

Aneurin Bevan University Health Board

Board Assurance Framework

Aneurin Bevan University Health Board has the overall responsibility for ensuring systems and controls are in place, are working well and are sufficient to mitigate any significant risks which may occur with regard to the achievement of our strategic objectives and priorities.

This **Board Assurance Framework** is designed to guide and support the successful achievement of the Health Board's strategic objectives and priorities, as expressed in the Health Board's Integrated Medium Term Plan 2020-2023. It links closely with the Health Board's **Risk Management Strategy**, which is the mechanism and guiding document for managing and reporting risk across the organisation and also the **Quality Assurance Framework**, which provides a systematic approach to quality planning, improvement and control, recognising that quality assurance is essential to understanding the care being provided, how it benchmarks and if improvement work is making a difference and is contributing to our achievement of our responsibilities and strategic objectives.

It is essential that Aneurin Bevan University Health Board is aware of and understands the major risks, which could impact upon the delivery of the objectives and priorities of the Health Board.

Therefore, it is the responsibility of the Board to:

- Determine the strategic direction of the organisation in-line with Welsh Government policy and direction and related objectives and agree an Integrated Medium Term Plan;
- Identify principal risks that threaten the achievement of these objectives and priorities;
- Agree the organisation's risk appetite, recognising the interdependencies of objectives and that the impact of mitigating one risk might have an effect or impact on other areas of identified risk or business arrangements. Also, identifying where the organisation might wish to take more risk to meet its objectives;
- Agree strategic and operational plans that will deliver those objectives and which encompass appropriate controls and actions to manage the identified risks and identify any gaps in those controls;
- Monitor delivery through robust performance and assurance arrangements and reporting to committees of the Board and the Board itself;

- Ensure that plans are in place to take corrective action where there is minimal assurance or gaps in controls and assurance are evident and where agreed objectives may not be fully delivered;
- Sustain and uphold risk management arrangements (in particular an up to date and well maintained and connected risk system within the organisation and across our partnerships).

This Board Assurance Framework serves to express the principal and strategic risks threatening the delivery of our objectives and provide a documented mechanism to guide the organisation's approach and control of this system and ensure that the Board is engaged and aware of the current profile of risk and the organisation's plans through agreeing this Framework and reporting of the Health Board's profile of risks through the maintenance of a Corporate Risk Register.

The Board Assurance Framework therefore aligns the overall objectives of the organisation, the principal risks, key controls, appetite for organisational risk (as expressed in the Risk Management Strategy) and in partnership, and identifies the sources of assurance and controls for each of our stated objectives. It also links with the Quality Assurance Framework with regard to the management and assurance of the quality and safety of our services and those we commission. Therefore, this Board Assurance Framework is mapped to the non-delivery of the Health Board's core objectives.

The overall objectives are:

Overall Health Board Strategic Objectives:

- 1. Improving public health and reducing health inequalities by working with our partners to promote healthy lifestyles and ensure there is access to preventative services, particularly for those in areas of greatest need.**
- 2. Actively engaging patients, carers and communities**
- 3. Building strong partnerships to ensure services focus on need**
- 4. Providing and commissioning services that focus on the needs of the patient, in their homes, communities and where necessary hospital settings.**
- 5. Ensuring safety, excellence and quality in all our services at all times.**
- 6. Improving the efficiency and effectiveness of our services.**
- 7. Focusing on prudent and value based healthcare to ensure clinical value and value for money is delivered.**
- 8. Driving excellence through innovation and research which is embedded in practice.**
- 9. Trusting and supporting our staff to make the right decisions for patients and to improve care.**

The Health Board annually also agrees 10 priorities, which are expressed in our Integrated Medium Term Plan. These are the key areas of focus for 2020/2021. Expressed below they are critical to this Board Assurance Framework with regard to the risk of their non-delivery to the success of the IMTP.

Key Priority Areas of the Integrated Medium Terms Plan for 2020/2021

- 1** A greater focus on developing and implementing innovative workforce solutions to address the significant workforce challenges and promote the wellbeing of our staff. **(Linked to Strategic Objective 9)**
- 2** Successfully commission and open the Grange University Hospital and embed new and innovative system-wide models of care. **(Linked to all Strategic Objectives, but particularly Objectives 4, 5 and 6)**
- 3** Deliver improvements across the Urgent Care system that will enhance patient experience and outcomes together with improved performance. **(Linked particularly to Strategic Objectives 5 and 6)**
- 4** Introduce Value-Based clinical pathways across the system for musculo-skeletal services and integrated eye care to improve outcomes for patients. **(Linked particularly to Strategic Objectives 3, 4, 5, 6, 7 and 8)**
- 5** Introduce at scale the 'Care Aims' model across multidisciplinary teams to truly embed what matters principles, improving patient experience, voice, value and choice. **(Linked particularly to Strategic Objectives 2, 3, 4, 5 and 9)**
- 6** Develop and agree with Public Service Board Partners a 10 year plan to achieve the ambition of a Healthier Gwent and reduce health inequalities with a strong focus on the 'best start in life'. **(Linked to Strategic Objectives 1, 2 and 3)**
- 7** Further develop 'Care Closer to Home' including the implementation of the Integrated Wellbeing Networks across 12 NCN areas and stabilisation of Primary Care with multidisciplinary approaches. **(Linked particularly to Strategic Objectives 1, 2, 3, 4, 5 and 6)**
- 8** Implement an improved model of mental health crisis care for adults and for children and young people. **(Linked to Strategic Objectives 4, 5 and 6)**
- 9** Deliver the priority actions for 2020/21 as set out in the Health Board's Cancer Strategy to include Single Cancer Pathway and "what matters to patients". **(Linked to Strategic Objectives 4, 5, 6 and 7)**
- 10** Progress the implementation of the Estates Strategy with an increased focus on environmental sustainability and agile working. **(Linked to Strategic Objectives 4, 5 and 6)**

The priorities within the IMTP are also linked to a series of Service Change Plans and Programme Plans. These arrangements will be key vehicles for taking forward the IMTP. These arrangements and measures of success will be fully expressed in a Delivery Framework for the IMTP, which will be submitted to the Board for approval. The Delivery Framework will also be a key source of evidence and assurance for this Board Assurance Framework with regard to the delivery of the IMTP and whether or not actions and programmes of work are on track to successfully deliver our priorities. The Delivery Framework will also outline the escalation arrangements for any programmes or work that are assessed as being off track.

The current Service Change Plans are outlined below:

Service Change Plans in the IMTP

SCP 1 – Improving Population Health and Well Being

SCP 2 – Delivering a seamless system of health, care and support in Gwent

SCP 3 – Management of Major Health Conditions

SCP 4 – Mental Health and Learning Disabilities

SCP 5 – Urgent and Emergency Care

SCP 6 – Planned Care

SCP 7 – Service Sustainability and Regional Planning

Our 10 priority areas have key measures of success to assist the Board in making a judgement with regard to progress and also identifying the link to the key programmes of work or the relevant SCP, as expressed below.

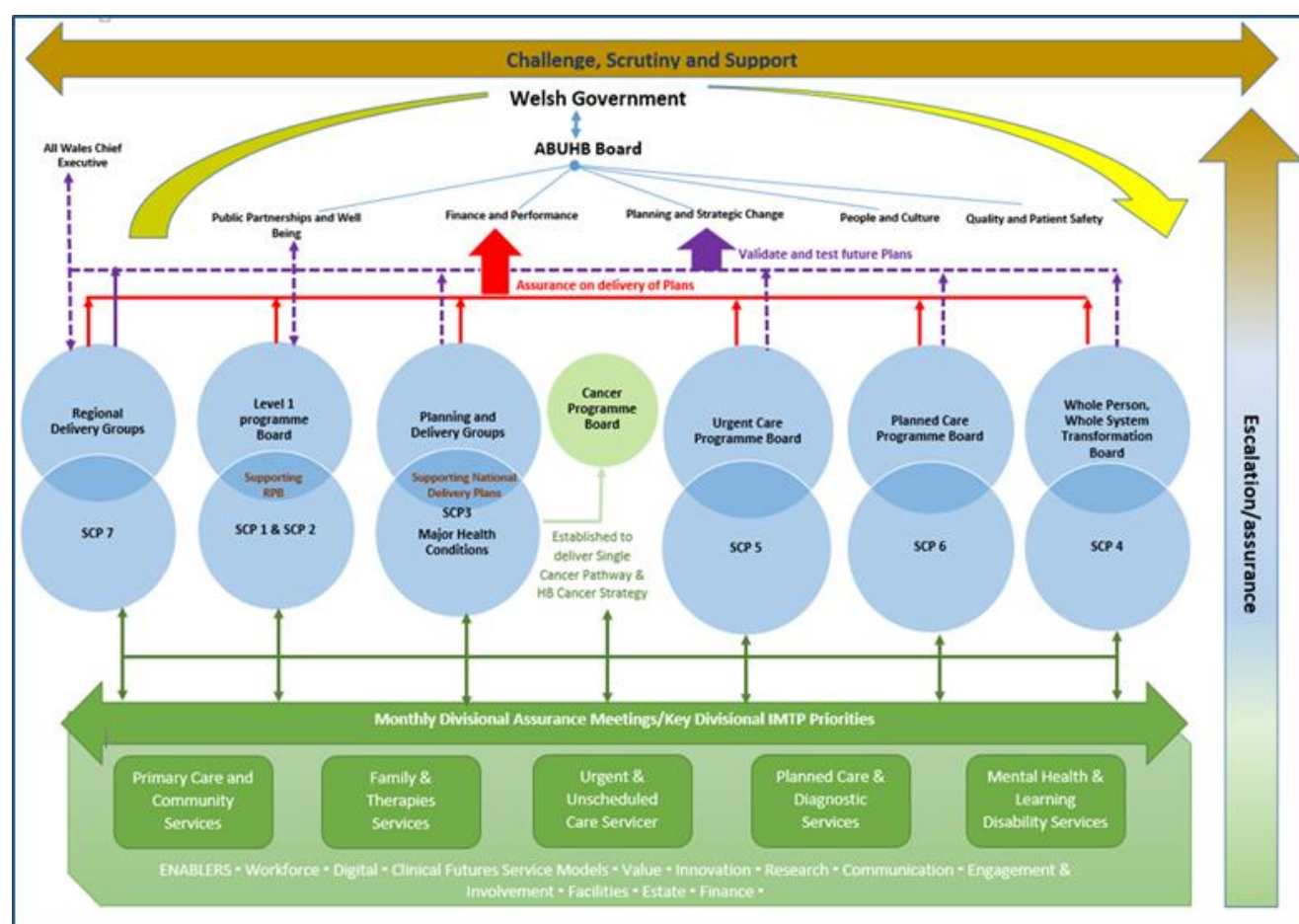
| | Priority Area | Measure of Success | IMTP link |
|----|---|---|--------------------------------------|
| 1 | Workforce a greater focus on developing and implementing innovative solutions to address the significant workforce challenges and promote the wellbeing of our staff. | Reduce vacancies, more alternative roles, improved retention and staff satisfaction | Workforce section |
| 2 | To successfully commission GUH and embed new and innovative system wide models of care. | Hospital opens with transition safely delivered, system wide model working well | CF Programme Plan |
| 3 | Deliver improvements across the Urgent Care system that will enhance patient experience and outcomes together with improved performance. | Improvements in urgent care performance metrics and improved patient experience | SCP 5 |
| 4 | Introduce Value Based Clinical Pathways across the system for musculoskeletal services and integrated eye care to improve outcomes for patients. | MSK and integrated eye care services operational and reduction in demand for outpatients/treatments | SCP2 SCP6 |
| 5 | Adopt, at scale, the Care Aims model across multi-disciplinary teams to truly embed 'what matters' principles, improving patient experience, voice, value and choice. | Improved metrics for patient experience and evidence of feedback influencing service plans and delivery | Quality, safety & patient experience |
| 6 | With Public Service Board partners, develop and agree a 10 year plan to achieve the ambitions of 'A Healthier Wales' and reduce health inequalities with strong focus on best start in life. | 10 year plan produced and agreed by all parties | SCP 1 |
| 7 | Further develop 'Care Closer to Home' including implementation of Integrated Wellbeing Networks across all 12 NCN areas and stabilisation of Primary Care with multi-disciplinary approaches. | IWN operational in each NCN area and delivery of primary care milestones | SCP 1 SCP 2 |
| 8 | Implement an improved model of mental health crisis care for adults and for children and young adults. | Whole person, whole system crisis models implemented | SCP 4 |
| 9 | Deliver priority actions set out in the Health Board's Cancer Strategy 2020-25 to include the Single Cancer Pathway and 'What Matters to Patients' | Agreed priorities for 2020/21 delivered | SCP 3 |
| 10 | Progress the implementation of the Estates Strategy with an increased focus on environmental sustainability and agile working | Agile programme established. Carbon reduction continued and good progress across strategy. | Capital & Estates |

The **Diagram One** below also seeks to show how the arrangements for the delivery of the IMTP link together and what the reporting and scrutiny flows are for that system. However, it is recognised that this does not cover all of the governance and assurance arrangements and flows that are in place in the organisation and that currently operate.

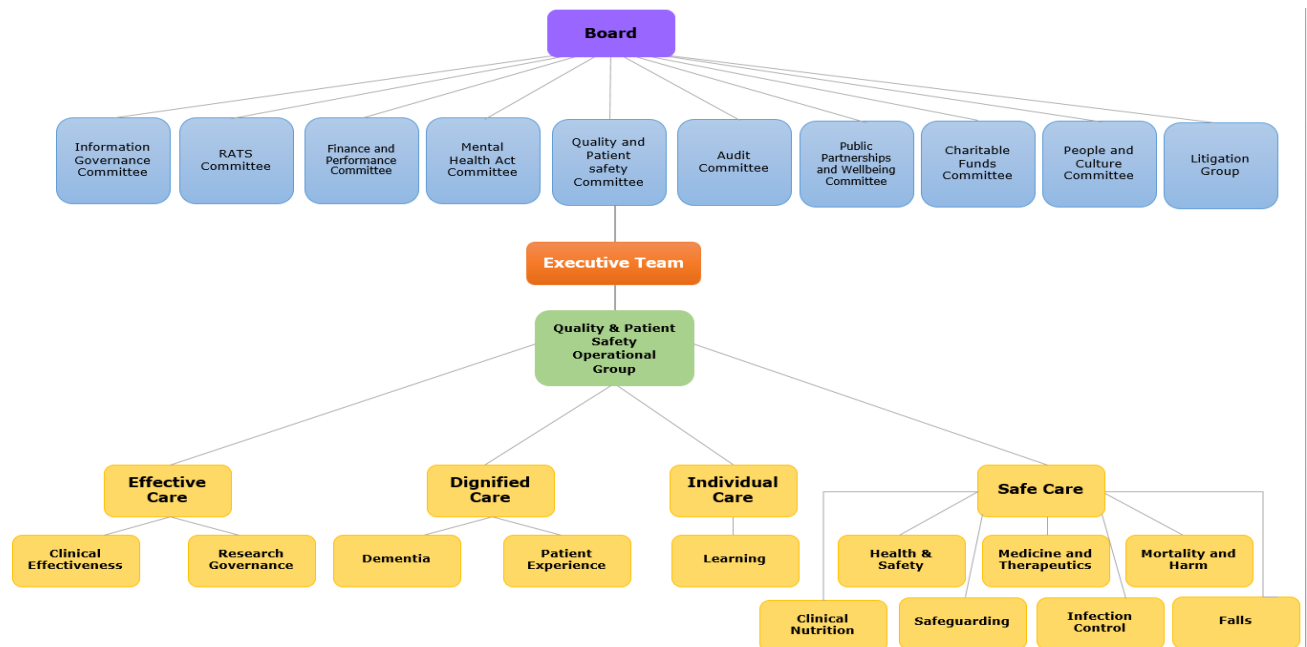
For example, the diagram does not show how the delivery of the IMTP and this Board Assurance Framework links with the wider quality safety governance of the organisation, which is guided via a Quality Assurance Framework, which is a companion document to this Board Assurance Framework. This is outlined in **Diagram Two** overleaf.

Integrated Medium Term Plan Delivery Framework Diagram:

Diagram One:



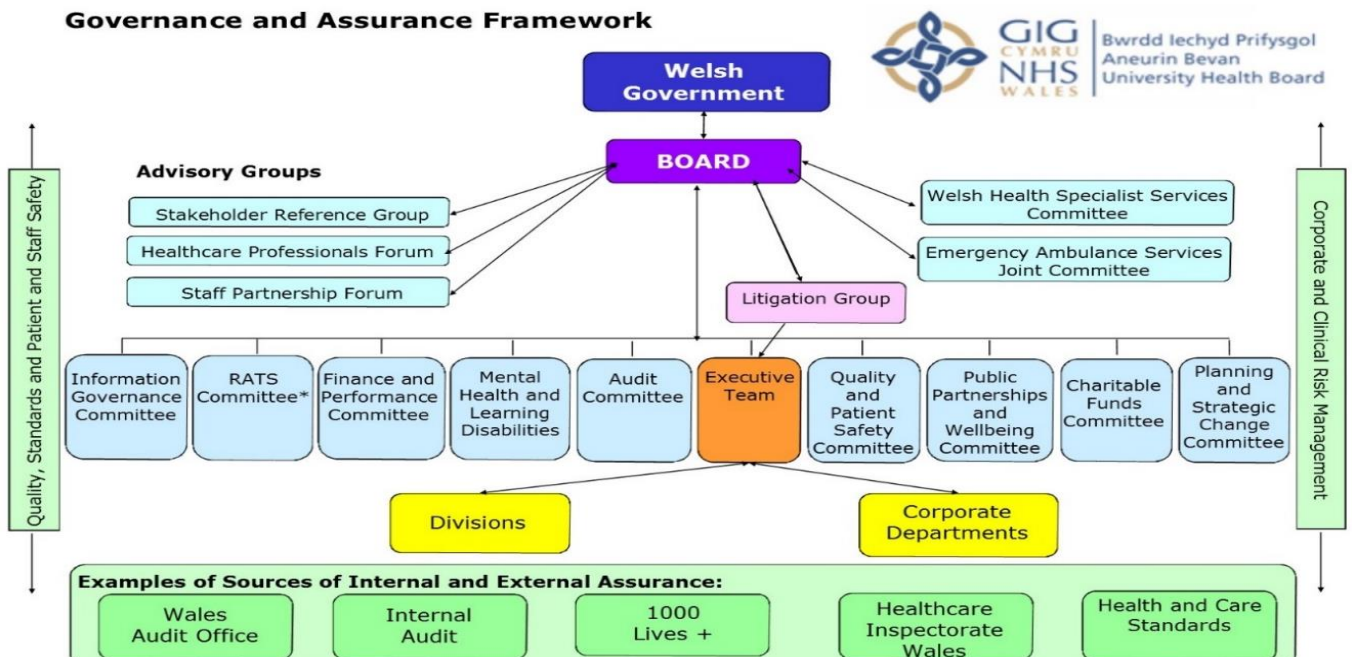
The **Quality Assurance Framework** arrangements are expressed in **Diagram Two** below. The Quality and Safety Operational Group is a key Group for this Framework, as it reports operationally to the Executive Team and for assurance purposes to the Quality and Patient Safety Committee.



These two systems of governance for the IMTP and Quality Governance contribute to the Health Board's overall governance and assurance arrangements, which are expressed in the diagram below, which seeks to show the connections in the overall system. The above diagrams provide important elements, which contribute this overall system, as expressed in **Diagram Three** below.

Diagram Three:

Governance and Assurance Framework



* RATS - Remuneration and Terms of Service Committee

The risks within this overall system are managed and guided by the Health Board's Risk Management Strategy and at each of its meetings the Health Board will receive a report of the top risks on the Corporate Risk Register (which will include strategic, partnership, corporate and operational risks). This will be expressed via a Dashboard and risk on a page format, which will focus on in more detail the current top ten risks. However, the dashboard will also express:

- the number of risks and their risks scores
- Those risks where the score has increased
- Those risks where the scores have decreased
- Any new areas of risk that have been assessed

This will assist the Board in understanding the overall current profile of assessed risks within the organisation. All risks will be allocated to an assuring Committee of the Board and this format will also be used for reporting quarterly to each of the Committees. The Audit Committee will also consider a basket of appropriate risks, but will also twice a year receive a report on the Board Assurance Framework in preparation for reporting to the Board, in line with the Audit Committee's role in providing assurance to the Board with regard to adequacy of the overall risk system operating on the Health Board.

Therefore, the Health Board will consider the Board Assurance Framework in full twice a year in March and September. Quarterly the Health Board will also receive an update report on the implementation of the IMTP and its performance. Aligned to this will be an update report on the identified principal risks for the overall Board Assurance Framework. This will take the form of a report to the Health Board against the identified top ten priorities of the IMTP to ensure that the Board can make a judgement on progress of the IMTP and its mitigation of its identified principal risks. The full Board Assurance Framework will be refreshed each year in line with the agreement of a new IMTP.

An Assessment of the Principal Risks to Non-Delivery of the Health Board's Strategic Objectives

In order to provide clarity with regard to the risks of non-delivery of the IMTP and Health Board responsibilities and requirements, the following assessment has been made with regard to principal risks. The following overall principal risks (PRs) to the Health Board's non-delivery of its core objectives and stated priorities, provide a framework for the context and areas of risk that will be key for the Health Board in assessing its progress and seeking and receiving assurance that the IMTP is on track to deliver as intended. These assessments also feature the key business drivers outlined in the Health Board's Risk Appetite Statement (Risk Management Strategy), but do not mirror these directly as many of the business drivers are key features of several of the principal risks.

Assessment of Overall Principal Risks:

Key:

1 -4 Low Risk

5-7 Moderate Risk

8-16 High Risk

17-25 Extreme Risk

| Risk | Gross Risk | Net Risk | Target Risk | Context | Executive Lead | Committee |
|---|------------|----------|-------------|---|------------------------------|--|
| 1. Workforce/OD and Staffing and Competencies | 25 | 20 | 15 | <p>There are increasing challenges in recruiting healthcare professionals, particularly clinical professionals. Meeting the requirements of a growing population, which is older and with more complex health needs. Increasing demand on health services has led to a need for more clinical staff.</p> <p>Staff costs represent the largest expense for the NHS. The pay bill continues to increase, with a significant increase over the last 3 years and changes to pension and taxes is also impacting.</p> <p>There is also an increased need to focus on organisational culture and development, supporting the right behaviours and relationships and ensuring that all our staff have the right skills, competencies and experience to meet the changing needs of the NHS and wider care system. Working in partnership it is clear that new roles and service models will be required to meet changing needs and demands and that an agile and flexible workforce is essential for future delivery.</p> | Director of Workforce and OD | <p>Primary Committee: People and Culture Committee</p> <p>Consideration by: Quality and Patient Safety Committee and Finance and Performance Committee</p> |

| Risk | Gross Risk | Net Risk | Target Risk | Context | Executive Lead | Committee |
|--|------------|----------|-------------|---|---------------------|--|
| 2. Finance Sustainability capital assets | 20 | 16 | 4 | <p>Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by achieving efficiencies and eradicating inefficiencies, while at the same time looking to seek greater value from their resources through innovative ways of working and practising prudent and value based healthcare. As well as the NHS, public sector services, the third sector, and the public and patients have significant roles to play to achieve a sustainable health and care system in the future.</p> <p>The Health Board will always seek to deliver our services with the available funding in line with our statutory responsibilities. We are also committed to maximising our use of resources and deliver value and cost effectiveness and also seek clear return on any investments that we make as an organisation or in partnership.</p> <p>Also, the Health Board will need to continue to focus on setting out priorities for capital assets tracking these, ensure that they are replaced in a timely manner and procured in effectively and appropriately and ensure that we continue to have equipment that meets service needs and keeps pace with innovation.</p> | Director of Finance | <p>Primary Committee: Finance & Performance Committee</p> <p>Consideration by: Audit Committee</p> |

| Risk | Gross Risk | Net Risk | Target Risk | Context | Executive Lead | Committee |
|--|------------|----------|-------------|---|--|---|
| 3. Patient Safety, Patient Experience and achieving quality and patient outcomes | 20 | 16 | 12 | <p>The quality of our services, patient safety and compliance with regulatory standards are of paramount priority for the Health Board. This includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims, information governance and safeguarding those in our care. Ensuring we have the right arrangements and controls in place is essential, but that we also learn from any instances or breaches that do occur and then implementing solutions to minimise/mitigate the risk of these recurring.</p> <p>Health Boards across Wales are required to support patients/carers to enable them to provide feedback in simple, timely and proactive ways to ensure that organisations are aware of patient feedback and their experience of using our services. We need systematic feedback from patients and their families to be used in a number of ways with a focus on listening, learning and most importantly using the feedback to take actions to improve the service. This is supporting the Health Board's commitment to the 'Care Aims' approach.</p> | Director of Nursing, Medical Director and Director of Therapies and Health Science | Primary Committee: Quality and Patient Safety Committee |

| Risk | Gross Risk | Net Risk | Target Risk | Context | Executive Lead | Committee |
|---|------------|----------|-------------|---|--|---|
| 4.Sustainable Primary and Community Care and meeting the requirements of supporting an aging population | 20 | 15 | 10 | The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or arrive at a Hospital setting because there is no viable alternative at the time they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore this relies on creating capacity in primary and community care and developing innovative programmes as an NHS organisation, in partnership with our Neighbourhood Care Networks and also in partnership with social care and the third and independent sectors. Also, increase the capacity and capability of primary and community care to respond to the individual and varied needs of those patients in both crisis intervention, but more commonly preventative and support arrangements. | Director of Primary, Community and Mental Health | Planning and Strategic Change Committee |

| Risk | Gross Risk | Net Risk | Target Risk | Context | Executive Lead | Committee |
|---|------------|----------|-------------|---|--|---|
| 5. Delivery of the Clinical Futures Programme and the implementation of new clinical pathways/service developments including cancer strategy, urgent care system, musculo-skeletal services and mental health services. | 20 | 15 | 15 | <p>In line with Health Board Strategies such as our Clinical Futures Programme and Welsh Government Strategies such as A Healthier Wales, the case for change is pivotal to transform our services and secure the transformation change we require to ensure we can meet our future challenges and opportunities. Creating a belief building upon our values and behaviours framework and our Employee Experience Framework will make a positive cultural change in the health and care system for the benefit of our patients and service users, our staff and the wider population of ABUHB.</p> <p>The Clinical Futures Programme is the Health Board's Strategy to transform services in the interests of the population we serve. The main idea of the new system being implemented through Clinical Futures is that of a "network" of services, facilities and support - bringing care as close to the patient as possible. This will be achieved through evolving new services (or developing differently existing services), work practices, creating new relationships with patients - allowing them to become experts in their own health, the use of new technology and the development of new infrastructure (hospitals, primary care and integrated health and social care facilities).</p> <p>This new network must work effectively together to be able to make the best use of its resources, so that it can improve and sustain health services for decades to come.</p> | Director of Planning, Digital and IT and Executive Leads for Key Programme areas | <p>Primary Committee: Planning and Strategic Change (Planning and Development)</p> <p>Consideration by: People and Culture Committee (Workforce considerations)</p> <p>Finance and Performance (financial considerations)</p> <p>Quality and Patient Safety (service concerns and quality safety)</p> |

| Risk | Gross Risk | Net Risk | Target Risk | Context | Executive Lead | Committee |
|--------------------------------|------------|----------|-------------|---|--------------------------------------|--|
| 6a. Estates and Environment | 20 | 16 | 12 | <p>The Health Board delivers services through a number of buildings across the ABUHB area. All NHS organisations have statutory responsibilities to manage their environmental and estates assets effectively: an up to date Estate Strategy has been agreed linked to the Health Board's Clinical Futures Strategy and is evidence of the current challenges of the Health Board with some aging estate, high levels of backlog maintenance, facilities in the wrong places for required service delivery, estate in some instances not modern enough for the provision of 21st Century services, estate built up over time and not effectively connected or fit for purpose. However, the Health Board also has a range of modern estate and new facilities as part of its Clinical Futures Programme. Also, the need to provide some services in people's homes provides an environmental challenge. There is also a need with the intention of providing more services in primary and community based settings that these are too improved and replaced with some modern models already in place in the Health Board area providing integrated services from purpose built facilities.</p> | Director of Planning, Digital and IT | Primary Committee: Planning and Strategic Change Committee |
| 6b. Digital Transformation | | | | <p>The Health Board's Digital Strategy sets out the vision and four core themes for digital as a key enabler for the transformation agenda set out in the ambitions of 'A Healthier Wales' and our local Clinical Futures Strategy. The vision for our transformation through digital Programme is to:</p> <p>"Enable people in our area to manage their health and care needs independently wherever possible, and our staff to deliver holistic care and high quality services, through the most innovative digital solutions available".</p> <p>The vision will be realised through focusing on four interlocking themes - "Digital Community", "Digital Organisation", "Digital Data, Information and Intelligence" and "Digital Foundations".</p> | | Primary Committee: Information Governance Committee |

| Risk | Gross Risk | Net Risk | Target Risk | Context | Executive Lead | Committee |
|--|------------|----------|-------------|---|--|--|
| 7. Working in partnership to improve public health and well-being of the population and ensure appropriate health protection arrangements are in place | 20 | 15 | 10 | The Health Board has clear responsibilities for population health and also clarity of its responsibilities with regard to the requirements of the Social Services and Well Being Act and the Well Being of Future Generations Act. The Health Board has also outlined its challenges and plans in this area in Building a Healthier Gwent and the opportunities to respond in partnership. The Health Board and its partners will need to empower and support its citizens to take responsibility for their own health and well-being and help those who are supporting and caring for others to do the same. The Health Board needs to work with partners to protect and improve health and well-being and reduce inequalities. In partnership the Health Board will need to ensure that the infrastructure, services, support and opportunities are available to citizens to help them improve their health and well-being. | Director of Public Health and Strategic Partnerships | Public Partnerships and Well Being Committee |

Principal Risk Area: Workforce and OD and Staffing and Competencies:

Context: There are increasing challenges in recruiting healthcare professionals, particularly clinical professionals. Meeting the requirements of a growing population, which is older and with more complex health needs. Increasing demand on health services has led to a need for more clinical staff. Staff costs represent the largest expense for the NHS. The pay bill continues to increase, with a significant increase over the last 3 years and changes to pension and taxes is also impacting. There is also an increased need to focus on organisational culture and development, supporting the right behaviours and relationships and ensuring that all our staff have the right skills, competencies and experience to meet the changing needs of the NHS and wider care system. Working in partnership it is clear that new roles and service models will be required to meet changing needs and demands and that an agile and flexible workforce is essential for future delivery.

| Link to IMTP Priority | Linked to IMTP Priorities 1, 2 and 7. | | |
|--------------------------------------|--|--------------------------|-----------|
| Assuring Committees: | People and Culture Committee (Workforce considerations) Finance and Performance (financial considerations) Quality and Patient Safety Committee (quality and safety considerations) | | |
| Risk: | There is a risk that the organisation will not be able to recruit and retain the right workforce to deliver high quality care for the population of Aneurin Bevan UHB and fully realise the Clinical Futures Programme. | | |
| Risk Date added: | February 2020 | | |
| Cause | <ul style="list-style-type: none"> Increased vacancies in substantive clinical workforce Requirements of the Nurse Staffing Act and Deanery requirements Ageing workforce Insufficient supply of Nurses at UK national level Insufficient supply of Doctors in certain specialities at UK national level Changes to Junior Doctor Training Rotations (Deanery) HMRC/Tax/Pension Changes | | |
| Impact | <ul style="list-style-type: none"> Increased use and consequent costs of agency and locum usage (including the need to use off-contract agencies) Impact on quality and safety of care provided to the population Rates above Welsh Government Cap (Medical Staff) Low Staff morale and sickness absence increase Reduced compliance of statutory and mandatory training Potentially inadequate levels of staffing in key service areas Employee relation tensions and increased staff dissatisfaction | | |
| Impact Score: 5 | Likelihood Score: 5 | Gross Risk Score: | 25 |
| Current Controls | <ul style="list-style-type: none"> Nurse Recruitment and Retention Programme to include overseas recruitment plan in place Recruit strategies that direct interested applicants to a new recruitment portal linked to a campaign through social media with strong branding Staff engagement and interactive engagement tools implemented Programme of talent management and succession planning in development Value based recruitment Workforce Champions recruited Clinical Futures Staff Preference Programme in place Leadership and management programmes | | |
| Current Sources of Assurances | <ul style="list-style-type: none"> Workforce metrics and surveys reported to People and Culture Committee Active engagement with the Trade Union Partnership Forum Conversion rates from media campaign and Open Days Trajectory showing next vacancies in nursing Internal Audit reports Substantial assurance on work and external Audit reports Gateway Review for Clinical Futures Quality and Patient Safety Metrics | | |

| | | | |
|---|---|--------------------------|--------------------------------------|
| Impact Score: 5 | Likelihood Score: 4 | Gross Risk Score: | 20 |
| Gap in Controls: No organisation wide retention strategy. No organisational succession and talent strategy. Not all leaders and managers effectively engage in their development. Compliance levels for statutory and mandatory training and PADR. | | | |
| Gap in Assurances: The current arrangements do not all necessarily interconnect effectively due to elements having been developed at different times. | | | |
| Actions | Lead | By when | Update (RAG rate) |
| Organisational Retention Strategy to be developed. | Director of Workforce and OD | End of April 2020 | |
| Organisational Succession and Talent Strategy to be implemented. | Director of Workforce and OD | End of August 2020 | |
| Increase PADR (85%) and Statutory and Mandatory Training Compliance to required levels. | Director of Workforce and OD and Director of Therapies and Health Science | End of September 2020 | |
| Impact Score: 5 | Likelihood Score: 3 | Gross Risk Score: | 15 (Expected score after actions) |

Principal Risk Area: Financial Sustainability and Capital Assets

Context: Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by achieving efficiencies and eradicating inefficiencies, while at the same time looking to seek greater value from their resources through innovative ways of working and practising prudent and value based healthcare. As well as the NHS, public sector services, the third sector, and the public and patients have significant roles to play to achieve a sustainable health and care system in the future. The Health Board will always seek to deliver our services with the available funding in line with our statutory responsibilities. We are also committed to maximising our use of resources and deliver value and cost effectiveness and also seek clear return on any investments that we make as an organisation or in partnership. Also, the Health Board will need to continue to focus on setting out priorities for capital assets tracking these, ensure that they are replaced in a timely manner and procured in effectively and appropriately and ensure that we continue to have equipment that meets service needs and keeps pace with innovation.

| | | | |
|---|---|--------------------------|-----------|
| Link to Objective/ IMTP Priority | This is an enabler and links to all objectives and priorities within the IMTP | | |
| Assuring Committee: | Finance and Performance Committee | | |
| Risk: | The Health Board will not have sufficient funding to meet its priorities and provide the level of care and support required in the Health Board area. | | |
| Risk Date added: | February 2020 | | |
| Cause | Some allocated budgets with the Health Board are overspent at month 10 overspend identified of approximately £2million. Cost Improvement Programme not yet effective in all areas and are not achieve the level of savings anticipated. Significant required spending in areas such as locum and agency. Additional spending required to meet targets and to support winter pressures. | | |
| Impact | The Health Board could fail to achieve financial balance and meet its statutory duties and there will be insufficient resources to meet Health Board priorities, which will impact on the delivery of patient care and the range and level of services that the Health Board is able to provide. This would also impact on organisational reputation. | | |
| Impact Score: 4 | Likelihood Score: 5 | Gross Risk Score: | 20 |
| Current Controls | <ul style="list-style-type: none"> • Delivery Plans are in place. • IMTP Delivery Framework and Divisional Assurance meetings in place • Executive Team scrutiny arrangements of financial position and savings plans • Additional performance funding received from Welsh Government to support RTT and winter pressures. • SFIs and Scheme of Delegation | | |
| Current Assurances | <ul style="list-style-type: none"> • Finance and Performance reports to the Finance and Performance Committee and Board • Reports through the Finance Business Partner model • Internal savings and efficiency plans in place and reporting to Executive Team. • Divisional Assurance Meetings and Reports with/to Executive Team | | |
| Impact Score: 4 | Likelihood Score: 4 | Gross Risk Score: | 16 |
| Gap in Controls: Some delivery plans are not delivering to the level of savings required. Further cost avoidance plans to be developed, which do not impact on patient safety, quality and key performance targets. | | | |
| Gap in Assurances: Further assurance required from Divisions and Corporate Departments with regard to the trajectories for their savings plans and plans to delivery against identified priorities and efficiencies. | | | |

| Actions | | Lead | By when | Update (RAG rate) |
|---|---------------------|-------------------------------------|-------------------------------|--|
| Revised RTT plan to be agreed by Executive Team. | | Director of Finance and Performance | Delivery by end of March 2020 | |
| Further cost reduction measures to be identified by Executive Team. | | Director of Finance and Performance | Delivery by end of March 2020 | |
| Further measures to be identified by Executive Team including cost avoidance in line with Value Based Healthcare Plans, which does not impact on patient safety, quality and performance. | | Director of Finance and Performance | Delivery by end of March 2020 | |
| Impact Score: 4 | Likelihood Score: 1 | Gross Risk Score: | | 4 (Expected to break event at year end) |

Principal Risk: Clinical Futures Programme and sustainable services and required culture change

Context: In line with Health Board Strategies such as our Clinical Futures Programme and Welsh Government Strategies such as A Healthier Wales, the case for change is pivotal to transform our services and secure the transformation change we require to ensure we can meet our future challenges and opportunities. Creating a belief building upon our values and behaviours framework and our Employee Experience Framework will make a positive cultural change in the health and care system for the benefit of our patients and service users, our staff and the wider population of ABUHB. The Clinical Futures Programme is the Health Board's Strategy to transform services in the interests of the population we serve. The main idea of the new system being implemented through Clinical Futures is that of a "network" of services, facilities and support - bringing care as close to the patient as possible. This will be achieved through evolving new services (or developing differently existing services), work practices, creating new relationships with patients- allowing them to become experts in their own health, the use of new technology and the development of new infrastructure (hospitals, primary care and integrated health and social care facilities). This new network must work effectively together to be able to make the best use of its resources, so that it can improve and sustain health services for decades to come.

| Link to key objectives/ priority | Linked to IMTP Priorities 1,2,3,5, and 10 | | |
|-------------------------------------|--|-------------------|----|
| Assuring Committee: | Planning and Strategic Change (Planning and Development) People and Culture Committee (Workforce considerations) Finance and Performance (financial considerations) Quality and Patient Safety (service concerns and quality safety) | | |
| Risk: | There is a risk that we do not create an environment that is conducive to embracing change, creating and displaying the right behaviours and attitudes and continued with silo working and thinking. Also that we do not create and agree the right service and clinical models. We know we have different practices and variation which not only creates risk, it also introduces costs and limits our ability to describe and standardise patient pathways. There are historical and speciality beliefs on different sites and between professions and roles, unless these are addressed we will not optimise our opportunities to modernise and innovate that the Clinical Futures Strategy presents. | | |
| Risk Date added: | February 2020 | | |
| Cause | <ul style="list-style-type: none">• Different cultures and ways of working on different sites• Some individuals will have more linkages with their profession than their employer• High levels of vacancies can result in reduced willingness to tackle difficult areas and have tricky conversations• The recruitment market is buoyant and individuals can move elsewhere very easily• Divisional structures and willingness to hold to account• Historically job planning has allowed some people to not align their work to the needs of the organisation | | |
| Impact | <ul style="list-style-type: none">• Variation and the potential for patient harm• Poor culture creates deep-rooted problems which can be distracting and demotivating• We will not be an attractive place to work• Staff will be afraid to speak up and out• Our population demands will outstrip our capacity to deliver quality and timely services• Reduced quality, safety and access to services to the population. | | |
| Impact Score: 5 | Likelihood Score: 5 | Gross Risk Score: | 20 |

| | | | |
|--|--|--------------------------|---|
| Current Controls | <ul style="list-style-type: none">• Workforce heat-map has been developed to assess those areas in need of additional support to make the necessary changes• New Clinical Models have been agreed• Clinical Futures Programme Governance Structure in place• External support has quality assured our leadership and development plans• Our Healthier Gwent has focussed attention around prevention and self-care• Value Based Health Care has created a methodology and a tool-kit to support a value based approach to improvement with 18 delivery models being reviewed• Regular reporting to internal committees• Well-developed values and behaviour framework which are reinforced in the Employee Engagement Framework | | |
| Current Assurances | <ul style="list-style-type: none">• Workforce metrics and surveys reported to People and Culture Committee• Robust governance structure for the Clinical Futures Programme including a Delivery Board and structured work streams. With effective reporting to the Health Board and Committees.• A separate Project Board for the construction and commissioning of The Grange University Hospital.• Internal and External Communication and Engagement Programme.• Comprehensive workforce plans and clinical models developed.• Active engagement with the Trade Union Partnership Forum and LNC• Leading the national approach on Value Based Health Care• Conversion rates from media campaign and Open Days• Internal Audit reports substantial assurance on work and external Audit reports• Gateway Review for Clinical Futures and the development of The Grange University Hospital. | | |
| Impact Score: 5 | Likelihood Score: 4 | Gross Risk Score: | 15 |
| Gap in Controls: Not all job plans are current. Some areas will not have made the cultural shift or standardised their practices by the time that they centralise. | | | |
| Gap in Assurances: The current arrangements do not all necessarily interconnect effectively due to elements having been developed at different times. It is not easy to assess/predict the impact of the change on the staff. | | | |
| | | | |
| Actions | Lead | By when | Update (RAG rate) |
| Job plans need to align to the needs of the organisation and the agreed Clinical Models | Director of Planning, Digital and IT and Director of WOD and Medical Director | By September 2020 | |
| We need to accelerate the cultural change support to the critical areas of the Clinical Futures Programme | Director of WOD, Medical Director and Director of Planning and Digital | By April 2020 | |
| Align the work of Value Based Healthcare, ABCi and innovation with Clinical Futures to support the service change and development required in key priority areas. | Medical Director, Director of Planning and Digital | By April 2020 | |
| Impact Score: 5 | Likelihood Score: 3 | Gross Risk Score: | 15 (Expected score after actions) |

Principal Risk Area: Sustainable Primary and Community Care and meeting the requirements of supporting an aging population

Context: The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or arrive at a Hospital setting because there is no viable alternative at the time at when they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore this relies on creating capacity in primary and community care and developing innovative programmes as an NHS organisation, in partnership with our Neighbourhood Care Networks and also in partnership with social care and the third and independent sectors. Also, increase the capacity and capability of primary and community care to respond to the individual and varied needs of those patients in both crisis intervention, but more commonly preventative and support arrangements.

| | | | |
|--|--|----------------------------|--|
| Link to key objectives/ priority | | | |
| Linked to IMTP priorities 2, 5, 7 and 10. | | | |
| Assuring Committee: | | | |
| Planning and Strategic Change Committee | | | |
| Risk: The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services as part of a whole system change. | | | |
| Risk Date added: February 2020 | | | |
| Cause <ul style="list-style-type: none">• The challenge of adequate GP and wider primary care and community based team capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket.• GPs being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team.• Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care.• Poor consistency in referral pathways, and in care in the community leading to significant variation in practice.• Practice closures and branch practice closures reducing access for patients.• Requirement for the development of a multidisciplinary response to primary care need.• Older people are not independent or have adequate support to remain at home• Reduction in care home capacity | | | |
| Impact <ul style="list-style-type: none">• Potential of longer waiting times for patients to access a GP/primary care teams• Referrals to hospital because there are no other options.• Patients self-presenting at ED because they cannot get the care they need in primary or community services.• Poor morale of primary and community staff leading to poor uptake of innovative solutions• Closure of practices, which can impact on access to primary care. | | | |
| Impact Score: 5 | | Likelihood Score: 4 | |
| | | Gross Risk Score: | |
| | | 20 | |
| Current Controls <ul style="list-style-type: none">• Neighbourhood Care Networks established and plans being implemented• Clinical Reference Group established to provide advice to the system• Training in place for multidisciplinary teams• 111 went live in August 2019• Divisional Assurance Meetings and quality and safety mechanisms in place to review incidents and complaints. | | | |

| | | | |
|--|---|---|--------------------------------------|
| <ul style="list-style-type: none"> • Active Primary Care Support Team • New care pathways developed • New roles developed to support the multi-disciplinary teams. | | | |
| Current Assurances | | <ul style="list-style-type: none"> • Performance information and feedback from 111 programme • Board Development Session providing overview of current primary care and community system. | |
| Impact Score: 5 | Likelihood Score: 3 | Gross Risk Score: | 15 |
| Gap in Controls: <ul style="list-style-type: none"> • Further information on NCN Plans, their implementation and the impact • Clear recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions | | | |
| Gap in Assurances: None currently identified. | | | |
| Actions | Lead | By when | Update (RAG rate) |
| 1. Development and implementation of GP portfolio roles. | Director of Primary, Community and Mental Health Services | March 2020 | |
| 2. 'Attend Anywhere' to be launched as a new technological solution. | Director of Primary, Community and Mental Health Services | March 2020 | |
| 3. New nursing roles being developed to ensure clinical assessment during periods of high demand. | Director of Primary, Community and Mental Health Services and Director of Nursing | March 2020 | |
| Impact Score: 5 | Likelihood Score: 2 | Gross Risk Score: | 10 (Expected score after actions) |

Principal Risk Area: Patient Safety, Patient Experience and achieving quality and patient outcomes

Context: The quality of our services, patient safety and compliance with regulatory standards are of paramount priority for the Health Board. This includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims, information governance and safeguarding those in our care. Ensuring we have the right arrangements and controls in place is essential, but that we also learn from any instances or breaches that do occur and then implementing solutions to minimise/mitigate the risk of these recurring. Health Boards across Wales are required to support patients/carers to enable them to provide feedback in simple, timely and proactive ways to ensure that organisations are aware of patient feedback and their experience of using our services. We need systematic feedback from patients and their families to be used in a number of ways with a focus on listening, learning and most importantly using the feedback to take actions to improve the service. This is supporting the Health Board's commitment to the 'Care Aims' approach.

| | | | |
|--|---|--------------------------|----|
| Link to key objectives/priority | This is an enabler which relates to all priority areas and the overall approach of the Health Board with its partners. | | |
| Assuring Committee: | Quality and Patient Safety Committee | | |
| Risk: | There is a risk that systems of quality, safety and regulatory compliance are potentially not as robust as they could be and will affect and undermine the quality and safety of services provided to patients and service users. | | |
| Risk Date added: | February 2020 | | |
| Cause | <ul style="list-style-type: none"> • Non-compliance and failure to understand regulatory or statutory requirements with regard to safe patient care • Non-compliance with health and care standards • Lack of staff awareness or requirements with regard to patient safety and quality requirements • Potential use of incorrect or inappropriate equipment • Lack of understanding and failure to learn from incidents | | |
| Impact | <ul style="list-style-type: none"> • Harm and distress caused to patients and their families • Reputational damage to the Health Board and confidence in the Health Board • Increase in clinical claims • Financial consequences | | |
| Impact Score: 5 | Likelihood Score: 5 | Gross Risk Score: | 20 |
| Current Controls | <ul style="list-style-type: none"> • Statutory Designated Individuals in post • Quality Patient Safety Committee in place supported by robust governance and reporting structure through the Executive Team and Quality and Patient Safety Operational Group • Weekly Executive Clinical Huddle (Director of Nursing, Medical Director and Director of Therapies and Health Science) • Quality and Safety Team • Patient Experience Team • Health and Care Standards • Clinical Policies Group • Monitoring of ongoing investigations • Quality control system that triangulates areas of concern • Regulatory Tracker in place | | |
| Current Assurances | Annual Reports relating to Quality, Safety and Effectiveness External accreditation processes Monitoring of incident trends, noise in the system or any concerns arising from inspections | | |

| | | | |
|---|--|---------------------------|--------------------------------------|
| Heath and Care Standard Self-Assessment undertaken on key areas and reported into the Reports to Quality and Patient Safety Committee Internal Audit reviews on quality and safety HIW Reports Annual Quality Statement Community Health Council Reports Internal Audit Programme linked to key risks. | | | |
| Impact Score: 5 | Likelihood Score: 3 | Gross Risk Score: | 15 |
| Gap in Controls: Work underway to re-establish the Learning Committee. Additional development ongoing of patient experience and feedback framework. | | | |
| Gap in Assurances: Further assurance required with regard to compliance with the implementation of HIW Report Action Plans. | | | |
| Actions | Lead | By when | Update (RAG rate) |
| Learning Committee is being re-established | Director of Nursing | March 2020 | |
| QlikSense module introduced to record quality and safety metrics and reported to Quality and Patient Safety Group | Director of Nursing | March 2020 | |
| New national RL DATIX System to be implemented in the Health Board to manage regulatory and compliance framework | Director of Nursing | Phase 1 – From April 2020 | |
| Quality Assurance Framework to be implemented | Director of Nursing, Medical Director and Director of Therapies and Health Science | March 2020 | |
| Impact Score: 5 | Likelihood Score: 3 | Gross Risk Score: | 15 (Expected score after actions) |

Principal Risk Area: Estates, Environment and Digital Transformation

Estates and Environment Context: The Health Board delivers services through a number of buildings across the ABUHB area. All NHS organisations have statutory responsibilities to manage their environmental and estates assets effectively: an up to date Estate Strategy has been agreed linked to the Health Board's Clinical Futures Strategy and is evidence of the current challenges of the Health Board with some aging estate, high levels of backlog maintenance, facilities in the wrong places for required service delivery, estate in some instances not modern enough for the provision of 21st Century services, estate built up over time and not effectively connected or fit for purpose. However, the Health Board also has a range of modern estate and new facilities as part of its Clinical Futures Programme. Also, the need to provide some services in people's homes provides an environmental challenge. There is also a need with the intention of providing more services in primary and community based settings that these are too improved and replaced with some modern models already in place in the Health Board area providing integrated services from purpose built facilities.

Digital Transformation Context: The Health Board's Digital Strategy sets out the vision and four core themes for digital as a key enabler for the transformation agenda set out in the ambitions of 'A Healthier Wales' and our local Clinical Futures Strategy. The vision for our transformation through digital Programme is to: "Enable people in our area to manage their health and care needs independently wherever possible, and our staff to deliver holistic care and high quality services, through the most innovative digital solutions available". The vision will be realised through focusing on four interlocking themes - "Digital Community", "Digital Organisation", "Digital Data, Information and Intelligence" and "Digital Foundations".

| | | | |
|--|---|--------------------------|-----------|
| Link to key objectives/priority | This is an enabler which relates to all priority areas and the overall approach of the Health Board, but relates to priority 10. | | |
| Assuring Committees: | Planning and Strategic Change Committee and Information Governance Committee | | |
| Risk: | The condition and suitability of the estate, IT and not maximising the opportunities presented by digital transformation impacts on the delivery of safe, effective and prudent health care. | | |
| Risk Date added: | February 2020 | | |
| Cause | <ul style="list-style-type: none"> Not investing in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. Required investment in IT and Digital also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule. Insufficient resource to provide a timely digital replacement programme Not maximising the opportunities presented by digital transformation and connectivity | | |
| Impact | <ul style="list-style-type: none"> The Health Board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. Service provision is regularly interrupted by estates issues and failures. Patient safety and experience is sometimes adversely impacted. IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk Insufficient resource for new equipment or timely replacement | | |
| Impact Score: 4 | Likelihood Score: 5 | Gross Risk Score: | 20 |
| Current Controls | <ul style="list-style-type: none"> Estates Strategy agreed by the Health Board. Statutory compliance and maintenance of estates programme in place Digital Strategy approved by Health Board. Digital transformation strategy in place and action plan and active monitoring. | | |

| | | | |
|--|--------------------------------------|--------------------------|--------------------------------------|
| <ul style="list-style-type: none"> Annual capital programme is prioritised based on risk and the services requirements set out in the IMTP, with regular oversight of the programme of discretionary and major capital programmes. Clinical Futures Programme in place to transform the estate and wider system. | | | |
| Current Assurances <ul style="list-style-type: none"> Internal Audit Programme in place by SSU for capital and estates. Facilities and Estates Team have an active improvement programme, which reports through Divisional Assurance Meetings Clinical Futures Programme in place and reports to the Clinical Futures Delivery Board. The estates and capital team has a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. The statutory compliance areas are monitored every month. Regular reporting on capital programme and risks to Divisional Assurance Meetings, Executive Team and Board. IT risk register regularly updated and shared Executive Team and Information Governance Committee | | | |
| Impact Score: 4 | Likelihood Score: 4 | Gross Risk Score: | 16 |
| Gap in Controls: The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment. | | | |
| Gap in Assurances: The statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. | | | |
| Actions | Lead | By when | Update (RAG rate) |
| Implementation of the agreed Estates Strategy | Director of Planning, Digital and IT | Ongoing | |
| Implement Action Plan for Digital Strategy | Director of Planning, Digital and IT | March 2020 | |
| Impact Score: 4 | Likelihood Score: 3 | Gross Risk Score: | 12 (Expected score after actions) |

Principal Risk Area: Working in partnership to improve public health and well being of the population and ensure appropriate health protection arrangements are in place

Context: The Health Board has clear responsibilities for population health and also clarity of its responsibilities with regard to the requirements of the Social Services and Well Being Act and the Well Being of Future Generations Act. The Health Board has also outlined its challenges and plans in this area in Building a Healthier Gwent and the opportunities to respond in partnership. The Health Board and its partners will need to empower and support its citizens to take responsibility for their own health and well-being and help those who are supporting and caring for others to do the same. The Health Board needs to work with partners to protect and improve health and well-being and reduce inequalities. In partnership the Health Board will need to ensure that the infrastructure, services, support and opportunities are available to citizens to help them improve their health and well-being.

| | | | |
|--|---|--------------------------|----|
| Link to key objectives/priority | This links specifically to priority 6, but will relate to all areas of the Health Board's approach. | | |
| Assuring Committee: | Public Partnerships and Well Being Committee | | |
| Risk: | The health and well-being of the population will worsen and there will be increased instances of infectious disease outbreaks and arrangements not in place to protect the population from hazards. There will be consequent increased demand on health and social care services. The Health Board does not meet its statutory duty under the Well Being of Future Generations Act and the Social Services and Well Being Act | | |
| Risk Date added: | February 2020 | | |
| Cause | <ul style="list-style-type: none"> • The Health Board fails to work in partnership with others and particularly the public to protect and improve the health and well-being and reduce health inequalities through joint planning and infrastructure. • The Health Board and partners do not give enough information to communities to support public protection and advice on improving health and well-being. • Public Health priorities are not well aligned to Health Board priorities and approaches and future services will not be contributing to improving population health. | | |
| Impact | <ul style="list-style-type: none"> • The population are not engaged in improving their own health and are not aware of what support and help is available to them. • The potential for the general health of the population to worsen • There will be an increased demand for health and care services. • Increased instances of infectious disease outbreaks • Increased instances of evidence of community based hazards such as chemical and radiation hazards. | | |
| Impact Score: 5 | Likelihood Score: 4 | Gross Risk Score: | 20 |
| Current Controls | <ul style="list-style-type: none"> • A Healthier Gwent Strategy in place and good engagement and agreed priorities with PSBs and the Regional Partnership Board • Health Board has agreed Well-being Objectives • Public Health a key feature of the IMTP • Reporting to the Public Partnerships and Well-being Committee • Health Board Programme Board for the WBFGA • Divisions and Corporate Departments have agreed well-being objectives • Health Protection plans and business continuity arrangements. | | |
| Current Assurances | <ul style="list-style-type: none"> • Internal Audit Report in 2019 gave Reasonable Assurance for WBFGA implementation. • Reporting to the Public Partnerships and Well-being Committee • Wales Audit Office assessment and report on the WBFGA Implementation • Joint work programme agreed with Public Health Wales | | |

| | | | |
|---|--|--------------------------|---|
| Impact Score: 5 | Likelihood Score: 3 | Gross Risk Score: | 15 |
| Gap in Controls: Further work required to ensure all Divisions and Corporate Departments complete their WBFGA Assessment, agreed ambition narratives and objectives. Update Health Board Well-Being Objectives | | | |
| Gap in Assurances: None identified at this stage. | | | |
| Actions | Lead | By when | Update (RAG rate) |
| Programme Board Governance for the WBFGA to be refreshed. | Director of Public Health and Strategic Partnerships | January 2020 | |
| Review and refresh the Well-being Objectives to be completed by the end of June 2020. | Director of Public Health and Strategic Partnerships | June 2020 | |
| Strategic preparedness and business continuity plans to be refreshed to support public health protection e.g. COVID-19. | Director of Public Health and Strategic Partnerships | March 2020 | |
| Impact Score: 5 | Likelihood Score: 2 | Gross Risk Score: | 10 (Expected score after actions) |

Assurance Reporting:

Assurance on the adequacy and successful implementation of these arrangements and approaches will be gained from a wide range of sources. Reporting and assurance must be systematic, supported by evidence, where possible independently verified, and play an important part in robust governance arrangements and processes within the Health Board, across our partnerships and clearly feature in the assurance we give to others about the robustness of our arrangements and performance.

Therefore, the Health Board will consider the Board Assurance Framework in full twice a year in March (approving a new Framework at the March Meeting) and September. Quarterly the Health Board will also receive an update report on the implementation of the IMTP and its performance. Aligned to this will be an update report on the identified principal risks for the overall Board Assurance Framework. This will take the form of a report to the Health Board against the identified top ten priorities of the IMTP to ensure that the Board can make a judgement on progress of the IMTP and its mitigation of its identified principal risks. The full Board Assurance Framework will be refreshed each year in line with the agreement of a new IMTP and approved at the March meeting of the Board.

The Board Assurance Framework on behalf of the Board will be tested and scrutinised by the Audit Committee, discussing it twice a year prior to consideration by the Board. The Audit Committee will also receive the full corporate risk register twice a year and at its remaining meetings it will receive the top ten risks for the Health Board from the Corporate Risk Register and also an assessment against the risk of non-delivery of the priorities of the IMTP. All other committees of the Board will continue to engage with and monitor a basket of risks relating to their specific areas of responsibility.

The Executive Team will continue to act as the operational group for risk management and report to the Board and Committees, as outlined above, via the Corporate Risk Register. The Executive Team will also have a monthly review of the Corporate Risk Register to aid reporting to Committees and the Health Board. The Executive Team will hold a quarterly meeting dedicated to priorities of the IMTP and organisational priorities for that quarter. This will also assist with the reporting arrangements as outlined above.

Therefore, key to the success of this Framework will be active engagement of the Board and its Committees to ensure that the Board can positively answer a range of key assurance questions with regard to the effectiveness of the Health Board and its planning and delivery.

These are outlined below.

- Are we providing safe and high quality care and services?
- Are we meeting required standards of effective and safe care?
- Are we improving patient and service experience?
- Are we providing efficient services within available resources?
- Are we engaging and listening to our workforce?
- Are we providing equitable and accessible services?
- Are we improving population health and well-being?

As indicated this Board Assurance Framework will be formally reviewed and renewed on an annual basis with the intention of its approval at the March meeting of the Health Board each year.

RB - March 2020