

Risk Ref	Strategic Objectives	Risk Title (for more detail see individual risk entries)	Risk Owner	Controls	Domain	Current Risk Score (L x I)	Target Risk Score (L x I)	Performance Indicators	Assurance from What? (sources/providers of assurance) L1, L2 & L3 (see below key)	Latest paper	Assurance Sufficient? (Y/N)	Control RAG rating (see below key)	Risk on page no...
1199	6. Sustainable use of resources	Achieving financial sustainability	Thomas, Huw	<p>Understanding the underlying deficit and Opportunities Framework. A pre-COVID-19 assessment has been completed, which will need to be refined as part of the Roadmap to Financial Sustainability.</p> <p>Very high level base-case long term financial model.</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p> <p>A Strategic Enabling Group is in place to co-ordinate improvements to the Health Board's key systems to improve systems and processes across the organisation, including:</p> <p>Improving together - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.</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>M9 Financial Report - Board (26Jan23)</p> <p>M10 Financial Report - SRC (28Feb22)</p> <p>Annual Plan Update 2022/23 - In-Board Seminar (01Mar23)</p>	Y		25

BOARD ASSURANCE FRAMEWORK MARCH 2023

				<p>organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.</p> <p>Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.</p>					
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1186	1. Putting people at the heart of everything we do, 2. Working together to be the best we can be, 3. Striving to deliver and develop excellent services	Attract, retain and develop staff with the right skills	Gostling, Lisa	<p>Recruitment processes in place</p> <p>Induction process in process</p> <p>HR policies (including those for employee relations) in place with programme of review</p> <p>Training programmes in place (manager's passport, etc)</p> <p>County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc)</p> <p>Staff Well-being Service and Psychological Service in place</p> <p>Regular contact with Trade Union representatives/Staff Partnership forums</p> <p>Annual NHS staff surveys providing feedback from staff</p> <p>Separate clinical education programmes in place</p> <p>Apprenticeship programme and work experience programmes in place</p> <p>Leadership development programmes in place</p> <p>External ad-hoc talent programmes</p>	Workforce/OD	5x4=20	3x2=6	See Our Outcomes section on BAF Dashboard	<p>Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail (L1)</p> <p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & 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		31
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1192	4. The best health and wellbeing for our individuals, families and our communities	Wrong value set for best health and well-being	Kloer, Dr Philip	<p>Statutory member of Public Service Boards and each county has undertaken a Wellbeing Assessment in 2017 with a set of actions for partners to implement</p> <p>Key member of Regional Partnership Board (RPB)</p> <p>Engagement unpinning Healthier Mid and West Wales Strategy</p> <p>Equality Impact Assessments and consultation undertaken on service change</p> <p>Patient participation groups in place for some services, eg maternity, respiratory</p> <p>Close links between services and voluntary sector groups, eg AgeConcern, MIND</p> <p>Speaking to people re outcomes (Prog7 of Trans Fund)</p> <p>Together for change (supporting community led programme)</p> <p>Relationship with Community Health Council (2 weekly meeting with Chair and CEO and bi-monthly planning meetings)</p> <p>Working with disadvantaged/vulnerable groups</p> <p>Stakeholder Reference Group</p> <p>Staff Partnership Forum</p>	Health Inequalities/ Equity	4x4=16	2x4=8	See Our Outcomes section in the BAF Dashboard	<p>Population health measures collected by Public Health Wales (vaccinations, screening, etc) (L1)</p> <p>Tracking of crude mortality, risk-adjusted mortality and other data (L1)</p> <p>Oversight of delivery of Planning Objectives undertaken by Assurance Committees (L2)</p> <p>Overseeing the development of Wellbeing Assessment as statutory member of PSB (L2)</p> <p>Oversight of Programme 7 of transformation fund by RPB (L2)</p> <p>Oversight of delivery of New Hospital Programme Business Case by SDODC (L2)</p> <p>SRG advisory role to the Board (L2)</p> <p>Director of Public Health Annual Report to Board (L2)</p>		N		39
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BOARD ASSURANCE FRAMEWORK MARCH 2023

1198	6. Sustainable use of resources	Ability to shift care in the community	>	<p>Transformation Steering Group (TSG) & Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB</p> <p>Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.</p> <p>CHC and UHB Protocol for managing low level service change</p> <p>All Business Cases need to be taken through Transformation Steering Group.</p> <p>IMTP in place for every cluster which is submitted to WG</p> <p>WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery</p> <p>Project support provision in place</p> <p>A 5 year financial plan has been developed and shared across the organisation but further work will continue to gain the actual resource support from WG, or not, as part of the IMTP process which would need to demonstrate the assurance around deliverable plans to achieve this. (PO 6C WAS COMPLETED IN 2021/22)</p>	Business objectives/projects	4x4=16	2x4=8	See Our Outcomes section in the BAF Dashboard	<p>Lightfoot Viewer for urgent care to track improvements (L1)</p> <p>County Management Systems Leadership Forum focus on performance and delivery (L1)</p> <p>Locality Leads meeting oversee integrated locality development (L1)</p> <p>Primary Care & Long Term Care SMT meeting (L1)</p> <p>Regional Partnership Fund Group (L2)</p> <p>Board Seminar discussions (L2)</p> <p>Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2)</p>	<p>TMH Update - Board (May22)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PCB- Implementing the Healthier Mid and West Wales Strategy - Board (May22)</p> <p>Implementing the Healthier Mid and West Wales Strategy - Board - (Jan23)</p>	N		47
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1196	5. Safe, sustainable, accessible and kind care	Insufficient investment in facilities/equipment/digital infrastructure	Davies, Lee	<p>Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB.</p> <p>Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual</p>	Business objectives/projects	4x4=16	2x3=6	See Our Outcomes section on the Dashboard	<p>Development of Integrated Assurance and Approval Plan in support of PBC (L1)</p> <p>Governance structure to oversee delivery of the Business Cases (L1)</p> <p>Oversight by Strategic Development and Operational Delivery Committee (L2)</p> <p>Internal Audit Programme aligned to Business Case Development (L3)</p> <p>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 & Jan23) & SDCODC (May22, Aug22, Oct22, Dec22 & 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 & Feb23)</p>	Y		60
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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	# Quality Assurance System including Clinical effectiveness # Process re NICE and professional guidance. # National & Local Clinical Audits Programme # Peer Reviews # Healthcare standards # Major cause of harm # National Quality setting. # TSG to learn from best in World. # Advisory Board. # Clinical Director for Clinical Effectiveness - role to secure clinical engagement. # Monitoring system in place for NICE guidance. # QSEC Approved Research & Development (RDI) Strategy with Implementation Plan # Research & Innovation Sub Committee with strengthened membership for improved scrutiny # Strengthened RDI Management Team # Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place. # University partnership arrangements in place. # Strategic Enabling Groups # Value Based Health Care Sponsoring Group # Value Based Health Care Programme Team # National Value Based Health Care Community of Practice # Improving Together Programme	Business objectives/projects	4x4=16	2x3=6	See Our Outcomes section on the BAF Dashboard	# Participation in the NICE Welsh Health Network where specific guidelines are proposed for review on a national basis - to provide benchmark information (L1) # Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan (L1) # VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation (L1) # VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action (L2) # Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group (L2) # Alignment with Health Board Quality and Governance Groups (L2) # Responses to letters from Welsh Government (DCMO) relating to specific guidelines (L2) # RDI Sub Committee & HCRW monitor delivery of RDI Strategy/Plan (L2) # PODCC & SRC oversee delivery of Planning Objectives (L2) # Annual Performance Review by WG/HCRW (L3) # RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities (L3)	Planning Objective 5K and the development of an Effective Clinical Practice Strategic Framework - EFCAP (Aug21) Review and Assessment against NICE Guidance - ECPAP (Feb22)	N		66
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BOARD ASSURANCE FRAMEWORK MARCH 2023

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		78
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BOARD ASSURANCE FRAMEWORK MARCH 2023

Peer Reviews, etc)

Mortality Reviews

National Accreditation Standards for service specifications

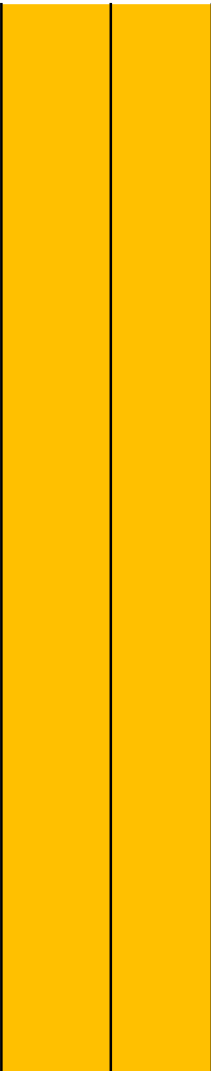
Healthcare Standards and Fundamentals of Care

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.

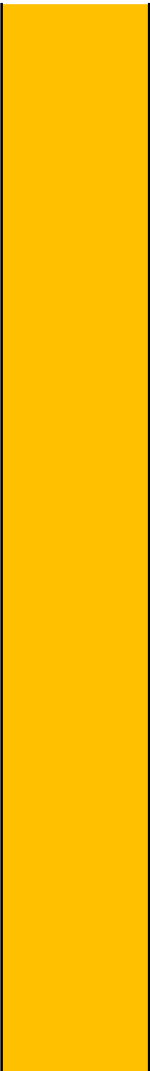


Commissioning arrangements overseen by Sustainable Resources Committee (SRC) (L2)

GIRFT Reports reported to QSEC (L2)

HIW patient complaints (L3)

Quality Governance Follow up Report (Oct21) (L3)



BOARD ASSURANCE FRAMEWORK MARCH 2023

1185	ing people at the heart of everything we do, 2. Working together to be the best we can be	Consistent and meaningful engagement through our workforce	Davies, Lee	<p>Skills to Deliver Engagement A review has been undertaken around the capacity of the engagement team with commitment to increase capacity in 2022/23</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement led for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Consultation Institute provide expert advice on request.</p> <p>Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with CHC.</p>	Business objectives/projects	3×4=12	2×3=6	See Our Outcomes section on the BAF Dashboard	<p>Management process in place to monitor Engagement Team objectives (L1)</p> <p>Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans) (L1)</p> <p>Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice.</p>	Continuous Engagement Plan - Board (May22)	N		82
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BOARD ASSURANCE FRAMEWORK MARCH 2023

1. Put			<p>Voices of Children and Young People's Group</p> <p>Newly established 'improving the use of feedback across the organisation' group to explore how the triangulation of feedback from different parts of the organisation including engagement, corporate office, communications, diversity and inclusion, quality improvement, transformation, patient experience and workforce and organisational development can be used to inform key pieces of work around service change.</p> <p>Engagement mechanisms to support the delivery of continuous engagement across the organisation include:</p> <ul style="list-style-type: none"> - provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB - management of the Siarad Iechyd / Talking Health involvement and engagement scheme - management of the stakeholder management system Tractivity - Management of the online engagement tool Have Your Say (EngagementHQ) - advice, guidance, support around the planning and delivery of traditional engagement methods 					<p>Ongoing process in place (L1)</p> <p>SRG used a oversight assurance mechanism (L2)</p> <p>For major pieces of engagement and consultation work sign off will be via Board (L2)</p> <p>Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review (L3)</p> <p>The Health Board and CHC have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee (L3)</p>				
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BOARD ASSURANCE FRAMEWORK MARCH 2023

1187	2. Working together to be the best we can be	Strong enough reputation to attract people and partners	Moore, Steve	<p>Strategic Equality Plan and Objectives for 2020-24</p> <p>Continuous Engagement Strategy approved by Board in Jan19</p> <p>Healthier Mid and West Wales Strategy approved by Board Nov18</p> <p>ARCH Recovery and Strategic Delivery Plans</p> <p>Digital strategy</p> <p>Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group</p> <p>Research, development and innovation strategy</p> <p>Regional Partnership Board</p> <p>Public Service Board</p>	Business objectives/projects	3×4=12	2×2=4	See Our Outcomes section on BAF Dashboard	<p>ARCH Reports to Strategic Development and Operational Planning Committee (SDODC) (L2)</p> <p>Oversight of delivery of Planning Objectives to SDODC & 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		86
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1197	5. Safe, sustainable, accessible and kind care	Implementing models of care that do not deliver our strategy	Moore, Steve	<p>Healthier Mid and West Wales Strategy approved by Board Nov18.</p> <p>Delivery Groups and processes:</p> <ol style="list-style-type: none"> 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. Executive Team weekly review process <p>Planning Objectives related to:</p> <ol style="list-style-type: none"> 1. Delivery of the Transforming MH&LD programmes 2. Development of a Children's and Young People Plan for implementation from 2022/23 3. Development of plans to achieve the design assumptions underpinning A Healthier Mid & West Wales 4. Delivery of the Bronglais Strategy 5. Development of 24/7 out of hospital urgent and emergency care services 6. Transformation Fund initiatives 7. Cluster initiatives 8. Locality development plans and support for those with complex needs in our communities 9. Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways 10. Locality based resource mapping and planning 11. Business Case development for a new hospital in the south of the region and the repurposing of GGH & WGH 12. On going, continuous engagement and support for carers <p>Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.</p> <p>Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process.</p>	Business objectives/projects	3x4=12	1x4=4	See Our Outcomes section in the BAF Dashboard	<p>Board and Committee oversight of Planning Objectives (L2)</p> <p>QSEAC to measure harms (L2)</p> <p>WG Gateway process re accessing capital (L2)</p> <p>Internal Audit reviews of Major Capital Programme (L3)</p> <p>Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning (L3)</p>	<p>TMH Update - Board (Mar22)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PBC - Implementing the Healthier Mid and West Wales Strategy - Board (May22)</p> <p>IMTP Update - Board (May22)</p>	Y		94
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BOARD ASSURANCE FRAMEWORK MARCH 2023

1194	4. The best health and wellbeing for our individuals, families and our communities	Increasing uptake and access to public health interventions	McCarthy, Jo	<p>National screening programmes in place (including Breast, Bowel and cervical)</p> <p>Vaccination and immunisation programme in place</p> <p>Senior Public Health Practitioner dedicated remit for Vaccination and immunisation</p> <p>Local and National health promotion initiatives</p> <p>Multi-agency Vaccination Agency Steering Group in place (with influenza group, Primary care childhood vaccination group, occupational health and COVID vaccination group)</p>	Health Inequalities/ Equity	3×3=9	2×2=4	<p>See Our Outcomes section on the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p>	<p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>Health Equity Group (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		101
1189	3. Striving to deliver and develop excellent services	Timely and sufficient learning, innovation and improvement	Moore, Steve	<p>Risk Management Framework and Board Assurance Framework (BAF)</p> <p>Established governance structures</p> <p>Established Assurance Trackers for audits, inspectorates & regulators, Welsh Health Circulars, Ministerial Directions</p> <p>Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience</p> <p>Transformation Steering Group (TSG) and Strategic Enabling Group (SEG)</p> <p>Research, Development and Innovation</p>	Business objectives/projects	3×3=9	1×3=3	<p>See Our Outcomes section of BAF Dashboard</p>	<p>Tracker Performance reports issued to Lead Directors on bi-monthly basis (L1)</p> <p>Committee oversight of delivery of WHCs and MDs (L2)</p> <p>ARAC oversight of Audit Tracker (L2)</p> <p>RD&I Sub Committee overseeing delivery and success of RDI Strategy (L2)</p> <p>AW & IA Plan includes annual review of risk management</p>	<p>Tracker Report - ARAC (Jun22)</p> <p>Strategic Business intelligence - Board (Aug21)</p>	N		106

				<p>Research, development and innovation Strategy approved by QSEAC</p> <p>The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements</p> <p>Quality framework, with the Enabling Quality Improvement in Practice (EQIIP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&D etc)</p> <p>Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)</p> <p>OD Cultural Plans</p>				<p>Review of risk management arrangements & BAF (L2)</p> <p>Internal Quality & Engagement Act Implementation Group (L2)</p> <p>Improving Together Steering group (Bi-monthly) (L2)</p> <p>IA Health and Care Standards to review adequate procedures in place to ensure, and monitor, effective utilisation of the standards to improve clinical quality and patient experience -Reasonable Assurance (Feb21) (L3)</p>					
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		117

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	3×3=9	2×1=2	<p>See Our Outcomes section of the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p>	<p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>Health Equity Group in place engage with different groups for feedback on service and wider inequities (L2)</p> <p>All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>		N		119
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BOARD ASSURANCE FRAMEWORK MARCH 2023

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		124
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BOARD ASSURANCE FRAMEWORK MARCH 2023




			<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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1200	6. Sustainable use of resources	Maximising social value	Thomas, Huw	<p>Health Board active participation within the Public Service Boards across Hywel Dda UHB region.</p> <p>Local Needs Analysis commissioned by the Social Value Portal which is based on the Wellbeing Goals.</p> <p>Agreed Plan on a Page for Planning Objective 6H.</p> <p>Project Manager in place.</p> <p>An outline Social Value framework has been developed with strands in workforce, facilities and estates, procurement, with further areas to explored such as public health, social value.</p>	Health Inequalities/ Equity	2x3=6	2x3=6	<p>We are establishing an outcome measure for Board in relation to: Our positive impact on society is maximised</p>	<p>Social Value Steering Group reporting into SEG (L1)</p> <p>SEG to provide monitoring/ oversight of steering group (L2)</p> <p>Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2)</p> <p>Board meetings to consider the outcome measure (Our positive impact on society is maximised) (L2)</p>	<p>Social Value Workshop - SEG (Oct21)</p> <p>Social Value Workshop - SRC (Dec21)</p>	N		133
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Assurance Key:

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

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

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

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

Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Inequalities/ Equity	Minimal or no impact on our attempts to reduce health inequalities/improve health equity	Minor impact on our attempts to reduce health inequalities or lack of clarity on the impact we are having on health equity	Moderate impact on our attempts to reduce health inequalities or lack of sufficient information that would demonstrate that we are not widening the gap. Indications that we are having no positive impact on health improvement or health equity	Major impact on our attempts to reduce health inequalities. Validated data suggesting we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity

RISK MATRIX

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

RISK ASSESSMENT - FREQUENCY OF REVIEW

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

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

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

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

Executive Director Owner:	Thomas, Huw	Date of Review:	Mar-23
Lead Committee:	Board	Date of Next Review:	Apr-23

Risk Rating:(Likelihood x Impact)		
Domain:	Finance inc. claims	
Inherent Risk Score (L x I):	5×5=25	
Current Risk Score (L x I):	5×5=25	
Target Risk Score (L x I):	2×4=8	
Tolerable Risk:	6	
Trend:		

Period	Current Risk Score (L x I)	Target Risk Score (L x I)	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

<p>Rationale for TARGET Risk Score:</p> <p>Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government. Strategic and operational planning in an integrated Health Board is inherently complex leading to potential disconnections between demand, operational capacity planning; workforce planning and financial planning. Given the challenge in delivering the savings required 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.</p>
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Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Understanding the underlying deficit and Opportunities Framework. A pre-COVID-19 assessment has been completed, which will need to be refined as part of the Roadmap to Financial Sustainability.</p> <p>Very high level base-case long term financial model.</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p> <p>A Strategic Enabling Group is in place to co-ordinate improvements to the Health Board's key systems to improve systems and processes across the organisation, including:</p> <p>Improving together - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.</p> <p>Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.</p>

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>Actions in response to external review of underlying deficit calculation largely superseded by necessary shift in focus in response to COVID-19 and the system pressures now presenting across services.</p> <p>Assessment not subject to planning scrutiny.</p> <p>Conversion of the Opportunities Framework, Savings Framework and Value for Money Framework into deliverable recurrent savings schemes.</p> <p>Early development of three-year Financial Plan.</p>	<p>By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.</p> <p>In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation. (PO 6B)</p>	Thomas, Huw	Completed	<p>Complete - Whilst Targeting Operating Model objectives are in progress, work here concluded as a first phase and an update for the 2023/24 planning cycle has been undertaken. Opportunities that supported the previous route-map to financial sustainability were reviewed and refined with Executive leads. An investigation into the operational drivers of deficit growth over the past two years concluded ('matrix'). Areas of waste and inefficiency identified through these two sources generated Executive led Programme of Change projects, which include: Transforming Urgent and Emergency Care, Integrated Locality Planning, Nurse Stabilisation, Alternative Care, FLOs and CHC. In the past quarter a refreshed review of opportunities from benchmarking data has taken place and been shared, as part of 2023/24 planning cycle. Including refreshed guidance outlining the organisational process to move from waste and variation to savings delivery, supported by the existing 3Ds framework [Discover (then Define), Design, Deliver]. With respect to the second element - this is on-track; Work continues in parallel with overall VBHC programme; and broader operational requests for resource modelling are evaluated within same framework and approach.</p>

Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation (PO 6D)	Kloer, Dr Philip	31/03/2024	On track - see deep dive report to SRC Feb23.
By March 2023 develop a consistent measurement framework to assess the impact of Health Board spending in the following 4 domains: 1. Social value; 2. Economic Value 3. Environmental impact; and 4. Cultural benefit. This framework will provide new measures for the Board Assurance Framework in relation to Strategic Objective 6 and will identify opportunities for new Planning Objectives for delivery from April 2024 (PO 6H)	Thomas, Huw	31/03/2023	On track -Centre for Local Economic Studies ("CLES") are continuing to work on baselining current Hywel Dda position, in areas such as procurement spend undertaken with local suppliers and other supply chain analysis, current CO2 management strategies versus desired reductions, local wealth creation etc. Social Value (SV) Portal currently being used to record target and actual improvements in social value in respect of new contract activity. Further projects being identified (eg recruitment activity) to capture further SV activity, and quantify for reporting purposes. Next steps will be to regroup once initial baselining has been completed and published, and identify further specific projects to work on capturing SV measures for, as well as wider dissemination of the concepts throughout the Health Board. Finally, it is intended that local authority and large employer organisations will be contacted to form a community of practice across the local area.

By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director. (PO 6I)	Thomas, Huw	Completed	Complete - This was completed as part of the planning cycle. The budget linked to the re-submitted plan (£62.0m) was not transacted in the financial ledger, due to the plan not being accepted by WG however. Opportunities have, and continued to be, presented to the organisation and respected Executive Team leads. The 2023/24 planning cycle will undertake a further assessment, overseen by WG through the Targeted Intervention dialogue, to review options and whether a revised budget can be agreed and implemented.
By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in 'A Healthier Mid and West Wales' related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23 (PO 6K)	Carruthers, Andrew	31/03/2023	On track - This work is on-going and is described through a number of the Planning Objectives within this report. Our on-going work with Lightfoot is critical.

		<p>Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability.</p> <p>Chair the Use of Resources leadership group to facilitate balanced decision making, providing a summary update into the Sustainable Use of Resources committee as appropriate.</p> <p>Continually deliver effective executive partnering from the finance function to achieve clarity on resource utilisation, investment and dis-investment appraisals, including the shift of resources across services to achieve our strategic objectives.</p> <p>Develop and implement a single revenue investment approach pan Health Board, and instil it within pre-existing governance forums and procedures, ensuring summary financial appraisals are consistently and clearly described, including the appropriate finance business partnering sign-off.</p> <p>Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications, namely, Savings and Opportunities realisation, investment and dis-investment schedules and funding streams (PO 6L)</p>	Thomas, Huw	31/03/2023	<p>On track - There was a Directorate monthly Use of Resource (UoR) meeting throughout 2022 having been implemented as part of this objective, which has now been superseded with the combined Improving Together structure from Jan23 onwards, to better correlate the balance of resources with performance and quality and safety. Each Improving Together session has an accompanying information pack, which sets out a multitude of pertinent information around the Year-to-Date position and the Forecast Outturn (FoT). The packs also contain salient information including cost drivers, risks, mitigations and horizon scanning. It is anticipated that this will continue to evolve with a novation and greater focus on activity, performance and quality outcomes, from the original UoR meetings. Business Partners, through their business conversations are proactively working to identify opportunities with operational leads to ensure all areas of opportunity are considered and realised wherever possible. Recognising FY23 is very challenging, further Annual Plan deep dive meetings are being undertaken in January and Feb23 to also focused on the financial challenges and opportunities in FY24. The purpose of this approach is to horizon scan and implement any changes that support service provision and configuration whilst maximising financial sustainability. The Business Partners as part of their business meetings are proactively working with their operational colleagues to consider the extant resources and their utilisation. The next step is to consider whether there is an opportunity to decommission and/or reinvest as required.</p>
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  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	Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work .	1st			M9 Financial Report - Board (26Jan23)	None identified.				
Operational agreement to underlying deficit assessment.	Financial Reporting to Sustainable Resources Committee .	2nd			M10 Financial Report - SRC (28Feb22)					
Welsh Government accepting of impact of COVID-19 on underlying deficit.	Planning Objectives overseen by Sustainable Resources Committee .	2nd			Annual Plan Update 2022/23 - In-Board Seminar (01Mar23)					
Welsh Government accept and approved Intergrated Medium Term Plan (IMTP).										
Plan in place to develop a long-term financial plan.										
High level financial assessment of A Healthier Mid and West Wales in place.										

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

Risk ID:	1186	Principal Risk Description:	There is a risk that the HB will not be able to attract, retain and develop staff with the right skills to enable it to deliver what we need to do now and our strategic vision to improve the overall experience of patients and staff within Hywel Dda. This is caused by the lack of clinical (medical, nursing and therapies) staff with the right skills and values in the market and not being able to offer staff the space, time and support to develop the right skills. This could lead to an impact/affect on our ability to improve the well-being of our staff, improve service delivery, access to timely care, change and develop innovative and responsive models of care, initiate and deliver service change and improve patient outcomes.
Does this risk link to any Directorate (operational) risks?			1406, 1247

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.

Executive Director Owner:	Gostling, Lisa	Date of Review:	Mar-23
Lead Committee:	Board	Date of Next Review:	Apr-23

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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Recruitment processes in place Induction process in process HR policies (including those for employee relations) in place with programme of review Training programmes in place (manager's passport, etc) County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc) Staff Well-being Service and Psychological Service in place Regular contact with Trade Union representatives/Staff Partnership forums Annual NHS staff surveys providing feedback from staff Separate clinical education programmes in place Apprenticeship programme and work experience programmes in place Leadership development programmes in place	Having a flexible and responsive recruitment process that encourage local employment for local people	Following the development of processes to co-design with our staff every stage and element of our HR offer that embody our values. This will address the way the Health Board recruits new staff; (PO1F.1)	Thomas, Annmarie	30/06/2023	On track - 1a. All Wales Work undertaken to revise A4C JD/JS templates, a phased roll out plan is being developed. Centralisation of the streamlining of the recruitment pathway for RNs in Unscheduled Care has been completed. Scheduled Care pathway centralisation started in Jan23 and will continue through to May23. Vacancies have been reviewed to avoid duplication and effort for all stakeholders during the recruitment pathway. Centralising recruitment is a culture change for all and is resource intensive with regards to upskilling service/appointing managers. Develop implementation plan to deliver revised practices and policies to an agreed roll out schedule to be completed by Jun23 (and re-aligned to new Planning Objective).
	Current induction process does not focus on key things a new candidate needs to know and does not provide continuous/on-going support/information				
	Current HR policies (including employee relations) do not fully support work-life balance and put the person at the centre				
	Lack of equity of access to training regardless of personal and professional circumstances				
External ad-hoc talent programmes	Lack of agile approach to workforce training (eg 24/7 access, digital platforms)	Following the development of processes to co-design with our staff every stage and element of our HR offer that embody our values improve the way the Health Board provides induction to new recruits, to enable this research best practice, identify how technology can support process. Pilot new approaches and implement new process (PO1F.1)	Glanville, Amanda	31/03/2023 31/03/2023	On track - Phase 3 - Evaluation commenced and new database being built by L&D to manage the induction process and to collect reportable date.
	Lack of support for services to people plan effectively				
	Ability to understand and respond to staff feedback on well-being				
	Lack of a multidisciplinary approach to clinical education				
	Lack of a comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board	Following the development of processes to co-design with our staff a review of HR policies that support work-life balance and put the person at the centre, engage with manager and staff to understand experiences, identify policy review schedule and amend policies accordingly (PO 1F.2)	Gostling, Lisa	31/03/2023	On track - First three phases completed. All W&OD policies bar one will be completed for PODCC in Apr23.
	Lack of a comprehensive talent, succession planning and leadership development programme				
	Lack of appropriate training facilities (space and digital)				

Lack of appropriate training budget










Following the development an implementation plan improve the way employee relations are managed, engage with staff and managers, review timelines and outcomes, introduce new process (PO 1F.3)	Gostling, Lisa	31/03/2023	On track - Overarching Employee Relations Action Plan developed.
Following the development of an implementation plan improve how learning is delivered through accessible and agile methods encompassing a new vision for the function that ensures equitable access for all staff groups, this will include a review of study leave process and budgets (PO 1F.4)	Glanville, Amanda	31/08/2022 31/03/2023	On track - Date revised linked to Deep Dive Report submitted as an agenda item to Feb23 PDODC.
By March 2023, demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support Health and wellbeing. (PO 2K)	Davies, Christine	Completed	On track - Staff Benefits promoted via the Hapi App and via Global. Financial wellbeing support promoted as part of the above. Also Wagestream introduced in Nov/Dec22 to enable more flexible and timely access to salaries for staff. Long service recognition awards scheme underway with over 370 nominations for 25 years silver awards and 60 nominations for 40 years service to date. Presentation of awards programme in work in progress and continuing. Successful launch in Dec22 of the Hywel Dda's Applause staff awards. Chairs monthly commendation awards programme is underway, with first quarterly

By March 2023 design a comprehensive range of Leadership Development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care. (PO 2J)	Davies, Christine	Completed	On track - Programme Delivery completed for Quarter 3 includes: Warwick Nudge Behavioural Insights programme completed in Dec22 (x24 participants); ARCH Senior Leadership Development Programme continues during 2023 with 13 participants; Medical Leadership Forum continues during 2023; Clinical Leads Forum continues during 2023; Executive and Board Development for 2022 is complete. The programme for 2023 is currently being finalised to begin in the spring; Research Nurse Leadership Programme due to complete in Feb23; New Consultant Programme cohort 2 commencement delayed from Nov22 due to system, this will re-commence mid-spring; Academi Wales Summer School 2022 complete and awaiting 2023 dates; HEIW Clinical Leadership Programme continues during 2023 with x3 participants from Hywel Dda; LEAP senior leadership development programme approved at exec level has been launched and will commence in Mar23; and CLIMB cohort 3 is in the recruitment stage with the programme commencing in Sep23. Coaching Capacity Growth progress includes: an increase of 6 qualified coaches taking the total number of coaches in the network to 21, a further 49 are in training.
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By June 2022 develop a plan to ensure the retention of our new and existing staff through the improvement of our engagement with staff and a reduction in turnover. This plan should, as a minimum achieve the Welsh average retention rates across all staff groups in the initial phase and achieve best in Wales as a minimum over its whole duration (PO 2L)	Davies, Christine	Completed	On track - Nurse Retention T&F Group continues, though progress slowed during December and January due to service pressures. Flexible Working Guide being finalised and ready for launch in Spring 2023. Exit interviews take up and consequential learning continues to grow and support identification of hot spot areas for intervention. Initial brainstorm around medical staff retention has taken place in Jan23 and a Medical Staff Retention T&F Group will be established in Feb23 to progress an analytical phase which can then inform an action plan. Key stakeholders will be invited to join the group.
Plan a Strategic Resourcing Programme (including Overseas RN Recruitment)	Thomas, Annmarie	31/03/2023	Strategic resourcing action plan considered and presented to Nurse Stabilisation Group on 27/10/22. Recruitment linked to specific ward requirements to be mapped over coming weeks. Stabilisation plans will then be developed for remaining Hospital sites before continuing with other services.

By October 2022 develop Directorate level People Culture Plans across the whole organisation coordinated by the OD Relationship Managers. These plans will lead the way to more good days at work for our staff and incorporate personal development pathways. (PO 1G).	Davies, Christine	Completed	Completed - Cultural progression update presented to PODCC in Dec22 as planned, followed by a paper to the Board in Jan23 with the inclusion of how we also listen to our patients and how patient and staff experiences are being learned from to improve services. Arrangements now in place to manage OD requests and commissions so that services gain the most appropriate support. Continued collaborative working arrangements in place for working along side our Trade Union colleagues. Cultural jigsaw toolkits to support cultural awareness are under development and due to be launched in Apr23.
By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care (PO 2D)	Glanville, Amanda	30/09/2022 31/03/2023	On track - Interprofessional Education plan on the main agenda for approval. New Educational Governance structure set up through Strategic People Planning and Education Group and subgroups are now being formalised. In Jan23, the joint apprentices joined the new Joint Community & Social Care Skills to Care induction programme. Integrated Training with Social Care for joint induction embedded into practice. The Apprenticeship Academy has onboarded 88 apprentices in 2022/23, of which 76 were on the Healthcare Apprenticeship Programme.

		<p>A robust workforce plan will be developed and regularly reviewed to reflect on staffing issues and will also look to introduce new ways of working and new roles to mitigate against national skills shortage professions. This work will incorporate actions defined in PO 1F.1 and 2L</p>	<p>Walmsley, Tracy</p>	<p>31/03/2023</p>	<p>Intentions for Annual Plan, Service Workforce & Financial developed for Mar23 Board Seminar. Draft Workforce Plan including an assessment of issues & risks submitted to Executive Team for March Review. (Education Commissioning Plan for 2023-26 included for review prior to submission to HEIW on 10Mar23). A final workforce plan will be submitted on 09Mar23 for inclusion to Welsh Government. It is intended the monitoring process will build on the "Improving Together" approach with regular workforce specific reviews/escalation. Following review, it may be possible to revise the risk score corporately or at least in relation to specific Directorate held workforce risks.</p>
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on BAF Dashboard	Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail	1st			Planning Objectives Update - PODCC (Feb23) 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	31/03/2023	Document checklist and provision of documents completed Feb 2023. Interviews with key stakeholders completed Feb23. Focus Groups (Clinical and Non-Clinical) being set up for Mar23. "Mop up" session and feedback intended for Mar23.
	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st					Establishment of a Strategic People Planning & Education Committee	Gostling, Lisa	31/05/2023	TOR agreed by PODCC. Chair agreed and HEIW representation sought. Meeting on hold in diary for Mar23 to be rescheduled to May23 due to difficulty in availability for Mar23.
	Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee	2nd								
	Staff Partnership Forum	2nd								
	Medical Engagement scale feedback	3rd								
	IA PADR Follow up - Reasonable (May-20)	3rd								
	Internal Audit on Workforce Planning - Substantial (Apr22)	3rd								

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

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

Rationale for CURRENT Risk Score:
<p>Whilst the Board does undertake engagement with its population it is still defining its approach to continuous engagement, its approach to tackling inequality / inequity, and its understanding of the social model of health and well-being and what this means to its local population and communities. Well-being assessments are being updated by the PSBs, however the Board doesn't currently have an effective method of measuring the well-being of individuals, communities and the population. A number of plans and actions are currently in place to support mitigation of this risk, although not at population scale.</p>

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Mar-23
Lead Committee:	Board	Date of Next Review:	Apr-23

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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Statutory member of Public Service Boards and each county has undertaken a Wellbeing Assessment in 2017 with a set of actions for partners to implement</p> <p>Key member of Regional Partnership Board (RPB)</p> <p>Engagement unpinning Healthier Mid and West Wales Strategy</p> <p>Equality Impact Assessments and consultation undertaken on service change</p> <p>Patient participation groups in place for some services, eg maternity, respiratory</p> <p>Close links between services and voluntary sector groups, eg AgeConcern, MIND</p> <p>Speaking to people re outcomes (Prog7 of Trans Fund)</p> <p>Together for change (supporting community led programme)</p> <p>Relationship with Community Health Council (2 weekly meeting with Chair and CEO and bi-monthly planning meetings)</p> <p>Working with disadvantaged/vulnerable groups</p> <p>Stakeholder Reference Group</p> <p>Staff Partnership Forum</p>

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>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>Staff do not routinely collect information on wellbeing on every encounter with our population</p> <p>Strengthen working with RPB and PSBs</p>	<p>By March 2023, implement and embed our approach to continuous engagement through: 1) Upskilling staff on continuous engagement through bespoke training and the introduction of a new continuous engagement toolkit, with the aim of achieving a deeper understanding of how continuous engagement can have a direct impact on HDdUHBs business success; 2)Implementing structures and mechanisms (such as advisory groups, platforms and channels for communication) that support continuous engagement; 3) Aligning to the Regional Partnership Boards (RPB) framework for continuous engagement, maximising on existing assets and resources within our communities. (PO 4T)</p>	Davies, Lee	31/03/2023	<p>On track - A range of continuous engagement training sessions for staff and the CHC have been delivered by the Consultation Institute. Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May 2022. Regular attendance by the Engagement Team at the Regional Continuous Engagement Steering Group, which aims to identify engagement taking place across west Wales by the Health Board and other key organisations. Completion of the West Wales Regional Continuous Engagement Questionnaire by February 24 2023. The questionnaire will inform on all engagement activities taking place with key population groups across the region so as to avoid duplication. Two meetings have been held of the new Experience and Engagement group. Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.</p>

By December 2022 develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes an initial phase of development for community leaders, which includes asset mapping and identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years. (PO 4U)	Kloer, Dr Philip	31/12/2022 31/03/2023	On track - A "deep dive" report for PO 4U was produced for the SDODC meeting in Dec22. County level groups, comprising stakeholders such as Public Services Boards and County Voluntary Councils, continue to meet. Consensus has been reached about the community/ies in each county: Tyisha ward / Glanymor ward in Carmarthenshire, Crymych / Newport in Pembrokeshire and Lampeter in Ceredigion. Full update in SDODC PO Update Report Feb23.
By September 2022 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts (PO 5T)	Paterson, Jill	Completed	Complete
Over the period 2022/23 - 2024/25 implement the Health Board's "Healthy Weight: Healthy Wales" plan, undertake an evaluation of the impact and in light of this learning, by September 2024 develop a refreshed plan for the following 3 year planning cycle (PO 4G)	Lewis, Bethan	31/03/2025	Behind - The All Wales Weight Management Pathway (AWWMP) is on track. The Whole System Approach (WSA) work is behind due to recruitment issues, however this is in hand and joint recruitment at a regional level with Swansea Bay is underway.
Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023. (PO 4J)	Gostling, Lisa	30/06/2023	On track - Wellbeing assessments complete, plans are out to public consultation.

By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalism") and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5. (PO 4K)	Lewis, Bethan	31/03/2023 30/04/2023	On track - Reported to SDODC in Dec22 for assurance that this planning objective is on track. the report has been updated around the inclusion of more up-to-date Census data following the publication of the headline results from the 2021 Census - and reference to digital inclusion as a driver of health inequalities. The report to them until the Apr23 Board seminar meeting.
Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive "social model for health and wellbeing" and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society (PO 4L)	Kloer, Dr Philip	31/03/2023	On track - Conversations With a Purpose (CWaP) participants have been contacted to inform of progress to date and inform continuous engagement. Triangulation report is being drafted. Aberystwyth University and Hywel Dda have met to begin the production of the published paper, with the potential to expand the number of papers to recognise the five key themes and their specific angle of interest.
Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest (PO 4N)	Kloer, Dr Philip	31/03/2023	On track - Food Systems Action Group (FSAG) standing agenda has been agreed to enable the wider food systems work to be incorporated. FSAG has reviewed the North Star Transition recommendations in accordance with other work streams with the intention of collating, streamlining and communicating a proposed work plan to the Social Model for Health and Well-being (SMfHW) steering group.

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By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the key priorities (listed in PO) (PO 5H)	Paterson, Jill	31/03/2023	On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Integrated Locality Plans completed. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental live and being implemented on a rolling basis. First proactive Care Planning workshops held - further workshops planned in order to complete the regional principles and standards. Updated the Accelerated Cluster Development checklist - positive progress in all areas. Update Jan23-15 actions complete, 2 partially complete and 13 in progress / ongoing. Full update in PO Progress Update Report to SDODC inFeb23.
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		By March 2023 develop a consistent measurement framework to assess the impact of Health Board spending in the following 4 domains: 1. Social value; 2. Economic Value; 3. Environmental impact; and 4. Cultural benefit. This framework will provide new measures for the Board Assurance Framework in relation to Strategic Objective 6 and will identify opportunities for new Planning Objectives for delivery from April 2024 (PO 6H)	Thomas, Huw	31/03/2023	On track -Centre for Local Economic Studies ("CLES") are continuing to work on baselining current Hywel Dda position, in areas such as procurement spend undertaken with local suppliers and other supply chain analysis, current CO2 management strategies versus desired reductions, local wealth creation etc. Social Value (SV) Portal currently being used to record target and actual improvements in social value in respect of new contract activity. Further projects being identified (eg recruitment activity) to capture further SV activity, and quantify for reporting purposes. Next steps will be to regroup once initial baselining has been completed and published, and identify further specific projects to work on capturing SV measures for, as well as wider dissemination of the concepts throughout the Health Board. Finally, it is intended that local authority and large employer organisations will be contacted to form a community of practice across the local area.
		By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director. (PO 6I)	Thomas, Huw	Completed	Complete - No update as this PO was noted as being complete at the SRC meeting in Dec22.

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 <div></div> 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>	Explore international exemplars in continuous engagement	Davies, Lee	31/12/2022	Engagement Team is continuing to explore international exemplars of good practice as part of its work in developing a Continuous Engagement Toolkit by Mar23. A number of gold standard examples will be highlighted as part of the toolkit. Regular liaison with the Consultation Institute is also being maintained to ensure service improvements and learnings are shared throughout the organisation. The establishment of the new Engagement and Experience Group will also allow for the sharing of good practice.
	Tracking of crude mortality, risk-adjusted mortality and other data	1st					Undertake continuous engagement on Wellbeing Assessment	Davies, Lee	Completed	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 HDdUHBs 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						

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

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

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

Executive Director Owner:	Paterson, Jill	Date of Review:	Feb-23
Lead Committee:	Board	Date of Next Review:	Mar-23

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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Transformation Steering Group (TSG) & Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB</p> <p>Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.</p> <p>CHC and UHB Protocol for managing low level service change</p> <p>All Business Cases need to be taken through Transformation Steering Group.</p> <p>IMTP in place for every cluster which is submitted to WG</p> <p>WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery</p> <p>Project support provision in place</p> <p>A 5 year financial plan has been developed and shared across the organisation but further work will continue to gain the actual resource support from WG, or not, as part of the IMTP process which would need to demonstrate the assurance around deliverable plans to achieve this. (PO 6C WAS COMPLETED IN 2021/22)</p>

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>Workforce capacity to shift from secondary to community/ opportunities to use staff skills appropriately</p> <p>Optimal use of digital to support delivery of patient care</p> <p>Financial resources to invest in new technologies to improve demand and capacity across the system</p> <p>Resistance in secondary care to moving resources in primary and community care</p>	<p>By September 2022, propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts (PO 5T)</p>	Paterson, Jill	Completed	Complete
<p>Maximising efficiencies in secondary care</p> <p>Limited by vision of what is available to and resourcable by the UHB.</p> <p>Workforce, financial and modelling support required to facilitate shift of services to community</p>	<p>By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis).</p> <p>As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025 (PO 3E)</p>	Thomas, Huw	31/03/2023	On track - The Data Science Platform performing advanced analytics is available for use. The Time Series Analysis Application provides functionality for the deep dive examination of ED Attendance, Admissions, Bed Occupancy and Discharge data. The next data set to be added will be Average Length of Stay. A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. The Flow Visualiser Application can currently animate ED Attendance and Admission flow captured from WPAS. Bed Occupancy data will next be added to this application to help better understand barriers to flow. General work has been undertaken on the platform to increase performance, stability and robustness of infrastructure. Started to incorporate RAP (Reproducible Analytical Pipelines) principles into the development cycle of the work. Work is continuing with social care to embed NHS number within their

			<p>financial discipline for across all revenue implications, namely, Savings and Opportunities realisation, investment and dis-investment schedules and funding streams. (PO 6L)</p>			<p>to ensure all areas of opportunity are considered and realised wherever possible. Recognising FY23 is very challenging, further Annual Plan deep dive meetings are being undertaken in January and Feb23 to also focused on the financial challenges and opportunities in FY24. The purpose of this approach is to horizon scan and implement any changes that support service provision and configuration whilst maximising financial sustainability. The Business Partners as part of their business meetings are proactively working with their operational colleagues to consider the extant resources and their utilisation. The next step is to consider whether there is an opportunity to decommission and/or reinvest as required.</p>
			<p>Request workforce, financial and modelling support required to facilitate shift of services to community (no PO ref)</p>	<p>Paterson, Jill</p>	<p>31/03/2023</p>	<p>New action</p>

Bring the finalised Market Stability Statement and Population Needs Assessment programme to the Health Board by June 2022 and develop an initial set of new Planning Objectives to address the opportunities and issues raised by September 2022 for implementation from Q3 2022/23. (PO 5P)	Paterson, Jill	30/09/2022	Complete - The Market Stability Report (MSR) was completed by the Institute of Public Care (IPC), and then approved by the CPG in Nov21. The Market Stability Report (v12) was finalised in Feb22. IPC joined the CPG meeting in May22 to discuss how the MSR may be used to set Health Board and Local Authority (LA) planning objectives. IPC workshops were held through November/December 2022. Draft output from the workshops was published in Dec22. IPC have confirmed that they are working with the region in supporting the development of a 10 Year Capital Strategy which presents an opportunity to dovetail "revenue" projects with "capital" projects.
By September 2022 develop an initial plan for the Health Board's community and non-clinical estate with a focus on addressing the WG's "Town First" initiative, reducing HB accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed. (PO 5U)	Davies, Lee	30/09/2022	On track - Our A Healthier Mid and West Wales programme provides the overarching strategic plan for the community and non-clinical estate. This is supported by a developed 'Property Asset Strategy'. The Strategy summarises the baseline estate and identifies the links to planned and approved short, medium estate plans, both estate development and rationalisation plans. Work continues via the Agile Working Task & Finish Group to support the agile working programme.

			<p>By quarter 2, develop an IMTP annual planning cycle which supports the Exec Team in the timely development future annual and 3 year plans. This should incorporate the utilisation of quarterly Exec Team residential sessions and a model to deploy operational planning capability out into the organisation.(PO 5V)</p>	Davies, Lee	30/09/2022	<p>On track - Given the current financial position of HDdUHB, alongside the fact that the organisation is currently in Targeted Intervention for finance and planning, we will not be in a position to submit a financially balanced plan over the three years of the current IMTP cycle, and as such an annual plan within a three-year context will be submitted instead. This inability to submit an IMTP will require the organisation to submit an accountable officer letter to WG to confirm this (by 28Feb23). A core principle going into 2023/24 is one of stabilisation. Furthermore, it is prudent to submit a plan which is firmly predicated on either: Existing Resources - therefore, no additionality is assumed; or Existing Resources -plus any previously agreed Investments.</p>
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			<p>By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.</p> <p>In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation. (PO 6B)</p>	Thomas, Huw	Completed	<p>Complete - Whilst Targeting Operating Model objectives are in progress, work here concluded as a first phase and an update for the 2023/24 planning cycle has been undertaken. Opportunities that supported the previous route-map to financial sustainability were reviewed and refined with Executive leads. An investigation into the operational drivers of deficit growth over the past two years concluded ('matrix'). Areas of waste and inefficiency identified through these two sources generated Executive led Programme of Change projects, which include: Transforming Urgent and Emergency Care, Integrated Locality Planning, Nurse Stabilisation, Alternative Care, FLOs and CHC. In the past quarter a refreshed review of opportunities from benchmarking data has taken place and been shared, as part of 2023/24 planning cycle. Including refreshed guidance outlining the organisational process to move from waste and variation to savings delivery, supported by the existing 3Ds framework [Discover (then Define), Design, Deliver]. With respect to the second element - this is on-track; Work continues in parallel with overall VBHC programme; and broader operational requests for resource modelling are evaluated within same framework and approach.</p>
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By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in "A Healthier Mid and West Wales" related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. (PO 6K)	Carruthers, Andrew	31/03/2023	On track - This work is on-going and is described through a number of the Planning Objectives within this report. Our on-going work with Lightfoot is critical.
By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. (PO 5H)	Paterson, Jill	31/03/2023	On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Integrated Locality Plans completed. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental live and being implemented on a rolling basis. First proactive Care Planning workshops held - further workshops planned in order to complete the regional principles and standards. Updated the Accelerated Cluster Development checklist - positive progress in all areas. Update Jan23-15 actions complete, 2 partially complete and 13 in progress/ongoing. Full update in PO Progress Update Report to SDODC inFeb23.

Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model in this area by September 2022 so that implementation can be completed by December 2022 (PO 5J)	Paterson, Jill	31/03/2023	On track - Ongoing developments associated with development of Clinical Streaming Hub Model. To support the early identification and discharge planning management for our complex, the TUEC programme been working with 'Faculty AI' to develop a digital platform to manage complex discharge. Same Day Emergency Care (SDEC) provision is available in Prince Philip, Glangwili and Withybush Hospitals; and Ceredigion Intermediate Care Centre (Same Day Urgent Care). To date, all have contributed to reducing conversion rates for patients with ambulatory case sensitive conditions and our frail patient group. Development of scope and supporting roll out for Proactive Care Monitoring and digitally enabled Risk Stratification in the community. Virtual Wards - agreement of principles through the Clinical Reference Group pending national definition on the 08Feb23 and implementation alongside the Digital Team. Pilots in Withybush and Glangwili Hospitals being undertaken with PMO support. Full update in PO Update Report to SDODC Feb23.
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Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i), consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5A)	Moore, Steve	31/03/2023	On track - Key elements of the work plan through 2022/23 include: Review our performance measures in line with the WG 2022/23 delivery framework; Work with our teams to develop trajectories for our WG and key improvement measures; Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required; Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required. We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind. Our performance is available through our IPAR.
Develop and implement plans to deliver, on a sustainable basis , locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i), consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5B)	Moore, Steve	31/03/2023	On track - s5A above.

<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in A Healthier Mid and West Wales for: the repurposing or new build of GGH and WGH; and the implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears.</p> <p>Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii). Develop plans for all other infrastructure requirements in support of the health and care strategy. (PO 5C)</p>	Davies, Lee	31/03/2026	<p>Behind - PBC submitted to WG in Feb22. Board agreed a shortlist of 3 sites at the meeting on 04Aug22 and that the UHB would go out to public consultation on these 3 sites. A consultation plan was presented to the Board on Sep22. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on Sep22. The current Programme timeline is predicated on WG endorsement at the end of May22. This was the subject of a cabinet discussion in Jul22. The UHB have received a formal response from WG. It has been agreed that the next stage in the process will be: a commissioning of an external review of the proposed clinical model, and development of a Strategic Outline Case. Officers will work with the WG to agree the next steps in the process. This could have an 18 month impact on the current programme timeline, mitigations will be explored when we have more detail on the work to be completed. Work has commenced on updating the SOC. Resource Schedule for the SOC development has been submitted to WG. Preparatory work on the land consultation has been ongoing with consultation now expected to commence at the end of Feb23. Further technical and commercial work is being progressed by the land technical team.</p>
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Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD. (PO 5G)	Carruthers, Andrew	31/03/2024	On track - Full update in PO Progress Update Report to SDODC in Feb23.
By December 2020 undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB (PO 5I)	Carruthers, Andrew	31/03/2024	On track - Gaps in the services for children have been identified. The original ‘Plan on a Page’ has been scrutinised, with the intention of producing an overarching document for all six directorates that relate to children and young people (CYP). Community paediatrics have commenced a Task and Finish (T&F) exercise the focus of which is to reduce the number of CYP waiting for a new or follow up appointment with a community paediatrician. The T&F group will assess the requirement for skill-mix and changes in practice across the Service. A sub-group to explore the identified gaps in Positive Behaviour Support has been formed. A paper has been written and is out for consultation.
Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established (PO 5O)	Carruthers, Andrew	31/03/2025	Behind - No progress update provided to SDODC in Feb23.
To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand (PO 5Q)	Paterson, Jill	31/03/2023	On track - All staff in post. Training and support plan for primary care nurses in place

		By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director. (PO 6l)	Thomas, Huw	Completed	Complete - No update as this PO was noted as being complete at the SRC meeting in Dec22.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
See Our Outcomes section in the BAF Dashboard	Lightfoot Viewer for urgent care to track improvements	1st			TMH Update - Board (May22)	Ability to measure improvements when undertaking service change	Lightfoot Viewer to be used to monitor improvements in future changes	Thomas, Huw	31/03/2024	Already being used in all 3 counties. Community based data to be further developed.
	County Management Systems Leadership Forum focus on performance and delivery	1st			Three Year Draft Plan for Children’s Services - Board (Jul21)					
	Locality Leads meeting oversee integrated locality development	1st			PCB- Implementing the Healthier					
	Primary Care & Long Term Care SMT meeting	1st			Mid and West Wales Strategy Board (May22)					
	Regional Partnership Fund Group	2nd			Implementing the Healthier					
	Board Seminar discussions	2nd			Mid and West Wales Strategy Board - (Jan23)					
	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd								

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

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

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

Executive Director Owner:	Davies, Lee	Date of Review:	Feb-23
Lead Committee:	Board	Date of Next Review:	Mar-23

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

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

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

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 & equipment.</p> <p>Impact that COVID recovery may have on the requirement for Capital Resources.</p>	<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in "A Healthier Mid and West Wales" for:</p> <p>* the repurposing or new build of GGH and WGH</p> <p>* implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears. Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii). Develop plans for all other infrastructure requirements in support of the health and care strategy. (PO 5C)</p>	Davies, Lee	31/03/2026	<p>Behind - PBC submitted to WG in Feb22. Board agreed a shortlist of 3 sites at the meeting on 04Aug22 and that the UHB would go out to public consultation on these 3 sites. A consultation plan was presented to the Board on Sep22. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on Sep22. The current Programme timeline is predicated on WG endorsement at the end of May22. This was the subject of a cabinet discussion in Jul22. The UHB have received a formal response from WG. It has been agreed that the next stage in the process will be: a commissioning of an external review of the proposed clinical model, and development of a Strategic Outline Case. Officers will work with the WG to agree the next steps in the process. This could have an 18 month impact on the current programme timeline, mitigations will be explored when we have more detail on the work to be completed. Work has commenced on updating the SOC. Resource Schedule for the SOC development has been submitted to WG. Preparatory work on the land consultation has been ongoing with consultation now expected to commence at the end of Feb23. Further technical and commercial work is being progressed by the land technical team</p>

Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with "Improving Lives, Improving Care" over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD (PO 5G).	Carruthers, Andrew	31/03/2024	On track - Full update in PO Progress Update Report to SDODC in Feb23.
Development of final business cases for the delivery of improved community health infrastructure in support of the Health and Care Strategy, A Heathier Mid and West Wales. (No PO)	Davies, Lee	31/03/2024	The community infrastructure improvements are an integral part of the AHMWW PBC. The UHB will continue to engage with WG on progressing the community projects and developing the business cases for investment. Community infrastructure developments already in train include Cross Hands and Cylch Caron, Pentre Awel and Carmarthen Hwb. Crosshands OBC approved by WG in January23 will now progress to FBC. Scoping meeting have been held with WG on Aberystwyth ICC and North Pembs. A bid to the IRCF Fund has been prepared to developed a SOC/OBC for North Pembrokeshire. A business case writer has also been appointed to work with the UHB to progress the North Pembrokeshire, Aberystwyth ICC and Llandoverly case.

		Development of Business Continuity Outline Business Case to address major infrastructure backlog on hospital sites.	Davies, Lee	31/03/2024	PBC has been endorsed by WG. The estates team have appointed initial resources to progress scoping work. WG have supported this process with £150K to allow the UHB to appoint additional specialist consultancy teams . This scoping document will include additional risk assessment information on health board priorities, prioritisation reviews needed and more detail of expected cashflow for the full 5/6 year programme period. It is expected that this work will be completed by early 2023.
		By September 2022 develop an initial plan for the Health Board's community and non-clinical estate with a focus on addressing the WG's "Town First" initiative, reducing HB accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed. (PO 5U)	Davies, Lee	30/09/2022	On track - Our A Healthier Mid and West Wales programme provides the overarching strategic plan for the community and non-clinical estate. This is supported by a developed 'Property Asset Strategy'. The Strategy summarises the baseline estate and identifies the links to planned and approved short, medium estate plans, both estate development and rationalisation plans. Work continues via the Agile Working Task & Finish Group to support the agile working programme.
		Consultation Institute to provide assurance on land selection process	Davies, Lee	Completed	Best practice assurance was received for the land appraisal process resulting in Board discussion on 04Aug22.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the Dashboard	Development of Integrated Assurance and Approval Plan in support of PBC	1st			PCB - Implementing the Healthier Mid and West Wales Strategy Board (Apr22, May22, Jul22, Aug22 and Sep22, Nov22 & Jan23) & SDCODC (May22, Aug22, Oct22, Dec22 & Feb23) AHMWW PBC Programme Group Update - Board Seminar (Apr22) TMH Update - Board Seminar (Jun22)	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					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								
	Internal Audit Programme aligned to Business Case Development	3rd								
	Internal Audit AHMWW Programme Forward Look Governance Review	3rd								

Gateway review of PBCs by WG	3rd			Executive Team - Apr22				
				Planning Objectives Update (Planning) - SDODC (Jun22, Oct22 & Feb23)				
				Pentre Awel Update - SDODC (Apr22)				
				DCP Update - SDODC (Feb23)				
				Forward Look Governance Review - ARAC (Feb23)				

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

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

Rationale for CURRENT Risk Score:
<p>Whilst there is the ambition to strive for excellence, there are significant challenges to our ability to maintain safe, sustainable services across some of our services, which has led to the increase in the current risk score, and increase the number of investigators for research activities. There is a need to strengthen clinical engagement in embedding and maximising clinical effectiveness systems and processes, particularly at a time when the organisation is still responding to COVID and increasing its non-COVID activity against the backdrop of increased staffing and operational pressures. There is also an over-reliance on external funding for RDI activities and stretching cost recovery targets for developmental work.</p>

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Mar-23
Lead Committee:	Board	Date of Next Review:	Apr-23

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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
# 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	<p>Being cognisant of patients' perception of excellence</p> <p>Clinical engagement across the Health Board is growing but it still needs to be strengthened in some areas to ensure that clinical effectiveness systems and processes are fully embedded and used to their maximum potential.</p> <p>Systems for recording status against clinical effectiveness standards are in place however there is not a complete historical record relating to all NICE guidelines.</p> <p>Ensuring alignment across service level and Health Board-wide priorities.</p> <p>Staffing fragility within the RDI Team (both core team and lead investigators for research studies as focus on response to COVID/reducing backlog)</p> <p>Over-reliance on external funding for</p>	<p>Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the Health Board, Welsh Government and HCRW expectations and improvement targets (PO 3G)</p>	Kloer, Dr Philip	31/03/2024	<p>Ahead - Action plan for second year (2022/23) of strategy implementation on track. Research Progress: New Clinical Research Time Awards secured for Sexual Health Consultant and Biomedical Scientist, in addition to those secured in other areas; Two Research for Public and Patient Benefit applications enter the second phase; Additional income of c.£300k secured, reflective of solid delivery in 2022/23; Portfolio entering new areas, including opening the Health Boards first orthopaedic robot trial; and New trials facility to open in BGH in the late Spring. Innovation Progress: TriTech and Innovation functions now combined into a new division. New contract awards mean a projected healthy surplus for 2022/23 and a strong starting position for 2023/24. IP policy developed, subject to Executive approval. New appointments mean TriTech and Innovation are now at establishment.</p>

	<p>RDI and insufficient recurrent internal financial investment, or resource alignment (e.g. time for research) to support ambition within RDI strategy</p> <p>Inadequate facilities to undertake research activities.</p> <p>Resources within the wider HB to deploy to servicing the university partnership arrangements.</p> <p>Focused patient input into the use of Value Based Health Care intelligence in providing higher value services</p> <p>Explicit Nursing input into the programmatic implementation of Value Based Health Care across the Health Board</p> <p>Development of governance arrangements to encompass the Value Based Health Care work being undertaken as part of the Mid Wales Health Collaborative</p>	<p>Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the Health Board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by:</p> <ul style="list-style-type: none"> * Supporting the assessment of practice against local and national clinical effectiveness standards and ensuring that findings are used improve the services provided to our patients; * Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews (PO 5K) 	Kloer, Dr Philip	31/03/2023	<p>On track - The Effective Clinical Practice Strategic Plan has been approved, which sets out the Health Board's overarching vision for clinical effectiveness. Local systems and processes have been developed to support delivery. Work is ongoing to utilise AMaT in priority areas including Pelvic Health workstreams, maternity, Heart Failure, Self-Harm etc. Discussions commenced in Jan23 regarding the development of a toolkit to support clinicians in reviewing and assessing their services and how assurance can be provided that practice is clinically effective. The UHB is participating actively in the annual (2022/23) Health Technology Wales Adoption Audit, responses to which are being captured via AMaT. UHB Mortality Review processes continue to develop, in line with the All-Wales Learning from Mortality Review Framework. Active participation continues in the Health Board's Quality and Engagement Act Implementation Group, and the Duty of Quality and Duty of Candour Workstreams.</p>
		<p>Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation (PO 6D)</p>	Kloer, Dr Philip	31/03/2024	<p>On track - see deep dive report to SRC Feb23.</p>


			<p>By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis). As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025 (PO 3E)</p>	Thomas, Huw	31/03/2023	<p>On track - The Data Science Platform performing advanced analytics is available for use. The Time Series Analysis Application provides functionality for the deep dive examination of ED Attendance, Admissions, Bed Occupancy and Discharge data. The next data set to be added will be Average Length of Stay. A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. The Flow Visualiser Application can currently animate ED Attendance and Admission flow captured from WPAS. Bed Occupancy data will next be added to this application to help better understand barriers to flow. General work has been undertaken on the platform to increase performance, stability and robustness of infrastructure. Started to incorporate RAP (Reproducible Analytical Pipelines) principles into the development cycle of the work. Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.</p>
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<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in "A Healthier Mid and West Wales" for:</p> <ul style="list-style-type: none"> * the repurposing or new build of GGH and WGH * implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears <p>Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)</p> <p>Develop plans for all other infrastructure requirements in support of the health and care strategy. (PO 5C)</p>	Davies, Lee	31/03/2026	<p>Behind - PBC submitted to WG in Feb22. Board agreed a shortlist of 3 sites at the meeting on 04Aug22 and that the UHB would go out to public consultation on these 3 sites. A consultation plan was presented to the Board on Sep22. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on Sep22. The current Programme timeline is predicated on WG endorsement at the end of May22. This was the subject of a cabinet discussion in Jul22. The UHB have received a formal response from WG. It has been agreed that the next stage in the process will be: a commissioning of an external review of the proposed clinical model, and development of a Strategic Outline Case. Officers will work with the WG to agree the next steps in the process. This could have an 18 month impact on the current programme timeline, mitigations will be explored when we have more detail on the work to be completed. Work has commenced on updating the SOC. Resource Schedule for the SOC development has been submitted to WG. Preparatory work on the land consultation has been ongoing with consultation now expected to commence at the end of Feb23. Further technical and commercial work is being progressed by the land technical team</p>
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By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care (PO 2D)	Glanville, Amanda	30/09/2022 31/03/2023	On track - Interprofessional Education plan on the main agenda for approval. New Educational Governance structure set up through Strategic People Planning and Education Group and subgroups are now being formalised. In Jan23, the joint apprentices joined the new Joint Community & Social Care Skills to Care induction programme. Integrated Training with Social Care for joint induction embedded into practice. The Apprenticeship Academy has onboarded 88 apprentices in 2022/23, of which 76 were on the Healthcare Apprenticeship Programme.
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By March 2023 design a comprehensive range of Leadership Development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care. (PO 2J)	Gostling, Lisa	31/03/2023	<p>On track - Programme Delivery completed for Quarter 3 includes: Warwick Nudge Behavioural Insights programme completed in Dec22 (x24 participants); ARCH Senior Leadership Development Programme continues during 2023 with 13 participants; Medical Leadership Forum continues during 2023; Clinical Leads Forum continues during 2023; Executive and Board Development for 2022 is complete. The programme for 2023 is currently being finalised to begin in the spring; Research Nurse Leadership Programme due to complete in Feb23; New Consultant Programme cohort 2 commencement delayed from Nov22 due to system pressures, this will re-commence mid-spring; Academi Wales Summer School 2022 complete and awaiting 2023 dates; HEIW Clinical Leadership Programme continues during 2023 with x3 participants from Hywel Dda; LEAP senior leadership development programme approved at exec level has been launched and will commence in Mar23; and CLIMB cohort 3 is in the recruitment stage with the programme commencing in Sep23.</p> <p>Coaching Capacity Growth progress includes: an increase of 6 qualified coaches taking the total number of coaches in the network to 21, a further 49 are in training.</p>
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		Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence. (PO 3A)	Thomas, Huw	31/03/2025	Ahead -‘Improving Together Framework’ to Executive Team in Dec22. The Framework is supported by key organisational wide dashboards “Our Performance” and “Our Safety”. These dashboards have been developed over the last year to allow everyone across the organisation to have easy access to performance, quality, workforce, risk and finance data to help support Performance Improvement discussions at all levels. Directorate Improving Together sessions have commenced which have been set up to provide dedicated time for Executives to meet with all teams across the UHB. Additional deep dives will be identified as part of these sessions. The next 12 months will focus on embedding these sessions within the UHB.
		From April 2022, establish an implementation group to identify the actions required to respond to the emerging requirements of the Quality & Engagement Act. The specific actions that will be put in place to support organisational readiness will be informed by the work undertaken to review the Health & Care Standards during 2021/2022 and the receipt of any formal guidance related to the Act.(PO 3C)	Rayani, Mandy	31/03/2023	On track - Implementation Group continues to meet regularly. Good progress made within the Health Board. The impact assessment is currently being updated to reflect concerns re resources required for implementation of the Duty of Candour. Resource requirement to be reflected in IMTP.

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)	Lack of alignment for RDI to formal clinical committee/ network	Support implementation of AMaT within 50% of Directorates by end of 2022/23	Davies, Lisa	31/03/2023	AMaT is now in place within the Health Board and engagement is ongoing in terms of rolling out to targeted areas. Capacity within the team is too limited to support a full roll out however there is a target to implement the system within 50% of Directorates by the end of 2022/23, this will include the areas prioritised for the roll out of the Health Pathways system within the Health Board. Discussions have taken place with Women and Child Health Directorate to plan out a phased roll-out across the Directorate, continuing the work with Maternity services and rolling out to Community Paediatrics. The system was successfully used to assess compliance with 4 NICE guidelines as part of the Pelvic Health programme, and the reports presented at the Steering Group. Targeted activity is continues in other service areas, according to Health Board priorities. Target areas are highlighted in the developing ECP Delivery Plan. Response to the system has been very positive. The system is now being used to disseminate all newly published/updated NICE guidance (including Medical Technologies Guidance) 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.
# VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action	2nd							Explore other mechanisms to engage with appropriate clinical leads/teams to strengthen clinical involvement with RDI activities	Phillips, Leighton	Completed	Completed - New performance management dashboards developed (utilising Power BI) and are providing the R&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.
# Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group	2nd							Develop the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify gaps and improve services.	Davies, Lisa	Completed	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

# 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		

			Panel approval, pending for 07Mar23.
Develop a regular clinical effectiveness 'showcase' mechanism to enable excellent practice to be shared across the Health Board.	Davies, Lisa	31/03/2023	The last two editions of the quarterly NICE and National Guidance Bulletin have featured stories showcasing use of NICE guidance to develop/improve services - namely in the areas of Hospital Acquired Thrombosis and Heart Failure. Discussions have progressed to hold a quarterly clinical effectiveness forum, to be led by the Clinical Director for Clinical Effectiveness and feature examples of good practice from across the Health Board. This is planned to commence with a Grand Round session to launch the Effective Clinical Practice Strategic Plan and Delivery Plan in April, followed by drop-in sessions on each site, being planned for April/May 2023, Tools and resources are being developed to feature on the Clinical Effectiveness SharePoint intranet pages, along with a toolkit to support clinical professionals through the process. The aim is to develop videos featuring good news stories, which will be shared via this site.

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

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

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

Executive Director Owner:	Rayani, Mandy	Date of Review:	Feb-23
Lead Committee:	Board	Date of Next Review:	Apr-23

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

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)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
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/ MWW/ERS/ Peer Reviews etc)	There is no standardised way of joining existing systems in place 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. Improved engagement with the latest Datix Incident Reporting system to ensure staff are confident in reporting incidents Not yet consistently using the information from PROMs, PREMs and FROMs as part of triangulation process Quality Management System not formally signed off	Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence. (PO 3A)	Thomas, Huw	31/03/2025	Ahead -‘Improving Together Framework’ to Executive Team in Dec22. The Framework is supported by key organisational wide dashboards “Our Performance" and “Our Safety". These dashboards have been developed over the last year to allow everyone across the organisation to have easy access to performance, quality, workforce, risk and finance data to help support Performance Improvement discussions at all levels. Directorate Improving Together sessions have commenced which have been set up to provide dedicated time for Executives to meet with all teams across the UHB. Additional deep dives will be identified as part of these sessions. The next 12 months will focus on embedding these sessions within the UHB.

External reports (HWW, HSE, MHW, WIRIS, FEEI 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.

Formally signed off

Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5A)

Moore, Steve

31/03/2023

On track - Key elements of the work plan through 2022/23 include:
Review our performance measures in line with the WG 2022/23 delivery framework; Work with our teams to develop trajectories for our WG and key improvement measures; Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required; Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required.
We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind. Our performance is available through our Integrated Performance Assurance Report

Develop and implement plans to deliver, on a sustainable basis , locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5B)

Moore, Steve

31/03/2023

On track - see 5A above

Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation (PO6D)

Kloer, Dr Philip

31/03/2024


On track - see deep dive report to SRC Feb23.

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.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance 
		(1st, 2nd, 3rd)	Current Level
See Our Outcomes section of the BAF Dashboard	Directorate Quality Governance Meetings in place	2nd	
	Patient and staff feedback	2nd	
	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	

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

Latest Papers (Committee & date)
Patient Experience Report - Board (Jan23)
Healthcare Contracting Update - SRC (Aug22)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Assurance on triangulation of data	Internal Audit to review Directorate and Service Quality Governance Meetings	Rayani, Mandy	Completed	Completed - Quality Governance Review undertaken and provided Reasonable Assurance.
	Internal Audit to review the triangulation of data in the Health Board	Rayani, Mandy	31/03/2023	Safety Indicators IA review currently underway and will be reported to ARAC in Apr23.

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

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

Rationale for CURRENT Risk Score:
A request has been submitted for an additional two dedicated posts to support engagement around 'A Healthier Mid and West Wales' (as part of the IMTP request for investment). Lack of resource will have an impact on the capacity of the team to deliver engagement expertise at a senior level and the operational capacity to deliver the full spectrum of engagement activities during this period, ensuring our communities have a real influence on strategic direction.


Executive Director Owner:	Davies, Lee	Date of Review:	Feb-23
Lead Committee:	Board	Date of Next Review:	Apr-23

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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Skills to Deliver Engagement</p> <p>A review has been undertaken around the capacity of the engagement team with commitment to increase capacity in 2022/23</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement led for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Consultation Institute provide expert advice on request.</p> <p>Organisational Structures to Support the Delivery of Engagement</p> <p>Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with CHC.</p> <p>Voices of Children and Young People's Group</p> <p>Newly established 'improving the use of feedback across the organisation' group to explore how the triangulation of feedback from different parts of the organisation including engagement, corporate office, communications, diversity and inclusion, quality improvement, transformation, patient experience and workforce and organisational development can be used to inform key pieces of work around service change.</p> <p>Engagement mechanisms to support the delivery of continuous engagement across the organisation include:</p> <ul style="list-style-type: none"> - provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB - management of the Siarad Iechyd / Talking Health involvement and engagement scheme - management of the stakeholder management system Tractivity - Management of the online engagement tool Have Your Say (EngagementHQ) - advice, guidance, support around the planning and delivery of traditional engagement methods

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>Identified gaps in engagement team capacity</p> <p>Improved links with acute operational teams</p> <p>Lack of understanding of operational teams on their role in terms of engagement / continuous engagement with a purpose</p> <p>Awareness and staff utilisation of available engagement tools</p>	<p>"By March 2023, implement and embed our approach to continuous engagement through:</p> <p>Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice</p> <p>Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement</p> <p>Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice (PO 4T)"</p>	Davies, Lee	31/03/2023	<p>On track - A range of continuous engagement training sessions for staff and the CHC have been delivered by the Consultation Institute. Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May 2022. Regular attendance by the Engagement Team at the Regional Continuous Engagement Steering Group, which aims to identify engagement taking place across west Wales by the Health Board and other key organisations. Completion of the West Wales Regional Continuous Engagement Questionnaire by February 24 2023. The questionnaire will inform on all engagement activities taking place with key population groups across the region so as to avoid duplication. Two meetings have been held of the new Experience and Engagement group. Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.</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 BAF Dashboard	Management process in place to monitor Engagement Team objectives	1st			Continuous Engagement Plan - Board (May22)	There is a gap in terms of the formal review of engagement activities after completion - we need to better close the loop after a formal engagement or consultation	Establish a Public, Patient and Staff Engagement (PPSE) Group	Davies, Lee	Completed	Completed - Inaugural meeting held in Oct22.
	Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans)	1st					Establishment of a Children and Young People's Advisory Forum	Davies, Lee	31/10/2022 31/01/2023 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 Iechyd/Talking Health model.
	Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice. Ongoing process in place	1st					A review of membership of the Stakeholder Reference Group (SRG), to ensure all protected characteristics are represented.	Davies, Lee	Completed	SRG membership extended to include Members from an ethnic community/Members with protected characteristics. Terms of Reference also amended to reflect this development and the SRG's commitment under the Equalities Act 2010.

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

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

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

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

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

Executive Director Owner:	Moore, Steve	Date of Review:	Feb-23
Lead Committee:	Board	Date of Next Review:	Apr-23

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

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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
<p>Strategic Equality Plan and Objectives for 2020-24</p> <p>Continuous Engagement Strategy approved by Board in Jan19</p> <p>Healthier Mid and West Wales Strategy approved by Board Nov18</p> <p>ARCH Recovery and Strategic Delivery Plans</p> <p>Digital strategy</p> <p>Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group</p> <p>Research, development and innovation strategy</p> <p>Regional Partnership Board</p> <p>Public Service Board</p>	<p>Access to latest equipment and state of the art facilities for research, development and innovation</p> <p>Promoting the successes of the Health Board and individual and organisational achievements</p> <p>Workforce, facilities and capital requirements to deliver on our delivery plans in ARCH and MWJC</p> <p>Capacity to support regional working within the organisation and at Executive level</p>	<p>By March 2023, implement and embed our approach to continuous engagement through:</p> <p>*Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice</p> <p>*Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement</p> <p>*Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice. (PO 4T)"</p>	Davies, Lee	31/03/2023	<p>On track - A range of continuous engagement training sessions for staff and the CHC have been delivered by the Consultation Institute. Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May 2022. Regular attendance by the Engagement Team at the Regional Continuous Engagement Steering Group, which aims to identify engagement taking place across west Wales by the Health Board and other key organisations. Completion of the West Wales Regional Continuous Engagement Questionnaire by February 24 2023. The questionnaire will inform on all engagement activities taking place with key population groups across the region so as to avoid duplication. Two meetings have been held of the new Experience and Engagement group. Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.</p>

Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the Health Board, Welsh Government and HCRW expectations and improvement targets (see specific requirement 3.G.i). The plan will be implemented in partnership with universities, life science companies, and public service partners, so as to maximise the development of new research, technologies and services that improve patient care and health outcomes. The portfolio will target an expansion of activity into new areas of organisational, clinical and academic strength, including ophthalmology, orthopaedics, women and childrens health, sexual and primary care. A function spanning clinical engineering, research and innovation (TriTech) will also target a threefold increase in technology trials (PO 3G)	Kloer, Dr Philip	31/03/2024	Ahead - Action plan for second year (2022/23) of strategy implementation on track. Research Progress: New Clinical Research Time Awards secured for Sexual Health Consultant and Biomedical Scientist, in addition to those secured in other areas; Two Research for Public and Patient Benefit applications enter the second phase; Additional income of c.£300k secured, reflective of solid delivery in 2022/23; Portfolio entering new areas, including opening the Health Boards first orthopaedic robot trial; and New trials facility to open in BGH in the late Spring. Innovation Progress: TriTech and Innovation functions now combined into a new division. New contract awards mean a projected healthy surplus for 2022/23 and a strong starting position for 2023/24. IP policy developed, subject to Executive approval. New appointments mean TriTech and Innovation are now at establishment.
By June 2022, develop an initial communications plan in relation to our strategy - A Healthier Mid and West Wales - and our 3 year plan to restore, recover and develop local services. This plan will be pro-active and seek to build trust with our staff, partners and local population and a sense of hope and optimism as Mid & West Wales emerges from the pandemic. Implementation of the plan to begin no later July 2022. (PO 3J)	Hughes-Moakes, Alwena	30/06/2022	On track - Initial AHMWW communications plan developed, providing overall framework for the strategy communications. Focus of detailed communications plan is now on ensuring awareness and continued engagement in the New Hospital Site Consultation.

By March 2023, develop a comprehensive communication plan for the next 3 years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to Board approval in March 2023, begin implementation from April 2023. (PO 3M)	Hughes-Moakes, Alwena	31/03/2023	Behind - Due to staffing changes within the communications team this communication plan is falling behind. However, tools and channel improvements continue.
To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024 (PO 4C)	Paterson, Jill	Completed	Complete - Transformation funds and ICF programmes as they were historically established no longer exist. All programmes were reviewed and for some programmes funding has been agreed through RIF against the new criteria established under RIF and will continue to report through that structure and into IEG. Transformation and ICF as entities no longer exist.

By March 2023 further develop the Health Board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually. (PO 4I)	Gostling, Lisa	31/03/2023	On track - Work has continued on mapping the priority treatment pathway with involvement of Medical Records and Waiting List teams. An EQiP application has been developed to help drive forward a quality improvement project and support the establishment of an assurance mechanism for the priority treatment pathway. Support of the Armed Forces champion on behalf of GP Leads has been secured and work with the GP Editors is also planned. The UHB continues to work with regional partners to increase understanding of patient pathways and has been commended for its work to promote this. The Armed Forces Covenant Duty became law on 22Nov23; an update on this work will be scheduled for a future meeting of PODCC.
Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023. (PO 4J)	Gostling, Lisa	30/06/2023	On track - A new Planning Objective is to be developed to replace the current one that will ensure that a work programme is in place following the publication of the documents. The Population Assessment is nearing completion. The PSB Well-being plans and Area Plan are in development.

Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest. (PO 4N)	Kloer, Dr Philip	31/03/2023	On track - Food Systems Action Group (FSAG) standing agenda has been agreed to enable the wider food systems work to be incorporated. FSAG has reviewed the North Star Transition recommendations in accordance with other work streams with the intention of collating, streamlining and communicating a proposed work plan to the Social Model for Health and Well-being (SMfHW) steering group.
By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects. (PO 4R)	Gostling, Lisa	31/03/2023	On track - A preventions board has been established. Additionally a One Health Practitioner is now in post and key to linking public health into the decarbonisation and climate agenda. This planning objective requires review to ensure no duplication between the work the preventions board and other groups are doing.
By December 2022, develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes the identification and development of community leaders, asset mapping and the identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years. (PO 4U)	Kloer, Dr Philip	31/12/2022 28/02/2023	On track - A "deep dive" report for PO 4U was produced for the SDODC meeting in Dec22. County level groups, comprising stakeholders such as Public Services Boards and County Voluntary Councils, continue to meet. Consensus has been reached about the community/ies in each county: Tyisha ward / Glanymor ward in Carmarthenshire, Crymych / Newport in Pembrokeshire and Lampeter in Ceredigion. Full update in SDODC PO Update Report Feb23.

		By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. (PO 5H)	Paterson, Jill	31/03/2023	On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Integrated Locality Plans completed. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental live and being implemented on a rolling basis. First proactive Care Planning workshops held - further workshops planned in order to complete the regional principles and standards. Updated the Accelerated Cluster Development checklist - positive progress in all areas. Update Jan23 - 15 actions complete, 2 partially complete and 13 in progress/ongoing. Full update in PO Progress Update Report to SDODC in Feb23.
		Implement all outstanding plans in relation to but not limited to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative, Welsh Health Specialised Services Committee (PO 5N)	Moore, Steve	31/03/2024	On track - Deep dive report provided to SDODC in Feb23.

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

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

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

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

Executive Director Owner:	Moore, Steve	Date of Review:	Feb-23
Lead Committee:	Board	Date of Next Review:	Apr-23

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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Healthier Mid and West Wales Strategy approved by Board Nov18.</p> <p>Delivery Groups and processes:</p> <ol style="list-style-type: none"> 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. Executive Team weekly review process <p>Planning Objectives related to:</p> <ol style="list-style-type: none"> 1. Delivery of the Transforming MH&LD programmes 2. Development of a Children's and Young People Plan for implementation from 2022/23 3. Development of plans to achieve the design assumptions underpinning A Healthier Mid & West Wales 4. Delivery of the Bronglais Strategy 5. Development of 24/7 out of hospital urgent and emergency care services 6. Transformation Fund initiatives 7. Cluster initiatives 8. Locality development plans and support for those with complex needs in our communities 9. Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways 10. Locality based resource mapping and planning 11. Business Case development for a new hospital in the south of the region and the repurposing of GGH & WGH 12. On going, continuous engagement and support for carers <p>Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.</p> <p>Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process.</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
Successful realisation of the Healthier Mid and West Wales Strategy	By September 2022 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts (PO 5T)	Paterson, Jill	Completed	Complete
Successful realisation of the TMH and LD strategy				
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 implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years, that are consistent with the Health Board's Strategy (future PO 5A)	Moore, Steve	31/03/2023	On track - Key elements of the work plan through 2022/23 include: Review our performance measures in line with the WG 2022/23 delivery framework; Work with our teams to develop trajectories for our WG and key improvement measures; Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required; Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required. We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind. Our performance is available through our Integrated Performance Assurance Report

Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years that are consistent with the Health Board's Strategy (future PO 5B)	Moore, Steve	31/03/2023	On track - See 5A above.
<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in "A Healthier Mid and West Wales" for:</p> <p>* the repurposing or new build of GGH and WGH</p> <p>* implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears</p> <p>Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)</p> <p>Develop plans for all other infrastructure requirements in support of the health and care strategy.(PO 5C)</p>	Davies, Lee	31/03/2026	Behind - PBC submitted to WG in Feb22.Board agreed a shortlist of 3 sites at the meeting on 04Aug22 and that the UHB would go out to public consultation on these 3 sites. A consultation plan was presented to the Board on Sep22. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board onSep22. The current Programme timeline is predicated on WG endorsement at the end of May22. This was the subject of a cabinet discussion in Jul22. The UHB have received a formal response from WG. It has been agreed that the next stage in the process will be: a commissioning of an external review of the proposed clinical model, and development of a Strategic Outline Case. Officers will work with the WG to agree the next steps in the process. This could have an 18 month impact on the current programme timeline, mitigations will

					be explored when we have more detail on the work to be completed. Work has commenced on updating the SOC. Resource Schedule for the SOC development has been submitted to WG. Preparatory work on the land consultation has been ongoing with consultation to commence at the end of Mar23. Further technical and commercial work is being progressed by the land technical team	
			Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic (PO 5F)	Carruthers, Andrew	31/03/2024	Behind - The COVID pandemic has adversely affected progress on the delivery of the Bronglais Hospital Strategy with operational teams focussed on delivery of services during the last 2 years. A post COVID review of the Strategy has commenced with a view to an update paper being prepared for SDOC (Feb23). A revised implementation plan is in the draft stage of completion. Mid Wales Commissioning group commenced chaired by HDUHB Director of planning. Clinical discussions with Commissioners in PtHB and BCUHB have commenced with a view to increasing outreach capacity.

			<p>Undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB (PO 5I)</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>On track - Gaps in the services for children have been identified. The original 'Plan on a Page' has been scrutinised, with the intention of producing an overarching document for all six directorates that relate to children and young people (CYP). Community paediatrics have commenced a Task and Finish (T&F) exercise the focus of which is to reduce the number of CYP waiting for a new or follow up appointment with a community paediatrician. The T&F group will assess the requirement for skill-mix and changes in practice across the Service. A sub-group to explore the identified gaps in Positive Behaviour Support has been formed. A paper has been written and is out for consultation.</p>
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			<p>Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model in this area by September 2022 so that implementation can be completed by December 2022, (PO 5J)</p>	Paterson, Jill	31/03/2023	<p>On track - Ongoing developments associated with development of Clinical Streaming Hub Model. To support the early identification and discharge planning management for our complex, the TUEC programme been working with 'Faculty AI' to develop a digital platform to manage complex discharge. Same Day Emergency Care (SDEC) provision is available in Prince Philip, Glangwili and Withybush Hospitals; and Ceredigion Intermediate Care Centre (Same Day Urgent Care). To date, all have contributed to reducing conversion rates for patients with ambulatory case sensitive conditions and our frail patient group. Development of scope and supporting roll out for Proactive Care Monitoring and digitally enabled Risk Stratification in the community. Virtual Wards - agreement of principles through the Clinical Reference Group pending national definition on the 08Feb23 and implementation alongside the Digital Team. Pilots in Withybush and Glangwili Hospitals being undertaken with PMO support. Full update in PO Update Report to SDODC Feb23.</p>
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		<p>By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities:</p> <ul style="list-style-type: none"> * Connected kind communities including implementation of the social prescribing model * Proactive and co-ordinated risk stratification, care planning and integrated community team delivery * Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home * Enhanced use of technology to support self and proactive care * Increased specialist and ambulatory care through community clinics (PO 5H) 	Paterson, Jill	31/03/2023	<p>On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Integrated Locality Plans completed. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental live and being implemented on a rolling basis. First proactive Care Planning workshops held - further workshops planned in order to complete the regional principles and standards. Updated the Accelerated Cluster Development checklist - positive progress in all areas. Update Jan23-15 actions complete, 2 partially complete and 13 in progress / ongoing. Full update in PO Progress Update Report to SDODC inFeb23.</p>
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
See Our Outcomes section in the BAF Dashboard	Board and Committee oversight of Planning Objectives	2nd			TMH Update - Board (Mar22)	None identified.				
	QSEAC to measure harms	2nd			Three Year Draft Plan for Children's Services - Board (Jul21)					
	WG Gateway process re accessing capital	2nd			PBC - Implementing the Healthier Mid and West Wales Strategy Board (May22)					
	Internal Audit reviews of Major Capital Programme	3rd			IMTP Update - Board (May22)					
	Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning	3rd								

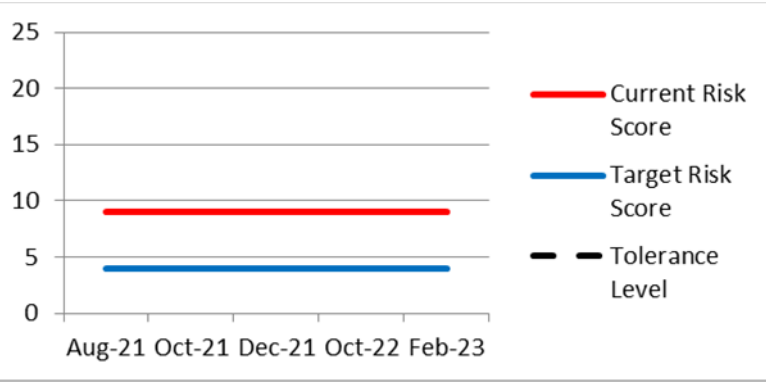
Date Risk Identified:	May-21
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities

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

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

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

Risk Rating:(Likelihood x Impact)	
Domain:	Health Inequalities/ Equity
Inherent Risk Score (L x I):	4×3=12
Current Risk Score (L x I):	3×3=9
Target Risk Score (L x I):	2×2=4
Tolerable Risk:	
Trend:	



25
20
15
10
5
0

Aug-21 Oct-21 Dec-21 Oct-22 Feb-23

Current Risk Score

Target Risk Score

Tolerance Level

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>National screening programmes in place (including Breast, Bowel and cervical)</p> <p>Vaccination and immunisation programme in place</p> <p>Senior Public Health Practitioner dedicated remit for Vaccination and immunisation</p> <p>Local and National health promotion initiatives</p> <p>Multi-agency Vaccination Agency Steering Group in place (with influenza group, Primary care childhood vaccination group, occupational health and COVID vaccination group)</p>

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>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</p> <p>Evidence based actions that improve individual and community behaviours</p>	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related public health within the next 3 years (PO 4A)	McCarthy, Jo	31/03/2025	On track - There are a number of target areas in this PO. Recent discussions have been around the fact that these areas, targets and hitting these are part of our core work rather than areas that should have specific PO's against them. This is an ongoing discussion.
	By March 2024, develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years (PO 4B)	McCarthy, Jo	Ongoing	On track - There are a number of target areas in this PO. Recent discussions have been around the fact that these areas, targets and hitting these are part of our core work rather than areas that should have specific PO's against them. This is an ongoing discussion
	To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024 (PO 4C)	Paterson, Jill	Completed	Completed - approved at Health Board meeting on 28th July 2022
	By March 2023 develop a plan to reduce the local health inequalities arising in relation to screening services with implementation of agreed actions to begin no later than April 2023. The aim is to increase the access and opportunity for screening in our most deprived communities to the levels of our least deprived areas (PO 4D)	McCarthy, Jo	31/03/2023	On track - Three pieces of work are currently in progress 1. Moondance Cancer (Bowel Cancer) Learning Programme for Schools; 2. Cervical Screening and Refugees; and 3. Barriers to Screening Uptake in Carers.

			<p>Following implementation of the local plan to deliver "Healthy Weight: Healthy Wales" measure and report the impact and develop a 3 year plan by March 2023 to promote system leadership and working across areas locally for delivery of Level 2 and Level 1 services. (PO 4G)</p>	McCarthy, Jo	31/03/2025	<p>On track - Recruitment to the L3 weight management MDT is almost complete. The single point of entry (L2/3) and self-referral routes to the service are up and running and have been publicised to health professionals and the public. A business case is currently being developed for the establishment of specialist weight management services (WSA) in pregnancy. The Children and Young People's Weight Management Task and Finish group has designed the model of delivery for children, young people and families. A strategic multi-disciplinary group established to oversee the development and delivery of WSA at L2 across primary care. Work is underway to ensure the alignment of the Health Board WM pathways and the All-Wales Diabetes Prevention Programme (AWDPP). The regional lead post in the HWHW WSA team has been appointed. A series of system mapping workshops will take place across Hywel Dda in Feb23. Work on the food system and public services food procurement is ongoing.</p>
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		<p>By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities:</p> <ul style="list-style-type: none"> * Connected kind communities including implementation of the social prescribing model * Proactive and co-ordinated risk stratification, care planning and integrated community team delivery * Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home * Enhanced use of technology to support self and proactive care * Increased specialist and ambulatory care through community clinics. (PO 5H) 	Paterson, Jill	31/03/2023	<p>On track - Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. Integrated Locality Plans completed. Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. Social prescribing implemented, Elemental live and being implemented on a rolling basis. First proactive Care Planning workshops held - further workshops planned in order to complete the regional principles and standards. Updated the Accelerated Cluster Development checklist - positive progress in all areas. Update Jan23-15 actions complete, 2 partially complete and 13 in progress / ongoing. Full update in PO Progress Update Report to SDODC in Feb23.</p>
		<p>By March 2024 develop and implement the strategy to improve population health so that everyone within HDdUHB region can expect to live more of life in good health by:</p> <ol style="list-style-type: none"> 1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and 2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working (PO 4S) 	McCarthy, Jo	31/03/2023	<p>Ahead - Draft plan has been completed, many aspects of the strategy are already in progress. The plan will come to SDODC and then board ahead of schedule in early 2023.</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	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
See Our Outcomes section on the BAF Dashboard 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				Currently awaiting publication of health inequality indicators by PHW				
	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								

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

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

Rationale for CURRENT Risk Score:
<p>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 EQlIP, Improving Together and Research 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.</p>

Executive Director Owner:	Moore, Steve	Date of Review:	Feb-23
Lead Committee:	Board	Date of Next Review:	Apr-23

Risk Rating:(Likelihood x Impact)		
Domain:	Business objectives/projects	
Inherent Risk Score (L x I):	3x4=12	
Current Risk Score (L x I):	3x3=9	
Target Risk Score (L x I):	1x3=3	
Tolerable Risk:		6
Trend:		

Rationale for TARGET Risk Score:
<p>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</p>

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Risk Management Framework and Board Assurance Framework (BAF)</p> <p>Established governance structures</p> <p>Established Assurance Trackers for audits, inspectorates & regulators, Welsh Health Circulars, Ministerial Directions</p> <p>Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience</p> <p>Transformation Steering Group (TSG) and Strategic Enabling Group (SEG)</p> <p>Research, Development and Innovation Strategy approved by QSEAC</p> <p>The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements</p> <p>Quality framework, with the Enabling Quality Improvement in Practice (EQIIP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&D etc)</p> <p>Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)</p> <p>OD Cultural Plans</p>	<p>Staff not being clear of the expectation of their contribution to the delivery of the strategic objectives/planning objectives</p> <p>Ability to address our audit, inspectorate and regulatory requirements at pace</p> <p>Understanding our position against HCS and having an effective plan to ensure we comply with them</p> <p>Having an effective process to find new opportunities to improve what the HB does and how it does it through new POs and enablers</p> <p>Having comprehensive approach to use of data - operational, tactical and strategic</p> <p>Alignment of BAF to strategic objectives</p> <p>Having ambitious comprehensive RDI programme</p>	<p>Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5A)</p>	Rayani, Mandy	31/03/2023	<p>On track - Key elements of the work plan through 2022/23 include:</p> <p>Review our performance measures in line with the WG 2022/23 delivery framework; Work with our teams to develop trajectories for our WG and key improvement measures; Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required; Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required.</p> <p>We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind.</p> <p>Our performance is available through our IPAR.</p>
	<p>Having an effective process to collate and disseminate learning across the organisation</p> <p>Cohesive engagement and capacity of operational teams to engage in programmes listed in the 'key controls'.</p> <p>Availability of data that is accessible for teams to identify improvements</p>	<p>Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales" (PO 5B)</p>	Rayani, Mandy	31/03/2023	<p>On track - See 5A above.</p>

		for teams to identify improvements	<p>By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought. In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation (PO 6B)</p>	Thomas, Huw	Completed	<p>Complete - Whilst Targeting Operating Model objectives are in progress, work here concluded as a first phase and an update for the 2023/24 planning cycle has been undertaken. Opportunities that supported the previous route-map to financial sustainability were reviewed and refined with Executive leads. An investigation into the operational drivers of deficit growth over the past two years concluded ('matrix'). Areas of waste and inefficiency identified through these two sources generated Executive led Programme of Change projects, which include: Transforming Urgent and Emergency Care, Integrated Locality Planning, Nurse Stabilisation, Alternative Care, FLOs and CHC. In the past quarter a refreshed review of opportunities from benchmarking data has taken place and been shared, as part of 2023/24 planning cycle. Including refreshed guidance outlining the organisational process to move from waste and variation to savings delivery, supported by the existing 3Ds framework [Discover (then Define), Design, Deliver]. With respect to the second element - this is on-track; Work continues in parallel with overall VBHC programme; and broader operational requests for resource modelling are evaluated within same framework and approach.</p>
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<p>Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the Health Board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by:</p> <p>*Supporting the assessment of practice against local and national clinical effectiveness standards and ensuring that findings are used improve the services provided to our patients;</p> <p>*Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews (PO 5K)</p>	Kloer, Dr Philip	31/03/2023	<p>On track - The Effective Clinical Practice Strategic Plan has been approved, which sets out the Health Board's overarching vision for clinical effectiveness. Local systems and processes have been developed to support delivery. Work is ongoing to utilise AMaT in priority areas including Pelvic Health workstreams, maternity, Heart Failure, Self-Harm etc. Discussions commenced in Jan23 regarding the development of a toolkit to support clinicians in reviewing and assessing their services and how assurance can be provided that practice is clinically effective. The UHB is participating actively in the annual (2022/23) Health Technology Wales Adoption Audit, responses to which are being captured via AMaT. UHB Mortality Review processes continue to develop, in line with the All-Wales Learning from Mortality Review Framework. Active participation continues in the Health Board's Quality and Engagement Act Implementation Group, and the Duty of Quality and Duty of Candour Workstreams.</p>
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Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence (PO 3A)	Thomas, Huw	31/03/2025	Ahead -‘Improving Together Framework’ to Executive Team in Dec22. The Framework is supported by key organisational wide dashboards “Our Performance” and “Our Safety”. These dashboards have been developed over the last year to allow everyone across the organisation to have easy access to performance, quality, workforce, risk and finance data to help support Performance Improvement discussions at all levels. Directorate Improving Together sessions have commenced which have been set up to provide dedicated time for Executives to meet with all teams across the UHB. Additional deep dives will be identified as part of these sessions. The next 12 months will focus on embedding these sessions within the UHB.
From April 2022, establish an implementation group to identify the actions required to respond to the emerging requirements of the Quality & Engagement Act. The specific actions that will be put in place to support organisational readiness will be informed by the work undertaken to review the Health & Care Standards during 2021/2022 and the receipt of any formal guidance related to the Act (PO 3C)	Rayani, Mandy	31/03/2023	On track - Implementation Group continues to meet regularly. Good progress made within the Health Board. The impact assessment is currently being updated to reflect concerns re resources required for implementation of the Duty of Candour. Resource requirement to be reflected in IMTP.

<p>By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis).</p> <p>As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by Sep22 with full inclusion of all health and social care data (as a minimum) by Mar25 (PO 3E)</p>	Thomas, Huw	31/03/2023	<p>On track - The Data Science Platform performing advanced analytics is available for use. The Time Series Analysis Application provides functionality for the deep dive examination of ED Attendance, Admissions, Bed Occupancy and Discharge data. The next data set to be added will be Average Length of Stay. A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. The Flow Visualiser Application can currently animate ED Attendance and Admission flow captured from WPAS. Bed Occupancy data will next be added to this application to help better understand barriers to flow. General work has been undertaken on the platform to increase performance, stability and robustness of infrastructure. Started to incorporate RAP (Reproducible Analytical Pipelines) principles into the development cycle of the work. Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.</p>
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Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the Health Board, Welsh Government and Health and Care Research Wales expectations and improvement targets (PO 3G)	Kloer, Dr Philip	31/03/2024	Ahead - Action plan for second year (2022/23) of strategy implementation on track. Research Progress: New Clinical Research Time Awards secured for Sexual Health Consultant and Biomedical Scientist, in addition to those secured in other areas; Two Research for Public and Patient Benefit applications enter the second phase; Additional income of c.£300k secured, reflective of solid delivery in 2022/23; Portfolio entering new areas, including opening the Health Boards first orthopaedic robot trial; and New trials facility to open in BGH in the late Spring. Innovation Progress: TriTech and Innovation functions now combined into a new division. New contract awards mean a projected healthy surplus for 2022/23 and a strong starting position for 2023/24. IP policy developed, subject to Executive approval. New appointments mean TriTech and Innovation are now at establishment.
By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisations formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved (PO 3H)	Wilson, Joanne	31/03/2023	Behind - Work to develop a Planning Objective (PO) dashboard has been paused to explore whether the new project management system (PACE) has the functionality to be developed and utilised for capturing the learning from POs. PACE is currently structured around the planning objectives, and has capacity to log: the benefits delivered for each planning objective (financial, performance related or other); capture risks; capture lessons learnt (internal and external); a further discussion is planned with IT, Performance to discuss the feasibility of this and the next steps in developing the system.

Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established (PO 50)	Shakeshaft, Alison	31/03/2025	Behind - No progress update provided to SDODC in Feb23.
By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care	Glanville, Amanda	30/11/2022	On track - Interprofessional Education plan on the main agenda for approval. New Educational Governance structure set up through Strategic People Planning and Education Group and subgroups are now being formalised. In Jan23, the joint apprentices joined the new Joint Community & Social Care Skills to Care induction programme. Integrated Training with Social Care for joint induction embedded into practice. The Apprenticeship Academy has onboarded 88 apprentices in 2022/23, of which 76 were on the Healthcare Apprenticeship Programme.

		By March 2023 design a comprehensive range of Leadership Development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care.	Davies, Christine	Completed	On track - Programme Delivery completed for Quarter 3 includes: Warwick Nudge Behavioural Insights programme completed in Dec22 (x24 participants); ARCH Senior Leadership Development Programme continues during 2023 with 13 participants; Medical Leadership Forum continues during 2023; Clinical Leads Forum continues during 2023; Executive and Board Development for 2022 is complete. The programme for 2023 is currently being finalised to begin in the spring; Research Nurse Leadership Programme due to complete in Feb23; New Consultant Programme cohort 2 commencement delayed from Nov22 due to system pressures, this will re-commence mid-spring; Academi Wales Summer School 2022 complete and awaiting 2023 dates; HEIW Clinical Leadership Programme continues during 2023 with x3 participants from Hywel Dda; LEAP senior leadership development programme approved at exec level has been launched and will commence in Mar23; and CLIMB cohort 3 is in the recruitment stage with the programme commencing in Sep23. Coaching Capacity Growth progress includes: an increase of 6 qualified coaches taking the total number of coaches in the network to 21, a further 49 are in training.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of BAF Dashboard	Tracker Performance reports issued to Lead Directors on bi-monthly basis	1st			Tracker Report - ARAC (Jun22) Strategic Business intelligence - Board (Aug21)	Assurance arrangements for overseeing development and delivery of BI and modelling	Setting up a QI Strategic Steering Group to ensure that all current control measurements are connected	Davies, Mandy	31/12/2022 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				Assurance arrangements for collating learning from delivery of Planning Objectives (future PO 3H)	To develop measures that consider the use of improving together tools across the Health Board	Evans, Catherine	Completed	The improving together Framework and supporting dashboards "Our Safety" and "Our Performance" were presented to Executive Team in Dec 2022. Directorate Improving Together sessions have been scheduled throughout 2023. These sessions will help embed the use of the tools through the health board. We will monitor the use of the dashboard through the POWER BI analytics.
	ARAC oversight of Audit Tracker	2nd				Assurance arrangements on delivery of Stroke & Rehab and Paediatric Plans (future PO 50)	Assurance arrangements on monitoring delivery of future Planning Objectives to be agreed as part of IMTP process	Wilson, Joanne	31/03/2022	Completed. PO Update reports scheduled on Committee workplans along with proactive and reactive deep dives into specific POs.

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

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

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

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





Executive Director Owner:	Gostling, Lisa	Date of Review:	Mar-23
Lead Committee:	Board	Date of Next Review:	May-23

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

Rationale for TARGET Risk Score:
<p>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>

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

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<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>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>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	Review the tool that the Health Board uses for strategic and statutory partnerships and develop a further plan to populate and implement it.

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)



Latest Papers (Committee & date)
Strategic Partnerships Update - Board (Mar22, May22, Jul22, Sep22, Nov22, Jan 2023, Mar23)

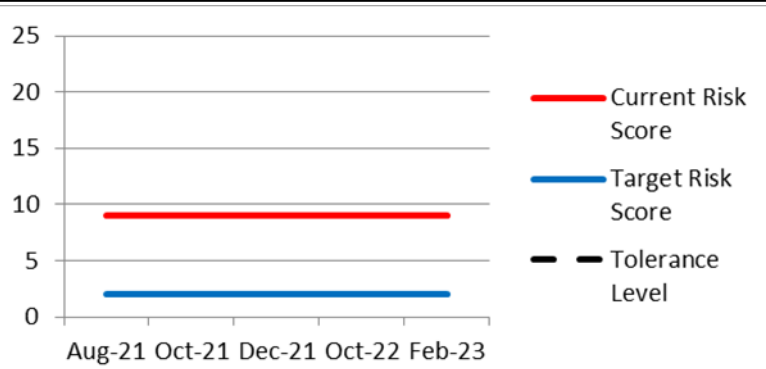
Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Ability of the organisation and individual directorates to understand whether opportunities within partnerships are being maximised.				

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

Executive Director Owner:	McCarthy, Jo	Date of Review:	Feb-23
Lead Committee:	Board	Date of Next Review:	Apr-23

Risk ID:	1193	Principal Risk Description:	There is a risk that the Health Board broadens or fails to address health inequalities within our community. This is caused by a lack of understanding or consideration of the health inequalities that are across our communities when redesigning services. This could lead to an impact/affect on the most disadvantaged within our community continue to have poorer or worse outcomes from service changes.
Does this risk link to any Directorate (operational) risks?			1032, 1186

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



Current Risk Score

Target Risk Score

Tolerance Level

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	9	2	2
Oct-21	9	2	2
Dec-21	9	2	2
Oct-22	9	2	2
Feb-23	9	2	2

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

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

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

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
	Further action necessary to address the controls gaps			

<p>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>	<p>Currently no formal process in place that considers impact of health inequity/equity of outcomes across our population</p> <p>Ability of the Community Development Outreach Team to engage with all communities within Hywel Dda area</p>	<p>By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalism") and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5. (PO 4K)</p>	<p>McCarthy, Jo</p>	<p>31/03/2023 30/04/2023</p>	<p>On track - Reported to SDODC in Dec22 for assurance that this planning objective is on track. the report has been updated around the inclusion of more up-to-date Census data following the publication of the headline results from the 2021 Census - and reference to digital inclusion as a driver of health inequalities. The report to them until the Apr23 Board seminar meeting.</p>
		<p>Following implementation of the local plan to deliver "Healthy Weight: Healthy Wales" measure and report the impact and develop a 3 year plan by March 2023 to promote system leadership and working across areas locally for delivery of Level 2 and Level 1 services. (PO 4G)</p>	<p>McCarthy, Jo</p>	<p>31/03/2025</p>	<p>On track - Recruitment to the L3 weight management MDT is almost complete. The single point of entry (L2/3) and self-referral routes to the service are up and running and have been publicised to health professionals and the public. A business case is currently being developed for the establishment of specialist weight management services (WSA) in pregnancy. The Children and Young People's Weight Management Task and Finish group has designed the model of delivery for children, young people and families. A strategic multi-disciplinary group established to oversee the development and delivery of WSA at L2 across primary care. Work is underway to ensure the alignment of the Health Board WM pathways and the All-Wales Diabetes Prevention Programme (AWDPP). The regional lead post in the HWWH WSA team has been appointed. A series of system mapping workshops will take place across Hywel Dda in Feb23. Work on the food system and public services food procurement is ongoing.</p>

Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023. (PO 4J)	McCarthy, Jo	30/06/2023	On track - Wellbeing assessments complete, plans are out to public consultation.
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.
By March 2024 develop and implement the strategy to improve population health so that everyone within HDdUHB region can expect to live more of life in good health by: 1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and 2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working (PO 4S)	McCarthy, Jo	31/03/2024	Ahead - Draft plan has been completed, many aspects of the strategy are already in progress. The plan will come to SDODC and then board ahead of schedule in early 2023.

			By March 2023 develop a consistent measurement framework to assess the impact of Health Board spending in the following 4 domains: 1. Social value; 2. Economic Value; 3. Environmental impact; and 4. Cultural benefit. This framework will provide new measures for the Board Assurance Framework in relation to Strategic Objective 6 and will identify opportunities for new Planning Objectives for delivery from April 2024 (PO6H)	Thomas, Huw	31/03/2023	On track -Centre for Local Economic Studies ("CLEsâ€) are continuing to work on baselining current Hywel Dda position, in areas such as procurement spend undertaken with local suppliers and other supply chain analysis, current CO2 management strategies versus desired reductions, local wealth creation etc. Social Value (SV) Portal currently being used to record target and actual improvements in social value in respect of new contract activity. Further projects being identified (eg recruitment activity) to capture further SV activity, and quantify for reporting purposes. Next steps will be to regroup once initial baselining has been completed and published, and identify further specific projects to work on capturing SV measures for, as well as wider dissemination of the concepts throughout the Health Board. Finally, it is intended that local authority and large employer organisations will be contacted to form a community of practice across the local area.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
See Our Outcomes section of the BAF Dashboard Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid 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	31/12/2022 30/04/2023	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								

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

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

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.

Executive Director Owner:	Rayani, Mandy	Date of Review:	Feb-23
Lead Committee:	Board	Date of Next Review:	Apr-23

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

Rationale for 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)
<p>Command Centre Plan in place with workstreams established</p> <p>Command Centre Programme lead appointed on interim basis</p> <p>Civica system capturing feedback from patients implemented</p> <p>Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured</p> <p>Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board</p> <p>Methodology to manage change with services to facilitate clinical engagement and pace of delivery</p> <p>Waiting List Support Programme (WLSP) Plan with workstreams established</p> <p>WLSP Phased Iterative Implementation Plan which is regularly reviewed</p> <p>Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development</p> <p>Power BI Performance dashboards on IRIS</p> <p>Engagement in place with CHC (formal and informal arrangements in place)</p> <p>Staff Partnership Forum</p>

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>Ability to source suitable environment to host the Command Centre & WLSP</p> <p>Physical capacity to expand telecoms infrastructure to support the Command Centre and WLSP</p> <p>Ability to obtain consistent, UHB-wide level of clinical engagement to support the full role out and ambition of the single point of contact</p> <p>Whilst Infrastructure is in place however work is ongoing to demonstrate value of service at the end of 2022/23 for long term funding.</p> <p>A system has been developed to support triangulation of data however it needs to be formally agreed and implemented</p> <p>No periodic report during and after service change to reflect on the impact /improvement to patients, staff and performance</p> <p>No agreed method of aligning PROMs, PREMs and other measures to service change or development</p> <p>Value opportunities framework not</p>	<p>By March 2023, implement and embed our approach to continuous engagement through: 1. Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice; 2. Implementing structures and mechanisms to support continuous engagement, aligned to the regional; 3. A framework for continuous engagement; 4. Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice (PO 4T)</p>	Davies, Lee	31/03/2023	<p>On track - A range of continuous engagement training sessions for staff and the CHC have been delivered by the Consultation Institute. Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May 2022. Regular attendance by the Engagement Team at the Regional Continuous Engagement Steering Group, which aims to identify engagement taking place across west Wales by the Health Board and other key organisations. Completion of the West Wales Regional Continuous Engagement Questionnaire by February 24 2023. The questionnaire will inform on all engagement activities taking place with key population groups across the region so as to avoid duplication. Two meetings have been held of the new Experience and Engagement group. Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.</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>tully embedded into service change into service change and transformation</p>	<p>By October 2022 develop Directorate level People Culture Plans across the whole organisation coordinated by the OD Relationship Managers. These plans will lead the way to more good days at work for our staff and incorporate personal development pathways. (PO 1G)</p>	<p>Gostling, Lisa</p>	<p>31/10/2022 30/04/2023</p>	<p>On track - Cultural progression update presented to PODCC in Dec22 as planned, followed by a paper to the Board in Jan23 with the inclusion of how we also listen to our patients and how patient and staff experiences are being learned from to improve services. Arrangements now in place to manage OD requests and commissions so that services gain the most appropriate support. Continued collaborative working arrangements in place for working along side our Trade Union colleagues. Cultural jigsaw toolkits to support cultural awareness are under development and due to be launched in Apr23. Learning from our listening is informing the work being done to support our staff retention planning objective and feeding through also into our leadership development programmes.</p>
		<p>Following the development and design of the "Making a Difference" Customer Service programme, implement a plan to focus on delivery and measuring outcomes (linked with the Board Assurance Framework), with all members of staff to have completed the programme by September 2024. (PO 1H)</p>	<p>Gostling, Lisa</p>	<p>30/09/2024</p>	<p>On track - Evaluation underway. Development of behaviour tool - initial external review started. Requires extending due to capacity issues, however staff being onboarded will drive this. Targeting under-represented staff groups. Beginning to work with Patient Experience Team to enable targeted interventions now to be able to demonstrate impact of programme from a quantitative and not just qualitative perspective. Evaluation will be submitted for Apr23 PODCC to close down action plan.</p>

Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation. (PO 6D)	Kloer, Dr Philip	31/03/2024	On track - see deep dive report to SRC Feb23.
Ensure metrics are agreed and in place ahead of any service changes as part of investment application to evaluate the impact /improvement to patients, staff and performance (No PO ref)	Rayani, Mandy	31/12/2022 31/03/2023	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.
Building on the success of the command centre, develop a longer-term sustainable model to cover the following: single point of contact, switchboard/single call handling system, online booking and call handlers, surveillance cell to support TTP, incident response and management cell for COVID-19 response, sharepoint function and patients access to own records and appointments. Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years (PO 1B)	Rayani, Mandy	31/03/2025	On track-Current services supported remain the same as last report with the addition of: Community Dental Clinics; Primary care - Solva contact engagement; Bladder and Bowel (Pembs & Ceredigion); Endometriosis; Menopause; Dermatology; District Nursing Calls (Scarlet, Enfys Line & Merlin line); District nursing (Carms). Escalation hub has responded to : District nursing Merlin line for strike; TB outbreak email screening. Services to come on board in next period are: District Nursing (Merlin line); Ear Microsuction; Land Consultation; Rheumatology emails (Calls already taken); Community Dental services. Relocation of the communication hub to Canolfan Derwen expected Mar23. Work completed with the finance value based healthcare team to demonstrate value of investment in terms of outcomes from the communication hub. Work underway to merge governance structure for single point of contact functions of WLSS and Communication Hub. To

			<p>"By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis). (PO 3E)</p> <p>"</p>	Rayani, Mandy	31/03/2023	<p>On track - The Data Science Platform performing advanced analytics is available for use. The Time Series Analysis Application provides functionality for the deep dive examination of ED Attendance, Admissions, Bed Occupancy and Discharge data. The next data set to be added will be Average Length of Stay. A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. The Flow Visualiser Application can currently animate ED Attendance and Admission flow captured from WPAS. Bed Occupancy data will next be added to this application to help better understand barriers to flow. General work has been undertaken on the platform to increase performance, stability and robustness of infrastructure. Started to incorporate RAP (Reproducible Analytical Pipelines) principles into the development cycle of the work. Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.</p>
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	By March 2023, demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support Health and wellbeing.(PO 2K)	Gostling, Lisa	31/03/2023	On track - Staff Benefits optimisation programme in place and continuing to evolve via the Hapi App which now has 4429 subscribers. Staff recognition and awards programme is now in place. 314 members of staff nominated for the Hywels Applause. Winners to be announced at the end of Oct, early Nov22. Nursing Staff Health & Wellbeing survey completed during the summer. The analytics and report findings are due early Dec22. The National Staff Survey has been postponed to Spring 2023.
	Explore use of Greatix to encourage sharing and learning from example (No PO ref)	Rayani, Mandy	31/12/2022	A pilot project has been undertaken on one hospital site. For roll out across all sites. Work is also ongoing within patient experience on sharing compliments received via the 'feel good Friday' initiative and the staff appreciation awards from the Big Thank You.
	Consider use of PROMS/PREMS to as a mechanism for measuring impact of transformation	Rayani, Mandy	Completed	Completed - PROMS/PREMs are used to measure impacts for appropriate programmes.

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 <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of BAF Dashboard	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st			Single Point of Contact Report - Board (Mar21) Patient Experience Report - Board (May22) Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)	Meaningful outcome measures for patient and workforce experience				
	WLSP Steering Group overseeing delivery of the plan and the workstreams	2nd								
	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								

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

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

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.

Executive Director Owner:	Thomas, Huw	Date of Review:	Mar-23
Lead Committee:	Board	Date of Next Review:	Oct-23

Risk Rating:(Likelihood x Impact)		<p>Current Risk Score</p> <p>Target Risk Score</p> <p>Tolerance Level</p>
Domain:	Health Inequalities/ Equity	
Inherent Risk Score (L x I):	3×3=9	
Current Risk Score (L x I):	2×3=6	
Target Risk Score (L x I):	2×3=6	
Tolerable Risk:	8	
Trend:	↔	

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Health Board active participation within the Public Service Boards across Hywel Dda UHB region.</p> <p>Local Needs Analysis commissioned by the Social Value Portal which is based on the Wellbeing Goals.</p> <p>Agreed Plan on a Page for Planning Objective 6H.</p> <p>Project Manager in place.</p> <p>An outline Social Value framework has been developed with strands in workforce, facilities and estates, procurement, with further areas to explored such as public health, social value.</p>

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>Development of a decarbonisation strategy (PO 6G: To develop a plan during 2021/22 and begin implementation within the next 3 years to make all Health Board services carbon neutral by 2030 and establish Green Health initiatives across the health board estate building on the work currently underway. The aim will be to address the climate emergency at Health Board level, improve the natural environment and support the wellbeing of our staff and public.)</p>	Davies, Lee	31/03/2022 30/09/2022	On track - Board paper submitted and endorsed on the 29Sep22 to seek approval to the Delivery Plan and to take assurance from progress on Decarbonisation in line with Planning Objective and WG reporting requirements; Task Force Group updating Delivery Plan on progress up to end of Q3, for review at February meeting; Update on actions being progressed by Health Board included in the committee update report to SRC (Feb23)
	<p>By March 2024 Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years (PO 4B)</p>	Lewis, Bethan	31/03/2024	On track - There are a number of target areas in this PO. Recent discussions have been around the fact that these areas, targets and hitting these are part of our core work rather than areas that should have specific PO's against them. This is an ongoing discussion
	<p>By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by 'Proportionate Universalism') and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5. (PO 4K)</p>	Lewis, Bethan	31/03/2023 30/04/2023	On track - Reported to SDODC in Dec22 for assurance that this planning objective is on track. the report has been updated around the inclusion of more up-to-date Census data following the publication of the headline results from the 2021 Census - and reference to digital inclusion as a driver of health inequalities. The report to them until the Apr23 Board seminar meeting.

<p>By March 2024 develop and implement the strategy to improve population health so that everyone within HDdUHB region can expect to live more of life in good health by:</p> <p>1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and</p> <p>2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working (PO 4S)</p>	Lewis, Bethan	31/03/2024	Ahead - Draft plan has been completed, many aspects of the strategy are already in progress. The plan will come to SDODC and then board ahead of schedule in early 2023.
Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next 3 years (with 2022/23 being year 1) (see specific requirements 4.A.i) (PO 4A)	Lewis, Bethan	31/03/2024	On track - There are a number of target areas in this PO. Recent discussions have been around the fact that these areas, targets and hitting these are part of our core work rather than areas that should have specific PO's against them. This is an ongoing discussion.
Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive 'social model for health and wellbeing' and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society (PO 4L)	Kloer, Dr Philip	31/03/2023	On track - Conversations With a Purpose (CWaP) participants have been contacted to inform of progress to date and inform continuous engagement. Triangulation report is being drafted. Aberystwyth University and Hywel Dda have met to begin the production of the published paper, with the potential to expand the number of papers to recognise the five key themes and their specific angle of interest.

		By December 2022, develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes the identification and development of community leaders, asset mapping and the identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years. (PO 4U)	Kloer, Dr Philip	31/12/2022	On track - A “deep dive” report for PO 4U was produced for the SDODC meeting in Dec22. County level groups, comprising stakeholders such as Public Services Boards and County Voluntary Councils, continue to meet. Consensus has been reached about the community/ies in each county: Tyisha ward / Glanymor ward in Carmarthenshire, Crymych / Newport in Pembrokeshire and Lampeter in Ceredigion. Full update in SDODC PO Update Report Feb23.
		Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest (PO 4N)	Kloer, Dr Philip	31/03/2023	On track - Food Systems Action Group (FSAG) standing agenda has been agreed to enable the wider food systems work to be incorporated. FSAG has reviewed the North Star Transition recommendations in accordance with other work streams with the intention of collating, streamlining and communicating a proposed work plan to the Social Model for Health and Well-being (SMfHW) steering group.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
We are establishing an outcome measure for Board in relation to: Our positive impact on society is maximised	Social Value Steering Group reporting into SEG	1st			Social Value Workshop - SEG (Oct21) Social Value Workshop - SRC (Dec21)	Evaluation	Establish key metrics for measuring social value improvements in Health Board	Thomas, Huw	30/11/2022	On Track - Working with a recognised industry partner to guide our prioritisation, metrics and embedding proposals. These will be presented to assurance committees for approval.
	SEG to provide monitoring/oversight of steering group	2nd								
	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd								
	Board meetings to consider the outcome measure (Our positive impact on society is maximised)	2nd								