CORPORATE RISK REGISTER SUMMARY JULY 2024

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Jul-24	Trend	Target Risk Score	Risk on page no...
1199	Achieving financial sustainability	Thomas, Huw	Finance inc. claims	6	5×5=25	5×5=25	→	2×4=8	30
1198	Ability to shift care in the community	Paterson, Jill	Business objectives/projects	6	4×4=16	4×4=16	→	2×4=8	35
1192	Wrong value set for best health and well-being	Gjini, Ardiana	Health Equity	8	4×4=16	4×4=16	→	2×4=8	39
1196	Insufficient investment in facilities/equipment/digital infrastructure	Davies, Lee	Business objectives/projects	6	4×4=16	4×4=16	→	2×3=6	43
1197	Implementing models of care that do not deliver our strategy	Davies, Lee	Business objectives/projects	6	4×4=16	4×4=16	→	1×4=4	48
1186	Attract, retain and develop staff with the right skills	Gostling, Lisa	Workforce/OD	8	3×5=15	3×5=15	→	1×5=5	51
1185	Consistent and meaningful engagement through our workforce	Davies, Lee	Business objectives/projects	6	3×4=12	3×4=12	→	2×3=6	55
1191	Underestimation of Excellence	Henwood, Mr Mark	Business objectives/projects	6	3×4=12	3×4=12	→	2×3=6	59
1200	Maximising social value	Thomas, Huw	Health Equity	8	4×3=12	4×3=12	→	2×3=6	64
1194	Increasing uptake and access to public health interventions	Gjini, Ardiana	Health Equity	8	4×3=12	4×3=12	→	2×2=4	66
1195	Risk of patient harm due to early indicators of shortfalls in quality and safety not being recognised and reported	Daniel, Sharon	Quality/Complaints/Audit	8	3×3=9	3×3=9	→	2×4=8	68
1188	Effective leveraging within partnerships	Gjini, Ardiana	Business objectives/projects	6	3×3=9	3×3=9	→	1×3=3	72
1189	Timely and sufficient learning, innovation and improvement	Daniel, Sharon	Business objectives/projects	6	3×3=9	3×3=9	→	1×3=3	76
1193	Broadening or failure to address health inequalities	Gjini, Ardiana	Health Equity	8	3×3=9	3×3=9	→	2×1=2	80
1184	Risk of reputational damage due to an inability to measure the results of transformational service changes	Daniel, Sharon	Finance inc. claims	6	2×4=8	2×4=8	→	2×2=4	83

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	Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable A Planning Steering Group is in place to co-ordinate activities across key corporate functions. Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc The Planning Team are embedded within	Finance inc. claims	5×5=25	2×4=8	See Our Outcomes section on the BAF Dashboard Operational agreement to underlying deficit assessment. Welsh Government accept and approved Integrated 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.	Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work (L1) Financial Reporting to Sustainable Resources Committee (L2) Integrated Quality, Finance, Performance and Delivery Group (reporting to Executive Team) oversee in-year delivery of financial performance and savings delivery (L2) Value and Sustainability Group (reporting to Executive Team) oversees opportunities which inform medium term financial roadmap (L2) Planning Objectives overseen by Sustainable Resources	Annual Plan Update 2024/25 - SRC & Board Seminar (Feb24) Developing a roadmap to financial balance - SRC (Jun23) Medium term financial strategy- Board Seminar (Jun23) Annual Plan Update 2024/25 - Board Seminar (Feb24)	Y		

				the operational management structures across the organisation. New Executive team governance and escalation structure and reporting groups (Value & Sustainability, A Healthier Mid and West Wales, and Integrated Quality, Finance, and Performance Delivery) to improve financial control and long term sustainability. Oversight provided into ET by the Targeted Intervention Coordination Group. Improving together aligned to an internal escalation framework - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation. Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate. Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.				Committee (L2) Structured Assessment 2023 (L3)				

1198	6. Sustainable use of resources	Ability to shift care in the community	Paterson, Jill	Transformation Steering Group (TSG) & Strategic Enabling Group (SEG)to support strategic innovation and development in the UHB Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group. CHC and UHB Protocol for managing low level service change All Business Cases need to be taken through Transformation Steering Group. Plan on a page developed and included in the Health Board's Annual Plan 2024/25 for clusters WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery confirmed as implemented Project support provision in place 6 Goals Programme approved by Welsh Government with a focus on shifting care in the community. 4 workstreams in place to support delivery of keeping patients in the community and increasing patient flow through hospitals, back to the community. 6 Goals Programme reports into IQFPD as part of revised Executive Governance structure implemented in 2024. Programme is reviewed on an annual basis.	Business objectives/projects	4×4=16	2×4=8	See Our Outcomes section in the BAF Dashboard	Lightfoot Viewer for urgent care to track improvements (L1) County Management Systems Leadership Forum focus on performance and delivery (L1) Locality Leads meeting oversee integrated locality development (L1) Primary Care & Long Term Care SMT meeting (L1) Regional Partnership Fund Group (L2) Board Seminar discussions (L2) Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2)	TMH Update - Board (May22) Three Year Draft Plan for Children's Services - Board (Jul21) PCB- Implementing the Healthier Mid and West Wales Strategy - Board (Nov23) Implementing the Healthier Mid and West Wales Strategy - Board - (Jan23)	N		

1192	4. The best health and wellbeing for our individuals, families and our communities	Wrong value set for best health and well-being	Gjini, Ardiana	Statutory member of Public Service Boards (PSBs) with statutory members undertaken a Wellbeing Assessments in 2022, with a set of wellbeing objectives agreed by each of the PSBs the Board in March 2023 setting actions for partners to implement Key member of Regional Partnership Board (RPB) Engagement underpinning the Healthier Mid and West Wales Strategy Equality Impact Assessments, consultation and engagement undertaken on service change Patient participation groups in place for some services, eg maternity, respiratory Close links between services and voluntary sector groups, eg AgeConcern, MIND Speaking to people re outcomes (Prog7 of Trans Fund) Together for change (supporting community led programme) Relationship with Llais (2 weekly meeting with Chair and CEO and bi-monthly planning meetings) Community engagement and outreach work with disadvantaged/vulnerable groups Stakeholder Reference Group Staff Partnership Forum	Health Equity	4×4=16	2×4=8	See Our Outcomes section in the BAF Dashboard	Population health measures collected by Public Health Wales (vaccinations, screening, etc) (L1) Tracking of crude mortality, risk-adjusted mortality and other data (L1) Oversight of delivery of Planning Objectives undertaken by Assurance Committees (L2) Overseeing the development of Wellbeing Assessment as statutory member of PSB (L2) Oversight of Programme 7 of transformation fund by RPB (L2) Oversight of delivery of New Hospital Programme Business Case by SDODC (L2) SRG advisory role to the Board (L2) Director of Public Health Annual Report to Board (L2)	PO Update Report to Committees (Feb24)	N		

1196	5. Safe, sustainable, accessible and kind care	Insufficient investment in facilities/equipment/digital infrastructure	Davies, Lee	Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process. When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB. Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds. Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) including the prioritised 10 year capital plan and regular dialogue through Capital Review meetings. 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	Business objectives/projects	4×4=16	2×3=6	See Our Outcomes section on the Dashboard	Development of Integrated Assurance and Approval Plan in support of PBC and SOC (L1) Governance structure to oversee delivery of the Business Cases (L1) Oversight by A Healthier Mid and West Wales Group which reports into Executive Team with Assurance sought by Strategic Development and Operational Delivery Committee (L2) Internal Audit Programme aligned to Business Case Development (L3) Internal Audit AHMWW Programme Forward Look Governance Review (L3) Gateway review of PBC and SOC by WG Assurance Hub	PCB - Implementing the Healthier Mid and West Wales Strategy - Board (Jan23, Mar23, May23, Jul23 & Sep23) & SDCODC (Apr23, Jun23, Aug23 & Jan24) AHMWW PBC Programme Group Update - Board Seminar (Apr22) TMH Update - Board Seminar (Jun22) Executive Team - Apr22 Planning Objectives Update (Planning) - SDODC ((Jun22, Oct22, Feb23, Jun23, Oct23, Feb24	Y		

				also addressed through the identification of high priority issues through the annual planning cycle. Implementation of the Digital Strategy which is also funding dependant. A governance structure has been established with the Director of Strategy and Planning 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. Programme Business Case (PBC) for Business Continuity supported in principle by WG and funding for first phase BJC developments. Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF). Co-production of 10 Year Capital Investment Plan with the RPB.				(L3)	& Jun24) Pentre Awel Update - SDODC (Dec23) DCP Update - SDODC (every meeting) Forward Look Governance Review - ARAC (Feb23) Regular reporting to Board and Board Seminar			

1197	5. Safe, sustainable, accessible and kind care	Implementing models of care that do not deliver our strategy	Davies, Lee	"Healthier Mid and West Wales Strategy approved by Board Nov18. Delivery Groups and processes: 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. Executive Team weekly review process Planning Objectives related to: 1. Delivery of the Transforming MH&LD programmes 2. Development of a Children's and Young People Plan for implementation from 2022/23 3. Development of plans to achieve the design assumptions underpinning A Healthier Mid & West Wales 4. Delivery of the Bronglais Strategy 5. Development of 24/7 out of hospital urgent and emergency care services 6. Transformation Fund initiatives 7. Cluster initiatives 8. Locality development plans and support for those with complex needs in	Business objectives/projects	4×4=16	1×4=4	See Our Outcomes section in the BAF Dashboard	Board and Committee oversight of Planning Objectives (L2) QSEC to measure harms (L2) WG Gateway process re accessing capital (L2) Internal Audit reviews of Major Capital Programme (L3) Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning (L3)	TMH Update - Board (Mar22) Three Year Draft Plan for Children's Services - Board (Jul21) PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Nov23) Annual Plan 2023/24 Update - Board (Jan24) Deep dive on PO 3A - SDODC (Oct23)	Y		

				our communities 9.Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways 10. Locality based resource mapping and planning 11. Business Case development for a new hospital in the south of the region and the repurposing of GGH & WGH 12. On going, continuous engagement and support for carers Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees. Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process. 								

1186	1. Putting people at the heart of everything we do, 2. Working together to be the best we can be, 3. Striving to deliver and develop excellent services	Attract, retain and develop staff with the right skills	Gostling, Lisa	"Recruitment processes in place Induction process in process HR policies (including those for employee relations) in place with programme of review Training programmes in place (a suite of programmes covering management and leadership, Making a Difference, etc) County workforce teams/OD Relationship Managers/Workforce Planners 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 Grow your Own programmes in place Leadership development programmes in place External ad-hoc talent programmes Directorate Improving Together Sessions aligned with Internal Escalation Framework	Workforce/OD	3×5=15	1×5=5	See Our Outcomes section on BAF Dashboard	Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail (L1) Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1) SSPEG oversees people planning and education development (L2) Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee (L2) Staff Partnership Forum (L2) Medical Engagement scale feedback (L3) IA PADR Follow up - Reasonable (May-20) (L3) Internal Audit on Workforce Planning - Substantial (Apr22) (L3) Wales Audit on Workforce Planning (Report Sep23) (L3)	Approach to Workforce Planning Paper (including WAO reports) and Workforce Risk Paper and Planning Objectives Update - PODCC (Oct23) Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21) Workforce Planning Report provided to every other PODCC meeting	N		

1185	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	Skills to Deliver Engagement Two additional posts were added to the Engagement team in early 2023. However, these roles have, due to staff departure and financial pressure, been held but will be recruited to as a matter of priority. Additional resource has been requested to enable engagement during CSP. Expert engagement team in place with ongoing training needs reviewed regularly. Operational engagement lead for each county. Engagement training provided to operational on an ad hoc/as required basis. Consultation Institute provide expert advice on request. Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide	Business objectives/projects	3×4=12	2×3=6	See Our Outcomes section on the BAF Dashboard	Management process in pace to monitor Engagement Team objectives (L1) 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) 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	Continuous Engagement Plan - Board (May22)	N		

	1. Putting			oversight/ input from an advisory group perspective around key HB priorities. Close working relationship with Llais. Voices of Children and Young People's Group established 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. Engagement mechanisms to support the delivery of continuous engagement across the organisation include: - provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB - management of the Siarad Iechyd / Talking Health involvement and engagement scheme - management of the stakeholder management system Tractivity - Management of the online engagement tool Have Your Say (EngagementHQ) - advice, guidance, support around the planning and delivery of traditional engagement methods				within engagement practice. Ongoing process in place (L1) SRG used a oversight assurance mechanism (L2) For major pieces of engagement and consultation work sign off will be via Board (L2) Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review (L3) The Health Board and Llais have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee (L3)				

1191	3. Striving to deliver and develop excellent services	Underestimation of Excellence	Henwood, Mr Mark	# 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. # AMAT system in place to monitor NICE compliance # 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	Business objectives/projects	3×4=12	2×3=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) # Medical Leadership Forum (L2) # 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)	Update ECPAP Reports to QSEC (Oct23) Effective Clinical Practice Strategic Plan for ratification to ECPAP (Sep22) Effective Clinical Practice Delivery Plan to ECPAP (Dec22)	N		

				research and innovation projects in place. # University partnership arrangements in place. # Strategic Enabling Groups # Value Based Health Care Sponsoring Group # Value Based Health Care Programme Team # National Value Based Health Care Community of Practice # Improving Together Programme # Regular attendance at Directorate/ County Quality and Governance Groups to improve engagement on clinical effectiveness # Establishment of the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify gaps and improve services.				# 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) # Board Committees & Executive Team (through its reporting groups) 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) # IA on NICE Guidelines Follow-up (Reasonable Assurance) (L3) IA on Job Planning - May24 (Limited Assurance) (L3) # HCRW Annual Review of R&D (awaiting final report - positive verbal feedback to date) (L3)			

1200	6. Sustainable use of resources	Maximising social value	Thomas, Huw	Health Board active participation within the Public Service Boards across Hywel Dda UHB region. Local Needs Analysis has been completed based on the Wellbeing Goals. A Social Value framework has been developed with strands in workforce, facilities and estates, procurement. Decarbonisation plan in place, with its own risk assessment. Annual carbon reporting underway to WG.	Health Equity	4×3=12	2×3=6	We are establishing an outcome measure for Board in relation to: Our positive impact on society is maximised	Delivery of Planning Objectives overseen by Executive Team, and its supporting structure, and Board Committees (L2) Board meetings to consider the outcome measure (Our positive impact on society is maximised) (L2)	Social Value Workshop - SEG (Oct21) Social Value Workshop - SRC (Dec21) Public value action plan (004) (May23) Public Values Framework strategy (June23)	N		

1194	4. The best health and wellbeing for our individuals, families and our communities	Increasing uptake and access to public health interventions	Gjini, Ardiana	National screening programmes in place (including Breast, Bowel, Cervical, DES, AAA, new-born, etc). These programmes are national services, planned, delivered, monitored and quality assured by PHW, also the quality improvement sits with PHW. Local initiatives in place such as Cervical Screening and Refugees, and Barriers to Screening Uptake in Carers. Vaccination and immunisation programme in place, and recently has seen significant changes with introduction of national immunisation framework (NIF). Vaccination and Immunisation as programmes are planned in line with WG policy. Local health protection service in place. Local and National health promotion initiatives. Multi-agency Immunisation Steering and Oversight Group being refreshed and strengthened (with operational delivery groups for adult immunisation, infant and pregnancy immunisation and respiratory immunisation, school age immunisation, occupational immunisation) Tobacco Control Group in place. Area Planning Board (Alcohol and Substance Misuse).	Health Equity	4×3=12	2×2=4	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 (L2) Population Health and Strategic Equity Oversight Group (L2) 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)		N		

1195	5. Safe, sustainable, accessible and kind care	Risk of patient harm due to early indicators of shortfalls in quality and safety not being recognised and reported	Daniel, Sharon	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 in place, however further developing required in light of the Speak Up Safely Framework as issued by Welsh Government in October 2023 Listening and Learning Sub-Committee Operational Quality, Safety and Experience Sub-Committee	Quality/Complaints/Audit	3×3=9	2×4=8	See Our Outcomes section of the BAF Dashboard	Quality and Safety Intelligence Group (L2) Directorate Quality Governance Meetings in place (L2) Patient and staff feedback (L2) Harms Dashboard is reported monthly to Formal Executive team with Our Performance and other intelligence for triangulation of data (L2) Improving Together performance sessions with clinical and corporate directorates aligned to the Internal Escalation Framework (L2) Performance reports through power BI and Committee reports (L2)	Patient Experience Report - every Board (May24) Healthcare Contracting Update - SRC (Aug22) QIA - QSEC (Oct 23) Quality and Commissioning Update - QSEC (Oct 23)	N		

				Clinical Audit Programme Clinical Executive Quality Panel External reports (HIW, HSE, MWWFRS, Peer Reviews, etc) Mortality Reviews and Medical Examiners Service National Accreditation Standards for service specifications 6 Domains as noted in the Duty of Quality Act (STEEEP) PROMS and PREMs in identified services Directorate and Service Quality Governance Meetings established Directorate Improving Together Sessions 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. Quality Impact Assessments process now in place Quality Management System now in place Increased use of AMAT across the Health Board to track the implementation of recommendations raised.				PTHB/HDUHB LTA/CQPR Meeting and Hywel Dda & SBU (SLA & LTA) Meetings to review quality aspects from commissioning arrangements (L2) Commissioning arrangements overseen by Sustainable Resources Committee (SRC) (L2) GIRFT Reports reported to QSEC (L2) Quality Impact Assessments and Panel (L2) HIW patient complaints (L3) Quality Governance Follow up Report (Oct21) (L3) Annual Structured Assessments by Audit Wales (L3) Internal audit on Safety Indicators (Reasonable Assurance (L3) Internal Audit plans which include reviewing Quality Governance (L3)				

1188	2. Working together to be the best we can be	Effective leveraging within partnerships	Gjini, Ardiana	The Health Board is a key member of strategic and statutory partnership groups, including Regional Partnership Board and Public Service Board. 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. Representatives on strategic partnerships groups to provide regular updates to the Board/Executive Team. ARCH Recovery and Strategic Delivery Plans Digital strategy Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group Research, development and innovation strategy	Business objectives/projects	3×3=9	1×3=3	See Our Outcomes section in BAF Dashboard	Statutory Partnerships Update to Board (L2) Chief Executive and Chair Reports to Board (L2) ARCH Reports to Strategic Development and Operational Planning Committee (SDODC) (L2) Delivery of Planning Objectives are being overseen by Executive Team and Board Committees (L2)	Strategic Partnerships Update - every Board (May24)	N		

1189	3. Striving to deliver and develop excellent services	Timely and sufficient learning, innovation and improvement	Daniel, Sharon	Risk Management Framework and Board Assurance Framework (BAF) Established governance structures Established Assurance Trackers for audits, inspectorates & regulators, Welsh Health Circulars, Ministerial Directions Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience Research, Development and Innovation Strategy approved by QSEC The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements Quality framework, with the Enabling Quality Improvement in Practice (EQIiP) programme, improvement coach development programme and access to	Business objectives/projects	3×3=9	1×3=3	See Our Outcomes section of BAF Dashboard	Tracker Performance reports issued to Lead Directors on bi-monthly basis (L1) Committee oversight of delivery of WHCs and MDs (L2) ARAC oversight of Audit Tracker (L2) RD&I Sub Committee overseeing delivery and success of RDI Strategy (L2) IQPFD overseeing quality performance (L2) Quality Impact Assessment Panel reporting to QSEC (L2) Quality and Safety Intelligence Group (L2) Internal Quality & Engagement Act Implementation Group (L2)	Tracker Report - every ARAC Strategic Business intelligence - Board (Aug21)	N		

				supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&D etc) Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc) OD Cultural Plans A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity) Quality Impact Assessment process and panel				Directorate Improving Together Sessions aligned to the internal Escalation Framework (Bi-monthly) (L2) 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) AW & IA Plan includes annual review of risk management arrangements & BAF (L3)				

1193	4. The best health and wellbeing for our individuals, families and our communities	Broadening or failure to address health inequalities	Gjini, Ardiana	Health inequalities is embedded across public health teams, working closer with the planning and CSP work. HB Planning Objectives on Health Population setting plan of work for 2024/25. Population Health and Strategic Equity Oversight Group working across the HB and strategic partners. Strategic Plan for Health Improvement and Wellbeing (3 year plan) going to Board for approval in July 2024. Immunisations Equities Strategy in place. Development of Health Equities Framework for Health Services. PSB Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well-being (the self-assessments and new objectives were set in Apr23). Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.	Health Equity	3×3=9	2×1=2	See Our Outcomes section of the BAF Dashboard Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress	Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2) Population Health and Strategic Equity Oversight Group (L2) Health Equity Group in place engage with different groups for feedback on service and wider inequities (L2) All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)		N		

1184	1. Putting people at the heart of everything we do	Risk of reputational damage due to an inability to measure the results of transformational service changes	Daniel, Sharon	Central Communication Hub in place with workstreams established supporting 27 operational teams in communicating with patients Central Communication Hub lead appointed Civica system capturing feedback from patients implemented, with signficant roll out across services Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured liked to CSP Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board, and actively work with services Methodology to manage change with services to facilitate clinical engagement and pace of delivery (Engagement Team,	Finance inc. claims	2×4=8	2×2=4	See Our Outcomes section of BAF Dashboard	Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1) Communication Hub and WLSP Steering Group overseeing delivery of the plan and the workstreams (L2) Improving Together performance sessions with clinical and corporate directorates aligned to the Internal Escalation Framework (L2) Formal Executive Team review and triangulate data from the Harms Dashboard, Our Performance Dashboards and other intelligence (L2) Communication Hub Steering Group (L2)	Single Point of Contact Report - Board (Mar21) Patient Experience Report - every Board (May24) Periodic update reports to Executive Team on the impact of the Communication Hub and WLSP Staff Feedback Reports - PODCC QIA reported to QSEC (Sep23)	Y		

				Quality Improvement Team and Transformation Team) underpinned by the Safe Care Collaborative and TUEC programme of work Waiting List Support Programme (WLSP) Plan with workstreams established to support continued engagement with clinical staff and services follwing the National 3 Ps policy and directly supporting patietns on waiting lists WLSP Phased Iterative Implementation Plan which is regularly reviewed Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development Power BI Performance dashboards on IRIS Engagement in place with Llais Cymru (formal and informal arrangements in place) Staff Partnership Forum (UHB and County Partnership Forums)				Executive Team, through its reporting groups, oversee delivery of Planning Objectives (L2) Board Committee oversight of Planning Objectives (L2) Patient Experience Report to every Board (L2) Listening and Learning Sub Committee oversight of patient experience (L2) Periodic reporting of engagement index survey results to People, OD and Culture Committee and Board (from Nov21) (L2) Public Service Ombudsman for Wales Reports (L3) HIW Inspection Reports and Complaints, including implementation of							

				Mechanism in place to ensure charitable funding applications demonstrate impact through agreed evaluation and metrics Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings. Health Board wide Improving Together Sessions in place, which utilise dashboards Staff Surveys and Pulse Surveys undertaken regularly to evaluate staff experience, and reported to People, Organisational Development and Culture Committee Quality Impact Assessments introduced and reported to Quality, Safety and Experience Committee				recommendations(L3)				

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.**	
			An event which impacts on a small number of patients.		
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.**		
		Reduced performance if unresolved.			
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
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

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

Assurance Key:

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

Key - Assurance Required	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

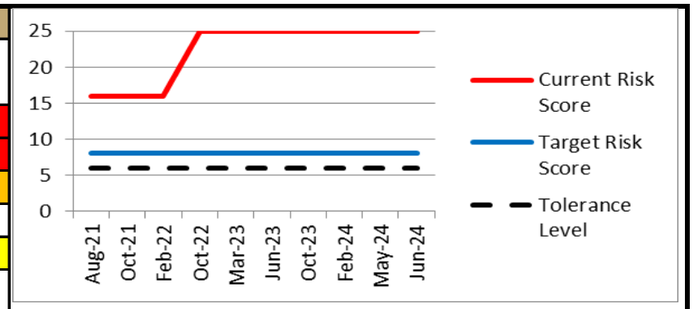
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective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

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

Executive Director Owner:	Thomas, Huw	**Date of Review:**	Jun-24
Lead Committee:	Board	**Date of Next Review:**	Oct-24

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, or undertake the necessary actions identified in that plan. This is caused by insufficient identification of deliverable savings schemes; non-delivery of agreed savings schemes; change programmes not sufficiently resourced or well-managed; or changes made to services which do not result in financial benefits as they address unmet demand or have unintended consequences. Our financial performance - coupled with insufficient emphasis on planning - has led to the Health Board being placed into the "Targeted Intervention" category of NHS Wales Escalation and Intervention Arrangements. This could lead to an impact/affect on potential reputational impacts, as well as lead to consequences for retention of the workforce, staff morale, poor patient experience and poorer value healthcare with a reduction of confidence from our stakeholders.
Does this risk link to any Directorate (operational) risks?			

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:	⟷



Rationale for CURRENT Risk Score:

Issues have been raised over the ability of the Health Board to plan at a strategic and operational level for a number of years. The Health Board's performance over the last year has demonstrated a significant improvement in the ability to operationally plan and a developing maturity within the organisation. However, the Health Board's financial deficit has significantly deteriorated; significant workforce constraints remain; and the planning function remains small with significant opportunities to develop. These issues are exacerbated given the Health Board's financial deficit, with the need to not only shift resources to more appropriate settings, but provide care at considerably lower cost. The Health Board's underlying deficit is now well understood and articulated, with clear decisions tracked that have been made by budget holders that exceed their delegated limits. 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. With the Health Board reporting a significant in-year and recurrent underlying deficit, WG initially escalated the Health Board into Targeted Intervention during October 2022, on the grounds of planning and financial performance, however in January 2024, the whole organisation was escalated into targeted intervention. The recurrent funding position confirmed by WG leaves a significant gap based upon draft iterations of the financial plan for 2024-25, with strategic and operational changes required in an attempt to erode the financial deficit.

Rationale for TARGET Risk Score:

Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government. Strategic and operational planning in an integrated Health Board is inherently complex leading to potential disconnections between demand, operational capacity planning; workforce planning and financial planning. Given the challenge in delivering the savings required over a number of years, and the implications of this in the medium term, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**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**
Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable A Planning Steering Group is in place to co-ordinate activities across key corporate functions. Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc The Planning Team are embedded within the operational management structures across the organisation. New Executive team governance and escalation structure and reporting groups (Value & Sustainability, A Healthier Mid and West Wales, and Integrated Quality, Finance, and Performance Delivery) to improve financial control and long term sustainability. Oversight provided into ET by the Targeted Intervention Coordination Group. Improving together aligned to an internal escalation framework - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation. Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.	Recovery of planned care activity - coupled with increasing complexity of patients presenting acutely ill - means that there is a lack of focus and ambition across the organisation on ensuring we live within the financial and staffing resources available. Conversion of the Opportunities Framework, Savings Framework and Value for Money Framework into deliverable recurrent savings schemes is not apparent. Focus from TI is on in-year recovery, and at best consideration of the next 12 months financial performance; development of a long term strategic plan would help move to a more strategic approach to managing resources. Two TI actions that remain in-progress are highlighted by WG as organisational challenges to ensure clear plans and delivery mechanisms are in place, monitoring and reviewing actions, to ensure financial challenges are mitigated, coupled with the balance on service. safety and quality.	Master Action C&D (Organisation Plans) have been agreed as part of the TI escalation, and progress will need to be satisfactorily implemented to close the identified gap.	Davies, Lee	~~31/03/2024~~ 30/06/2024	Plan on a Page created and reviewed within ESG.
		Master Action H (Delivery Framework) have been agreed as part of the TI escalation, and progress will need to be satisfactorily implemented to close the identified gap.	Carruthers, Andrew	~~31/03/2024~~ 30/06/2024	Plan on a Page created and reviewed within ESG.
		To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives. 1.Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation. 2. Delivery of a targeted Recruitment Plan which will reduce reliance on high cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan. 3. Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation. 4.Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression. (PO 1)	Gostling, Lisa	31/03/2025	On track as per highlight report presented to PODCC in June 2024.
		To oversee financial recovery and develop a long term financial route map (PO2)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.

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.	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges. (PO 3)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
	Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the 8 week wait for diagnostics. (PO4)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
	Mental Health and Learning Disabilities service improvement though: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
	To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
	Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Davies, Lee	31/03/2025	Behind schedule as per highlight report presented to SDODC in June 2024.
Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.

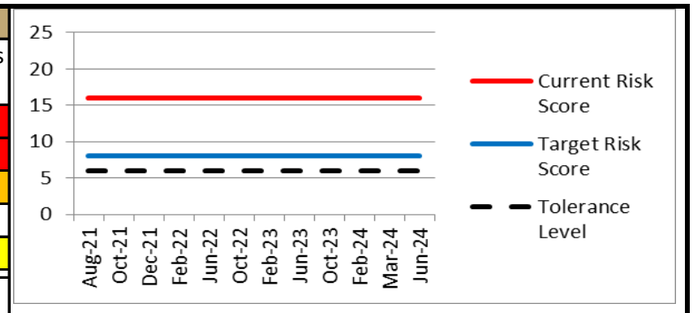
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are 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 Operational agreement to underlying deficit assessment. Welsh Government accept and approved Integrated 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.	Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work	1st			Annual Plan Update 2024/25 - SRC & Board Seminar (Feb24) Developing a roadmap to financial balance - SRC (Jun23) Medium term financial strategy- Board Seminar (Jun23) Annual Plan Update 2024/25 - Board Seminar (Feb24)	None identified.				
	Financial Reporting to Sustainable Resources Committee	2nd								
	Integrated Quality, Finance, Performance and Delivery Group (reporting to Executive Team) oversee in-year delivery of financial performance and savings delivery	2nd								
	Value and Sustainability Group (reporting to Executive Team) oversees opportunities which inform medium term financial roadmap	2nd								
	Planning Objectives overseen by Sustainable Resources Committee	2nd								
	Structured Assessment 2023	3rd								

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

Executive Director Owner:	Paterson, Jill	**Date of Review:**	Jun-24
Lead Committee:	Board	**Date of Next Review:**	Oct-24

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

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



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

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)	**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**
Transformation Steering Group (TSG) & Strategic Enabling Group (SEG)to support strategic innovation and development in the UHB Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group. CHC and UHB Protocol for managing low level service change All Business Cases need to be taken through Transformation Steering Group. Plan on a page developed and included in the Health Board's Annual Plan 2024/25 for clusters WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery confirmed as implemented Project support provision in place 6 Goals Programme approved by Welsh Government with a focus on shifting care in the community. 4 workstreams in place to support delivery of keeping patients in the community and increasing patient flow through hospitals, back to the community. 6 Goals Programme reports into IQFPD as part of revised Executive Governance structure implemented in 2024. Programme is reviewed on an annual basis.	Workforce capacity to shift from secondary to community/ opportunities to use staff skills appropriately Optimal use of digital to support delivery of patient care Financial resources to invest in new technologies to improve demand and capacity across the system Resistance in secondary care to moving resources in primary and community care Maximising efficiencies in secondary care Limited by vision of what is available to and resourcable by the UHB. Workforce planning linking to training and education plans required to facilitate shift of services to community	Review of the Five Facet Survey undertaken for GP Practices as part of the development of the Primary Care Strategy considering the additional support required across contractor professional groups to enable the development of the Primary Care estate to deliver a wide range of services that supports the shift left	Bond, Rhian	31/03/2024	On track
		To oversee financial recovery and develop a long term financial route map (PO2)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.
		Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

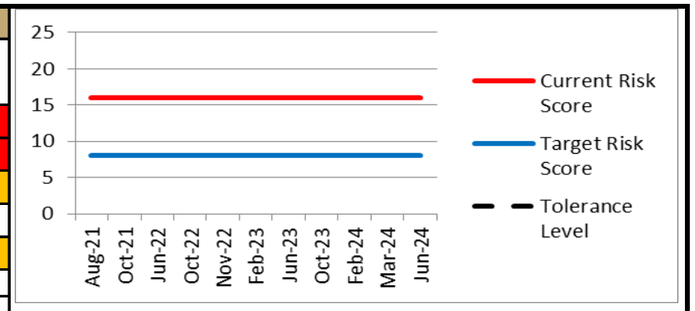
Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Thomas, Huw	31/03/2025	Behind schedule as per highlight report presented to SDODC in June 2024.
Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the 8 week wait for diagnostics. (PO4)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
Mental Health and Learning Disabilities service improvement through: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Lightfoot Viewer for urgent care to track improvements	1st			TMH Update - Board (May22) Three Year Draft Plan for Children's Services - Board (Jul21) PCB- Implementing the Healthier Mid and West Wales Strategy - Board (Nov23) Implementing the Healthier Mid and West Wales Strategy - Board - (Jan23)	Ability to measure improvements when undertaking service change	Lightfoot Viewer to be used to monitor improvements in future changes	Thomas, Huw	31/03/2024	Already being used in all 3 counties. Community based data to be further developed.
	County Management Systems Leadership Forum focus on performance and delivery	1st								
	Locality Leads meeting oversee integrated locality development	1st								
	Primary Care & Long Term Care SMT meeting	1st								
	Regional Partnership Fund Group	2nd								
	Board Seminar discussions	2nd								
	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd								

Date Risk Identified:	May-21	**Executive Director Owner:**	Gjini, Ardiana	**Date of Review:**	Jun-24
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities	**Lead Committee:**	Board	**Date of Next Review:**	Oct-24

Risk ID:	**1192**	**Principal Risk Description:**	There is a risk that the Health Board sets the wrong value for best health and well-being for individuals and communities. This is caused by seeing health and well-being through the healthcare services lens, using potentially narrow and not most appropriate 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 strategy set by the Health Board, poorly designed services that do not improve outcomes for individuals and communities.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health 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:	8
Trend:	⟷



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

Rationale for TARGET Risk Score:
Actions include developing an implementable plan for continuous engagement, and the Board defining its approach to tackling health inequality, and also what the social model for health & well-being means to the Board and its population and further actions that are required. The comprehensive needs assessment, the actions on early years and food and well-being, and the implementation of locality based resourcing will all support mitigation of the risk to target score. There is however a residual risk, given measurement of population well-being is a challenge for all populations internationally.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Statutory member of Public Service Boards (PSBs) with statutory members undertaken a Wellbeing Assessments in 2022, with a set of wellbeing objectives agreed by each of the PSBs the Board in March 2023 setting actions for partners to implement Key member of Regional Partnership Board (RPB) Engagement underpinning the Healthier Mid and West Wales Strategy Equality Impact Assessments, consultation and engagement undertaken on service change Patient participation groups in place for some services, eg maternity, respiratory Close links between services and voluntary sector groups, eg AgeConcern, MIND Speaking to people re outcomes (Prog7 of Trans Fund) Together for change (supporting community led programme) Relationship with Llais (2 weekly meeting with Chair and CEO and bi-monthly planning meetings) Community engagement and outreach work with disadvantaged/vulnerable groups Stakeholder Reference Group Staff Partnership Forum	Need to understand the direction of travel / long term strategy Understanding what matters for our communities to improve their health and wellbeing Lack of thorough engagement plan Wellbeing assessments undertaken during a period of Executive change Staff do not routinely collect information on wellbeing Strengthen working with RPB, due to changes in RPB leadership and PSBs Lack of co-ordination and the need to streamline partnership forums	To oversee financial recovery and develop a long term financial route map (PO2)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.
		Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the 8 week wait for diagnostics. (PO4)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Mental Health and Learning Disabilities service improvement though: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

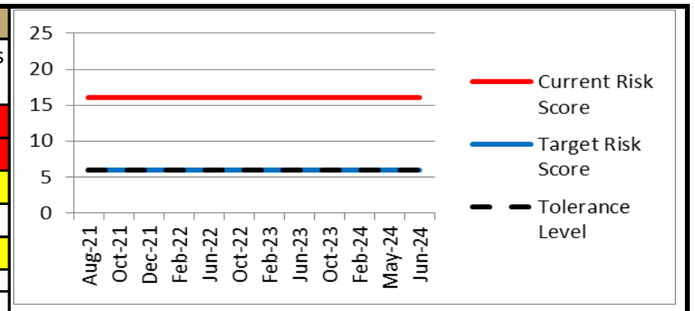
Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region. B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.
To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10)	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st			PO Update Report to Committees (Feb24)	No established way of asking questions to understand the right value of health and wellbeing No established mechanism to collect and analyse data Lack of independent assurance mechanism	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								
	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:	May-21	**Executive Director Owner:**	Davies, Lee	**Date of Review:**	Jun-24
Strategic Objective:	5. Safe and sustainable and accessible and kind care	**Lead Committee:**	Board	**Date of Next Review:**	Oct-24

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?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	⇔



Rationale for CURRENT Risk Score:
Whilst a programme has been established to manage the production of business cases to secure long term investment in support of the UHB health and care strategy, until the PBC is endorsed by WG, the UHB cannot assume investment is likely to be forthcoming at the scale or in the timelines required. Significant risks exist with the existing estate across business continuity issues, fire and reinforced autoclave aerated concrete (RAAC) which risk the viability of parts of the Health Board estate.

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

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**
Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process. When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB. Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds. Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) including the prioritised 10 year capital plan and regular dialogue through Capital Review meetings. 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. Implementation of the Digital Strategy which is also funding dependant. A governance structure has been established with the Director of Strategy and Planning 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. Programme Business Case (PBC) for Business Continuity supported in principle by WG and funding for first phase BJC developments. Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF). Co-production of 10 Year Capital Investment Plan with the RPB	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. Capital funding is significantly short of the level required to deal with backlog maintenance programme for estates, digital & equipment.	Development of Business Continuity Outline Business Cases to address major infrastructure backlog on hospital sites and respond to Fire Enforcement Notices.	Carruthers, Andrew	31/03/2024	PBC has been endorsed by WG. The estates team appointed initial resources to progress further scoping work in Summer 2022 and WG supported this process with £150K to allow the UHB to appoint additional specialist consultancy teams. This scoping document included additional risk assessment information on health board's infrastructure priorities and included prioritisation of risks into short-, medium-, and long-term silos and indicative cashflows for the full 5/6 year programme period. Scoping document completed and submitted to NWSSP-SES & WG in February 2023. Further work undertaken by the Estates Team and NWSSP to agree the priorities for a 3-year programme of works at @c.£5m per annum to address the most significant risks to the HB, this plan was presented to IIB on 25th January 2024. WG response to this presentation now received (5 Feb 24). HB have answered scrutiny comments from NWSSP-SES and have agreed a resource schedule to release fee monies to procure design teams to undertake detailed designs. NWSSP-SES have supported the resource schedule and have submitted their recommendation of support to WG. Awaiting on formal response.

Co-production of 10 Year Capital Investment Plan with the RPB.			
Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Davies, Lee	31/03/2025	Behind schedule as per highlight report presented to SDODC in June 2024.
Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.

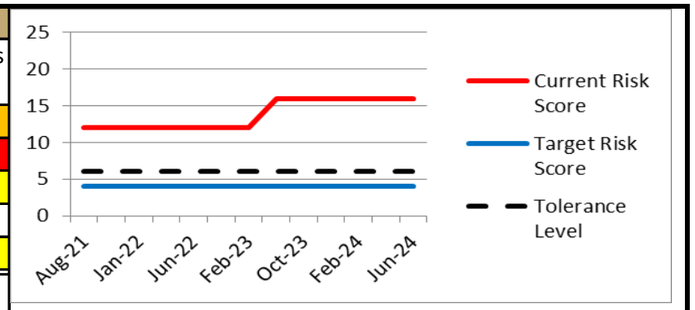
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are 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 and SOC	1st			PCB - Implementing the Healthier Mid and West Wales Strategy - Board (Jan23, Mar23, May23, Jul23 & Sep23) & SDCODC (Apr23, Jun23, Aug23 & Jan24) AHMWW PBC Programme Group Update - Board Seminar (Apr22) TMH Update - Board Seminar (Jun22) Executive Team - Apr22 Planning Objectives Update (Planning) - SDODC ((Jun22, Oct22, Feb23, Jun23, Oct23, Feb24 & Jun24) Pentre Awel Update - SDODC (Dec23) DCP Update - SDODC (every meeting)	Assurance on land selection process				
	Governance structure to oversee delivery of the Business Cases	1st								
	Oversight by A Healthier Mid and West Wales Group which reports into Executive Team with Assurance sought 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 PBC and SOC by WG Assurance Hub	3rd			Forward Look Governance Review - ARAC (Feb23) Regular reporting to Board and Board Seminar				

Date Risk Identified:	May-21	**Executive Director Owner:**	Davies, Lee	**Date of Review:**	Jun-24
Strategic Objective:	5. Safe and sustainable and accessible and kind care	**Lead Committee:**	Board	**Date of Next Review:**	Oct-24

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 Health Board's strategy. This could lead to an impact/affect on our ability to move care from secondary care settings to the community, to move resources into preventative pathways, and to develop an innovative and responsive social model of health and wellbeing.
Does this risk link to any Directorate (operational) risks?			

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



Rationale for CURRENT Risk Score:

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

Rationale for TARGET Risk Score:

The likelihood score reflects the expectation that, through the successful delivery of existing Planning Objectives and new ones developed by the Transformation Steering Group and Strategic Enabling Group, the Health Board will be successful in reaching the clear ambitions set out within its strategy A Healthier Mid & West Wales. The Impact of failure to do so remains the same.

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**
"Healthier Mid and West Wales Strategy approved by Board Nov18. Delivery Groups and processes: 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. Executive Team weekly review process Planning Objectives related to: 1. Delivery of the Transforming MH&LD programmes 2. Development of a Children's and Young People Plan for implementation from 2022/23 3. Development of plans to achieve the design assumptions underpinning A Healthier Mid & West Wales 4. Delivery of the Bronglais Strategy 5. Development of 24/7 out of hospital urgent and emergency care services 6. Transformation Fund initiatives 7. Cluster initiatives 8. Locality development plans and support for those with complex needs in our communities 9.Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways 10. Locality based resource mapping and planning 11. Business Case development for a new hospital in the south of the region and the repurposing of GGH & WGH 12. On going, continuous engagement and support for carers Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees. Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process. 	Successful realisation of the Healthier Mid and West Wales Strategy Successful realisation of the TMH and LD strategy Ability to shift investment into primary and community settings and realise the social model for health 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	Strengthen regional planning through the Mid Wales Joint Committee and the development of Joint Committee with Swansea Bay UHB	Davies, Lee	30/09/2024	New action
		To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region. B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.

To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10)	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

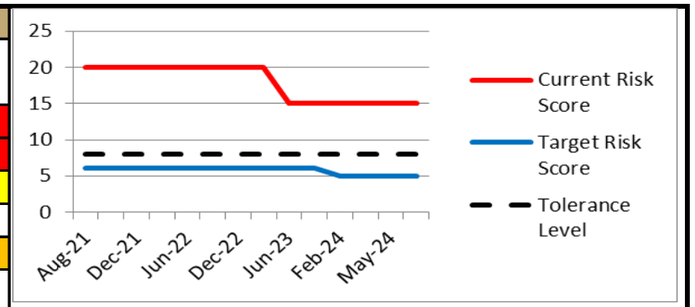
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Board and Committee oversight of Planning Objectives	2nd			TMH Update - Board (Mar22) Three Year Draft Plan for Children's Services - Board (Jul21) PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Nov23) Annual Plan 2023/24 Update - Board (Jan24) Deep dive on PO 3A - SDODC	None identified.				
	QSEC to measure harms	2nd								
	WG Gateway process re accessing capital	2nd								
	Internal Audit reviews of Major Capital Programme	3rd								
	Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning	3rd								

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

Executive Director Owner:	Gostling, Lisa	**Date of Review:**	Jun-24
Lead Committee:	Board	**Date of Next Review:**	Oct-24

Risk ID:	**1186**	**Principal Risk Description:**	There is a risk that the Health Board will not be able to attract, retain and develop staff with the right skills to enable it to deliver our strategic vision to improve the overall health and experience of patients and staff within Hywel Dda. This is caused by the lack of critical staff roles (medical, nursing and therapies) with the right skills and values in the market and not being able to offer staff the space, time and support to develop. This could lead to an impact/affect on our ability to improve the well-being of our staff, improve service delivery, access to timely care, change and develop innovative and responsive models of care, initiate and deliver service change and improve patient outcomes.
Does this risk link to any Directorate (operational) risks?		16491247	

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



Rationale for CURRENT Risk Score:
Using the workforce domain at present there is a daily occurrence where staff aren't able to be released for training, vacancies exist and despite agency usage deficits remain on a daily basis. If we do not clearly understand our service models to design the workforce we need we may not develop the future capability we need. To add if we do not enable capacity for learning or develop alternative methods to create easier access to learning we will not be able to design or deliver the workforce of the future. As at October 2023, the trajectories as noted on the IPAR are currently being met in terms of numbers of staff employed.

Rationale for TARGET Risk Score:
Through implementation of the planning objectives it would be expected that likelihood reduces to 1, and given current performance against IPAR targets it is hopeful this trend will continue. In addition agency, locum and bank usage is ultilised as needed. Oversight is in place by CDG for any service change or escalation processes needed.

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 (a suite of programmes covering management and leadership, Making a Difference, etc) County workforce teams/OD Relationship Managers/Workforce Planners 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 Grow your Own programmes in place Leadership development programmes in place External ad-hoc talent programmes Directorate Improving Together Sessions aligned with Internal Escalation Framework	Having a flexible and responsive recruitment process that encourages employment for people Strategic integration and alignment of regional programmes with Clinical Services Plan and Primary Care and Community Services Strategy Lack of support for services to people plan effectively and strategically (support roles/tools in place however capacity can be challenged to manage all aspects of need identified) Lack of a multidisciplinary approach to clinical education (Workstream in place to drive work) Lack of a comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board (Critical gap - targeted groups i.e. Young Mothers, Travelling Community) Lack of a comprehensive talent, succession planning and leadership development programme (Suite of programmes developing at pace) Lack of appropriate training facilities (space and digital)(Forms part of Estate Strategy) Lack of appropriate training budget (Scoping work being undertaken to identify sources/appropriateness of budgets)	To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives. 1.Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation. 2. Delivery of a targeted Recruitment Plan which will reduce reliance on high cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan. 3. Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation. 4.Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression. (PO 1)	Gostling, Lisa	31/03/2025	On track as per highlight report presented to PODCC in June 2024.
		To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Davies, Lee	31/03/2025	Behind schedule as per highlight report presented to SDODC in June 2024.

	Demand and capacity modelling (To be addressed as part of Clinical Services Planning?)	Implement the Digital Strategic Plan - To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region - To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. - To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. - To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.
		To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10)	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

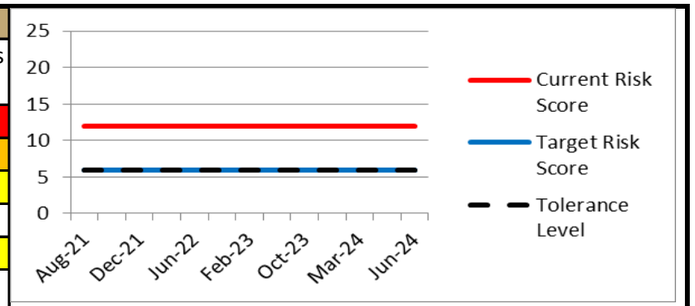
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the 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			Approach to Workforce Planning Paper (including WAO reports) and Workforce Risk Paper and Planning Objectives Update - PODCC (Oct23) Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21) Workforce Planning Report provided to every other PODCC meeting	Lack of relevant 3rd line/ independent assurance	Develop a Maturity Matrix for Strategic Workforce Plan (SWP) and "Panel" on a regional basis with national support through National workforce Planning Forum and HEIW	Walmsley, Tracy	31/03/2025	Maturity matrix has been shared with HEIW and SPPEG and will be shared at a Regional Workshop in Jun24.
	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st								
	SSPEG oversees people planning and education development	2nd								
	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								
	Wales Audit on Workforce Planning (Report Sep23)	3rd								

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

Executive Director Owner:	Davies, Lee	**Date of Review:**	Jul-24
Lead Committee:	Board	**Date of Next Review:**	Oct-24

Risk ID:	**1185**	**Principal Risk Description:**	There is a risk that the Health Board 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 awareness/understanding, within all levels of the workforce of the legal requirements to undertake consistent and meaningful engagement with the Hywel Dda population. This could lead to an impact/affect on poorly designed services, lack of improvement in patient outcomes and experience, lack of improvement in performance, reduction of public confidence, increased scrutiny from media, regulators and WG and potential judicial review.
Does this risk link to any Directorate (operational) risks?			

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



Rationale for CURRENT Risk Score:
Resources from the Engagement Team are focussed on supporting the Clinical Services Plan and other service changes. To support the savings targets, vacant posts have been held. However, a lack of resource will have an impact on the capacity of the team to deliver continuous engagement expertise at a senior level and the operational capacity to deliver the full spectrum of engagement activities during this period, ensuring our communities have a real influence on strategic direction.

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

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**

Skills to Deliver Engagement Two additional posts were added to the Engagement team in early 2023. However, these roles have, due to staff departure and finanical pressure, been held but will be recruited to as a matter of priority. Additional resource has been requested to enable engagement during CSP. Expert engagement team in place with ongoing training needs reviewed regularly. Operational engagement lead for each county. Engagement training provided to operational on an ad hoc/as required basis. Consultation Institute provide expert advice on request. Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities. Close working relationship with Llais. Voices of Children and Young People's Group established 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. Engagement mechanisms to support the delivery of continuous engagement across the organisation include: - provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB - management of the Siarad Iechyd / Talking Health involvement and engagement scheme - management of the stakeholder management system Tractivity - Management of the online engagement tool Have Your Say (EngagementHQ) - advice, guidance, support around the planning and delivery of	Identified gaps in engagement team capacity to deliver continuous engagement during periods of consultation Improved links with acute operational teams to gain greater understanding of operational teams and their role in terms of engagement / continuous engagement with a purpose Clear understanding of requirements and proactive process for proposed service change within the Health Board Lack of understanding of operational teams on their role in terms of engagement / continuous engagement with a purpose. Most service changes require a level of up-front engagement with our communities of staff and service users. Awareness and staff utilisation of available engagement tools	To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will: 1. Increase public confidence and trust in the reputation of the Health Board 2. Offer greater ability of service users to influence services and to be better informed. 3. Improve decision making that is driven by public feedback. 4. Enhance visibility of the Health Board's values through open and transparent communication. (PO 6C)	Hughes-Moakes, Alwena	31/03/2024	This Planning Objective has been paused as per discussions at Board in September 2023, however work continues with regards to the Clinical Services Plan engagement and ad-hoc engagement to support changes in Primary Care eg practice closures.

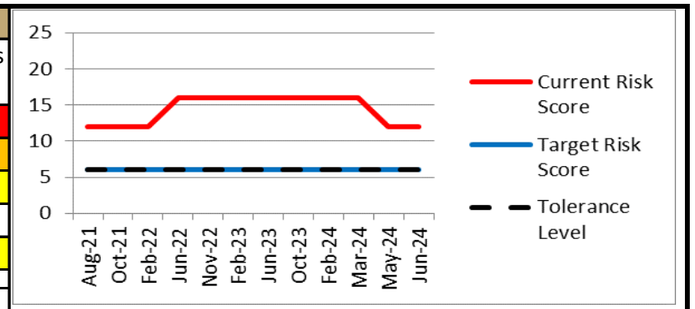
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the 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 pace to monitor Engagement Team objectives	1st			Continuous Engagement Plan - Board (May22)					
	Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans)	1st								
	Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice. Ongoing process in place	1st								
	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 Llais have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee	3rd									

Date Risk Identified:	May-21	**Executive Director Owner:**	Henwood, Mr Mark	**Date of Review:**	Jun-24
Strategic Objective:	3. Striving to deliver and develop excellent services	**Lead Committee:**	Board	**Date of Next Review:**	Oct-24

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 our ability to recognise opportunities for improvement or relative deterioration in the quality of our services in the future, inability to improve recruitment and retention of the workforce, staff morale, poor patient experience or harm, poorer value healthcare and reduction of confidence from our stakeholders.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	



Rationale for CURRENT Risk Score:
Striving for Excellence is a continuous process where the HB will always be looking to strengthen and maximise its clinical effectiveness systems and processes The risk score has been reduced to reflect that the achievements that have been made in Value Based Healthcare, Research and Innovation and Clinical Effectiveness. Further work is required to embed this through job planning to enable protected SPA (Supporting Professional Activities) time for medics.

Rationale for TARGET Risk Score:
As part of the current escalation framework (level 4 Targeted Intervention) there are key areas to address specifically to clinical engagement and leadership specifically to ensure that that clinical leadership is visible and effective; there is leadership development support in place and the consultant body as a whole is actively engaged in driving forward service improvement. A review of clinical leadership at all levels/capacity and capability/multi-professional working/empowerment of more junior staff identifying change champions and empower local leadership models will be completed as part of the Health Board's response to Targeted Intervention and will facilitate the Health Board to develop and deliver excellent services.

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**
# 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. # AMAT system in place to monitor NICE compliance # TSG to learn from best in World. # Advisory Board. # Clinical Director for Clinical Effectiveness - role to secure clinical engagement. # Monitoring system in place for NICE guidance. # QSEC Approved Research & Development (RDI) Strategy with Implementation Plan # Research & Innovation Sub Committee with strengthened membership for improved scrutiny # Strengthened RDI Management Team # Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place. # University partnership arrangements in place. # Strategic Enabling Groups # Value Based Health Care Sponsoring Group # Value Based Health Care Programme Team # National Value Based Health Care Community of Practice # Improving Together Programme # Regular attendance at Directorate/ County Quality and Governance Groups to improve engagement on clinical effectiveness # Establishment of the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify gaps and improve services.	Being cognisant of patients' perception of excellence Clinical engagement across the Health Board is growing but it still needs to be strengthened in some areas to ensure that clinical effectiveness systems and processes are fully embedded and used to their maximum potential. Staffing fragility within the RDI Team Over-reliance on external funding for RDI and insufficient recurrent internal financial investment, or resource alignment (e.g. time for research) to support ambition within RDI strategy Inadequate facilities to undertake research activities. Resources within the wider HB to deploy to servicing the university partnership arrangements. Focused patient input into the use of Value Based Health Care intelligence in providing higher value services Explicit Nursing input into the programmatic implementation of Value Based Health Care across the Health Board Development of governance	To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives. 1.Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation. 2. Delivery of a targeted Recruitment Plan which will reduce reliance on high-cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan. 3. Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation. 4.Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression. (PO 1)	Gostling, Lisa	31/03/2025	On track as per highlight report presented to PODCC in June 2024.
		To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)	Davies, Lee	31/03/2025	Behind schedule as per highlight report presented to SDODC in June 2024.

Development of governance arrangements to encompass the Value Based Health Care work being undertaken as part of the Mid Wales Health Collaborative Clinical services configuration and current resource constraints	Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. E. Development of Maternity and Paediatric record systems. (PO 9)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.
	Research and Innovation - Implementing Research and innovation Strategy (no PO for 2024/25)	Henwood, Mr Mark	31/03/2025	New action
	Review of the Medical Leadership Forum (MLF) to adopt the form of a 'working MLF' to reset, refocus and reignite the MLF to encourage continued engagement and generate an enthusiasm that is taken back into clinical teams.	Henwood, Mr Mark	31/03/2025	New action

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			Update ECPAP Reports to QSEC (Oct23) Effective Clinical Practice Strategic Plan for ratification to ECPAP (Sep22) Effective Clinical Practice Delivery Plan to ECPAP (Dec22)	Due to gaps in the historic system, it is not always possible to provide assurance to DCMO re: specific guidelines				
	# Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan	1st								
	# VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation	1st								
	# Medical Leadership Forum	2nd								
	# VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action	2nd								
	# Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group	2nd								
	# 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								

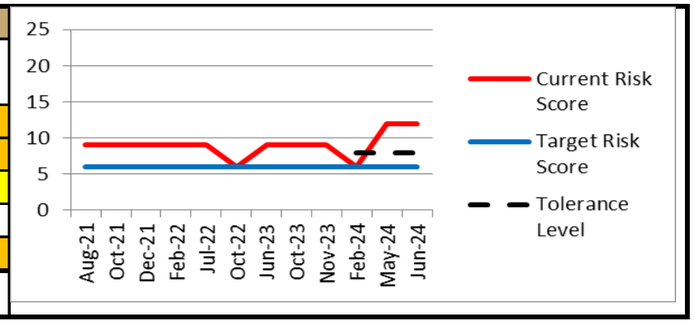
# Board Committees & Executive Team (through its reporting groups) oversee delivery of Planning Objectives	2nd									
# Annual Performance Review by WG/HCRW	3rd									
# RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities	3rd									
# IA on NICE Guidelines Follow-up (Reasonable Assurance)	3rd									
IA on Job Planning - May24 (Limited Assurance)	3rd									
# HCRW Annual Review of R&D (awaiting final report - positive verbal feedback to date)	3rd									

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

Executive Director Owner:	Thomas, Huw	**Date of Review:**	Jun-24
Lead Committee:	Board	**Date of Next Review:**	Oct-24

Risk ID:	**1200**	**Principal Risk Description:**	There is a risk that the Health Board does not maximise the social value it creates through its actions, as an anchor institution in West Wales. This is caused by the Health Board not having had a framework in place to embed and measure social value. This could lead to an impact/affect on the Health Board not meeting the needs of future generations and addressing wider determinants of health and well-being.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	3×3=9
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	8
Trend:	



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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**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**
Health Board active participation within the Public Service Boards across Hywel Dda UHB region. Local Needs Analysis has been completed based on the Wellbeing Goals. A Social Value framework has been developed with strands in workforce, facilities and estates, procurement. Decarbonisation plan in place, with its own risk assessment. Annual carbon reporting underway to WG.	The controls are in their early stages, but have been embedded into decision-making in procurement services and in long term staff development plans, such as 'Grow your own'. National framework agreements might not be moving at the same pace as HDUHB in maximising Social Value through procurement.	Local Economic and Social Impact - We will: - Direct our expenditure to local benefit - Collaborate with partners to maximise our impact - Ensure that we remain focused on the long term impact we can have - Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund.	Thomas, Huw	Completed	Complete. This is now embedded in procurement decision-making.

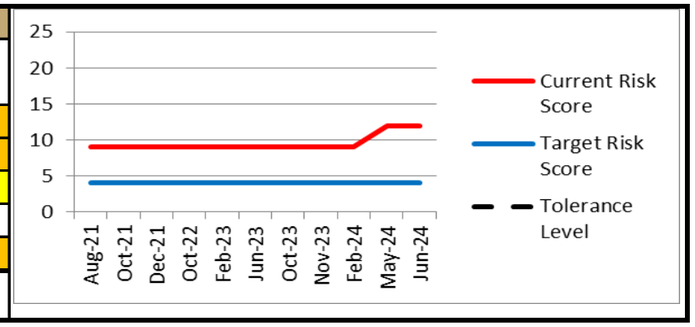
To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), including support & collaboration with PSBs and RPB. (PO 10)	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
We are establishing an outcome measure for Board in relation to: Our positive impact on society is maximised	Delivery of Planning Objectives overseen by Executive Team, and its supporting structure, and Board Committees	2nd			Social Value Workshop - SEG (Oct21) Social Value Workshop - SRC (Dec21) Public value action plan (004) (May23) Public Values Framework strategy (June23)	Evaluation	Establish key metrics for measuring social value improvements in Health Board	Thomas, Huw	~~30/11/2022~~ ~~30/11/2023~~ 30/06/2024	Working with Cardiff University and Welsh Government to develop a 'ready reckoner' impact assessment tool to be developed and implemented for the 2024/25 financial year. Draft Measurements direction report presented at a working level (social value lead and TL) and meeting booked with HT.
	Board meetings to consider the outcome measure (Our positive impact on society is maximised)	2nd								

Date Risk Identified:	May-21	**Executive Director Owner:**	Gjini, Ardiana	**Date of Review:**	Jun-24
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities	**Lead Committee:**	Board	**Date of Next Review:**	Oct-24

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?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health Equity
Inherent Risk Score (L x I):	4×3=12
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	2×2=4
Tolerable Risk:	8
Trend:	⬆



Rationale for CURRENT Risk Score:	**Rationale for TARGET 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. The current risk score has increased from 9 to 12 to reflect that current immunisation rates are low and there is an immediate risk of increase of disease, e.g. measles, in the local community, and there is a heightened focus on this area from Welsh Government.	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** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
National screening programmes in place (including Breast, Bowel, Cervical, DES, AAA, new-born, etc). These programmes are national services, planned, delivered, monitored and quality assured by PHW, also the quality improvement sits with PHW. Local initiatives in place such as Cervical Screening and Refugees, and Barriers to Screening Uptake in Carers. Vaccination and immunisation programme in place, and recently has seen significant changes with introduction of national immunisation framework (NIF). Vaccination and Immunisation as programmes are planned in line with WG policy. Local health protection service in place.	Gap in knowledge in terms of equity of access/uptake to be triangulated with equity of outcome to be triangulated with potential targeted campaigns to improve both access/uptake and outcome Evidence based actions that improve individual and community behaviours. Lack of capacity to drive the evidence base interventions with our partners, stakeholders and communities.	To deliver the Single Cancer Pathway Standard performance requirement (minimum of 75% of patients to receive treatment on SCP within 62 days by March 2025) (part of PO 4)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

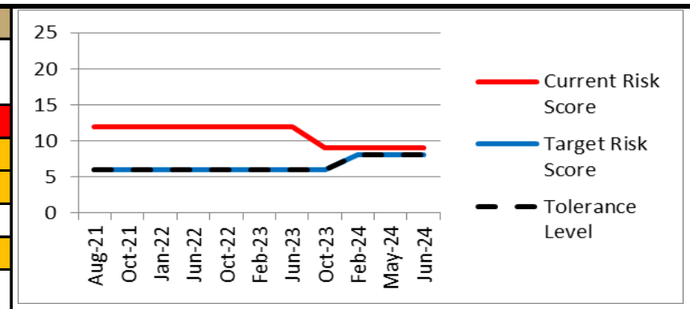
Local and National health promotion initiatives. Multi-agency Immunisation Steering and Oversight Group being refreshed and strengthened (with operational delivery groups for adult immunisation, infant and pregnancy immunisation and respiratory immunisation, school age immunisation, occupational immunisation) Tobacco Control Group in place. Area Planning Board (Alcohol and Substance Misuse).	Lack of capacity to drive improvements Lack of wider determinants and outcomes data to inform local screening programmes. Responsibility and resource for screening uptake sits with Public Health Wales and the Health Board can only influence alongside other Health Boards in Wales.	To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10)	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the BAF Dashboard Wellbeing, Public Health Outcome and Health Inequality, 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				
	Population Health and Strategic Equity Oversight 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	**Executive Director Owner:**	Daniel, Sharon	**Date of Review:**	Jun-24
Strategic Objective:	5. Safe and sustainable and accessible and kind care	**Lead Committee:**	Board	**Date of Next Review:**	Oct-24

Risk ID:	**1195**	**Principal Risk Description:**	There is a risk that the Health Board is not yet consistently recognising and reporting early indications of shortfalls in quality and safety across all services within the Health Board as required by the Quality and Engagement Act (which came in to force on 1st April 2023) 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?		1184	

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×3=9
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	⟷



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. Since 1st April 2023, the introduction of the Quality and Engagement Act has refreshed the focus on quality and safety through the 6 domains and internal metrics developments. These developments have facilitated discussions at the appropriate forums such as Board, Committees and local governance arrangements.

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 in place, however further developing required in light of the Speak Up Safely Framework as issued by Welsh Government in October 2023 Listening and Learning Sub-Committee Operational Quality, Safety and Experience Sub-Committee Clinical Audit Programme Clinical Executive Quality Panel External reports (HIW, HSE, MWWFRS, Peer Reviews, etc) Mortality Reviews and Medical Examiners Service National Accreditation Standards for service specifications 6 Domains as noted in the Duty of Quality Act (STEEEP) PROMS and PREMs in identified services	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. Consistent interrogation and reporting of data within RL Datix Incident Reporting system is not yet embedded, resulting in lack of staff confidence in reporting incidents. Not yet consistently using the information from PROMs, PREMs and FROMs as part of triangulation process	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the 8 week wait for diagnostics. (PO4)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Mental Health and Learning Disabilities service improvement though: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

Directorate and Service Quality Governance Meetings established Directorate Improving Together Sessions 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. Quality Impact Assessments process now in place Quality Management System now in place	To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

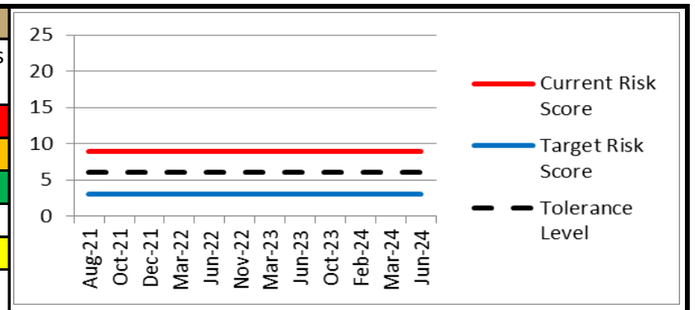
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of the BAF Dashboard	Quality and Safety Intelligence Group	2nd			Patient Experience Report - every Board (May24) Healthcare Contracting Update - SRC (Aug22) QIA - QSEC (Oct 23) Quality and Commissioning Update - QSEC (Oct 23)	Assurance on triangulation of data	Internal Audit to review the triangulation of data in the Health Board	Daniel, Sharon	Completed	Safety Indicators IA review undertaken and reported to ARAC in Apr23, with work progressing in terms of implementing recommendations raised. The 3 new Clinical Directors have met to consider the methodology and metrics to consider how triangulation of data can be achieved in line with Duty of Quality. We have a number of meetings planned over the next month to progress the work with the aim of having a proposal by end of financial year. Following development of the Harms Dashboard, internal escalation domains and criteria have also been developed. Triangulation of data has started however needs to mature and will be refined over time. A meeting is planned in June with performance colleagues to include other metrics including compliance with duty of candour, the medical examiner requirements and other key quality domains. QIA panels are also in place to supplement the above process and guide HB decision making.
	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 aligned to the Internal Escalation Framework	2nd								
	Performance reports through power BI and Committee reports	2nd								
	PTHB/HDUHB LTA/CQPR Meeting and Hywel Dda & SBU (SLA & LTA) Meetings to review quality aspects from commissioning arrangements	2nd								
	Commissioning arrangements overseen by Sustainable Resources Committee (SRC)	2nd								
	GIRFT Reports reported to QSEC	2nd								
	Quality Impact Assessments and Panel	2nd								
	HIW patient complaints	3rd								
	Quality Governance Follow up Report (Oct21)	3rd								
	Annual Structured Assessments by Audit Wales	3rd								
	Internal audit on Safety Indicators (Reasonable Assurance	3rd								
	Internal Audit plans which include reviewing Quality Governance	3rd								

Date Risk Identified:	May-21	**Executive Director Owner:**	Gjini, Ardiana	**Date of Review:**	Jun-24
Strategic Objective:	2. Working together to be the best we can be	**Lead Committee:**	Board	**Date of Next Review:**	Oct-24

Risk ID:	**1188**	**Principal Risk Description:**	There is a risk that the Health Board is not effectively leveraging within our current partnerships and is unable to attract the right partners to help achieve our strategic objectives. This is caused by not being clear on partnership governance, the fragility of our services due to lack of joint accountability, and our geography and demography. This could lead to an impact/affect on the Health Board not realising the shared value/benefits of achieving more together than as separate entities, missing out on opportunities, not realising the benefits of closer joint working, duplication of effort as various partnerships are not streamlined, as well as reduced confidence from stakeholders.
Does this risk link to any Directorate (operational) risks?			

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



Rationale for CURRENT Risk Score:

The Health Board is an active partner in a number of strategic and statutory partnerships. These include the following: Public Services Boards; Regional Partnership Board; 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; Area Planning Board for Substance Misuse. Partnership arrangements are well established and have been in place for many years. This provides a reasonable degree of confidence that partnership actions are being leveraged effectively with minimal duplication of effort.

Rationale for TARGET Risk Score:

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

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**
The Health Board is a key member of strategic and statutory partnership groups, including Regional Partnership Board and Public Service Board. 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. Representatives on strategic partnerships groups to provide regular updates to the Board/Executive Team. ARCH Recovery and Strategic Delivery Plans Digital strategy Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group Research, development and innovation strategy	Fully comprehending and exploiting the opportunities of true partnership working in order to deliver the ambitions within our Health and Care Strategy. The Partnership Governance Framework and Toolkit has not been proactively utilised and would require review to ensure fit for purpose in the current governance environment. 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. Access to latest equipment and state of the art facilities for research, development and innovation Promoting the successes of the Health Board achievements Workforce, facilities and capital requirements to deliver on our delivery plans in ARCH and MWJC Capacity to support regional working within the organisation and at Executive level	To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10)	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives. 1.Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation. 2. Delivery of a targeted Recruitment Plan which will reduce reliance on high-cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan. 3. Delivery of a Retention Plan to support the supply side elements of the Workforce Plan and underpin workforce stabilisation. 4.Delivery of a Workforce Education and Development Plan which supports the pipeline (supply side) for staff progression. (PO 1)	Gostling, Lisa	31/03/2025	On track as per highlight report presented to PODCC in June 2024.

	Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region. B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.
	Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
	To oversee financial recovery and develop a long term financial route map (PO2)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.

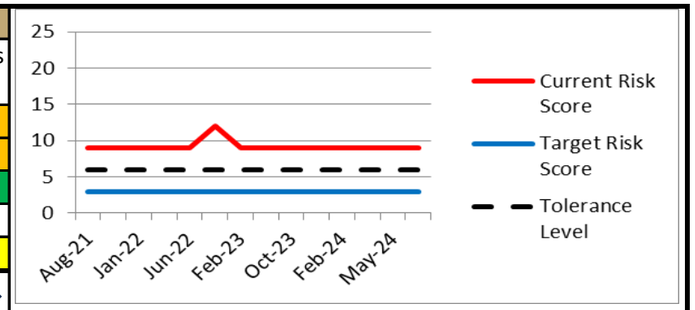
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in BAF Dashboard	Statutory Partnerships Update to Board	2nd			Strategic Partnerships Update - every Board (May24)	Ability of the organisation and individual directorates to understand whether opportunities within partnerships are being maximised.	Identification and monitoring of desired outcomes from partnership plans: based on coproduction, strategic alignment and joint implementation.	Gjini, Ardiana	~~31/03/2025~~	For discussion with relevant executive leads on mechanisms of approach
	Chief Executive and Chair Reports to Board	2nd								
	ARCH Reports to Strategic Development and Operational Planning Committee (SDODC)	2nd								
	Delivery of Planning Objectives are being overseen by Executive Team and Board Committees	2nd								

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

Executive Director Owner:	Daniel, Sharon	**Date of Review:**	Jun-24
Lead Committee:	Board	**Date of Next Review:**	Oct-24

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?			

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	3×4=12
Current Risk Score (L x I):	3×3=9
Target Risk Score (L x I):	1×3=3
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

The current risk score reflects the fact that the organisation has existing processes in place to value and embed learning and improvement but that it is not comprehensive. This means we may miss opportunities to enhance the care we provide and create a supportive environment for staff to develop and grow. There is increasing evidence that the mindset of the organisation is focussed on learning, the skillset is developing quickly, particularly in areas such as EQIiP, Improving Together and Research, Innovation and Development, however further work is required to strengthen our toolset. Operational pressures are also likely to be causing challenges for people to enact change or improvement in their areas however Improving Together sessions with Directorates have facilitated and helped to embed learning and improvement which has enabled an overall score of 9 to be maintained. The new internal Escalation Framework will also help to improve learning and drive improvements in areas where performance issues are identified.

Rationale for TARGET Risk Score:

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Risk Management Framework and Board Assurance Framework (BAF) Established governance structures Established Assurance Trackers for audits, inspectorates & regulators, Welsh Health Circulars, Ministerial Directions Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience Research, Development and Innovation Strategy approved by QSEC The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements Quality framework, with the Enabling Quality Improvement in Practice (EQIiP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&D etc) Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc) OD Cultural Plans A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity) Quality Impact Assessment process and panel	Staff not being clear of the expectation of their contribution to the delivery of the strategic objectives/planning objectives Ability to address our audit, inspectorate and regulatory requirements at pace Understanding our position against HCS and having an effective plan to ensure we comply with them Having an effective process to find new opportunities to improve what the HB does and how it does it through new POs and enablers Having comprehensive approach to use of data - operational, tactical and strategic Alignment of BAF to strategic objectives Having ambitious comprehensive RDI programme Having an effective process to collate and disseminate learning across the organisation Cohesive engagement and capacity of operational teams to engage in programmes listed in the 'key	Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the 8 week wait for diagnostics. (PO4)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Implement the Digital Strategic Plan. A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. E. Development of Maternity and Paediatric record systems. (PO 9)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.

	programmes listed in the 'key controls'. Availability of data that is accessible for teams to identify improvements	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (RO 3)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

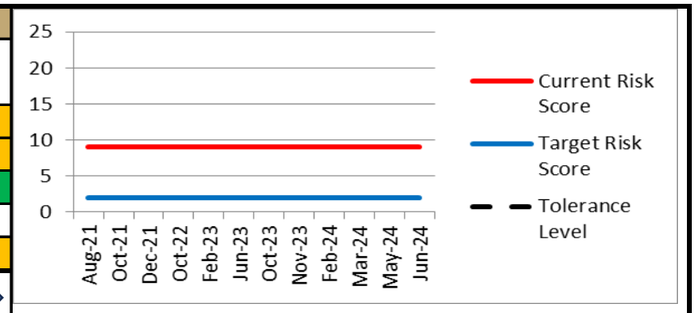
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of BAF Dashboard	Tracker Performance reports issued to Lead Directors on bi-monthly basis	1st			Tracker Report - every ARAC 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								
	ARAC oversight of Audit Tracker	2nd								
	RD&I Sub Committee overseeing delivery and success of RDI Strategy	2nd								
	IQPFD overseeing quality performance	2nd								
	Quality Impact Assessment Panel reporting to QSEC	2nd								
	Quality and Safety Intelligence Group	2nd								
	Internal Quality & Engagement Act Implementation Group	2nd								

Directorate Improving Together Sessions aligned to the internal Escalation Framework (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								
AW & IA Plan includes annual review of risk management arrangements & BAF	3rd								

Date Risk Identified:	May-21	**Executive Director Owner:**	Gjini, Ardiana	**Date of Review:**	Jun-24
Strategic Objective:	4. The best health and wellbeing for our individuals and families and our communities	**Lead Committee:**	Board	**Date of Next Review:**	Oct-24

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?			

Risk Rating:(Likelihood x Impact)	
Domain:	Health 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):	2×1=2
Tolerable Risk:	8
Trend:	⟷



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** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Health inequalities is embedded across public health teams, working closer with the planning and CSP work. HB Planning Objectives on Health Population setting plan of work for 2024/25. Population Health and Strategic Equity Oversight Group working across the HB and strategic partners. Strategic Plan for Health Improvement and Wellbeing (3 year plan) going to Board for approval in July 2024. Immunisations Equities Strategy in place. Development of Health Equities Framework for Health Services. PSB Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well-being (the self-assessments and new objectives were set in Apr23). Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.	Currently no formal process in place that considers impact of health inequity/equity of outcomes across our population Capacity of the Community Development Outreach Team to engage with all communities within Hywel Dda area Capacity of Public Health Consultants and senior public health professionals to lead health equalities work. Lack of wider determinants and outcomes health inequities data.	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		To deliver the Single Cancer Pathway Standard performance requirement (minimum of 75% of patients to receive treatment on SCP within 62 days by March 2025) (part of PO 4)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Mental Health and Learning Disabilities service improvement though: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
		Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)	Paterson, Jill	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

	To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board. 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10)	Gjini, Ardiana	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

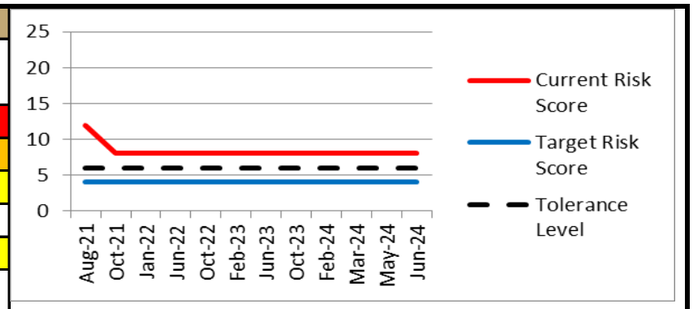
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the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

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

Executive Director Owner:	Daniel, Sharon	**Date of Review:**	Jun-24
Lead Committee:	Board	**Date of Next Review:**	Oct-24

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, poor staff experience, lack of public confidence, missed opportunities and the inability to offer patients and staff a great experience.
Does this risk link to any Directorate (operational) risks?			

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



Rationale for CURRENT Risk Score:
The current risk score reflects the current maturity level of formal mechanisms to triangulate different sources of engagement and feedback from public, patients and staff across Hywel Dda. The information being used Improving Together sessions requires further embedding, however this is facilitating a conversation regarding the utilisation of various metrics better.

Rationale for TARGET Risk Score:
Target score is predicated on developing the mechanisms to support the triangulation of various pieces feedback and quality and safety metrics.

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**
Central Communication Hub in place with workstreams established supporting 27 operational teams in communicating with patients Central Communication Hub lead appointed Civica system capturing feedback from patients implemented, with signficant roll out across services Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured liked to CSP Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board, and actively work with services Methodology to manage change with services to facilitate clinical engagement and pace of delivery (Engagement Team, Quality Improvement Team and Transformation Team) underpinned by the Safe Care Collaborative and TUEC programme of work Waiting List Support Programme (WLSP) Plan with workstreams established to support continued engagement with clinical staff and services follwing the National 3 Ps policy and directly supporting patietns on waiting lists	Physical capacity to expand telecoms infrastructure to support the Communications Hub and WLSP A system has been developed to support triangulation of data however it needs to be formally agreed and implemented. Performance Team are actively working on mechanism to facilitate easier triangulation. Routine periodic reporting during and after service change to reflect on the impact /improvement to patients, staff and performance remains in its infancy. No agreed method of aligning PROMs, PREMs and other measures to service change or development Value opportunities framework is embedded with EQIIP, however not yet fully embedded into all service change and transformation activity	To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives. 1.Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation. 2. Delivery of a targeted Recruitment Plan which will reduce reliance on high cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan. 3. Delivery of a Retention Plan to support the supply side elements of the Workforce Plan and underpin workforce stabilisation. 4.Delivery of a Workforce Education and Development Plan which supports the pipeline (supplyside) for staff progression. (PO 1)	Gostling, Lisa	31/03/2025	On track as per highlight report presented to PODCC in June 2024.
		To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)	Davies, Lee	31/03/2025	On track as per highlight report presented to SDODC in June 2024.

Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges (PO 3)	Carruthers, Andrew	31/03/2025	On track as per highlight report presented to SDODC in June 2024.
Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region. B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)	Thomas, Huw	31/03/2025	On track as per highlight report presented to SRC in June 2024.

patients on waiting lists WLSP Phased Iterative Implementation Plan which is regularly reviewed Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development Power BI Performance dashboards on IRIS Engagement in place with Llais Cymru (formal and informal arrangements in place) Staff Partnership Forum (UHB and County Partnership Forums) Mechanism in place to ensure charitable funding applications demonstrate impact through agreed evaluation and metrics Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings. Health Board wide Improving Together Sessions in place, which utilise dashboards Staff Surveys and Pulse Surveys undertaken regularly to evaluate staff experience, and reported to People, Organisational Development and Culture Committee Quality Impact Assessments introduced and reported to Quality, Safety and Experience Committee

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of BAF Dashboard	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st			Single Point of Contact Report - Board (Mar21) Patient Experience Report - every Board (May24) Periodic update reports to Executive Team on the impact of the Communication Hub and WLSP Staff Feedback Reports - PODCC QIA reported to QSEC (Sep23)	Routine reporting of triangulated performance metrics				
	Communication Hub and WLSP Steering Group overseeing delivery of the plan and the workstreams	2nd								
	Improving Together performance sessions with clinical and corporate directorates aligned to the Internal Escalation Framework	2nd								
	Formal Executive Team review and triangulate data from the Harms Dashboard, Our Performance Dashboards and other intelligence	2nd								
	Communication Hub Steering Group	2nd								
	Executive Team, through its reporting groups, oversee delivery of Planning Objectives	2nd								
	Board Committee oversight of Planning Objectives	2nd								

Patient Experience Report to every Board	2nd								
Listening and Learning Sub Committee oversight of patient experience	2nd								
Periodic reporting of engagement index survey results to People, OD and Culture Committee and Board (from Nov21)	2nd								
Public Service Ombudsman for Wales Reports	3rd								
HIW Inspection Reports and Complaints, including implementation of recommendations	3rd								