



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Board Assurance Framework Dashboard Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Prof Phil Kloer, Interim Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance (Board Secretary)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of the Board Assurance Framework (BAF) Dashboard Report to the Board is to provide the Board with a visual representation of the Health Board's progress against each strategic objective by showing:

- The current delivery against each planning objective aligned to the strategic objective;
- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

The BAF Dashboard can be accessed via the following link:

[BAF Dashboard Overview - Power BI](#) (Please open in Microsoft Edge).

Cefndir / Background

The Board needs to have oversight at any given time of the current state of progress with regard to its strategic objectives. Whilst there will always be levels of uncertainty, the Board needs to be assured, either positively or negatively, as to what is feasible and practicable regarding the delivery of its objectives.

The following components and processes must be in place for the Board to receive the necessary assurances:

- **Objectives** (strategic/directorate) must be clear and measurable. Other components of governance cannot function effectively or efficiently unless these clear objectives and associated success measures are in place;

- **Controls** (policies, procedures, structures, staffing, etc) should be implemented by management in order to achieve core objectives, taking into consideration known risks to achievement;
- **Performance** against tangible measures of success should be regularly reviewed, with shortfalls/weaknesses identified as a risk to the achievement of objectives;
- **Risks** to the achievement of objectives and individual tangible success measures should be identified. Risks should be assessed and graded in terms of their impact on a particular or specific objective and escalated for consideration against higher objectives as required;
- **Risk management** decisions should be taken in light of risk appetite, risk tolerance, and the cumulative impact and likelihood of any or all of the risks threatening achievement of a single objective;
- **Action** should be taken in response to risk, including additions or amendments to the control framework.

These components and processes of governance must be embedded effectively, as the Board needs to be reliably assured that each component is operating effectively within an overall framework.

Once reliable information and assurance in relation to each component is available in relation to a particular strategic objective, the Board can begin to feel confident about the delivery of that objective.

The BAF provides the framework for this approach.

Asesiad / Assessment

The Health Board's six strategic objectives form the basis of the BAF.

- | | |
|---|--|
| 1. Putting people at the heart of everything we do | 4. The best health and wellbeing for our communities |
| 2. Working together to be the best we can be | 5. Safe, sustainable, accessible, and kind care |
| 3. Striving to deliver and develop excellent services | 6. Sustainable use of resources |

These objectives set out the aims of the organisation – the horizon the organisation is driving towards over the long term – which will be used to guide the development and delivery of the shorter-term planning objectives over many years.

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- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

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Since the Board meeting in November 2023, the following work has been undertaken to produce the BAF Dashboard:

Planning Objectives

All Committees have received a progress report on delivery of the planning objectives (POs) that have been aligned to them. The progress reported is against the POs identified in the Annual Plan for 2023/24. This takes into account the work that was presented to Board in September 2023, whereby a review of the POs were undertaken as part of our ongoing recovery work to deliver the 2023/24 Annual Plan. As a consequence, a number of POs were prioritised whilst others were slowed or paused. The implications of this was further assessed and was reported to Board in November 2023, with revised deliverables and timelines for the remainder of 2023/24.

Outcome Measures

The outcomes and proxy measures provide an understanding of whether actions are having the desired impact on the aligned strategic objectives. The metrics chosen have quality as their main focus and are both qualitative and quantitative. They cover staff and the patient voice, system measures, national well-being measures and measures which are important locally.

The trends in the data are discussed three times a year at Executive Team. The Executive Team set actions at these meetings and these are enacted in between meetings.

Where appropriate statistical process control (SPC) charts have been used for the outcome measures. An explanation of SPC charts and a key can be found [here](#).

We have undertaken work to refine the 'population health' measures aligned to Strategic Objective 4. Measures with more timely data sources have now been selected and agreed by the Director of Public Health. These are 'mean mental wellbeing score for adults (16+)', 'Premature deaths by non-communicable diseases' and the '% of people agreeing they belong to the area, people from different backgrounds get on well together and people treat each other with respect'.

Principal Risks and Assurances

The principal risks are reviewed three times a year at Executive Team, with follow up meetings with principal risk owners to review their risks in more detail.

The principal risks have been updated by risk owners and have been reviewed by the Executive Team in February 2024. The principal risk actions have been updated by risk owners. Where POs have been prioritised or slowed, Board Committees have received updates on progress in February 2024.

The risk component of the BAF dashboard report will provide a high level visual of the current and target risk scores, the risk tolerance level, the number of first, second and third line assurances, and an assurance rating which will advise whether there are concerns with the effectiveness of the controls in place. A detailed principal risk and assurance report is available via a link on the BAF Dashboard.

The principal risks will be reviewed following Board approval of the Health Board's Annual Plan in March 2024. The Interim Chief Executive Officer has advised that the following risks will move ownership in the new financial year:

1187 (Strong enough reputation to attract partners to work with us) – *Director of Workforce and OD*

1189 (Timely and sufficient learning, innovation and improvement) – *Director of Nursing, Quality and Patient Experience*

1191 (Underestimation of Excellence) – *Medical Director*

1192 (Wrong value set for best health and well-being) – *Director of Public Health*

1197 (Implementing models of care that do not deliver our strategy) – *Director of Strategy and Planning*

What the BAF is reporting this month

The Board should focus its attention on areas of poor performance in terms of progress against delivery of POs, slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, where there is little confidence in the assurances provided. Committees may also identify and advise of weaknesses in the assurances that have been provided to them. Below is brief overview of the key information that the BAF Dashboard report is providing this month in respect of the Health Board's progress to achieving its strategic objectives.

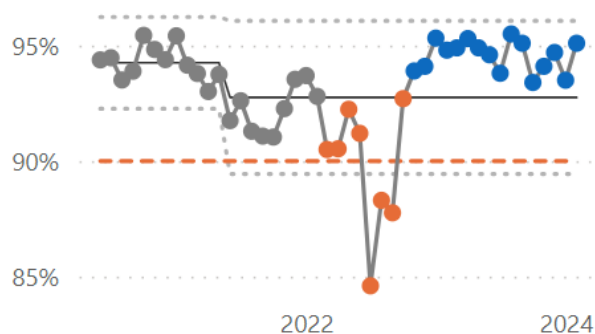
Overall this month, the [BAF Dashboard](#) is showing most POs have reported as being on track with the exception of 1A (Recruitment and Retention Plan) and 2A (Engage with and listen to our people) which are now completed, whilst 3A (Transforming Urgent and Emergency Care); 4A (Planned Care); 4B (Regional Diagnostics); 5A (Estates Strategy); 8A (Decarbonisation and Sustainability) and 8C (Financial Roadmap) are all behind.

Strategic Objective 1 – Putting people at the heart of everything we do

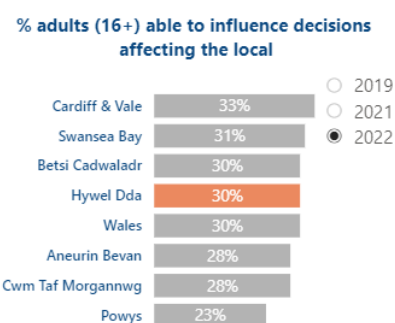
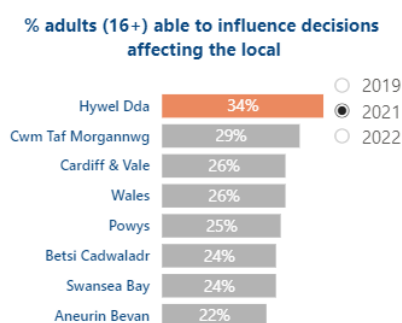
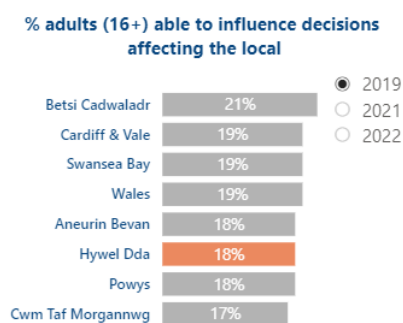
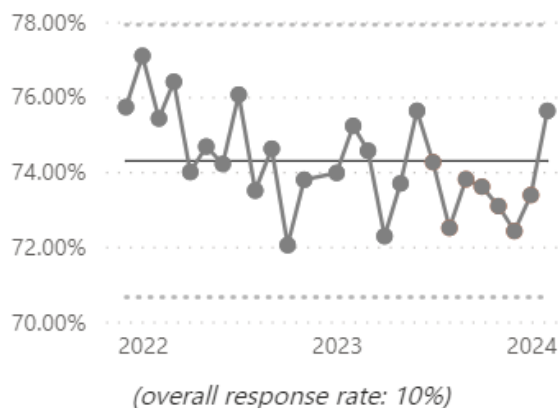
- Three POs are aligned to strategic objective 1 – 1A (Attraction & Recruitment Plan), 2A (Engage & listen to people) and 2C (Workforce, OD and partnerships plan). 1A and 2A are now complete; whilst 2C is on track.
- Risk 1186 (Ability to attract, retain and develop staff with the right skills) remains at 15, reflecting that staff vacancies exist with agency usage on a daily basis, further understanding is required on future service models to design the workforce and develop the capability required to deliver the workforce of the future. Two actions have been completed (1A and 2A as per above bullet point), with all other actions assigned to the risk are currently on track, with the exception of one action which remains behind schedule (5A - Estates Strategy) despite being prioritised this year.
- There has been no change in the current risk score of 8 for risk 1184 (Measuring how we improve patient and workforce experience). Whilst one action (2A Engage & listen to people) has been completed, one action is currently behind (4A Planned Care) and a further action (6C Continuous Engagement) has been paused, although engagement will continue to be undertaken through other planned and prioritised work. All other actions remain on track. It has been identified that further assurances are required in relation to this risk. Risk 1185 (Consistent and meaningful engagement through our workforce) has been reviewed with no change to the current risk score of 12. One action (2A Engage & listen to people) has been completed with the remaining action (6C Continuous engagement) paused, as outlined previously. This risk may be impacted due to constrained resources which will affect 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.
- In respect of the agreed outcome measures for this strategic objective, the organisation has previously reported on patient experience only in emergency departments; however, is now also including data for inpatient and outpatient activity. The overall patient experience score has remained high between 85% and 95% since June 2020, with performance consistently above target since October 2022. 1,000 staff continue to be invited to participate in the staff survey each month. The overall response rate for February 2024 was 10% (compared to

16.3% in October 2023) and the overall staff engagement score was 75.6%, compared to 73.6% in October 2023. We aim to relaunch the survey in April 2024 with a message from the new Chief Executive and renewed promotion to increase the response rate. No update is available for the other outcome measure which is reported annually i.e. adults able to influence decisions affecting their area annually.

Patients: Overall patient experience score



Our overall score for staff engagement (Hywel Dda survey)



Strategic Objective 2 – Working together to be the best we can be

- Three POs are aligned to strategic objective 2 – 1B (Career progression), 2B (Employer of choice) and 6C (Continuous engagement). All POs are currently reported as remaining on track, although 6C was paused following the review in September 2023.
- Risk 1186 (Attract, retain and develop staff with right skills) has a current risk score of 15 – an update has been provided above in strategic objective 1. An update has also been provided above for risk 1185 (Consistent and meaningful engagement through our workforce). The risk score for 1187 (Strong enough reputation to attract partners to work with us) remains at 12, with two actions completed (1A Attraction and Recruitment Plan and 2A Engage & listen to people). There are six further actions currently on track, four that have been paused and three actions currently behind schedule (4A Planned Care, 5A Estates Strategy and 8A Decarbonisation and Sustainability). Risk 1188 (Effective leveraging within partnerships) has been reviewed with the current risk score remaining at 9. It has two actions behind schedule (4A Planned Care and 4B Regional Diagnostic Plan), one action paused (8B Local Economic and Social Impact), and whilst 2C (OD and partnerships plan), and 7C (Social Model) have been slowed, they remain on track, along with 5B (Research and Innovation) which has been identified as business as usual. Risk 1188 has identified that further assurances are required.
- Data is now available for the 3 outcome measures for this strategic objective with the addition of Patient Recorded Outcome Measure (PROM) data. There are 28 specialty areas collecting PROMs, with 37,000 patients contacted and 58,000 forms completed between

August 2020 and February 2024. In February 2024, of those staff members who responded to the staff survey, 61% (compared to 63% in October 2023) reported that they are proud to tell people that they work for Hywel Dda, 76% (compared to 71% in October 2023) reported that team members trust each other's contributions and 71% (compared to 69% in October 2023) reported having a performance appraisal and development review (PADR) in the last 12 months that has supported them with clear objectives aligned to team and organisation goals. We continue to engage with staff through the monthly surveys and discussions to monitor and understand how to improve staff experience.

Number of specialty areas with Patient Recorded Outcome Measure (PROM) collection and PROMs returned

Number of specialty areas collecting PROMs

28

Patients contacted

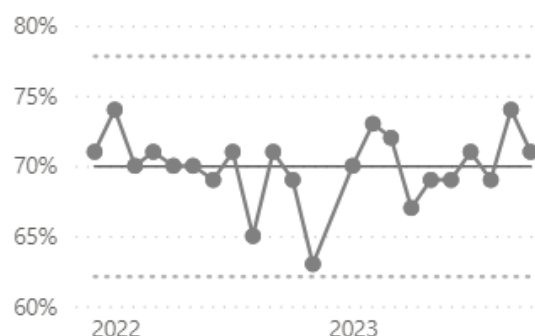
37,000

Forms completed

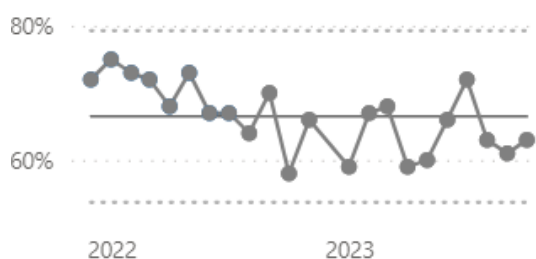
58,000

Totals updated to February 2024

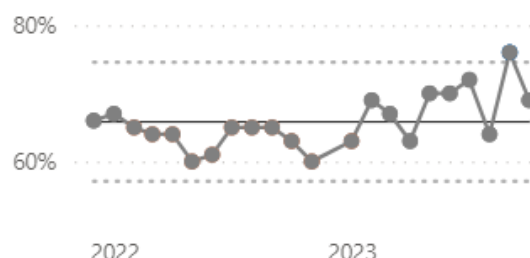
Team members trust each other's contribution



I am proud to tell people I work for Hywel Dda



I have had a PADR in the last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals

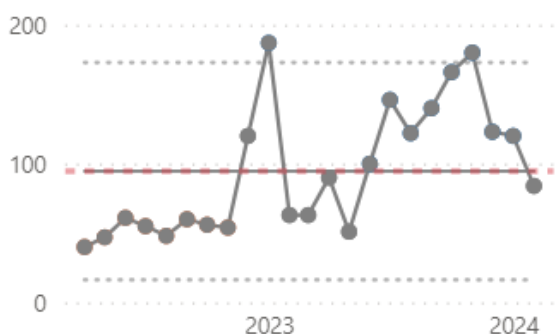


Strategic Objective 3 – Striving to deliver and develop excellent services

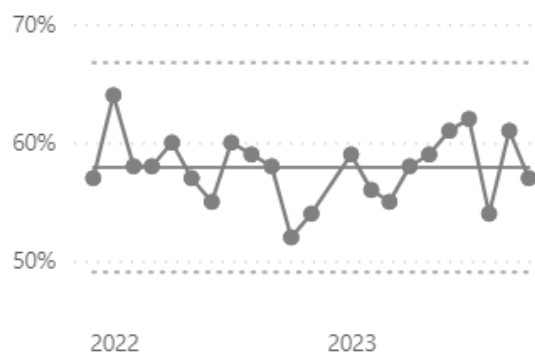
- Two POs are aligned to strategic objective 3 – 5B (Research and Innovation), and 8D (Welsh Language and Culture). Both POs are currently reported as remaining on track.
- The risk score for risk 1189 (Timely and sufficient learning, innovation and improvement) remains at 9, with all actions on track with the exception of one action (4A Planned Care) which is now behind schedule. An update has been provided above for risk 1186 in strategic objective 1. The current risk score for risk 1191 (Underestimation of Excellence), remains at 16, reflecting the impact that operational pressures is presenting to our ability to strengthen clinical engagement in order to embed and maximise clinical effectiveness systems and processes. One action (1A Attraction and Recruitment Plan) has been completed, one action (5A Estates Strategy) is now behind schedule with all other actions reported on track.
- In respect of outcome measures, in February 2024, 84 participants were recruited, with a mean of 95 participants recruited each month since April 2022. 62% of staff surveyed in February 2024 reported being able to make improvements in their area of work (compared to 57% in October). We aim to continue to increase performance by empowering staff to bring improvements and innovation into their work areas through Enabling Quality

Improvement In Practice (EQlIP) and the bronze level Improving Quality Together training module.

Number of participants recruited to an interventional study (non-commercial & co...



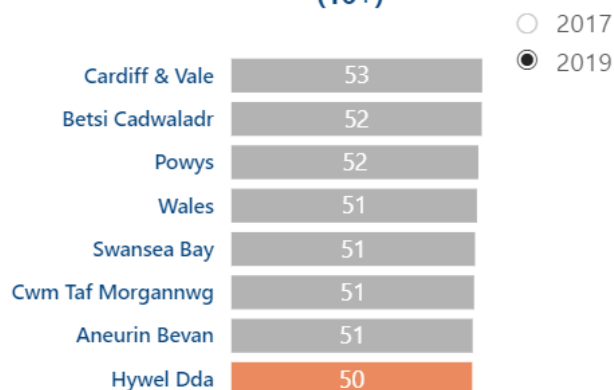
I am able to make improvements in my area at work



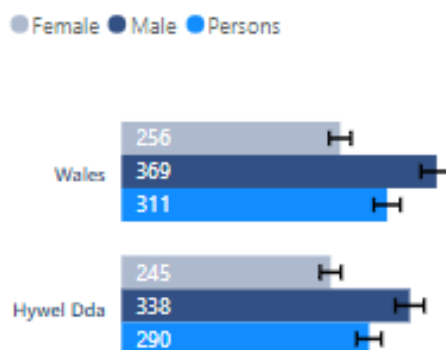
Strategic Objective 4 – The best health and wellbeing for our communities

- Three POs are aligned to strategic objective 4 – 7A (Population health), 7B (Integrated Localities) and 7C (Social model for Health and Wellbeing). POs 7A and 7C are currently reported as remaining on track, whilst 7B is now absorbed into the on-going development of our Primary Care Strategy.
- There has been no change to the level of the risks aligned to this strategic objective. Risk 1192 (Wrong value set for best health and well-being) has a current risk score of 16, which reflects the challenge that there is no universally accepted view of the best health and wellbeing, and information on wellbeing is not routinely collected with every encounter with our population. One action is behind schedule (8C Financial roadmap), and a number of actions aligned to this risk have been slowed or paused this year which may impact this risk going forward. The current risk score for risk 1193 (Broadening or failure to address health inequalities) remains at 9, with a number of actions on track. Risk 1194 (Increasing uptake and access to public health interventions) also has a current risk score of 9 and although one action (7A – Population Health) has been prioritised, other actions have been slowed or paused. Both have identified that further assurances are required.
- In respect of outcome measures, there is new data for premature deaths by non-communicable diseases. In 2021/22, there were 245 premature deaths per 100,000 population for women in the Hywel Dda area (compared to 256 in Wales as a whole), 338 premature deaths per 100,000 for men (compared to 369 in Wales as a whole) with 290 premature deaths per 100,000 for people overall (compared to 311 in Wales as a whole). No update is available for the mean wellbeing score for adults or % people agreeing they belong to the area, people from different backgrounds get on well together and people treat each other with respect which are reported annually.

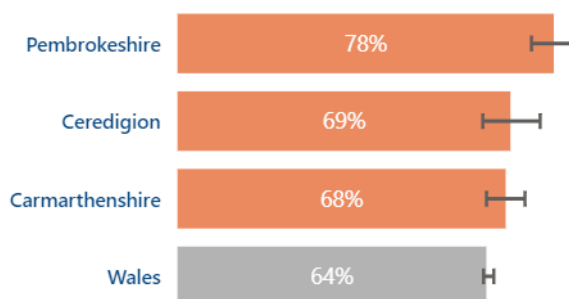
Mean mental wellbeing score for adults (16+)



Premature deaths by non-communicable diseases



% people agreeing they belong to the area, people from different backgrounds get on well together and people treat each other with respect



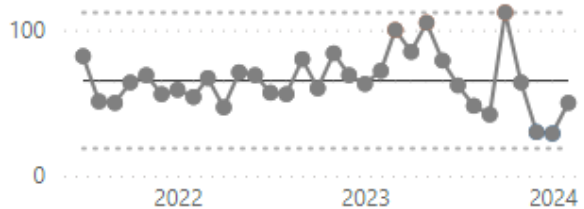
Strategic Objective accessible and kind care

5 – Safe, sustainable,

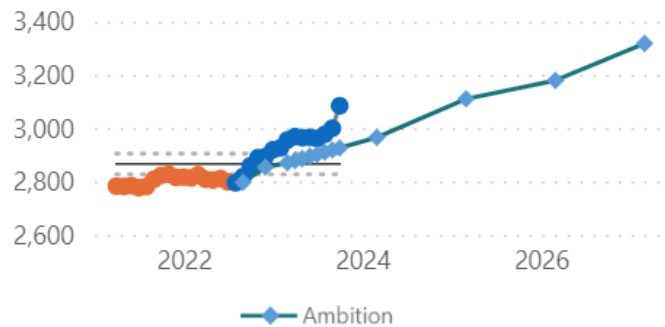
- Seven POs have been aligned to strategic objective 5 – 3A (Transforming Urgent and Emergency Care programme), 3B (Healthcare Acquired Infection Delivery Plan), 4A (Planned Care and Cancer Recovery), 4B (Regional Diagnostics Plan), 4C (Mental Health Recovery Plan), 5A (Estates Strategies) and 6A (Clinical Services Plan). All POs are currently reported as remaining on track, with the exception of 3A, 4A, 4B and 5A, which are behind – with 4A and 4B previously being reported as on track.
- The current risk score of risk 1196 (Insufficient investment in facilities/equipment/digital infrastructure) remains at 16, with three actions currently reported as being behind schedule (5A Estates Strategy, 8A Decarbonisation & Sustainability and 8C Financial Roadmap). Many other actions aligned to this risk have been slowed. The current risk score of risk 1195 (Comprehensive early indicators of shortfalls in safety) remains at 9 due to an increased focus on quality and safety following the introduction of the new Quality and Engagement Act in April 2023. All actions currently on track despite some being slowed. The current risk score for risk 1197 (Implementing models of care that do not deliver our strategy) remains at 16, with three risk actions are currently behind schedule (3A Transforming Urgent and Emergency Care programme, 4A Planned Care and 4B Regional Diagnostics Plan).
- In February 2024, 50 incidents relating to patients were flagged as resulting in at least moderate harm after investigation compared to 112 in October 2023. The number of nursing and midwifery staff in post was 3,163 WTE in June, exceeding the 2023/24 ambition of the five-year workforce plan of 2,965. As at 29 February 2024, 39,466 patients had been waiting over 26 weeks from referral to treatment compared to 39,525 in October

2023. 90.5% of patients surveyed in February 2024 reported that they feel they are treated with dignity, respect and kindness throughout their treatment and care.

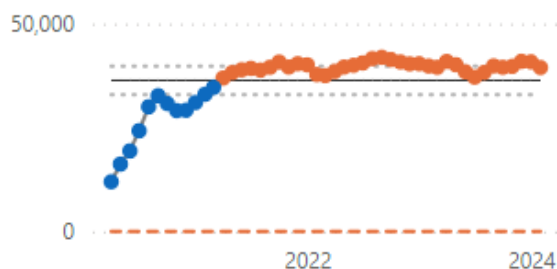
Closed patient safety incidents flagged as moderate, severe or catastrophic harm after investigation



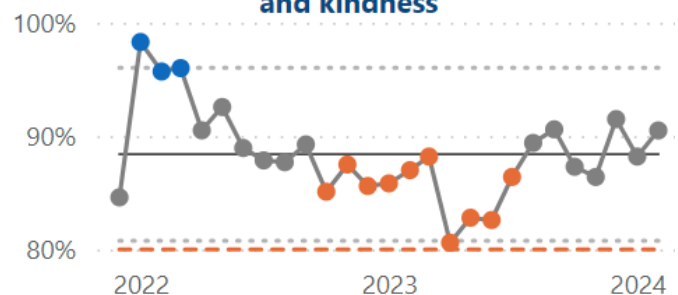
Nursing and midwifery staff in post



Number of patients waiting 26 weeks or more from referral to treatment



Patients: I am treated with dignity, respect and kindness

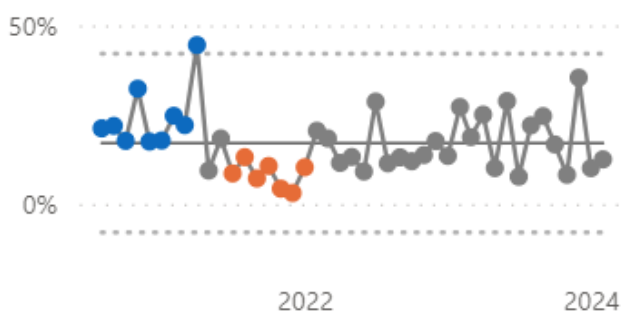


Strategic Objective 6 – Sustainable Use of Resources

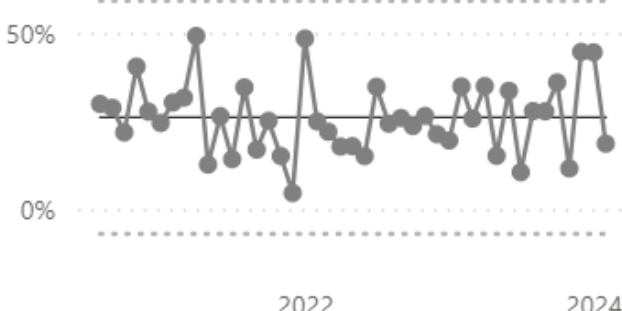
- Five POs are aligned to strategic objective 6 – 5C (Digital Strategy), 6B (Pathways and Value Based Healthcare), 8A (Decarbonisation & Sustainability), 8B (Local Economic and Social Impact) and 8C (Financial Roadmap). 5C and 6B are currently reported as remaining track, whilst 8A remains behind and 8C is now reported as being behind. PO 8B has been paused following the review in September 2023.
- There has been no change to the current risk score of 25 for risk 1199 (achieving financial stability) due to the Health Board's underlying deficit position and the ongoing challenge of delivering savings. One risk action (1A Attraction and Recruitment Plan) has been completed. Six actions are now behind schedule (3A Transforming Urgent and Emergency Care, 4A Planned Care, 4B Regional Diagnostics, 5A Estates Strategy, and 8A Decarbonisation & Sustainability and 8C Financial Roadmap) whilst others have been slowed or paused. Risk 1198 (the ability to shift care in the community) remains at 16, which reflects the complexity of connecting demand, operational capacity planning, workforce planning and financial planning. Six risk actions are reported as being behind schedule (3A Transforming Urgent and Emergency Care, 4A Planned Care, 4B Regional Diagnostics, 5A Estates Strategy, and 8A Decarbonisation & Sustainability and 8C Financial Roadmap). The current risk score of Risk 1200 (Maximising social value) has decreased from 9 to 6 with the one action 8B (Local Economic and Social Impact) paused. Both Risks 1198 and 1200 have identified that further assurances are required.
- The outcome measures for this strategic objective show that, in February 2024, 12.5% of the Health Board's third party spend was with local Hywel Dda suppliers and 18.6% with Welsh suppliers. The measures are showing usual variation. The financial position for February 2024 is a £3.568m in month deficit but a year to date (YTD) total of £62.179m deficit. The Health Board has an estimate of 113,820 tonnes kgCO₂e emissions following the annual carbon reporting exercise in 2021/22. The 2022/23 data has been submitted and the results are expected to be confirmed by Welsh Government in March 2024. The

submission shows a drop in emissions to 93,933 tonnes kgCO₂e in 2022/23 which is attributable to a reduction in procurement spend, reduced black bag waste with a corresponding increase in recycling and recycled waste recovered from landfill, an increase in renewables generated onsite or purchased and an update in the Welsh Government methodology. The methodology for calculating the NHS carbon footprint is subject to review and, at this stage, it is difficult to quantify carbon saving measures such as Procurement and Clinical Initiatives.

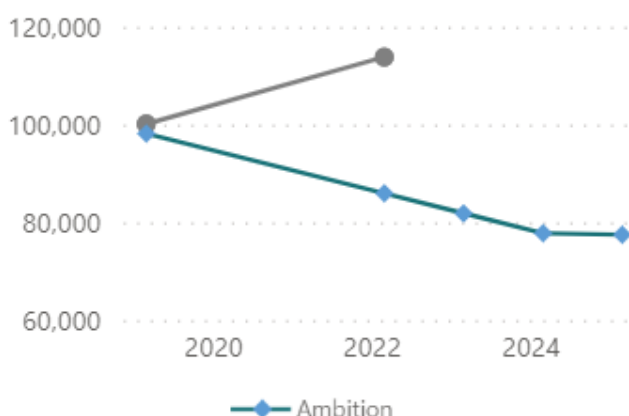
% of third party spend with Hywel Dda suppliers



% of third party spend with Welsh suppliers



Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach



Financial deficit (£m) - year to date



Argymhelliad / Recommendation

The Board is asked to seek assurance on any areas that give rise to specific concerns.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Not applicable

Parthau Ansawdd:
Domains of Quality
[Quality and Engagement Act](#)
([sharepoint.com](#))

7. All apply

Galluogwyr Ansawdd:

6. All Apply

Enablers of Quality: Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Good Governance Institute Institute of Risk Management HM Treasury Assurance Frameworks
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, including financial risk management, enacts robust financial control, safeguards public funds and the Health Board's assets.
Ansawdd / Gofal Claf: Quality / Patient Care:	Effective risk management identifies risks which can have an impact on quality and safety.
Gweithlu: Workforce:	Effective risk management identifies risks which can have an impact on the workforce.

Risg: Risk:	Without a robust process in place for managing and mitigating its risks, there is a potential for the Board to be unaware of its key risks.
Cyfreithiol: Legal:	Proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor risk management could affect the reputation of the organisation and reduce confidence of stakeholders.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

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)
1199	6. Sustainable use of resources	Achieving financial sustainability	Thomas, Huw	<p>Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services</p> <p>Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc</p> <p>The Planning Team are embedded within</p>	Finance inc. claims	5x5=25	2x4=8	<p>See Our Outcomes section on the BAF Dashboard</p> <p>Operational agreement to underlying deficit assessment.</p> <p>Welsh Government accepting of impact of COVID-19 on underlying deficit.</p> <p>Welsh Government accept and approved Intergrated Medium Term Plan (IMTP).</p> <p>Plan in place to develop a long-term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p>	<p>Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work (L1).</p> <p>Financial Reporting to Sustainable Resources Committee (L2).</p> <p>Planning Objectives overseen by Sustainable Resources Committee (L2).</p>	<p>Annual Plan Update 2024/25 - SRC & Board Seminar (Feb24)</p> <p>Developing a roadmap to financial balance - SRC (Jun23)</p> <p>Medium term financial strategy- Board Seminar (Jun23)</p> <p>Annual Plan Update 2023/24 - In-Board Seminar (Mar23)</p>	Y	

			<p>the operational management structures across the organisation.</p> <p>A Strategic Enabling Group is in place to co-ordinate improvements to the Health Board's key systems to improve systems and processes across the organisation, including:</p> <p>Improving together - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.</p> <p>Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.</p>						
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1198	6. Sustainable use of resources	Ability to shift care in the community	Paterson, Jill	<p>Transformation Steering Group (TSG) & Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB</p> <p>Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.</p> <p>CHC and UHB Protocol for managing low level service change</p> <p>All Business Cases need to be taken through Transformation Steering Group.</p> <p>IMTP in place for every cluster which is submitted to WG</p> <p>WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery</p> <p>Project support provision in place</p> <p>A 5 year financial plan has been developed and shared across the organisation but further work will continue to gain the actual resource support from WG, or not, as part of the IMTP process which would need to demonstrate the assurance around deliverable plans to achieve this. (PO 6C WAS COMPLETED IN 2021/22)</p>	Business objectives/projects	4x4=16	2x4=8	See Our Outcomes section in the BAF Dashboard	<p>Lightfoot Viewer for urgent care to track improvements (L1)</p> <p>County Management Systems Leadership Forum focus on performance and delivery (L1)</p> <p>Locality Leads meeting oversee integrated locality development (L1)</p> <p>Primary Care & Long Term Care SMT meeting (L1)</p> <p>Regional Partnership Fund Group (L2)</p> <p>Board Seminar discussions (L2)</p> <p>Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2)</p>	<p>TMH Update - Board (May22)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PCB- Implementing the Healthier Mid and West Wales Strategy - Board (May23)</p> <p>Implementing the Healthier Mid and West Wales Strategy - Board - (Jan23)</p>	N	
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1192	4. The best health and wellbeing for our individuals, families and our communities	Wrong value set for best health and well-being	Kloer, Dr Philip	<p>Statutory member of Public Service Boards and each county has undertaken a Wellbeing Assessment in 2022 with a set of wellbeing objectives agreed by the board in March 2023 setting actions for partners to implement</p> <p>Key member of Regional Partnership Board (RPB)</p> <p>Engagement unpinning Healthier Mid and West Wales Strategy</p> <p>Equality Impact Assessments and consultation undertaken on service change</p> <p>Patient participation groups in place for some services, eg maternity, respiratory</p> <p>Close links between services and voluntary sector groups, eg AgeConcern, MIND</p> <p>Speaking to people re outcomes (Prog7 of Trans Fund)</p> <p>Together for change (supporting community led programme)</p> <p>Relationship with Community Health Council (2 weekly meeting with Chair and CEO and bi-monthly planning meetings)</p> <p>Working with disadvantaged/vulnerable groups</p> <p>Stakeholder Reference Group</p> <p>Staff Partnership Forum</p>	Health Equity	4x4=16	2x4=8	See Our Outcomes section in the BAF Dashboard	<p>Population health measures collected by Public Health Wales (vaccinations, screening, etc) (L1)</p> <p>Tracking of crude mortality, risk-adjusted mortality and other data (L1)</p> <p>Oversight of delivery of Planning Objectives undertaken by Assurance Committees (L2)</p> <p>Overseeing the development of Wellbeing Assessment as statutory member of PSB (L2)</p> <p>Oversight of Programme 7 of transformation fund by RPB (L2)</p> <p>Oversight of delivery of New Hospital Programme Business Case by SDODC (L2)</p> <p>SRG advisory role to the Board (L2)</p> <p>Director of Public Health Annual Report to Board (L2)</p>	PO Update Report to Committees (Oct23)	N	
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1191	3. Striving to deliver and develop excellent services	Underestimation of Excellence	Kloer, Dr Philip	# Quality Assurance System including Clinical effectiveness # Process re NICE and professional guidance. # National & Local Clinical Audits Programme # Peer Reviews # Healthcare standards # Major cause of harm # National Quality setting. # 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.	Business objectives/projects	4x4=16	2x3=6	See Our Outcomes section on the BAF Dashboard	# Participation in the NICE Welsh Health Network where specific guidelines are proposed for review on a national basis - to provide benchmark information (L1) # Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan (L1) # VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation (L1) # VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action (L2) # Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group (L2) # Alignment with Health Board Quality and Governance Groups (L2)	Planning Objective 5K and the development of an Effective Clinical Practice Strategic Framework - EFCAP (Aug21) Review and Assessment against NICE Guidance - ECPAP (Feb22) 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	
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PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

			<div># 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.</div>				<div># Responses to letters from Welsh Government (DCMO) relating to specific guidelines (L2) # RDI Sub Committee & HCRW monitor delivery of RDI Strategy/Plan (L2) # PODCC & SRC oversee delivery of Planning Objectives (L2) # Annual Performance Review by WG/HCRW (L3) # RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities (L3) # IA on NICE Guidelines (Limited Assurance) # HCRW Annual Review of R&D (awaiting final report - positive verbal feedback to date) (L3)</div>			
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1196	5. Safe, sustainable, accessible and kind care	Insufficient investment in facilities/equipment/digital infrastructure	Davies, Lee	<p>Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB.</p> <p>Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual</p>	Business objectives/projects	4x4=16	2x3=6	See Our Outcomes section on the Dashboard	<p>Development of Integrated Assurance and Approval Plan in support of PBC and SOC (L1)</p> <p>Governance structure to oversee delivery of the Business Cases (L1)</p> <p>Oversight by Executive Team with Assurance sought by Strategic Development and Operational Delivery Committee (L2)</p> <p>Internal Audit Programme aligned to Business Case Development (L3)</p> <p>Internal Audit AHMWW Programme Forward Look Governance Review (L3)</p> <p>Gateway review of PBC and SOC by WG Assurance Hub (L3)</p>	<p>PCB - Implementing the Healthier Mid and West Wales Strategy - Board (Jan23, Mar23, May23, Jul23 & Sep23) & SDCODC (May22, Aug22, Oct22, Dec22, Feb23, Apr23, Jun23 & Aug23)</p> <p>AHMWW PBC Programme Group Update - Board Seminar (Apr22)</p> <p>TMH Update - Board Seminar (Jun22)</p> <p>Executive Team - Apr22</p> <p>Planning Objectives Update (Planning) - SDODC ((Jun22, Oct22, Feb23, Jun23 & Aug23)</p>	Y	
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			<p>planning cycle.</p> <p>Implementation of the Digital Strategy which is also funding dependant.</p> <p>A programme structure has been established with the Chief Executive as SRO to develop the business cases required in support of the Health and Care Strategy, A Healthier Mid and West Wales. It is likely that all the capital mitigations for the over arching risk will be interim solutions only pending the major infrastructure investment plans to ensure the sustainability of the health and care strategy.</p> <p>Programme Business Case (PBC) for Business Continuity supported by WG.</p> <p>Modular Day Surgery Unit developed at PPH to improve surgical facilities within Hywel Dda.</p> <p>Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF)</p> <p>Co-production of 10 Year Capital Investment Plan with the RPB</p>				<p>Pentre Awel Update - SDODC (Apr22)</p> <p>DCP Update - SDODC (every meeting)</p> <p>Forward Look Governance Review - ARAC (Feb23)</p> <p>Regular reporting to Board and Board Seminar</p>		
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1197	5. Safe, sustainable, accessible and kind care	Implementing models of care that do not deliver our strategy	Kloer, Dr Philip	<p>Healthier Mid and West Wales Strategy approved by Board Nov18.</p> <p>Delivery Groups and processes:</p> <ol style="list-style-type: none"> 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. Executive Team weekly review process <p>Planning Objectives related to:</p> <ol style="list-style-type: none"> 1. Delivery of the Transforming MH&LD programmes 2. Development of a Children's and Young People Plan for implementation from 2022/23 3. Development of plans to achieve the design assumptions underpinning A Healthier Mid & West Wales 4. Delivery of the Bronglais Strategy 5. Development of 24/7 out of hospital urgent and emergency care services 6. Transformation Fund initiatives 7. Cluster initiatives 8. Locality development plans and support for those with complex needs in our communities 9. Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways 10. Locality based resource mapping and planning 11. Business Case development for a new hospital in the south of the region and the repurposing of GGH & WGH 12. On going, continuous engagement and support for carers <p>Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.</p> <p>Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process.</p>	Business objectives/projects	4x4=16	1x4=4	See Our Outcomes section in the BAF Dashboard	<p>Board and Committee oversight of Planning Objectives (L2)</p> <p>QSEAC to measure harms (L2)</p> <p>WG Gateway process re accessing capital (L2)</p> <p>Internal Audit reviews of Major Capital Programme (L3)</p> <p>Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning (L3)</p>	<p>TMH Update - Board (Mar22)</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21)</p> <p>PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Sep23)</p> <p>Annual Plan 2023/24 Update - Board (Sep23)</p> <p>Deep dive on PO 3A - SDODC (Oct23)</p>	Y	
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1186	1. Putting people at the heart of everything we do, 2. Working together to be the best we can be, 3. Striving to deliver and develop excellent services	Attract, retain and develop staff with the right skills	Gostling, Lisa	Recruitment processes in place Induction process in process HR policies (including those for employee relations) in place with programme of review Training programmes in place (manager's passport, etc) County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc) Staff Well-being Service and Psychological Service in place Regular contact with Trade Union representatives/Staff Partnership forums Annual NHS staff surveys providing feedback from staff Separate clinical education programmes in place Apprenticeship programme and work experience programmes in place Leadership development programmes in place External ad-hoc talent programmes Directorate Improving Together Sessions Core Delivery Group oversight Usage of agency, locum and bank usage" ? ? ? ? ? ? ?	Workforce/OD	3x5=15	1x5=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) 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)	N	
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1185	ing people at the heart of everything we do, 2. Working together to be the best we can be	Consistent and meaningful engagement through our workforce	Davies, Lee	<p>Skills to Deliver Engagement</p> <p>Two additional members of staff were appointed to the Engagement team in early 2023. Additional resource has been requested to enable engagement during CSP.</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement led for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Consultation Institute provide expert advice on request.</p> <p>Organisational Structures to Support the Delivery of Engagement</p> <p>Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with Llais.</p>	Business objectives/projects	3×4=12	2×3=6	See Our Outcomes section on the BAF Dashboard	<p>Management process in place to monitor Engagement Team objectives (L1)</p> <p>Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans) (L1)</p> <p>Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice.</p>	Continuous Engagement Plan - Board (May22)	N	
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	1. Putti		<p>Voices of Children and Young People's Group</p> <p>Newly established 'improving the use of feedback across the organisation' group to explore how the triangulation of feedback from different parts of the organisation including engagement, corporate office, communications, diversity and inclusion, quality improvement, transformation, patient experience and workforce and organisational development can be used to inform key pieces of work around service change.</p> <p>Engagement mechanisms to support the delivery of continuous engagement across the organisation include:</p> <ul style="list-style-type: none">- provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB- management of the Siarad Iechyd / Talking Health involvement and engagement scheme- management of the stakeholder management system Tractivity- Management of the online engagement tool Have Your Say (EngagementHQ)- advice, guidance, support around the planning and delivery of traditional engagement methods			<p>Ongoing process in place (L1)</p> <p>SRG used a oversight assurance mechanism (L2)</p> <p>For major pieces of engagement and consultation work sign off will be via Board (L2)</p> <p>Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review (L3)</p> <p>The Health Board and CHC have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee (L3)</p>		
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1200	6. Sustainable use of resources	Maximising social value	Thomas, Huw	<p>Health Board active participation within the Public Service Boards across Hywel Dda UHB region.</p> <p>Local Needs Analysis has been completed based on the Wellbeing Goals.</p> <p>A Social Value framework has been developed with strands in workforce, facilities and estates, procurement.</p> <p>A measurement opportunity has been found which is adaptable to HDUHB usage based on a Cardiff University developed model.</p>	Health Equity	4x3=12	2x3=6	We are establishing an outcome measure for Board in relation to: Our positive impact on society is maximised	<p>Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2)</p> <p>Board meetings to consider the outcome measure (Our positive impact on society is maximised) (L2)</p>	<p>Social Value Workshop - SEG (Oct21)</p> <p>Social Value Workshop - SRC (Dec21)</p> <p>Public value action plan (004) (May23)</p> <p>Public Values Framework strategy (June23)</p>	N	
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1187	2. Working together to be the best we can be	Strong enough reputation to attract partners to work with us	Kloer, Dr Philip	Strategic Equality Plan and Objectives for 2020-24 Continuous Engagement Strategy approved by Board in Jan19 Healthier Mid and West Wales Strategy approved by Board Nov18 with Programme Business Case submitted to WG in Feb22 (following Board approval) ARCH Recovery and Strategic Delivery Plans Digital strategy Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group Research, development and innovation strategy Regional Partnership Board Public Service Board	Business objectives/projects	3x4=12	2x2=4	See Our Outcomes section on BAF Dashboard	ARCH Reports to Strategic Development and Operational Planning Committee (SDODC) (L2) Oversight of delivery of Planning Objectives to SDODC & other sources of assurances partnership working to the Board (L2)	Continuous Engagement Plan - Board (May22) Deep dive on 5C - SRC (Oct23)	Y	
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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	<p>Range of performance measures/metrics in place</p> <p>Updated Datix Incident reporting system</p> <p>Standardised approach through a standard agenda in Quality Governance meetings</p> <p>CIVICA system is available and being rolled out to gain feedback to let us know issues in services</p> <p>Range of different mechanisms to capture feedback from service users and staff</p> <p>Speak Up Safely Arrangements are in place, however further developing required in light of the Speak Up Safely Framework as issued by Welsh Government in October 2023</p> <p>Listening and Learning Sub-Committee</p> <p>Operational Quality, Safety and Experience Sub-Committee</p> <p>Clinical Audit Programme</p> <p>Clinical Executive Quality Panel</p> <p>External reports (HIW, HSE, MWWFRS, Peer Reviews, etc)</p> <p>Mortality Reviews and Medical Examiners Service</p> <p>National Accreditation Standards for service specifications</p> <p>6 Domains as noted in the Duty of Quality Act (STEEEP)</p> <p>PROMS and PREMs in identified services</p> <p>Directorate and Service Quality Governance Meetings established</p> <p>Directorate Improving Together Sessions</p> <p>Increased quality element of commissioned services from external organisations</p>	Quality/Complaints/Audit	3x3=9	2x4=8	See Our Outcomes section of the BAF Dashboard	<p>Directorate Quality Governance Meetings in place (L2)</p> <p>Patient and staff feedback (L2)</p> <p>Harms Dashboard is reported monthly to Formal Executive team with Our Performance and other intelligence for triangulation of data (L2)</p> <p>Improving Together performance sessions with clinical and corporate directorates (bi-monthly) (L2)</p> <p>Performance reports through power BI and Committee reports (L2)</p> <p>PTHB/HDUHB LTA/CQPR Meeting and Hywel Dda & SBU (SLA & LTA) Meetings to review quality aspects from commissioning arrangements (L2)</p> <p>Commissioning arrangements overseen by Sustainable Resources Committee (SRC) (L2)</p> <p>GIRFT Reports reported to QSEC (L2)</p> <p>Quality Impact Assessments (L2)</p> <p>HIW patient complaints (L3)</p> <p>Quality Governance Follow up Report (Oct21) (L3)</p> <p>Annual Structured Assessments by Audit Wales (L3)</p> <p>Internal Audit plans which include reviewing Quality Governance (L3)</p>	<p>Patient Experience Report - Board (May23)</p> <p>Healthcare Contracting Update - SRC (Aug22)</p> <p>QIA - QSEC (Oct 23)</p> <p>Quality and Commissioning Update - QSEC (Oct 23)</p> <p>Patient Experience - Board</p>	N	
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				<p>Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings.</p> <p>Quality Impact Assessments process now in place</p> <p>Quality Management System now in place</p> <p>Increased use of AMAT across the Health Board to track the implementation of recommendations raised.</p>								
1194	4. The best health and wellbeing for our individuals, families and our communities	Increasing uptake and access to public health interventions	Gjini, Ardiana	<p>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.</p> <p>Local initiatives in place such as Moondance Cancer Learning Programme for Schools, Cervical Screening and Refugees, and Barriers to Screening Uptake in Carers</p> <p>Vaccination and immunisation programme in place, and recently has seen significant changes with introduction of national immunisation framework (NIF). Vaccination and Immunisation as programmes are planned, overseen by PHW and the newly formed vaccination team of NHS Executive.</p> <p>Senior Public Health Practitioner dedicated remit for Vaccination and immunisation</p> <p>Local and National health promotion</p>	Health Equity	3x3=9	2x2=4	<p>See Our Outcomes section on the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p>	<p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>Health Equity Group (L2)</p> <p>All Wales Wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW. Relevant ONS data - published resources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>		N	

				initiatives Multi-agency Immunisation Steering and Oversight Group being refreshed and strengthened (with influenza group, Primary care childhood vaccination group, occupational health and COVID vaccination group)								
1188	2. Working together to be the best we can be	Effective leveraging within partnerships	Gostling, Lisa	<p>The Health Board is a key member of strategic and statutory partnership groups.</p> <p>The Health Board approved a Partnership Governance Framework and Toolkit in September 2017 to provide a mechanism to ensure effective arrangements are in place for the governance of partnerships.</p> <p>Representatives on strategic partnerships groups to provide regular updates to the Board/Executive Team.</p>	Business objectives/projects	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) Delivery of Planning Objectives are being overseen by Executive Team and Board Committees (L2)	Strategic Partnerships Update - Board (Mar22, May22, Jul22, Sep22, Nov22, Jan 2023, Mar23, May23)	N	

1189	3. Striving to deliver and develop excellent services	Timely and sufficient learning, innovation and improvement	Kloer, Dr Philip	<p>Risk Management Framework and Board Assurance Framework (BAF)</p> <p>Established governance structures</p> <p>Established Assurance Trackers for audits, inspectorates & regulators, Welsh Health Circulars, Ministerial Directions</p> <p>Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience</p> <p>Research, Development and Innovation Strategy approved by QSEC</p> <p>The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements</p> <p>Quality framework, with the Enabling Quality Improvement in Practice (EQIIP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&D etc)</p> <p>Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)</p> <p>OD Cultural Plans</p> <p>A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity)</p>	Business objectives/projects	3x3=9	1x3=3	See Our Outcomes section of BAF Dashboard	<p>Tracker Performance reports issued to Lead Directors on bi-monthly basis (L1)</p> <p>Committee oversight of delivery of WHCs and MDs (L2)</p> <p>ARAC oversight of Audit Tracker (L2)</p> <p>RD&I Sub Committee overseeing delivery and success of RDI Strategy (L2)</p> <p>AW & IA Plan includes annual review of risk management arrangements & BAF (L2)</p> <p>Internal Quality & Engagement Act Implementation Group (L2)</p> <p>Directorate Improving Together Sessions (Bi-monthly) (L2)</p> <p>IA Health and Care Standards to review adequate procedures in place to ensure, and monitor, effective utilisation of the standards to improve clinical quality and patient experience -Reasonable Assurance (Feb21) (L3)</p>	<p>Tracker Report - ARAC (Jun23)</p> <p>Strategic Business intelligence - Board (Aug21)</p>	N	
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1193	4. The best health and wellbeing for our individuals, families and our communities	Broadening or failure to address health inequalities	Gjini, Ardiana	<p>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).</p> <p>Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.</p> <p>Identified lead looking at evidence base and linking with local leads.</p> <p>Embedded reducing inequalities throughout the HB Planning Objectives.</p> <p>Healthy weight, Health Wales Plans help to reduce health inequalities</p> <p>Health Equity Group in place</p>	Health Equity	3×3=9	2×1=2	<p>See Our Outcomes section of the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p>	<p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>Health Equity Group in place engage with different groups for feedback on service and wider inequities (L2)</p> <p>All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>		N	
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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	<p>Central Communication Hub in place with workstreams established supporting 27 operational teams in communicating with patients</p> <p>Central Communication Hub lead appointed</p> <p>Civica system capturing feedback from patients implemented, with significant roll out across services</p> <p>Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured linked to CSP</p> <p>Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board, and actively work with services</p> <p>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</p> <p>Waiting List Support Programme (WLSP) Plan with workstreams established to support continued engagement with clinical staff and services following the National 3 Ps policy and directly supporting patients on waiting lists</p> <p>WLSP Phased Iterative Implementation Plan which is regularly reviewed</p> <p>Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development</p> <p>Power BI Performance dashboards on IRIS</p>	Finance inc. claims	2x4=8	2x2=4	See Our Outcomes section of BAF Dashboard	<p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>Communication Hub and WLSP Steering Group overseeing delivery of the plan and the workstreams (L2)</p> <p>Improving Together performance sessions with clinical and corporate directorates (bi-monthly) (L2)</p> <p>Formal Executive Team review and triangulate data from the Harms Dashboard, Our Performance Dashboards and other intelligence (L2)</p> <p>Communication Hub Steering Group (L2)</p> <p>Executive Team overseeing delivery of Planning Objectives (L2)</p> <p>People, OD and Culture Committee oversight of Planning Objectives (L2)</p> <p>Patient Experience Report to every Board (L2)</p> <p>Listening and Learning Sub Committee (L2)</p> <p>Periodic reporting of engagement index survey results to People, OD and Culture Committee and Board (from Nov21) (L2)</p> <p>Public Service Ombudsman for Wales Reports (L3)</p>	<p>Single Point of Contact Report - Board (Mar21)</p> <p>Patient Experience Report - Board (May23)</p> <p>Periodic update reports to Executive Team on the impact of the Communication Hub and WLSP</p> <p>Staff Feedback Reports - PODCC</p> <p>QIA reported to QSEC (Sep23)</p>	N	
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			<p>Engagement in place with Llais Cymru (formal and informal arrangements in place)</p> <p>Staff Partnership Forum (UHB and County Partnership Forums)</p> <p>Mechanism in place to ensure charitable funding applications demonstrate impact through agreed evaluation and metrics</p> <p>Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams</p> <p>Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings.</p> <p>Health Board wide Improving Together Sessions in place, which utilise dashboards</p> <p>Staff Surveys and Pulse Surveys undertaken regularly to evaluate staff experience, and reported to People, Organisational Development and Culture Committee</p> <p>Quality Impact Assessments introduced and reported to Quality, Safety and Experience Committee</p>				HIW Inspection Reports and Complaints (L3)			
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Assurance Key:

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

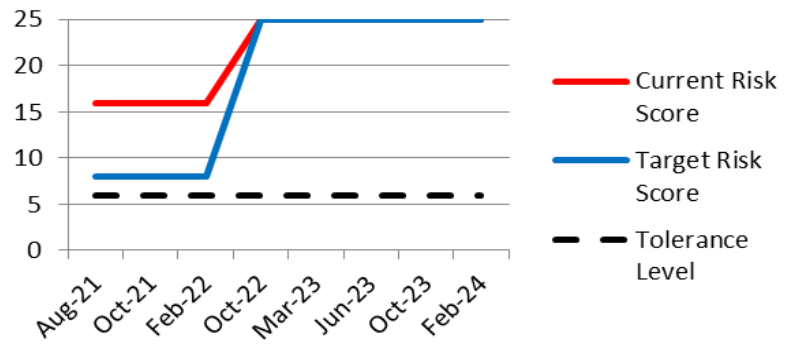
Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

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

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

Executive Director Owner:	Thomas, Huw	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-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):	5x5=25	
Current Risk Score (L x I):	5x5=25	
Target Risk Score (L x I):	2x4=8	
Tolerable Risk:	6	
Trend:	↔	

Rationale for CURRENT Risk Score:
Issues have been raised over the ability of the Health Board to plan at a strategic and operational level for a number of years. The Health Board's performance over the last year has demonstrated a significant improvement in the ability to operationally plan and a developing maturity within the organisation. However, the Health Board's financial deficit has significantly deteriorated; significant workforce constraints remain; and the planning function remains small with significant opportunities to develop. These issues are exacerbated given the Health Board's financial deficit, with the need to not only shift resources to more appropriate settings, but provide care at considerably lower cost. The Health Board's underlying deficit 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 escalated the Health Board into Targeted Intervention during October 2022, on the grounds of planning and financial performance. The recurrent funding position confirmed by WG leaves a significant gap based upon draft iterations of the financial plan for 2023-24, with strategic and operational changes required in an attempt to erode the financial deficit.

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	By Who	By When	Progress
<p>Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services</p> <p>Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p> <p>A Strategic Enabling Group is in place to co-ordinate improvements to the Health Board's key systems to improve systems and processes across the organisation, including:</p> <p>Improving together - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.</p> <p>Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will</p>	<p>Post-Covid focus on recovery of planned care activity - coupled with increasing complexity of patients presenting acutely ill - means that there is a lack of focus and ambition across the organisation on ensuring we live within the financial and staffing resources available.</p> <p>Assessment not subject to planning scrutiny.</p> <p>Conversion of the Opportunities Framework, Savings Framework and Value for Money Framework into deliverable recurrent savings schemes is not apparent.</p> <p>Focus from TI is on in-year recovery, and at best consideration of the next 12 months financial performance; development of a long term strategic plan would help move to a more strategic approach to managing resources.</p> <p>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.</p>	<p>Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities (PO 4A)</p>	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective in relation to Cancer Services as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. In September 2023, the Board agreed to slow this planning objective in relation to Planned Care to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		<p>To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)</p>	Henwood, Mr Mark	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to reduce and reprioritise this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

<p>Local Economic and Social Impact - We will:</p> <ul style="list-style-type: none"> - Direct our expenditure to local benefit - Collaborate with partners to maximise our impact - Ensure that we remain focused on the long term impact we can have - Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund (PO 8B) 	Thomas, Huw	31/03/2024	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.
	Thomas, Huw	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
	Gostling, Lisa	31/03/2024	Action completed for components within FY 2023/24, as per highlight report to PODCC on 15 February 2024, and on-track for components deferred to 2024/25. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.


PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024. (PO 4B)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Estates Strategy - Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include: - Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval - A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) - A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A)	Davies, Lee	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. A summary update taken to Executive Team on 25th October 2023, highlighting a cost increase from the rationalisation programme. Further work required to identify and plan to reduce existing expenditure and rate/rent/service charges on new estates need to be value tested against industry benchmarks.
Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner. (PO 5C)	Thomas, Huw	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Integrated Localities, Accelerated Cluster Development and Primary Care sustainability - Integrated Localities & ACD - Primary care sustainability plan (PO 7B)	Paterson, Jill	31/03/2024	This Planning Objective has been paused as per discussions at Board in September 2023. In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Decarbonisation and Sustainability - Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition (PO 8A)	Davies, Lee	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. T&F Group established to oversee the agenda. Supported by risk assessments. Quantitative and Qualitative reports maintained via WG. Subject to current NWSSP assurance and Risk audit. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
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	Plan on a Page created and reviewed within ESG.

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

		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	Plan on a Page created and reviewed within ESG.
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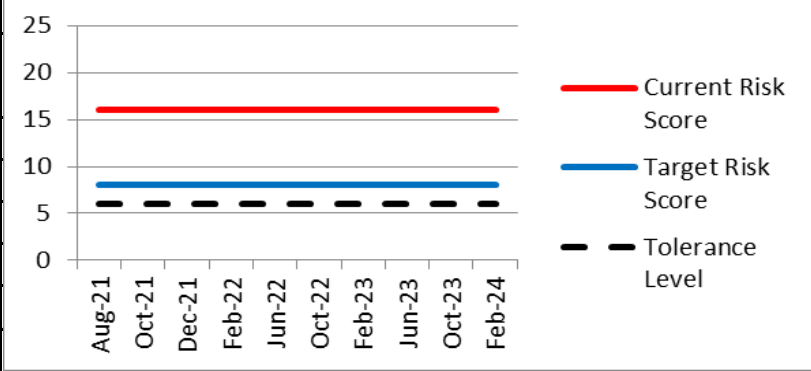
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
			Current Level							
See Our Outcomes section on the BAF Dashboard Operational agreement to underlying deficit assessment. Welsh Government accepting of impact of COVID-19 on underlying deficit. Welsh Government accept and approved Intergrated Medium Term Plan (IMTP). Plan in place to develop a long-term financial plan. High level financial assessment of A Healthier Mid and West Wales in place.	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)	None identified.				
	Financial Reporting to Sustainable Resources Committee .	2nd			Medium term financial strategy- Board Seminar (Jun23) Annual Plan Update 2024/25 - Board Seminar (Feb24)					
	Planning Objectives overseen by Sustainable Resources Committee .	2nd								

[illegible]

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

Executive Director Owner:	Paterson, Jill	Date of Review:	Jan-24
Lead Committee:	Board	Date of Next Review:	Mar-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):	5x4=20	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x4=8	
Tolerable Risk:	6	
Trend:	↔	

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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Transformation Steering Group (TSG) & Strategic Enabling Group (SEG)to support strategic innovation and development in the UHB
Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.
CHC and UHB Protocol for managing low level service change
All Business Cases need to be taken through Transformation Steering Group

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Workforce capacity to shift from secondary to community/ opportunities to use staff skills appropriately	Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 (PO 3A)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Optimal use of digital to support delivery of patient care				
Financial resources to invest in new technologies to improve demand and				

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

<p>Group.</p> <p>IMTP in place for every cluster which is submitted to WG</p> <p>WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery</p> <p>Project support provision in place</p> <p>A 5 year financial plan has been developed and shared across the organisation but further work will continue to gain the actual resource support from WG, or not, as part of the IMTP process which would need to demonstrate the assurance around deliverable plans to achieve this. (PO 6C WAS COMPLETED IN 2021/22)</p>	<p>technologies to improve demand and capacity across the system</p> <p>Resistance in secondary care to moving resources in primary and community care</p> <p>Maximising efficiencies in secondary care</p> <p>Limited by vision of what is available to and resourcable by the UHB.</p> <p>Workforce, financial and modelling support required to facilitate shift of services to community</p>	<p>Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities (PO 4A)</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective in relation to Cancer Services as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. In September 2023, the Board agreed to slow this planning objective in relation to Planned Care to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.</p>
		<p>Mental Health Recovery Plan - To develop a recovery plan for Mental Health, neurodevelopmental and CAMHS services to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues (PO 4C)</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.</p>
		<p>Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <ul style="list-style-type: none"> - Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval - A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) - A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A) 	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. A summary update taken to Executive Team on 25th October 2023, highlighting a cost increase from the rationalisation programme. Further work required to identify and plan to reduce existing expenditure and rate/rent/service charges on new estates need to be value tested against industry benchmarks.</p>

Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner (PO 5C)	Thomas, Huw	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)	Kloer, Dr Philip	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to reduce and reprioritise this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.



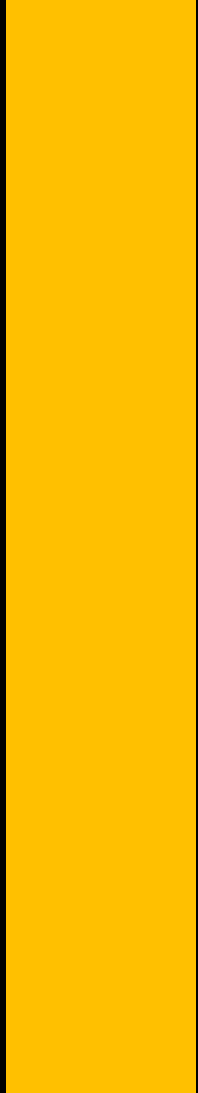





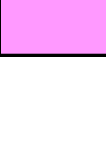
PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

Development of a Primary and Community Services strategy that is underpinned by the principles established in the development of Integrated Localities, Accelerated Cluster Development and Primary Care sustainability - Integrated Localities & ACD - Primary care sustainability plan (PO 7B)	Paterson, Jill	31/03/2024	This Planning Objective has been paused as per discussions at Board in September 2023
Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition (PO 8A)	Davies, Lee	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. T&F Group established to oversee the agenda. Supported by risk assessments. Quantitative and Qualitative reports maintained via WG. Subject to current NWSSP assurance and Risk audit. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will - Provide clear trajectories, including actions and delivery requirements for the organisation - Form the basis of a robust three-year financial plan as part of a broader IMTP - Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner. (PO 8C)	Thomas, Huw	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
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

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Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024.(PO 4B)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Continuous Engagement - To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will: 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
Population Health - Develop and Implement public health plans whichÂ - Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course - Provide robust health protection and vaccination services for the community - Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.

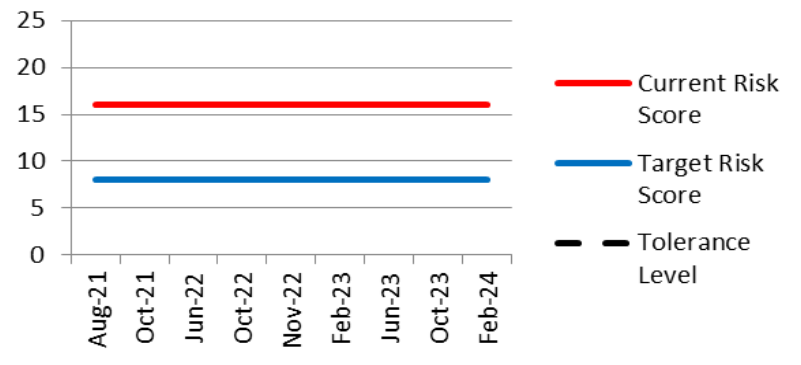
		Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Lightfoot Viewer for urgent care to track improvements	1st			TMH Update - Board (May22)	Ability to measure improvements when undertaking service change	Lightfoot Viewer to be used to monitor improvements in future changes	Thomas, Huw	31/03/2024	Already being used in all 3 counties. Community based data to be further developed.
	County Management Systems Leadership Forum focus on performance and delivery	1st			Three Year Draft Plan for Children's Services - Board (Jul21)					
	Locality Leads meeting oversee integrated locality development	1st			PCB- Implementing the Healthier					
	Primary Care & Long Term Care SMT meeting	1st			Mid and West Wales Strategy Board (May23)					
	Regional Partnership Fund Group	2nd			Implementing the Healthier					
	Board Seminar discussions	2nd			Mid and West Wales Strategy Board - (Nov23)					
	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd								

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

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-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 NHS lens, using incorrect measures, not engaging with individuals and communities, and under and/or over-estimating potential for best health and well-being. This could lead to an impact/affect on the direction and strategy set by the Health Board, poorly designed services that do not improve outcomes for individuals and communities.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)		
Domain:	Health Equity	
Inherent Risk Score (L x I):	5x4=20	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x4=8	
Tolerable Risk:	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. Whilst POs 7A and 8C have been prioritised, 7B and 8B has been paused and 7C and 6C have been slowed until Mar24, it is not anticipated that this will affect the delivery of the strategic objectives.

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Statutory member of Public Service Boards and each county has undertaken a Wellbeing Assessment in 2022 with a set of wellbeing objectives agreed by the board in March 2023 setting actions for partners to implement
Key member of Regional Partnership Board (RPB)
Engagement unpinning Healthier Mid and West Wales Strategy
Equality Impact Assessments and consultation undertaken on service change
Patient participation groups in place for some services, eg maternity, respiratory
Close links between services and voluntary sector groups eg

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Need to understand the direction of travel	Further action necessary to address the controls gaps 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.
No universal accepted view of best health and wellbeing				
Understanding what health and wellbeing matters to our communities				
Lack of thorough engagement plan				
Wellbeing assessments being able to provide the level of detail required to inform service improvement				

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

<p>Close links between services and voluntary sector groups, eg AgeConcern, MIND</p> <p>Speaking to people re outcomes (Prog7 of Trans Fund)</p> <p>Together for change (supporting community led programme)</p> <p>Relationship with Community Health Council (2 weekly meeting with Chair and CEO and bi-monthly planning meetings)</p> <p>Working with disadvantaged/vulnerable groups</p> <p>Stakeholder Reference Group</p> <p>Staff Partnership Forum</p>	<p>Staff do not routinely collect information on wellbeing on every encounter with our population</p> <p>Strengthen working with RPB and PSBs</p>	<p>Develop and Implement public health plans which</p> <ul style="list-style-type: none"> -Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course -Provide robust health protection and vaccination services for the community -Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A) 	Lewis, Bethan	31/03/2024	<p>On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.</p>
		<p>Integrated Localities, Accelerated Cluster Development and Primary Care sustainability</p> <ul style="list-style-type: none"> - Integrated Localities & ACD - Primary care sustainability plan (PO 7B) 	Paterson, Jill	31/03/2024	<p>Primary Care Sustainability Strategy under development. In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.</p>
		<p>Social Model for Health and Wellbeing (SMfHW) (PO 7C)</p>	Gjini, Ardiana	31/03/2024	<p>On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.</p>
		<p>Local Economic and Social Impact - We will:</p> <ul style="list-style-type: none"> - Direct our expenditure to local benefit - Collaborate with partners to maximise our impact - Ensure that we remain focused on the long term impact we can have - Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. (PO 8B) 	Thomas, Huw	31/03/2024	<p>In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.</p>

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

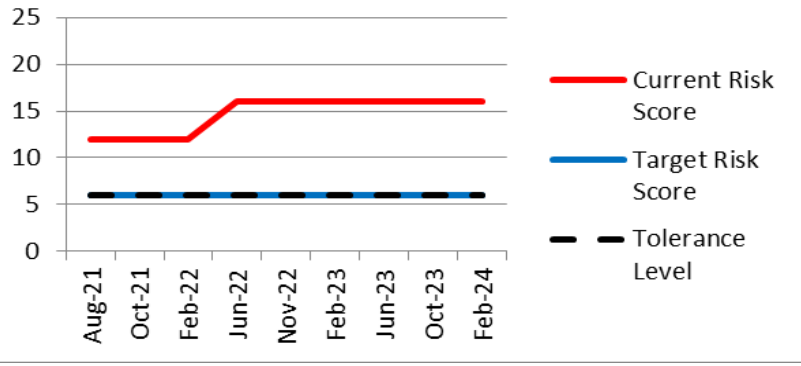
		To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will - Provide clear trajectories, including actions and delivery requirements for the organisation - Form the basis of a robust three-year financial plan as part of a broader IMTP - Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner. (PO 8C)	Thomas, Huw	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
		Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)	Henwood, Mr Mark	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to reduce and reprioritise this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Population health measures collected by Public Health Wales (vaccinations, screening, etc)	1st			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
Strategic Objective:	3. Striving to deliver and develop excellent services

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Mar-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):	4x4=16	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x3=6	
Tolerable Risk:	6	
Trend:	↔	

Rationale for CURRENT Risk Score:
Whilst there is the ambition to strive for excellence, there are significant challenges to our ability to maintain safe, sustainable services across some of our services, which has led to the increase in the current risk score, and increase the number of investigators for research activities. There is a need to strengthen clinical engagement in embedding and maximising clinical effectiveness systems and processes, against the backdrop of increased staffing and operational pressures, delivering its recovery plan post-COVID, current clinical configuration and resource constraints. There is also an over-reliance on external funding for RDI activities and stretching cost recovery targets for developmental work. Whilst POs 6c has been paused and 1B, 2B, 2C, 5C and 6A have been slowed until Mar23, it is not anticipated that this will affect the delivery of the strategic objectives.

Rationale for TARGET Risk Score:
Further work to strengthen clinical engagement in some areas is required to ensure that clinical effectiveness systems and processes are fully embedded and used to their maximum potential. From an RDI perspective, the Health Board needs to increase the number of lead investigators for research studies to continue to justify its status as a 'university' health board. There also needs to be a recurrent investment (staff time and financial resources) from the Health Board to support RDI activities and facilities to support the delivery of this objective. There is an over-reliance on external funding at present.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Quality Assurance System including Clinical effectiveness # Process re NICE and professional guidance. # National & Local Clinical Audits Programme # Peer Reviews # Healthcare standards # Major cause of harm # National Quality setting. # AMAT system in place to monitor NICE compliance # TSG to learn from best in World. # Advisory Board


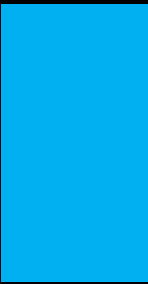
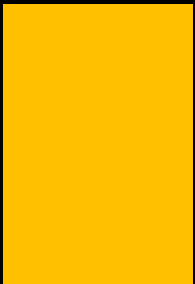
Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Being cognisant of patients' perception of excellence Clinical engagement across the Health Board is growing but it still needs to be strengthened in some areas to ensure that clinical effectiveness systems and processes are fully embedded and used to their maximum potential	Further action necessary to address the controls gaps Infection prevention and control action plan. A detailed infection prevention and control action plan has been developed to target the management of C difficile infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia (PO 3B)	Daniel, Sharon	31/03/2024	On track as per highlight report to QSEC on 13 February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

<p># Advisory Board.</p> <p># Clinical Director for Clinical Effectiveness - role to secure clinical engagement.</p> <p># Monitoring system in place for NICE guidance.</p> <p># QSEC Approved Research & Development (RDI) Strategy with Implementation Plan</p> <p># Research & Innovation Sub Committee with strengthened membership for improved scrutiny</p> <p># Strengthened RDI Management Team</p> <p># Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place.</p> <p># University partnership arrangements in place.</p> <p># Strategic Enabling Groups</p> <p># Value Based Health Care Sponsoring Group</p> <p># Value Based Health Care Programme Team</p> <p># National Value Based Health Care Community of Practice</p> <p># Improving Together Programme</p> <p># Regular attendance at Directorate/ County Quality and Governance Groups to improve engagement on clinical effectiveness</p> <p># Establishment of the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify gaps and improve services.</p>	<p>maximum potential.</p> <p>Systems for recording status against clinical effectiveness standards are in place however there is not a complete historical record relating to all NICE guidelines.</p> <p>Ensuring alignment across service level and Health Board-wide priorities.</p> <p>Staffing fragility within the RDI Team</p> <p>Over-reliance on external funding for RDI and insufficient recurrent internal financial investment, or resource alignment (e.g. time for research) to support ambition within RDI strategy</p> <p>Inadequate facilities to undertake research activities.</p> <p>Resources within the wider HB to deploy to servicing the university partnership arrangements.</p> <p>Focused patient input into the use of Value Based Health Care intelligence in providing higher value services</p> <p>Explicit Nursing input into the programmatic implementation of Value Based Health Care across the Health Board</p> <p>Development of governance arrangements to encompass the Value Based Health Care work being undertaken as part of the Mid Wales Health Collaborative</p> <p>Clinical services configuration and current resource constraints</p>	<p>Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <p>-Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval</p> <p>-A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2)</p> <p>-A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A)</p>	Davies, Lee	31/03/2024	<p>Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. A summary update taken to Executive Team on 25th October 2023, highlighting a cost increase from the rationalisation programme. Further work required to identify and plan to reduce existing expenditure and rate/rent/service charges on new estates need to be value tested against industry benchmarks.</p>
		<p>Research and Innovation (PO 5B)</p>	Henwood, Mr Mark	31/03/2024	<p>On track as per highlight report to PODCC on 15 February 2024. In September 2023, the Board agreed treat this planning objective as business as usual as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.</p>
		<p>Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner. (PO 5C)</p>	Thomas, Huw	31/03/2024	<p>On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.</p>

To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care. (PO 6B)	Henwood, Mr Mark	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to reduce and reprioritise this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role (PO 1B).	Gostling, Lisa	31/03/2024	On track as per highlight report to PODCC on 15 February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates (PO 1A)	Gostling, Lisa	31/03/2024	Action completed for components within FY 2023/24, as per highlight report to PODCC on 15 February 2024, and on-track for components deferred to 2024/25. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services (PO 2B)	Gostling, Lisa	31/03/2024	On track as per highlight report to PODCC on 15 February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)	Gostling, Lisa	31/03/2024	On track as per highlight report to PODCC on 15 February 2024.

		Continuous Engagement - To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will: 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	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.
		Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the BAF Dashboard	# Participation in the NICE Welsh Health Network where specific guidelines are proposed for review on a national basis - to provide benchmark information	1st			Planning Objective 5K and the development of an Effective Clinical Practice Strategic	Due to gaps in the historic system, it is not always possible to provide assurance to DCMO re:				

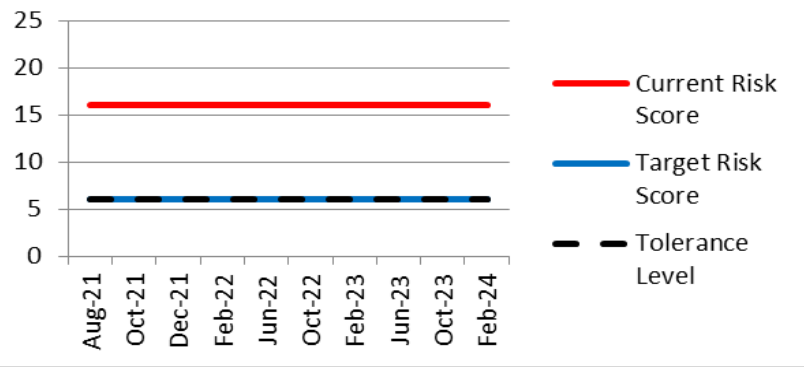
PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

# Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan	1st			Framework - EFCAP (Aug21)	specific guidelines				
# VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation	1st			Review and Assessment against NICE Guidance - ECPAP (Feb22)					
# VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action	2nd			Update ECPAP Reports to QSEC (Oct23)					
# Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group	2nd			Effective Clinical Practice Strategic Plan for ratification to ECPAP (Sep22)					
# Alignment with Health Board Quality and Governance Groups	2nd			Effective Clinical Practice Delivery Plan to ECPAP (Dec22)					
# Responses to letters from Welsh Government (DCMO) relating to specific guidelines	2nd								
# RDI Sub Committee & HCRW monitor delivery of RDI Strategy/Plan	2nd								
# PODCC & SRC oversee delivery of Planning Objectives	2nd								
# Annual Performance Review by WG/HCRW	3rd								
# RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities	3rd								
# IA on NICE Guidelines (Limited Assurance)									
# HCRW Annual Review of R&D (awaiting final report - positive verbal feedback to date)	3rd								

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

Executive Director Owner:	Davies, Lee	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Mar-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):	4x5=20	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	2x3=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.


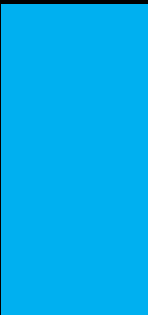
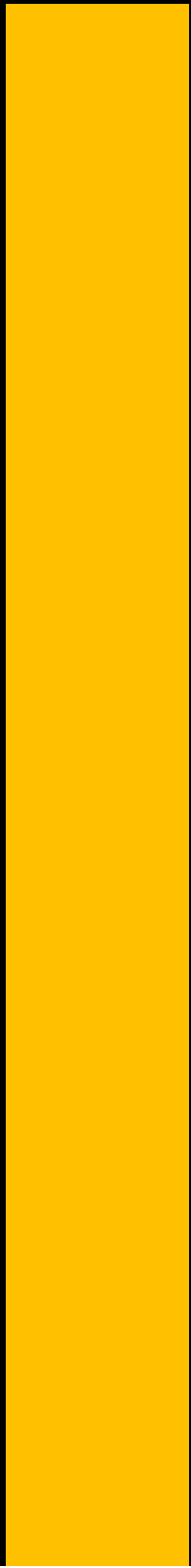
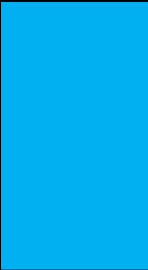
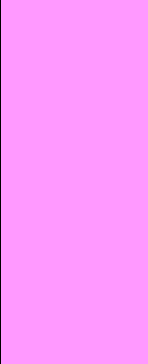
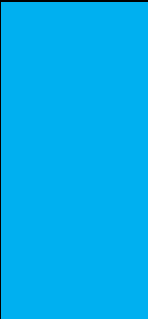
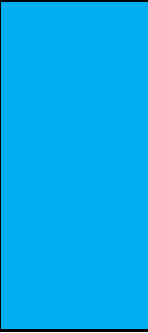
Rationale for TARGET Risk Score:
The target risk score is predicated on the production and endorsement by WG of a PBC and subsequent outline and full business cases for the infrastructure required to support the UHB health and care strategy.

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	By Who	By When	Progress
<p>Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB.</p> <p>Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual planning cycle.</p> <p>Implementation of the Digital Strategy which is also funding dependant.</p> <p>A programme structure has been established with the Chief Executive as SRO to develop the business cases required in support of the Health and Care Strategy, A Healthier Mid and West Wales. It is likely that all the capital mitigations for the over arching risk will be interim solutions only pending the major infrastructure investment plans to ensure the sustainability of the health and care strategy.</p>	<p>Reliance on WG capital to fund Business Cases and therefore the UHB may be unable to secure the capital investment to provide the services that we need.</p> <p>Capital funding is significantly short of the level required to deal with backlog maintenance programme for estates, digital & equipment.</p>	<p>Development of Business Continuity Outline Business Cases to address major infrastructure backlog on hospital sites and respond to Fire Enforcement Notices.</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>PBC has been endorsed by WG. The estates team have appointed initial resources to progress scoping work. WG have supported this process with £150K to allow the UHB to appoint additional specialist consultancy teams . This scoping document will include additional risk assessment information on health board priorities, prioritisation reviews needed and more detail of expected cashflow for the full 5/6 year programme period. It is expected that this work will be completed by early 2023. Further work undertaken by the Estates Team and NWSSP to agree the priorities for a 3 year programme of works at @£5m per annum, this plan was presented to IIB on 25th January 2024. WG response to this presentation now received (5 Feb 24). HB now considering response to clarify and agree next steps in the process.</p>

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<p>Programme Business Case (PBC) for Business Continuity supported by WG.</p> <p>Modular Day Surgery Unit developed at PPH to improve surgical facilities within Hywel Dda.</p> <p>Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF)</p> <p>Co-production of 10 Year Capital Investment Plan with the RPB</p>			<p>Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <ul style="list-style-type: none"> - Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval - A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) -A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A) 	Davies, Lee	31/03/2024	<p>Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. A summary update taken to Executive Team on 25th October 2023, highlighting a cost increase from the rationalisation programme. Further work required to identify and plan to reduce existing expenditure and rate/rent/service charges on new estates need to be value tested against industry benchmarks. 2</p>
			<p>Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner (PO 5C)</p>	Thomas, Huw	31/03/2024	<p>On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.</p>

	Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	Decarbonisation and Sustainability - Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition (PO 8A)	Davies, Lee	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. T&F Group established to oversee the agenda. Supported by risk assessments. Quantitative and Qualitative reports maintained via WG. Subject to current NWSSP assurance and Risk audit. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will - Provide clear trajectories, including actions and delivery requirements for the organisation - Form the basis of a robust three-year financial plan as part of a broader IMTP - Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner (PO 8C)	Thomas, Huw	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.

Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance 	Rating (what the assurance is telling you about your controls)	(Committee & date)	Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level							
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)	Assurance on land selection process				
	Governance structure to oversee delivery of the Business Cases	1st			AHMWW PBC Programme Group Update - Board Seminar (Apr22)					
	Oversight by Executive Team with Assurance sought by Strategic Development and Operational Delivery Committee	2nd			TMH Update - Board Seminar (Jun22), Executive Team - Apr22					
	Internal Audit Programme aligned to Business Case Development	3rd			Planning Objectives Update (Planning) - SDODC ((Jun22, Oct22, Feb23, Jun23, Oct23 & Feb24)					
	Internal Audit AHMWW Programme Forward Look Governance Review	3rd			Pentre Awel Update - SDODC (Dec23) DCP Update - SDODC (every meeting)					

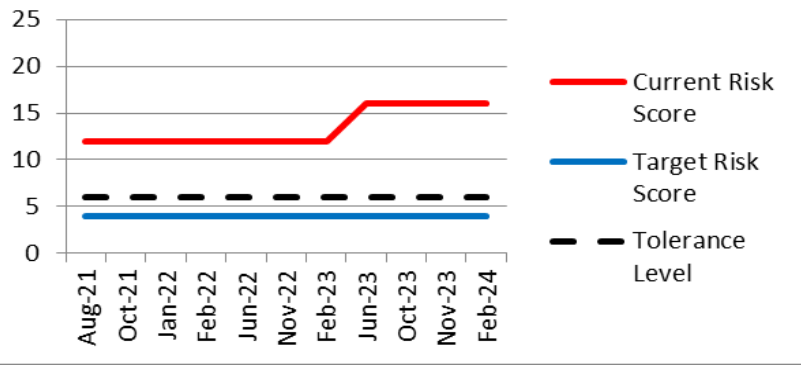
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	Gateway review of PBC and SOC by WG Assurance Hub	3rd			Forward Look Governance Review - ARAC (Feb23) Regular reporting to Board and Board Seminar					
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Date Risk Identified:	May-21
Strategic Objective:	5. Safe and sustainable and accessible and kind care

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-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 HB's strategy. This could lead to an impact/affect on our ability to move care from secondary care settings to the community, to move resources into preventative pathways, and to develop an innovative and responsive social model of health and wellbeing.
Does this risk link to any Directorate (operational) risks?			

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

Rationale for CURRENT Risk Score:	
The current risk score reflects where the Health Board is in terms of its implementation of A Healthier Mid & West Wales with plans in development. 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	By Who	By When	Progress
<p>Healthier Mid and West Wales Strategy approved by Board Nov18.</p> <p>Delivery Groups and processes:</p> <ol style="list-style-type: none"> 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. Executive Team weekly review process <p>Planning Objectives related to:</p> <ol style="list-style-type: none"> 1. Delivery of the Transforming MH&LD programmes 2. Development of a Children's and Young People Plan for implementation from 2022/23 3. Development of plans to achieve the design assumptions underpinning A Healthier Mid & West Wales 4. Delivery of the Bronglais Strategy 5. Development of 24/7 out of hospital urgent and emergency care services 6. Transformation Fund initiatives 7. Cluster initiatives 8. Locality development plans and support for those with complex needs in our communities 9. Comprehensive patient outcome measurement and roll out of Value Based Healthcare analysis across all pathways 10. Locality based resource mapping and planning 11. Business Case development for a new hospital in the south of the region and the repurposing of GGH & WGH 12. On going, continuous engagement and support for carers <p>Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.</p> <p>Proposals for new Planning Objectives to take the HB further towards its ambitions faster via the TSG & SEG process.</p>	<p>Successful realisation of the Healthier Mid and West Wales Strategy</p> <p>Successful realisation of the TMH and LD strategy</p> <p>Ability to shift investment into primary and community settings and realise the social model for health ambitions</p> <p>Not having a comprehensive Children & Young People (CYP) services Plan to address mental & physical health needs for CYP</p> <p>Ability to maximise the potential of our local and regional partnerships</p>	<p>Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026 (PO 3A)</p> <p>Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <ul style="list-style-type: none"> - Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval - A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) - A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A) <p>Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)</p>	<p>Carruthers, Andrew</p> <p>Davies, Lee</p> <p>Davies, Lee</p>	<p>31/03/2024</p> <p>31/03/2024</p> <p>31/03/2024</p>	<p>Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.</p> <p>Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. A summary update taken to Executive Team on 25th October 2023, highlighting a cost increase from the rationalisation programme. Further work required to identify and plan to reduce existing expenditure and rate/rent/service charges on new estates need to be value tested against industry benchmarks.</p> <p>On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.</p>

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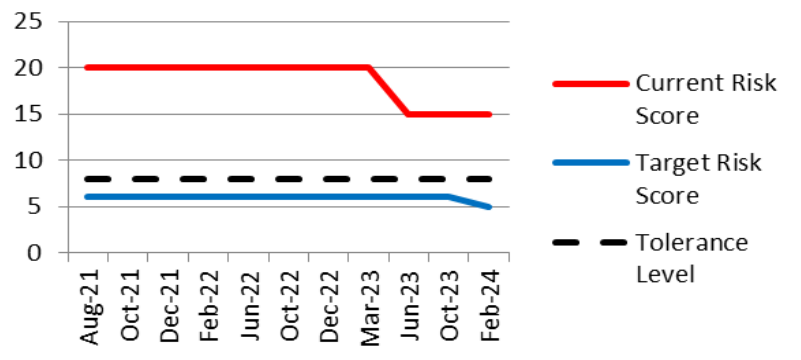

	Integrated Localities, Accelerated Cluster Development and Primary Care sustainability - Integrated Localities & ACD - Primary care sustainability plan (PO 7B)	Paterson, Jill	31/03/2024	This Planning Objective has been paused as per discussions at Board in September 2023. In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.
	Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024 (PO 4B)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner (PO 5C)	Thomas, Huw	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in the BAF Dashboard	Board and Committee oversight of Planning Objectives	2nd			TMH Update - Board (Mar22)	None identified.				
	QSEAC to measure harms	2nd			Three Year Draft Plan for Children's Services - Board (Jul21)					
	WG Gateway process re accessing capital	2nd			PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Nov23)					
	Internal Audit reviews of Major Capital Programme	3rd			Annual Plan 2023/24 Update - Board (Jan24)					
	Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning	3rd			Deep dive on PO 3A - SDODC (Oct23)					

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

Executive Director Owner:	Gostling, Lisa	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-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):	4x5=20	
Current Risk Score (L x I):	3x5=15	
Target Risk Score (L x I):	1x5=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 utilised 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)
Recruitment processes in place
Induction process in process
HR policies (including those for employee relations) in place with programme of review
Training programmes in place (manager's passport, etc)
County workforce teams/business partners in place to provide workforce support to services (covering sickness absence, etc)
Staff Well being Service and Psychological Service in place

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Having a flexible and responsive recruitment process that encourage local employment for local people	Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates (PO 1A)	Gostling, Lisa	31/03/2024	Action completed for components within FY 2023/24, as per highlight report to PODCC on 15 February 2024, and on-track for components deferred to 2024/25. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Current induction process does not focus on key things a new candidate needs to know and does not provide continuous/on-going support/information				
Current HR policies (including employee relations) do not fully support work life balance and put the				


PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

<p>Staff well-being service and psychological service in place</p> <p>Regular contact with Trade Union representatives/Staff Partnership forums</p> <p>Annual NHS staff surveys providing feedback from staff</p> <p>Separate clinical education programmes in place</p> <p>Apprenticeship programme and work experience programmes in place</p> <p>Leadership development programmes in place</p> <p>External ad-hoc talent programmes</p> <p>Directorate Improving Together Sessions</p> <p>Core Delivery Group oversight</p> <p>Usage of agency, locum and bank usage"❏</p> <p>❏</p> <p>❏</p> <p>❏</p> <p>❏</p> <p>❏</p> <p>❏</p> <p>❏</p>	<p>support work-life balance and put the person at the centre (Partnership Forum drawing up an Action Plan related to Key policies i.e. Flexible Working)</p> <p>Lack of equity of access to training regardless of personal and professional circumstances (See Higher awards PO 1B)</p> <p>Lack of agile approach to workforce training (eg 24/7 access, digital platforms) (Progress with £50k to support in situ simulation)</p> <p>Lack of support for services to people plan effectively (Support roles/tools in place. Capacity can be challenged to manage all aspects of need identified)</p> <p>Ability to understand and respond to staff feedback on well-being</p> <p>Lack of a multidisciplinary approach to clinical education (Workstream in place to drive work)</p> <p>Lack of a comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board (Critical gap - targeted groups i.e. Young Mothers, Travelling Community)</p> <p>Lack of a comprehensive talent, succession planning and leadership development programme (Suite of programmes developing at pace)</p>	Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role. (PO 1B)	Gostling, Lisa	31/03/2024	On track as per highlight report to PODCC on 15 February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2A)	Gostling, Lisa	Completed	Action completed as per highlight report to PODCC on 15 February 2024.
		Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)	Gostling, Lisa	31/03/2024	On track as per highlight report to PODCC on 15th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services. (PO 2B)	Gostling, Lisa	31/03/2024	On track as per highlight report to PODCC on 15th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

<p>Lack of appropriate training facilities (space and digital)(Forms part of Estate Strategy)</p> <p>Lack of appropriate training budget (Scoping work being undertaken to identify sources/appropriateness of budgets)</p> <p>Demand and capacity modelling (To be addressed as part of Clinical Services Planning?)</p>	<p>Estates Strategy - Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <ul style="list-style-type: none"> - Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval - A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) - A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO5A) 	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. A summary update taken to Executive Team on 25th October 2023, highlighting a cost increase from the rationalisation programme. Further work required to identify and plan to reduce existing expenditure and rate/rent/service charges on new estates need to be value tested against industry benchmarks.</p>
	<p>Research and Innovation (PO 5B)</p>	<p>Kloer, Dr Philip</p>	<p>31/03/2024</p>	<p>On track as per highlight report to PODCC on 15th February 2024. In September 2023, the Board agreed that this planning objective should form business as usual.</p>
	<p>Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)</p>	<p>Davies, Lee</p>	<p>31/03/2024</p>	<p>On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.</p>

		Welsh Language and Culture - Building on the Welsh language and Culture Discovery process, we will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will also seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words (PO 8D)	Hughes-Moakes, Alwena	31/03/2024	On track as per highlight report to PODCC on 15th February 2024.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	 Current Level							
See Our Outcomes section on 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)	Lack of relevant 3rd line/ independent assurance	Maturity Matrix for Strategic Workforce Plan (SWP) and "Panel"	Walmsley, Tracy	31/07/2023 31/03/2024	This is linked to our corporate risk however has the same function in assessing our maturity to be able to create a strategic workforce plan and address this risk Draft Template developed; given priorities and capacity reflecting on value of approach) AWODS Workforce Planning Group established which could critique b) SPPEG at subsequent meetings could test and c) Operational/Corporate/ Panel give assessment in New Year when immediate "Recovery" needs have been addressed. Seeking advice. ☑
	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st								
	Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee	2nd								
	Staff Partnership Forum	2nd								
	Medical Engagement scale feedback	3rd								
	IA PADR Follow up - Reasonable (May-20)	3rd								

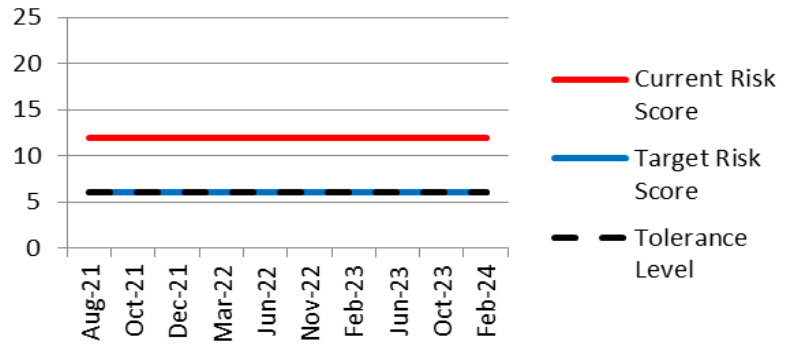
PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

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:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-24

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

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


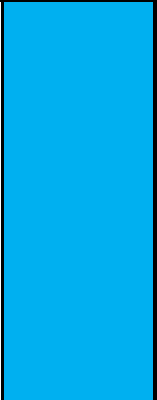
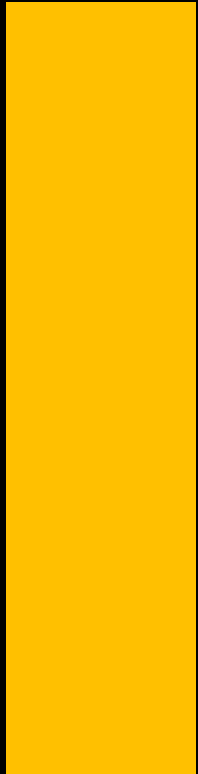
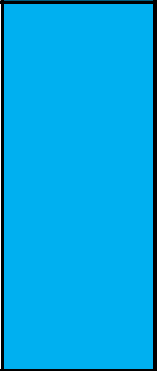
Rationale for CURRENT Risk Score:
Resources from the Engagement Team have ben focussed on Hospital Site Selection and now Paediatric Consultation. Lack of resource will have an impact on the capacity of the team to deliver continuous engagement expertise at a senior level and the operational capacity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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Skills to Deliver Engagement Two additional members of staff were appointed to the Engagement team in early 2023. Additional resource has been requested to enable engagement during CSP. Expert engagement team in place with ongoing training needs reviewed regularly. Operational engagement led for each county. Engagement training provided to operational on an ad hoc/as required basis. Consultation Institute provide expert advice on request. Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Identified gaps in engagement team capacity 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 Lack of understanding of operational teams on their role in terms of engagement / continuous engagement with a purpose 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.

<p>Close working relationship with Llais.</p> <p>Voices of Children and Young People's Group</p> <p>Newly established 'improving the use of feedback across the organisation' group to explore how the triangulation of feedback from different parts of the organisation including engagement, corporate office, communications, diversity and inclusion, quality improvement, transformation, patient experience and workforce and organisational development can be used to inform key pieces of work around service change.</p> <p>Engagement mechanisms to support the delivery of continuous engagement across the organisation include:</p> <ul style="list-style-type: none">- provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB- management of the Siarad Iechyd / Talking Health involvement and engagement scheme- management of the stakeholder management system Tractivity- Management of the online engagement tool Have Your Say (EngagementHQ)- advice, guidance, support around the planning and delivery of traditional engagement methods		<p>Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2A)</p>	<p>Gostling, Lisa</p>	<p>31/03/2024</p>	<p>Action completed as per highlight report to PODCC on 15 February 2024.</p>
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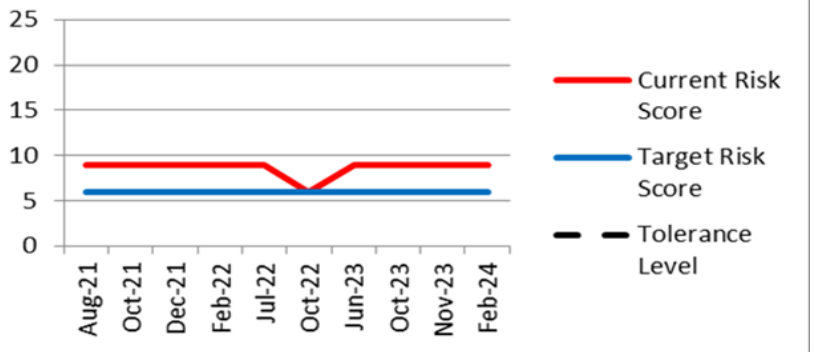
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the BAF Dashboard	Management process in place to monitor Engagement Team objectives	1st			Continuous Engagement Plan - Board (May22)	There is a gap in terms of the formal review of engagement activities after completion - we need to better close the loop after a formal engagement or consultation	Establishment of a virtual engagement group focused on listening to seldom heard groups /protected characteristics (recommended by The Consultation Institute).	Davies, Lee	31/03/2023	On track - A virtual group has supported engagement with the technical land appraisal process and further work with virtual groups is planned for the Interim Paediatrics Review and OBC.As part of the land consultation, further meetings will be held virtually with seldom heard groups.
	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 CHC have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee	3rd							

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

Executive Director Owner:	Thomas, Huw	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-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):	3x3=9	
Current Risk Score (L x I):	2x3=6	
Target Risk Score (L x I):	2x3=6	
Tolerable Risk:	8	
Trend:	↔	

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

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS					
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress	
	Health Board active participation within the Public Service Boards across Hywel Dda UHB region.	Controls are now in a developed space for procurement, and are being used across the organisation in procurement decisions.	Develop and Implement public health plans which - Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course - Provide robust health protection and vaccination services for the community - Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board’s financial forecast for 2023/24.
	Local Needs Analysis has been completed based on the Wellbeing Goals.	National framework agreements might not be moving at the same pace as HDUHB in maximising Social Value through procurement.	7c Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board’s financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	A Social Value framework has been developed with strands in workforce, facilities and estates, procurement.		Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care. (PO 6B)	Henwood, Mr Mark	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to reduce and reprioritise this planning objective to prioritise activities that will deliver in-year improvements to the Health Board’s financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

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		<p>Local Economic and Social Impact - We will:</p> <ul style="list-style-type: none">- Direct our expenditure to local benefit- Collaborate with partners to maximise our impact- Ensure that we remain focused on the long term impact we can have- Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. (PO 8B)	Thomas, Huw	31/03/2024	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board’s financial forecast for 2023/24.
		<p>To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will</p> <ul style="list-style-type: none">- Provide clear trajectories, including actions and delivery requirements for the organisation- Form the basis of a robust three-year financial plan as part of a broader IMTP- Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board’s underlying deficit is reduced in a sustainable manner. (PO 8C)	Thomas, Huw	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board’s financial forecast for 2023/24.

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 			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
			Current Level							
We are establishing an outcome measure for Board in relation to: Our positive impact on society is maximised	Delivery of Planning Objectives overseen by Executive Team and Board Committees	2nd			Social Value Workshop - SEG (Oct21) Social Value Workshop - SRC (Dec21) Public value action plan (004) (May23) Public Values Framework strategy (June23)	Evaluation	Establish key metrics for measuring social value improvements in Health Board	Thomas, Huw	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. 
	Board meetings to consider the outcome measure (Our positive impact on society is maximised)	2nd								

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

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-24

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

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

Rationale for CURRENT Risk Score:	
Our reputation is growing and there are a number of Health Board and wider plans to make Hywel Dda an attractive partner. Partnership working is strong in the ARCH and Mid Wales Joint Committee (MWJC), and has deepened and broadened with local authority partners and is driving our research, development and innovation work with universities. The current risk score will be reassessed as work related to regional recovery moves from planning to delivery - particularly in relation to ophthalmology, orthopaedics and pathology services with partners in Mid Wales and Swansea Bay Health Board.	

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


Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Strategic Equality Plan and Objectives for 2020-24 Continuous Engagement Strategy approved by Board in Jan19 Healthier Mid and West Wales Strategy approved by Board Nov18 with Programme Business Case submitted to WG in Feb22 (following Board approval) ARCH Recovery and Strategic Delivery Plans Digital strategy Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group Research, development and innovation strategy Regional Partnership Board Public Service Board	Access to latest equipment and state of the art facilities for research, development and innovation	Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2A)	Gostling, Lisa	Completed	Action completed as per highlight report to PODCC on 15 February 2024.
	Promoting the successes of the Health Board and individual and organisational achievements Workforce, facilities and capital requirements to deliver on our delivery plans in ARCH and MWJC Capacity to support regional working within the organisation and at Executive level	Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities. (PO 4A)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective in relation to Cancer Services as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. In September 2023, the Board agreed to slow this planning objective in relation to Planned Care to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Research and Innovation (PO 5B)	Henwood, Mr Mark	31/03/2024	On track as per highlight report to PODCC on 15th February 2024. In September 2023, the Board agreed that this planning objective should form business as usual.
		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	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.

Develop and Implement public health plans which -Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course -Provide robust health protection and vaccination services for the community -Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Integrated Localities, Accelerated Cluster Development and Primary Care sustainability -Integrated Localities & ACD -Primary care sustainability plan (PO 7B)	Paterson, Jill	31/03/2024	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition (PO 8A)	Davies, Lee	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. T&F Group established to oversee the agenda. Supported by risk assessments. Quantitative and Qualitative reports maintained via WG. Subject to current NWSSP assurance and Risk audit. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

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Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates (PO 1A)	Gostling, Lisa	Completed	Action completed for components within FY 2023/24, as per highlight report to PODCC on 15 February 2024, and on-track for components deferred to 2024/25. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)	Gostling, Lisa	31/03/2024	On track as per highlight report to PODCC on 15th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Estates Strategy - Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include: · Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval · 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) · Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board (PO 5A)	Davies, Lee	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. A summary update taken to Executive Team on 25th October 2023, highlighting a cost increase from the rationalisation programme. Further work required to identify and plan to reduce existing expenditure and rate/rent/service charges on new estates need to be value tested against industry benchmarks.


	Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner (PO 5C)	Thomas, Huw	31/03/2024	On track, with a deep dive submitted for presenting to SRC on 24th October 2023. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	8b Local Economic and Social Impact - We will: <ul style="list-style-type: none"> • Direct our expenditure to local benefit • Collaborate with partners to maximise our impact • Ensure that we remain focused on the long term impact we can have • Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund (PO 8B) 	Thomas, Huw	31/03/2024	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.

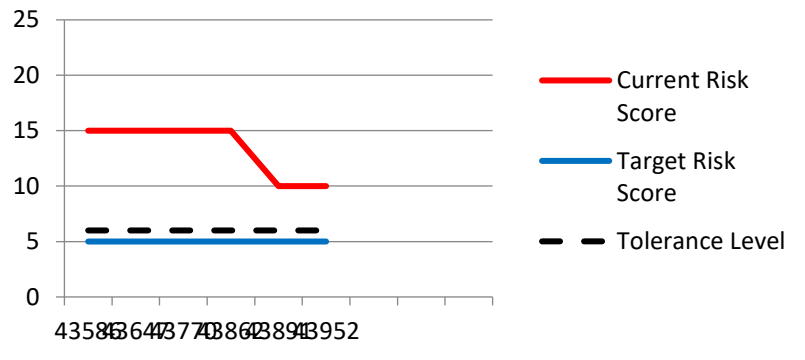
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
			Current Level							
See Our Outcomes section on BAF Dashboard	ARCH Reports to Strategic Development and Operational Planning Committee (SDODC)	2nd			Continuous Engagement Plan - Board (May22)					
	Oversight of delivery of Planning Objectives to SDODC & other sources of assurances partnership working to the Board	2nd			Deep dive on 5C - SRC (Oct23)					

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

Executive Director Owner:	Daniel, Sharon	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-24

Risk ID:	1195	Principal Risk Description:	<p>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.</p> <p>This could lead to an impact/affect on public and patient confidence, organisational reputation, positive patient reported outcomes.</p>
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):	4x4=16
Current Risk Score (L x I):	3x3=9
Target Risk Score (L x I):	2x4=8
Tolerable Risk: 8	
Trend: 	



4/3	5/3	6/4	7/7	8/8	9/2
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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.


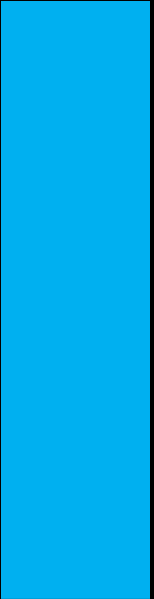
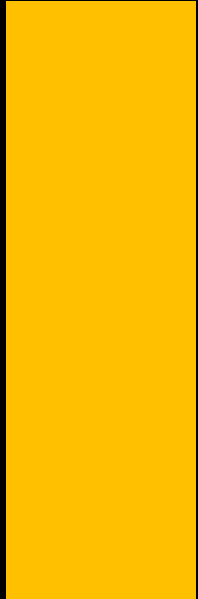
Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Range of performance measures/metrics in place
Updated Datix Incident reporting system
Standardised approach through a standard agenda in Quality Governance meetings
CIVICA system is available and being 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

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
There is no standardised way of joining existing systems in place	Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities (PO 4A)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective in relation to Cancer Services as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. In September 2023, the Board agreed to slow this planning objective in relation to Planned Care to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
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				

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

Clinical Audit Programme	process	Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)	Kloer, Dr Philip	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to reduce and reprioritise this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Clinical Executive Quality Panel		Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026. (PO 3A)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
External reports (HIW, HSE, MWWFRS, Peer Reviews, etc)		Infection prevention and control action plan - A detailed infection prevention and control action plan has been developed to target the management of C difficile infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia (PO 3B)	Daniel, Sharon	31/03/2024	On track as per highlight report to QSEC on 13th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
Mortality Reviews and Medical Examiners Service		Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024. (PO 4B)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
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.					

		Mental Health Recovery Plan - To develop a recovery plan for Mental Health, neurodevelopmental and CAMHS services to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues (PO 4C)	Carruthers, Andrew	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

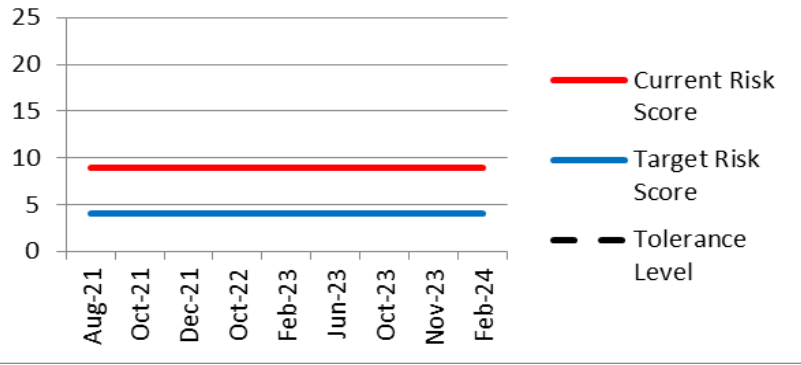
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Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
		(1st, 2nd, 3rd)	 Current Level							
See Our Outcomes section of the BAF Dashboard	Directorate Quality Governance Meetings in place	2nd			Patient Experience Report - Board (May23) Healthcare Contracting Update - SRC (Aug22) QIA - QSEC (Oct 23) Quality and Commissioning Update - QSEC	Assurance on triangulation of data	Internal Audit to review the triangulation of data in the Health Board	Daniel, Sharon	31/03/2023 30/09/2023 31/12/2023 31/03/2024	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.

Patient and staff feedback	2nd		Update - QSEC (Oct 23)	Patient Experience - every Board				
Harms Dashboard is reported monthly to Formal Executive team with Our Performance and other intelligence for triangulation of data	2nd							
Improving Together performance sessions with clinical and corporate directorates (bi-monthly)	2nd							
Performance reports through power BI and Committee reports	2nd							
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	2nd							
HIW patient complaints	3rd							
Quality Governance Follow up Report (Oct21)	3rd							
Annual Structured Assessments by Audit Wales	3rd							
Internal Audit plans which include reviewing Quality Governance	3rd							

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

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-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):	4x3=12	
Current Risk Score (L x I):	3x3=9	
Target Risk Score (L x I):	2x2=4	
Tolerable Risk:	8	
Trend:	↔	

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


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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
National screening programmes in place (including Breast, Bowel, 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 Moondance Cancer Learning Programme for Schools, 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, overseen by PHW and the newly formed vaccination team of NHS Executive.
Senior Public Health Practitioner dedicated remit for Vaccination and immunisation
Local and National health promotion initiatives
Multi-agency Immunisation Steering and Oversight Group being refreshed and strengthened (with influenza group, Primary care

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Gap in knowledge in terms of equity of access/uptake to be triangulated with equity of outcome to be triangulated with potential targeted campaigns to improve both access/uptake and outcome	Population Health - Develop and Implement public health plans whichÂ - Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course - Provide robust health protection and vaccination services for the community • Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Evidence based actions that improve individual and community behaviours.				
Lack of capacity to drive the evidence base interventions with our partners, stakeholders and communities.	Integrated Localities, Accelerated Cluster Development and Primary Care sustainability - Integrated Localities & ACD - Primary care sustainability plan (PO 7B)	Paterson, Jill	31/03/2024	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

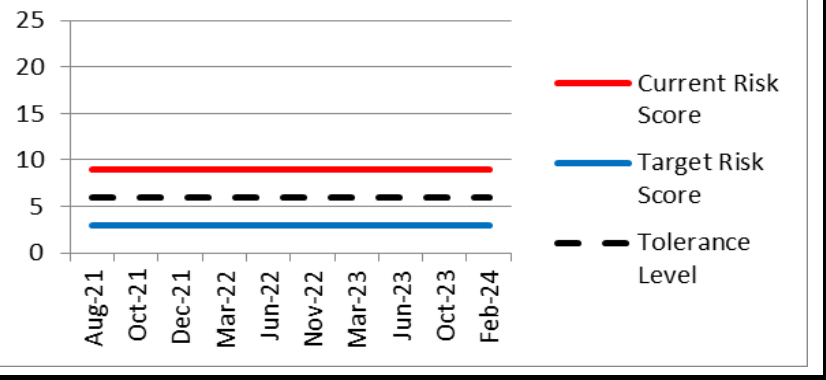
childhood vaccination group, occupational health and COVID vaccination group)	Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2A)	Gostling, Lisa	Completed	Action completed as per highlight report to PODCC on 15 February 2024.
	Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care. (PO 6B)	Henwood, Mr Mark	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to reduce and reprioritise this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

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 			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
			Current Level							
See Our Outcomes section on the BAF Dashboard 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	Review governance structures relating to health protection, including immunisation, to strengthen and streamline existing structure.	Gjini, Ardiana	31/01/2024	Draft TORs being developed and currently reviewing other existing groups TORs.
	Health Equity Group	2nd								
	All Wales Wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW. Relevant ONS data - published resources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd								

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

Executive Director Owner:	Gostling, Lisa	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-24

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

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

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

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

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

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Fully comprehending and exploiting the opportunities of true partnership working in order to deliver the ambitions within our Health and Care Strategy. The Partnership Governance Framework and Toolkit has not been proactively utilised for the past three years and would require review to ensure fit for purpose in the current governance environment	Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)	Gostling, Lisa	31/03/2024	On track as per highlight report to PODCC on 15 February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

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.	Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities. (PO 4A)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective in relation to Cancer Services as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. In September 2023, the Board agreed to slow this planning objective in relation to Planned Care to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024. (PO 4B)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Research and Innovation (PO 5B)	Kloer, Dr Philip	31/03/2024	On track as per highlight report to PODCC on 15th February 2024. In September 2023, the Board agreed that this planning objective should form business as usual.

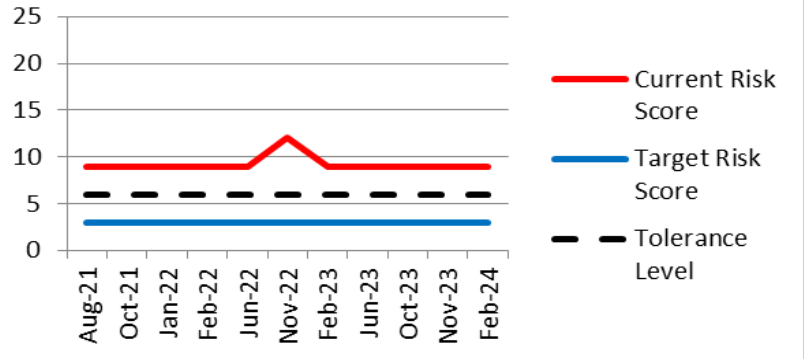
	Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	Local Economic and Social Impact - We will: - Direct our expenditure to local benefit - Collaborate with partners to maximise our impact - Ensure that we remain focused on the long term impact we can have - Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. (PO 8B)	Thomas, Huw	31/03/2024	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section in BAF Dashboard	Statutory Partnerships Update to Board	2nd			Strategic Partnerships Update - Board (May23, Jul23, Sep23, Nov23 & Jan24)	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.?	Gostling, Lisa	31/03/2024 ?	For discussion with relevant executive leads on mechanisms of approach?
	Chief Executive and Chair Reports to Board	2nd								
	Delivery of Planning Objectives are being overseen by Executive Team and Board Committees	2nd								

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

Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-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):	3x4=12	
Current Risk Score (L x I):	3x3=9	
Target Risk Score (L x I):	1x3=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 EQliP, Improving Together and Research, Innovation and Development, however further work is required to strengthen our toolset. Operational pressures are also likely to be causing challenges for people to enact change or improvement in their areas however the introduction of bi-monthly Improving Together sessions with Directorates in Jan23 have facilitated and helped to embed learning and improvement which has enabled an overall score of 9 to be maintained.	

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

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Risk Management Framework and Board Assurance Framework (BAF) Established governance structures Established Assurance Trackers for audits, inspectorates & regulators, Welsh Health Circulars, Ministerial Directions Healthcare Standards (HCS) embedded within governance framework to improve clinical quality and patient experience Research, Development and Innovation Strategy approved by QSEC The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements Quality framework, with the Enabling Quality Improvement in Practice (EQIiP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/ TPO/ PMO/ OD/ workforce/ R&D etc) Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc) OD Cultural Plans A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity)	Staff not being clear of the expectation of their contribution to the delivery of the strategic objectives/planning objectives	Infection prevention and control action plan. A detailed infection prevention and control action plan has been developed to target the management of C difficile infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia (PO 3B)	Daniel, Sharon	31/03/2024	On track as per highlight report to QSEC on 13 February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board’s financial forecast for 2023/24.
	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	Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities. (PO 4A)	Carruthers, Andrew	31/03/2024	Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective in relation to Cancer Services as it is anticipated that it will help to deliver in-year improvements to the Health Board’s financial forecast for 2023/24. In September 2023, the Board agreed to slow this planning objective in relation to Planned Care to prioritise activities that will deliver in-year improvements to the Health Board’s financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	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	Research and Innovation (PO 5B)	Henwood, Mr Mark	31/03/2024	On track as per highlight report to PODCC on 15 February 2024. In September 2023, the Board agreed that this planning objective would form business as usual.
	Cohesive engagement and capacity of operational teams to engage in programmes listed in the 'key controls'.				

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

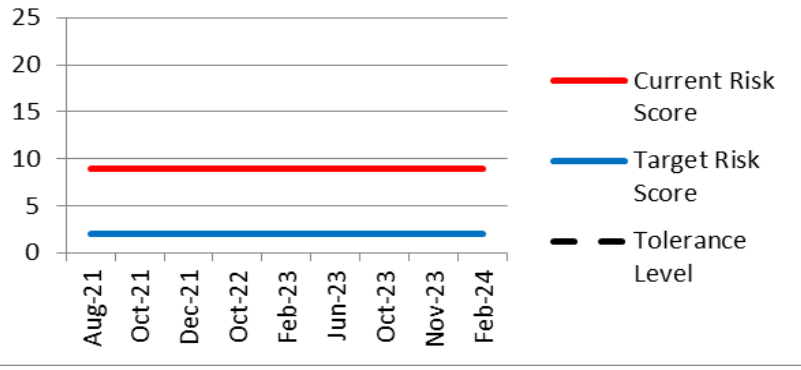
	Availability of data that is accessible for teams to identify improvements	Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner. (PO 5C)	Thomas, Huw	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care (PO 6B)	Henwood, Mr Mark	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to reduce and reprioritise this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of BAF Dashboard	Tracker Performance reports issued to Lead Directors on bi-monthly basis	1st			Tracker Report - 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								
	AW & IA Plan includes annual review of risk management arrangements & BAF	2nd								
	Internal Quality & Engagement Act Implementation Group	2nd								
	Directorate Improving Together Sessions (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								

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

Executive Director Owner:	Gjini, Ardiana	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-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):	4x3=12	
Current Risk Score (L x I):	3x3=9	
Target Risk Score (L x I):	2x1=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)
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.
Identified lead looking at evidence base and linking with local leads.
Embedded reducing inequalities throughout the HB Planning Objectives.
Healthy weight, Health Wales Plans help to reduce health inequalities
Health Equity Group in place

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Currently no formal process in place that considers impact of health inequity/equity of outcomes across our population Ability of the Community Development Outreach Team to engage with all communities within Hywel Dda area	Further action necessary to address the controls gaps Establish sustainable funding for the Community Development Outreach Team to continue their work to engage with minority ethnic communities and those who face barriers to accessing health and care services. Providing valuable intelligence about needs of these communities to support action to address health inequalities and improve population health and wellbeing.	Gostling, Lisa	31/03/2024	Community Development Outreach Team established as a pilot project funded from NHS Charities Together and P&EY funding. 639 individuals have been supported between April-November 2021,; information has been translated into 13 community languages to increase accessibility and there has been a significant increase in the number of stakeholder details which have been shared which will inform future engagement activities. Investment plan submitted to secure on-going funding to ensure permanency of this resource.

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

Develop and Implement public health plans which - Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course - Provide robust health protection and vaccination services for the community - Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches (PO 7A)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Local Economic and Social Impact - We will: - Direct our expenditure to local benefit - Collaborate with partners to maximise our impact - Ensure that we remain focused on the long term impact we can have - Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. (PO 8B)	Thomas, Huw	31/03/2024	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24.
Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board. (PO 6A)	Davies, Lee	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

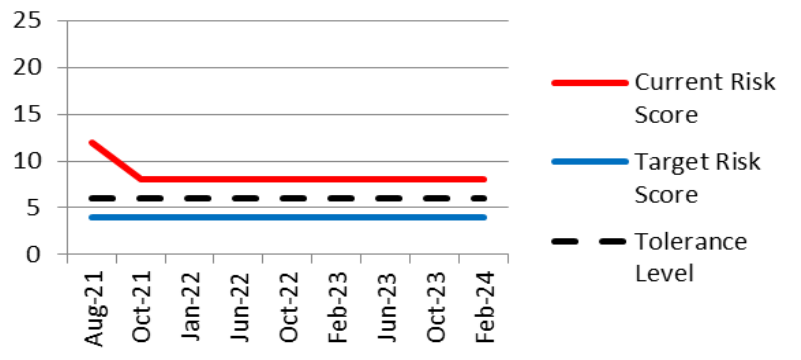
		Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care. (PO 6B)	Henwood, Mr Mark	31/03/2024	On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to reduce and reprioritise this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
		Social Model for Health and Wellbeing (SMfHW) (PO 7C)	Gjini, Ardiana	31/03/2024	On track as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section of the BAF Dashboard Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress	Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC	2nd				Governance structure for Health Equity Group to be strengthened	Establish Strategic Equity Group with partners with DOF, DOPH, MD and key officers in HB and PSB leads for health inequalities (the Health Equity Group will report to this group)	Gjini, Ardiana	31/12/2022 30/04/2023 31/07/2023 31/01/2024 31/03/2024	Terms of Reference are under development and there is a meeting in place to understand how this should link into the HB governance structure.
	Health Equity Group in place engage with different groups for feedback on service and wider inequities	2nd								
	All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations	3rd								

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

Executive Director Owner:	Daniel, Sharon	Date of Review:	Feb-24
Lead Committee:	Board	Date of Next Review:	Apr-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):	4x4=16	
Current Risk Score (L x I):	2x4=8	
Target Risk Score (L x I):	2x2=4	
Tolerable Risk:	6	
Trend:		↔

Rationale for CURRENT Risk Score:
The current risk score reflects the current 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)
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 significant roll out across services Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured linked to CSP

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
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	Develop and maintain an overarching workforce, OD and partnerships plan (PO 2C)	Gostling, Lisa	31/03/2024	On track as per highlight report to PODCC on 15th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

PRINCIPAL RISK REGISTER SUMMARY FEBRUARY 2024

<p>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</p> <p>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</p> <p>Waiting List Support Programme (WLSP) Plan with workstreams established to support continued engagement with clinical staff and services following the National 3 Ps policy and directly supporting patients on waiting lists</p> <p>WLSP Phased Iterative Implementation Plan which is regularly reviewed</p> <p>Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development</p> <p>Power BI Performance dashboards on IRIS</p> <p>Engagement in place with Llais Cymru (formal and informal arrangements in place)</p> <p>Staff Partnership Forum (UHB and County Partnership Forums)</p> <p>Mechanism in place to ensure charitable funding applications demonstrate impact through agreed evaluation and metrics</p> <p>Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams</p> <p>Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings.</p>	<p>routine periodic reporting during and after service change to reflect on the impact /improvement to patients, staff and performance remains in its infancy.</p> <p>No agreed method of aligning PROMs, PREMs and other measures to service change or development</p> <p>Value opportunities framework is embedded with EQIIP, however not yet fully embedded into all service change and transformation activity</p>	<p>Implement the planned care recovery programme in compliance with Ministerial priorities. (PO 4A)</p>	<p>Carruthers, Andrew</p>	<p>31/03/2024</p>	<p>Behind schedule as per highlight report to SDODC on 29th February 2024. In September 2023, the Board agreed to prioritise this planning objective in relation to Cancer Services as it is anticipated that it will help to deliver in-year improvements to the Health Board's financial forecast for 2023/24. In September 2023, the Board agreed to slow this planning objective in relation to Planned Care to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.</p>
		<p>Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner. (PO 5C)</p>	<p>Thomas, Huw</p>	<p>31/03/2024</p>	<p>On track as per highlight report to SRC on 27th February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board's financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.</p>

<p>Health Board wide Improving Together Sessions in place, which utilise dashboards</p> <p>Staff Surveys and Pulse Surveys undertaken regularly to evaluate staff experience, and reported to People, Organisational Development and Culture Committee</p> <p>Quality Impact Assessments introduced and reported to Quality, Safety and Experience Committee</p>	Continuous Engagement -To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will: 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	In September 2023, the Board agreed to pause this planning objective to prioritise activities that will deliver in-year improvements to the Health Board’s financial forecast for 2023/24.
	Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships (PO 2A)	Gostling, Lisa	31/03/2024	Action completed as per highlight report to PODCC on 15 February 2024. In September 2023, the Board agreed to slow this planning objective to prioritise activities that will deliver in-year improvements to the Health Board’s financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.
	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 6B)	Kloer, Dr Philip	31/03/2024	On track as per highlight report to SRC on 24th October 2023. In September 2023, the Board agreed to reduce this planning objective to prioritise activities that will deliver in-year improvements to the Health Board’s financial forecast for 2023/24. Executive Leads are reviewing the timescales of the key deliverables of this PO.

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

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

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

See Our Outcomes section of BAF Dashboard	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st			Single Point of Contact Report - Board (Mar21)	Routine reporting of triangulated performance metrics				
	Communication Hub and WLSP Steering Group overseeing delivery of the plan and the workstreams	2nd			Patient Experience Report - Board (May23)					
	Improving Together performance sessions with clinical and corporate directorates (bi-monthly)	2nd			Periodic update reports to Executive Team on the impact of the Communication Hub and WLSP					
	Formal Executive Team review and triangulate data from the Harms Dashboard, Our Performance Dashboards and other intelligence	2nd			Staff Feedback Reports - PODCC					
	Communication Hub Steering Group	2nd			QIA reported to QSEC (Sep23)					
	Executive Team overseeing delivery of Planning Objectives	2nd								
	People, OD and Culture Committee oversight of Planning Objectives	2nd								
	Patient Experience Report to every Board	2nd								
	Listening and Learning Sub Committee	2nd								
	Periodic reporting of engagement index survey results to People, OD and Culture Committee and Board (from Nov21)	2nd								
	Public Service Ombudsman for Wales Reports	3rd								
	HIW Inspection Reports and Complaints	3rd								