measurement opportunity has been found which is adaptable to HDUHB usage - to be taken for SRC approval in October '23</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<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>Further action necessary to address the controls gaps</p> <p>Develop and Implement public health plans which:                      - Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course                      - Provide robust health protection and vaccination services for the community                      - Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)</p>	Lewis, Bethan	31/03/2024	On track
	7c Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Kloer, Dr Philip	31/03/2024	On track
	Reassess the Health Board utilising the BCORP measurement system. Following the reassessment, develop a target trajectory and improvement plan for HDUHB to take to SRC for agreement to proceed annually	Ford-Young, Rhys	30/04/2024	On track
	Work with estates to map what assets are available to be used while identifying what is most needed by SVEs locally	Ford-Young, Rhys	31/01/2024	On track
	Update and maintain the Social Value+ sharepoint page to engage and educate staff about social value activities	Ford-Young, Rhys	31/03/2024	On track
	Work with procurement to enable maximisation of social value to be created with contract tendering and ensure projects are managed post tender to allow transparency around actual vs tendered amount	Ford-Young, Rhys	31/03/2024	On track

	Actioning of the Public value action plan and continued work with CLES	Ford-Young, Rhys	31/03/2024	On track
	Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care. (PO 6B)	Kloer, Dr Philip	31/03/2024	On track
	Local Economic and Social Impact - We will: - Direct our expenditure to local benefit - Collaborate with partners to maximise our impact - Ensure that we remain focused on the long term impact we can have - Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. (PO 8B)	Thomas, Huw	31/03/2024	On track
	To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will - Provide clear trajectories, including actions and delivery requirements for the organisation: - Form the basis of a robust three-year financial plan as part of a broader IMTP - Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner. (PO 8C)	Thomas, Huw	31/03/2024	On track

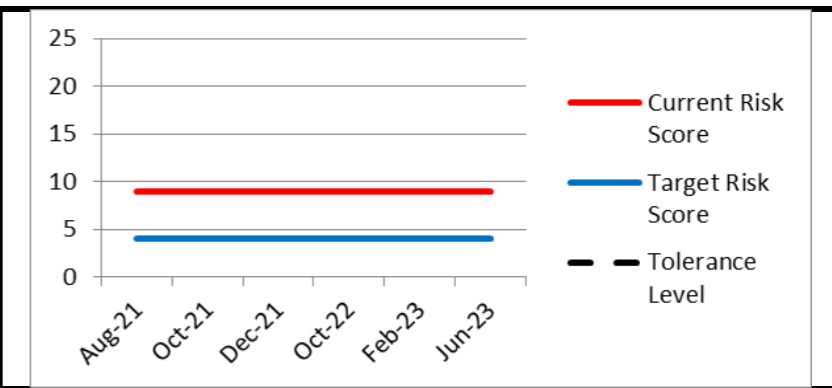
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
We are establishing an outcome measure for Board in relation to: Our positive impact on society is maximised	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd			Social Value Workshop - SEG (Oct21)  Social Value Workshop - SRC (Dec21)  Public value action plan (004) (May23)  Public Values Framework strategy (June23)	Evaluation	Establish key metrics for measuring social value improvements in Health Board	Thomas, Huw	<del>30/11/2022</del> 30/11/2023	On Track - Working with a recognised industry partner to guide our prioritisation, metrics and embedding proposals. These will be presented to assurance committees for approval.  Draft Measurements direction report presented at a working level (social value lead and TL) and meeting booked with HT.
	Board meetings to consider the outcome measure (Our positive impact on society is maximised)	2nd								

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

<b>Executive Director Owner:</b>	McCarthy, Jo	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Aug-23

<b>Risk ID:</b>	1194	<b>Principal Risk Description:</b>	There is a risk the Health Board will be unable to increase uptake and access to public health interventions (such as vaccinations and immunisations, screening, smoking cessation programmes). This is caused by a failure to influence individual and community behaviours to maximum effect. This could lead to an impact/affect on our ability to improve outcomes for individuals and our population.
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<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Health Inequalities/ Equity
<b>Inherent Risk Score (L x I):</b>	4x3=12
<b>Current Risk Score (L x I):</b>	3x3=9
<b>Target Risk Score (L x I):</b>	2x2=4
<b>Tolerable Risk:</b>	8
<b>Trend:</b>	↔



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.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
National screening programmes in place (including Breast, Bowel and cervical)  Local initiatives in place such as Moondance Cancer Learning Programme for Schools, Cervical Screening and Refugees, and Barriers to Screening Uptake in Carers  Vaccination and immunisation programme in place  Senior Public Health Practitioner dedicated remit for Vaccination and immunisation  Local and National health promotion initiatives  Multi-agency Vaccination Agency Steering Group in place (with influenza group, Primary care childhood vaccination group, occupational health and COVID vaccination group)

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
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	Population Health - Develop and Implement public health plans which: - Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course - Provide robust health protection and vaccination services for the community • Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)	Lewis, Bethan	31/03/2024	On track
	Integrated Localities, Accelerated Cluster Development and Primary Care sustainability - Integrated Localities & ACD - Primary care sustainability plan (PO 7B)	Paterson, Jill	31/03/2024	On track
	Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2a)	Gostling, Lisa	31/03/2024	On track

	<p>Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)</p>	Davies, Lee	31/03/2024	On track
	<p>Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care. (PO 6B)</p>	Kloer, Dr Philip	31/03/2024	On track
	<p>Social Model for Health and Wellbeing (SMfHW) (PO 7C)</p>	Kloer, Dr Philip	31/03/2024	On track

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

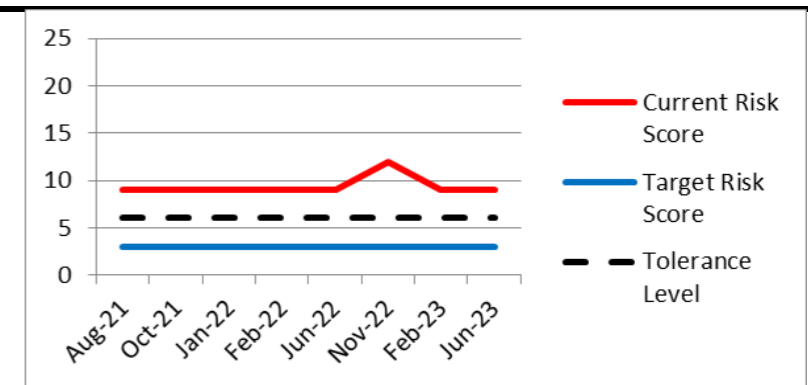


<b>Date Risk Identified:</b>	May-21
<b>Strategic Objective:</b>	3. Striving to deliver and develop excellent services

<b>Executive Director Owner:</b>	Moore, Steve	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Aug-23

<b>Risk ID:</b>	1189	<b>Principal Risk Description:</b>	There is a risk that services fail to learn, innovate and improve to a sufficient level in a timely manner. This is caused by a culture that does not facilitate learning (mindset); that skills are not developed across the organisation to implement the approach (skillset) and that the systems required to support the rollout are not implemented (toolset). This could lead to an impact/affect on services failing to see evidence of continuous improvement.
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<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Business objectives/projects
<b>Inherent Risk Score (L x I):</b>	3x4=12
<b>Current Risk Score (L x I):</b>	3x3=9
<b>Target Risk Score (L x I):</b>	1x3=3
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	↔



Does this risk link to any Directorate (operational) risks?

**Rationale for CURRENT Risk Score:**  
 The current risk score reflects the fact that the organisation has existing processes in place to value and embed learning and improvement but that it is not comprehensive. This means we may miss opportunities to enhance the care we provide and create a supportive environment for staff to develop and grow. There is increasing evidence that the mindset of the organisation is focussed on learning, the skillset is developing quickly, particularly in areas such as EQiP, Improving Together and Research, Innovation and Development, however further work is required to strengthen our toolset. Operational pressures are also likely to be causing challenges for people to enact change or improvement in their areas however the introduction of bi-monthly Improving Together sessions with Directorates in Jan23 will help to facilitate and embed learning and improvement reducing the likelihood back to 3, reducing the overall current risk score to 9.

**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)	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
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  Research, Development and Innovation Strategy approved by QSEC  The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements  Quality framework, with the Enabling Quality Improvement in Practice (EQIIP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&D etc)  Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)  OD Cultural Plans  A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity)	Staff not being clear of the expectation of their contribution to the delivery of the strategic objectives/planning objectives  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 new opportunities to improve what the HB does and how it does it through new POs and enablers  Having comprehensive approach to use of data - operational, tactical and strategic  Alignment of BAF to strategic objectives  Having ambitious comprehensive RDI programme  Having an effective process to collate and disseminate learning across the organisation  Cohesive engagement and capacity of operational teams to engage in programmes listed in the 'key controls'.	Infection prevention and control action plan. A detailed infection prevention and control action plan has been developed to target the management of C difficile infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia. (PO 3B)  Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities. (PO 4A)  Research and Innovation (PO 5B)  Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner. (PO 5C)	Rayani, Mandy  Carruthers, Andrew  Kloer, Dr Philip  Thomas, Huw	31/03/2024  31/03/2024  31/03/2024  31/03/2024	On track  On track  On track  On track

	<p>Availability of data that is accessible for teams to identify improvements</p>	<p>Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board (PO 6A)</p>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>On track</p>
		<p>Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)</p>	<p>Kloer, Dr Philip</p>	<p>31/03/2024</p>	<p>On track</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of BAF Dashboard	Tracker Performance reports issued to Lead Directors on bi-monthly basis	1st	Blue	Yellow	Tracker Report ARAC (Jun23)  Strategic Business intelligence - Board (Aug21)	Assurance arrangements for overseeing development and delivery of BI and modelling	Setting up a QI Strategic Steering Group to ensure that all current control measurements are connected	Davies, Mandy	<del>31/12/2022</del> 30/04/2023	The QI Steering Group TORs are currently under review and the revised membership will meet by the end Apr23.
	Committee oversight of delivery of WHCs and MDs	2nd	Blue							
	ARAC oversight of Audit Tracker	2nd	Pink							
	RD&I Sub Committee overseeing delivery and success of RDI Strategy	2nd	Blue							
	AW & IA Plan includes annual review of risk management arrangements & BAF	2nd	Blue							
	Internal Quality & Engagement Act Implementation Group	2nd	Blue							
	Improving Together Steering group (Bi-monthly)	2nd	Blue							
	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	Blue							

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

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

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

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Business objectives/projects
<b>Inherent Risk Score (L x I):</b>	4x4=16
<b>Current Risk Score (L x I):</b>	3x3=9
<b>Target Risk Score (L x I):</b>	1x3=3
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	↔




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

**Rationale for TARGET Risk Score:**  
 The Health Board approved a Partnership Governance Framework and Toolkit in Sep17. This has not been reviewed or actively utilised for a number of years but in itself, is not sufficient to mitigate against this risk. All departments and directorates have a role to play in leveraging the benefits of partnership working as well as ensuring synergy between partnership and Health Board priorities.

<p><b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)</p>
<p>The Health Board is a key member of strategic and statutory partnership groups.</p> <p>The Health Board approved a Partnership Governance Framework and Toolkit in September 2017 to provide a mechanism to ensure effective arrangements are in place for the governance of partnerships.</p> <p>Representatives on strategic partnerships groups to provide regular updates to the Board/Executive Team.</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Fully comprehending and exploiting the opportunities of true partnership working in order to deliver the ambitions within our Health and Care Strategy.</p> <p>The Partnership Governance Framework and Toolkit has not been proactively utilised for the past three years and would require review to ensure fit for purpose in the current governance environment.</p>	<p>Review the Partnership Governance Framework for strategic and statutory partnerships to consider how this tool can add value to mitigating this risk and help the Health Board achieve it strategic and planning objectives. This will need to include defining an inclusion criteria for HB partners, mapping POs to key partners and grading their significance/contribution to the delivery of each PO.</p>	Gostling, Lisa	31/03/2023	New Action - Review the tool that the Health Board uses for strategic and statutory partnerships and develop a further plan to populate and implement it.
<p>Strengthen the synergy between partnership priorities and the strategic objectives of the Health Board to provide greater opportunities to consider how the benefits of partnership working can be maximised.</p>	<p>Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)</p>	Gostling, Lisa	31/03/2024	On track
	<p>Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities. (PO 4A)</p>	Carruthers, Andrew	31/03/2024	On track
	<p>Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024. (PO 4B)</p>	Carruthers, Andrew	31/03/2024	On track

	Research and Innovation (PO 5B)	Kloer, Dr Philip	31/03/2024	On track
	Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Kloer, Dr Philip	31/03/2024	On track
	Local Economic and Social Impact - We will: - Direct our expenditure to local benefit - Collaborate with partners to maximise our impact - Ensure that we remain focused on the long term impact we can have - Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. (PO 8B)	Thomas, Huw	31/03/2024	On track

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
See Our Outcomes section in BAF Dashboard	Statutory Partnerships Update to Board	2nd	
	Chief Executive and Chair Reports to Board	2nd	
	Delivery of Planning Objectives are being overseen by Executive Team and Board Committees	2nd	

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)
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Strategic Partnerships Update - Board (Mar22, May22, Jul22, Sep22, Nov22, Jan 2023, Mar23, May23)

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
Ability of the organisation and individual directorates to understand whether opportunities within partnerships are being maximised.				

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

<b>Executive Director Owner:</b>	McCarthy, Jo	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Aug-23

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

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Health Inequalities/ Equity
<b>Inherent Risk Score (L x I):</b>	4x3=12
<b>Current Risk Score (L x I):</b>	3x3=9
<b>Target Risk Score (L x I):</b>	2x1=2
<b>Tolerable Risk:</b>	8
<b>Trend:</b>	↔

**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.



<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well-being (these were refreshed in Apr22)  Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.  Identified lead lookinat evidence base and linking with local leads  Embedded reducing inequalities throughout the HB Planning Objectives.  Healthy weight, Health Wales Plans help to reduce health inequalities  Health Equity Group in place	<b>Identified Gaps in Controls :</b> (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	<b>How and when the Gap in control be addressed</b>  Further action necessary to address the controls gaps	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
	Currently no formal process in place that considers impact of health inequity/equity of outcomes across our population  Ability of the Community Development Outreach Team to engage with all communities within Hywel Dda area	Establish sustainable funding for the Community Development Outreach Team to continue their work to engage with minority ethnic communities and those who face barriers to accessing health and care services. Providing valuable intelligence about needs of these communities to support action to address health inequalities and improve population health and wellbeing.	Gostling, Lisa	31/03/2024	Community Development Outreach Team established as a pilot project funded from NHS Charities Together and P&EY funding. 639 individuals have been supported between April-November 2021,; information has been translated into 13 community languages to increase accessibility and there has been a significant increase in the number of stakeholder details which have been shared which will inform future engagement activities. Investment plan submitted to secure on-going funding to ensure permanency of this resource.
		Develop and Implement public health plans which: - Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course - Provide robust health protection and vaccination services for the community - Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)	Lewis, Bethan	31/03/2024	On track

<p>Local Economic and Social Impact - We will:</p> <ul style="list-style-type: none"> <li>- Direct our expenditure to local benefit</li> <li>- Collaborate with partners to maximise our impact</li> <li>- Ensure that we remain focused on the long term impact we can have</li> <li>- Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. (PO 8B)</li> </ul>	Thomas, Huw	31/03/2024	On track
<p>Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)</p>	Davies, Lee	31/03/2024	On track
<p>Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care. (PO 6B)</p>	Kloer, Dr Philip	31/03/2024	On track
<p>Social Model for Health and Wellbeing (SMfHW) (PO 7C)</p>	Kloer, Dr Philip	31/03/2024	On track

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of the BAF Dashboard  Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress	Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC	2nd				Governance structure for Health Equity Group to be strengthened	Establish Strategic Equity Group with partners with DOF, DOPH, MD and key officers in HB and PSB leads for health inequalities (the Health Equity Group will report to this group)	McCarthy, Jo	<del>31/12/2022</del> 30/04/2023 31/07/2023	Terms of Reference are under development and there is a meeting in place to understand how this should link into the HB governance structure.
	Health Equity Group in place engage with different groups for feedback on service and wider inequities	2nd								
	All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd								

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

<b>Executive Director Owner:</b>	Rayani, Mandy	<b>Date of Review:</b>	Jun-23
<b>Lead Committee:</b>	Board	<b>Date of Next Review:</b>	Aug-23

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

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

**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
Command Centre Plan in place with workstreams established Command Centre Programme lead appointed on interim basis Civica system capturing feedback from patients implemented Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board Methodology to manage change with services to facilitate clinical engagement and pace of delivery Waiting List Support Programme (WLSP) Plan with workstreams established WLSP Phased Iterative Implementation Plan which is regularly reviewed Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development	Ability to source suitable environment to host the Command Centre & WLSP Physical capacity to expand telecoms infrastructure to support the Command Centre and WLSP Ability to obtain consistent, UHB-wide level of clinical engagement to support the full role out and ambition of the single point of contact	Ensure metrics are agreed and in place ahead of any service changes as part of investment application to evaluate the impact /improvement to patients, staff and performance (No PO ref)	Rayani, Mandy	<del>31/12/2022</del> 31/03/2023 30/09/2023	Discussions to be hold with Director of Finance and Director of Strategic Planning to ensure alignment with planning/transformation. Outcome measures for every transformation programme to be signed off prior to commencement.
	Whilst Infrastructure is in place however work is ongoing to demonstrate value of service at the end of 2022/23 for long term funding.	Explore use of Greatix to encourage sharing and learning from example (No PO ref)	Rayani, Mandy	<del>31/12/2022</del> 30/09/2023	A pilot project has been undertaken on one hospital site. For roll out across all sites. Work is also ongoing within patient experience on sharing compliments received via the 'feel good Friday' initiative and the staff appreciation awards from the Big Thank You.
	A system has been developed to support triangulation of data however it needs to be formally agreed and implemented No periodic report during and after service change to reflect on the impact /improvement to patients,	Consider use of PROMS/PREMS to as a mechanism for measuring impact of transformation	Rayani, Mandy	Completed	Completed - PROMs/PREMs are used to measure impacts for appropriate programmes.

<p>Power BI Performance dashboards on IRIS</p> <p>Engagement in place with CHC (formal and informal arrangements in place)</p> <p>Staff Partnership Forum</p> <p>Any charitable funding applications need to demonstrate impact through agreed evaluation and metrics</p> <p>Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams</p> <p>Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings.</p>	<p>staff and performance</p> <p>No agreed method of aligning PROMs, PREMs and other measures to service change or development</p> <p>Value opportunities framework not fully embedded into service change into service change and transformation</p>	<p>Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)</p>	<p>Gostling, Lisa</p>	<p>31/03/2024</p>	<p>On track</p>
		<p>Implement the planned care recovery programme in compliance with Ministerial priorities. (PO 4A)</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>On track</p>
		<p>Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner. (PO 5C)</p>	<p>Thomas, Huw</p>	<p>31/03/2024</p>	<p>On track</p>
		<p>Continuous Engagement -To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will:</p> <ol style="list-style-type: none"> <li>1. Increase public confidence and trust in the reputation of the Health Board</li> <li>2. Offer greater ability of service users to influence services and to be better informed.</li> <li>3. Improve decision making that is driven by public feedback.</li> <li>4. Enhance visibility of the Health Board's values through open and transparent communication. (PO 6C)</li> </ol>	<p>Hughes-Moakes, Alwena</p>	<p>31/03/2024</p>	<p>On track</p>

		Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2A)	Gostling, Lisa	31/03/2024	On track
		<p>To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will:</p> <ol style="list-style-type: none"> <li>1. Increase public confidence and trust in the reputation of the Health Board</li> <li>2. Offer greater ability of service users to influence services and to be better informed.</li> <li>3. Improve decision making that is driven by public feedback.</li> <li>4. Enhance visibility of the Health Board's values through open and transparent communication. (PO 6B)</li> </ol>	Kloer, Dr Philip	31/03/2024	On track

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Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <span style="background-color: #00aaff; color: white; padding: 2px;"> </span> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of BAF Dashboard	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st			Single Point of Contact Report - Board (Mar21)  Patient Experience Report - Board (May23)  Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)	Meaningful outcome measures for patient and workforce experience				
	WLSP Steering Group overseeing delivery of the plan and the workstreams	2nd								
	Improving Together performance sessions with clinical and corporate directorates (bi-monthly)	2nd								
	Formal Executive Team review and triangulate data from the Harms Dashboard, Our Performance Dashboards and other intelligence	2nd								



Command Centre Steering Group	2nd	
Executive Team overseeing delivery of Planning Objectives	2nd	
People, OD and Culture Committee oversight of Planning Objectives	2nd	
Patient Experience Report to every Board	2nd	
Listening and Learning Sub Committee	2nd	
Periodic reporting of engagement index survey results to People, OD and Culture Committee and Board (from Nov21)	2nd	
Public Service Ombudsman for Wales Reports	3rd	
HIW Inspection Reports and Complaints	3rd	

