

Reference				Risk Score Matrix												
				2	4	5	6	8	9	10	12	15	16	20	25	
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a) Due to an inability to recruit and retain staff across all disciplines and specialities.				X←	---	---	---	---	---	●	◇		
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff						X←	---	---	●		◇		
			c) Due to insufficient and ineffective leadership levels throughout the organisation.				X←	---	---	---	---	●		◇		
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level					X←	---	---	---	---	●	◇		
	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.	e) Due to inadequate strategic plans which respond to population health and socio-economic needs				X←	●						◇		
			f) Due to unsustainable service models					X←	---	---	---	●		◇		
	Director of Finance and Procurement	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.	g) Due to the failure to deliver a sustainable financial position and longer-term financial plan					X←	---	---	---	◇	---	---	●	
	Director of Public Health & Strategic Partnerships	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population.	h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants				X←	◇	---	---	---	---	---	●		
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	X←	---	---	---	◇	---	---	---	---	●			
			b) Due to significant levels of backlog maintenance				X←	◇	---	---	---	●				
SRR 003	Chief Operating Officer	There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse	Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement		X←	---	---	◇	---	---	---	●				
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level				X←	◇	---	---	---	---	●			
SRR 005	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	Due to inadequate arrangements to support system-wide patient flow						X←	---	---	---	●	◇		
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems					X←	---	---	---	---	●	◇		
			b) Due to an adverse impact on service delivery in the implementation of new digital systems				X←	---	---	---	---	●		◇		
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future					X←	---	---	---	---	●		◇	
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners		X←	---	---	---	---	---	---	---	●	◇		
			b) Due to the impact of fragile services across the regional and supra regional geography		X←	---	---	---	---	---	---	---	●	◇		

RISK THEME	PEOPLE			
Strategic Risk (SRR 001A)	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			
Strategic Threat	a) Due to an inability to recruit and retain staff across all disciplines and specialties.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	<ul style="list-style-type: none"> ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Non-compliance with safe staffing principles and standards ➤ Reliance on agency and bank staff ➤ Litigation & Financial Penalties 			Risk Appetite Threshold - Score 16 and below Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.
				SUMMARY The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold.
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level
Monitoring Committee	People & Culture Committee	Likelihood	4 (Likely) x	3 (Possible) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	01 March 2024	Risk rating	= 16 (Extreme)	= 6 (Moderate)
Next Review	01 April 2024			

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Monitoring Framework to support roll-out of the People Plan. Workforce Dashboard to track activity – recruitment, turnover, sickness absence. Supply and demand tracker (Nursing and HCSW). People Plan tracker to support delivery of actions within the People Plan 2022-25. Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. Management of attendance through All Wales Management Attendance at Work Policy. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. Nurse Staffing Levels (Wales) Act 201625b/25c. 	Staff attendance <ul style="list-style-type: none"> Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. “Hot spot” areas identified and plans in place to support. Recruitment <ul style="list-style-type: none"> Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician’s Associates, Midwives, and therapy staff and with HEIW for Junior Doctor. Annual programme of Apprentice recruitment Overseas Nursing (All Wales Recruitment programme) Nursing Workforce Strategy agreed Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 22) Partnerships with employability schemes and FE/HE to widen access. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Workforce reports to the Nurse Strategic Workforce Group. Daily sickness monitoring reports. Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. Medical Staffing Co-ordinator review of medical rotas. Cross site operational calls. Occupational Health and Wellbeing dashboards report KPIs. 	Gaps in Assurance	Positive Assurance
		Level 2 Organisational	Action to Address Gaps in Assurance	

<ul style="list-style-type: none"> Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. Workforce planning supported by Compendium of new roles to support innovative workforce models. Recruitment KPI's. IMTP Educational Commissioning. Workforce Establishment controls national working group has been instigated. Value and Sustainability Board. 	<ul style="list-style-type: none"> Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board. Registration – Temporary register extended for 2 years to enable staff to return to practice ending March 2024. Retention: Retention lead appointed with programme action plan in place. Development of career pathways (e.g., non-clinical to clinical). Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR. Internal Exit interview group has been established with a view to 1) Increase the numbers of people completing the forms and 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts. Changes in pension regulation and flexible retirement options from October 23 and reduced break in service required following retire and return. Variable pay reduction Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board. E- Systems Effective deployment of current staff - Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff. Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas. Development of alternative and new roles Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. Primary Care workforce The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. NCN workforce planning workshops completed Dec 23. An action plan has been developed and to be agreed with PCCS senior management team, NCN board with enabling actions to highlight key challenges and opportunities to support longer term workforce sustainability. Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal. Looking to increase assistant band 4 in Community/Mental Health Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity Increasing consultant therapy and nurse practitioners Nurses with skills to support chronic disease management in Primary Care Training The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2024 and beyond which are required to support turnover and existing vacancies. 	<p><i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board. Workforce and OD group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation Measurements of Wellbeing through the ABUHB Staff Survey. Routine Reporting against nurse staffing levels. Variable Pay Programme Board <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> Internal Audit Reviews 2023 -24 Long Term Sickness Absence Management (Q4) Flexible Working (Q4) External quarterly vacancy reporting to WG External reporting on Nursing Staffing Levels National Acuity Audits (Nursing) National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges - The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative. 		
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	<ul style="list-style-type: none"> • HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy • HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. • RN/HCSW Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (6 supported this year) • Cadet Nursing programme in place (20 candidates last year) • K102 bridging model now being offered to support HCSW pathways into registered nursing – 10 Mental Health HCSW applied which will address uptake on RMN graduate courses. • Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) started with 3 cohorts in September 2022 and recruiting the 4th cohort to start Oct 23. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programs fully booked. Core Leadership prog currently delivering to 200 staff. • Workforce planning within new competency framework commencing Jan 24. • Vacancy Numbers and establishment control • Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period December 24 there were circa 619 WTE vacancies. Reduction 109 WTE from March 23. • Development of ESR establishments commenced on a national basis w/c 03/09/23. Local delivery action plan to be developed for Executive Team approval 25th April 24. 			
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<p style="text-align: center;">SRR 001 B: Due to a deterioration in, and a failure to improve, the well-being of our staff</p> <table border="1"> <caption>Chart Data: Risk Score over Time</caption> <thead> <tr> <th>Month</th> <th>Current Risk Score</th> <th>Target Risk Score</th> <th>Appetite Threshold</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Jul-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Aug-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Sep-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Oct-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Nov-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Dec-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Jan-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Feb-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Mar-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Apr-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>May-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Jun-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Jul-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Aug-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Sep-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Oct-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Nov-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Dec-24</td><td>12</td><td>9</td><td>16</td></tr> </tbody> </table>					Month	Current Risk Score	Target Risk Score	Appetite Threshold	Jun-23	12	9	16	Jul-23	12	9	16	Aug-23	12	9	16	Sep-23	12	9	16	Oct-23	12	9	16	Nov-23	12	9	16	Dec-23	12	9	16	Jan-24	12	9	16	Feb-24	12	9	16	Mar-24	12	9	16	Apr-24	12	9	16	May-24	12	9	16	Jun-24	12	9	16	Jul-24	12	9	16	Aug-24	12	9	16	Sep-24	12	9	16	Oct-24	12	9	16	Nov-24	12	9	16	Dec-24	12	9	16
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<ul style="list-style-type: none"> • Monitoring Framework to support roll out of the People Plan. • Monitoring delivery of the #peoplefirst project through Executive Team reports, KPI sickness metrics underpinned by People Plan Delivery framework. Engagement ongoing with divisional management teams. • Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture 	<ul style="list-style-type: none"> • Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars). • Increase wellbeing initiatives: • Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders) • Trained mediators so there is team and organisational resilience and network. • Regular Schwartz rounds arranged across the Health Board • Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. • Close links with the Arts in Health programme • Promotion of walking meetings in leadership programmes Working with Planning and Estates team to ensure the Queens Canopy is designed to promote clear walking routes for that can be used during breaks for 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> • Monitoring Framework to support roll out of the People Plan 22-25 • Monitoring of demand on wellbeing services • Staff diversity networks • Race/LGBT groups • Wellbeing resources • Occupational Health Service <p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> • People and Culture Committee reports (People Plan 22-25) 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. <p>Action to Address Gaps in Assurance</p>	Positive Assurance

<p>Committee with regular summary of Well-being and Occupational Health activity.</p> <ul style="list-style-type: none"> • Strategic Equality plan • Rest and Facilities charter – monitoring and compliance • Staff related policies. 	<p>meetings Inclusion of break times and staff rooms in wellbeing survey to audit current provision.</p> <ul style="list-style-type: none"> • Chaplaincy service for staff • Recruitment of staff counsellors • Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being • Scope, design and deliver a programme of research ‘Healthy Working Day’. • Enhanced our financial well-being offer. • Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • The Avoidable Employee Harm Programme, launched on 5th July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has recently won two NHS Wales awards. • The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely initiative within ABUHB. This workstream began in October 23 and will be developed over the next 12 months with a strong emphasis on evidence analysis and culture. • An external Employee Assistance Programme has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff. <p>Occupational Health</p> <ul style="list-style-type: none"> • Additional occupational health resources secured to reduce waiting times over winter • Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes. • Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. • Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. <p>Support equality and diversity of workforce</p> <ul style="list-style-type: none"> • Review of staff diversity networks • Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile. • Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms. • Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing. • A part time Disability Inclusion Officer has been seconded to the EDI Team (Dec 2023 – Dec 2024). • Recruiting to a Band 5 EDI Officer role (Jan 2024). • Inclusive Leadership sessions to be embedded in the Leading People Programme from Jan 2024 onwards. • Reverse Mentorship Programme to launch Feb 2024. <p>Other</p> <ul style="list-style-type: none"> • Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC. • Reducing fatigue poster developed 	<ul style="list-style-type: none"> • Local wellbeing surveys • LNC – reporting of compliance of BMA Rest and Facilities <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> • National workforce surveys • Monitoring and compliance of BMA Rest and Facilities via NHS Employers 	<ul style="list-style-type: none"> • Meetings with Divisions ongoing. 	
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<ul style="list-style-type: none"> 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. Executive Director of Planning sat on interview panel. Trainee commences scheme 5th September 2023 at HEIW at joins ABUHB Friday 8th September. <p>Development leadership capabilities</p> <ul style="list-style-type: none"> Designing learning journeys and access to Gwella Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Exploring Directorate Manager development. CDx Leadership Development for clinical directors completed for 2022/23 with 45 attendees and CDx cohort 2 starts October 23- open for current and aspiring CDs 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda. 	<p>Level 3 Independent (Implemented by both auditors internal and external independent bodies.)</p> <ul style="list-style-type: none"> Internal Audit Review Talent and Succession Board 		

RISK THEME	PEOPLE			
Strategic Risk (SRR 001D)	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			
Strategic Threat	d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	<ul style="list-style-type: none"> ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Non-compliance with safe staffing principles and standards ➤ Litigation & Financial Penalties ➤ Reputational damage to the health board and loss of public confidence 			Risk Appetite Threshold – Open Score 16 and below Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.
	SUMMARY The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold.			
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Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	01 March 2024	Risk rating	= 16 (Extreme)	= 8 (High)
Next Review Due	01 April 2024			
<p>SRR 001 D: Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.</p>				

Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
		Level 1 Operational	Gaps in Assurance	

<ul style="list-style-type: none"> • All Wales Industrial Action Planning Group • Local Health Board planning arrangements • Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and • CODE OF PRACTICE Industrial Action Ballots and Notice to Employers • Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. 	<ul style="list-style-type: none"> • Services Business continuity plans in place. • Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance • Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). • Command and control structure and leads established • Derogation test completed • Executive and Senior Manager leads established links with national planning cells. • All Wales training sessions provide by legal and risk to support industrial action. • Reducing impact on patients - Support for early supported discharge prior to industrial action. • Communication plans- public, stakeholders and partners • Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application • Picketing guidance supported and agreed • Debriefing session planned to reflect and capture learning for any potential future action (national) • 	<p><i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> • Local Staff re-deployments assessment • Divisional engagement and service planning arrangements in place • Local Negotiating Committee (LNC) • Trade Union Partnership meetings <p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> • Reporting to Executive team • Business Continuity groups • Command and control structure in place to be implemented as required. <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> • All Wales IA group and Welsh Government planning cell. 	<ul style="list-style-type: none"> • BMA have provided notice of consultant and SAS Dr ballot <p>Action to Address Gaps in Assurance</p>	<p>Reasonable Assurance</p>
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RISK THEME	SERVICE DELIVERY			
Strategic risk (SRR 001)	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.			
Strategic Threat	E) Due to inadequate strategic plans which respond to population health and socio-economic needs.			Risk Appetite Level - Open Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	<ul style="list-style-type: none"> ➤ Increased demand ➤ Increased patient acuity levels ➤ Worsening of health inequalities ➤ Worsening of health outcomes ➤ Failure to train teams in multi-morbidity management ➤ Failure to comply with the Wellbeing of Future Generations Act (Wales) ➤ Reputational damage and loss of public confidence 			Risk Tolerance Level - Open Score 16 and below Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all relating risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy.
				SUMMARY The current risk level is outside of target level but within the set appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely)	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	12 January 2024	Risk rating	= 8 (High)	= 6 (Moderate)
Next Review Due	12 April 2024			
<p>SRR 001 e) Due to Inadequate strategic plans which respond to population health and socio-economic needs</p> <p>Risk Score</p> <p>Month</p> <p>Legend: Current Risk Score (red dashed), Target Risk Score (green dashed), Appetite Threshold (yellow solid)</p>				

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Health Board IMTP and associated KPIs Public Health Wales surveillance data QlikSense – performance dashboard Population Needs Assessment and Area Plan Marmot Region Programme 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> QlikSense – performance information SFN – performance information 	Gaps in Assurance <ul style="list-style-type: none"> Under review 	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> IMTP Delivery and Outcomes Reporting to Board Marmot Region Programme RPB reporting to Board and Population Health, Planning and Partnerships Committee Regional Planning reporting to Population Health, Planning and Partnerships Committee Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee 	Action to Address Gaps in Assurance	

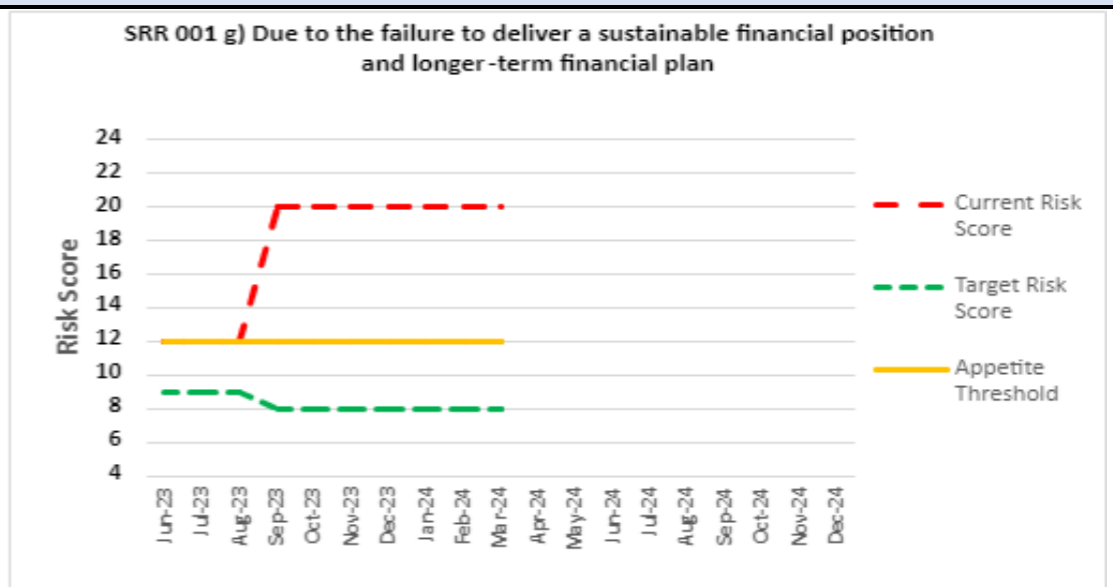
		Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i>		
		Internal Audit Reviews 2023-24 1. IMTP Planning (Q1) Outcome – Reasonable Assurance		

RISK THEME	SERVICE DELIVERY			
Strategic risk (SRR 001)	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.			
Strategic Threat	F) Due to unsustainable service models			Risk Appetite Level - Open Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Increased demand ➤ Increased patient acuity levels ➤ Worsening of health inequalities ➤ Worsening of health outcomes ➤ Failure to deliver health board priorities, required improvements and achieve sustainability ➤ Reputational damage and loss of public confidence 			Risk Tolerance Level - Open Score 16 and below Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy.
				SUMMARY The current risk level is outside of target level but within appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	12 January 2024	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review Due	12 April 2024			

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> • The Health Board IMPT and associated KPIs • Clinical Futures Transformation programmes. • Public Health Wales surveillance data – Covid, flu and other communicable diseases. • QlikSense – performance information. • Population needs assessment and area plan development by the RPB. • Southeast Wales Plan for fragile services. 	<ul style="list-style-type: none"> • Area plan is being refreshed through the RPB. • Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. • Review of enhanced local general hospital service models to ensure sustainable quality services. • Development of SEW plan for fragile. • Review of organisational strategy – to launch Summer 2024. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> • Public Health Wales surveillance data – COVID, flu and other communicable diseases. • QlikSense – performance information. 	Gaps in Assurance <ul style="list-style-type: none"> • Under review 	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> • IMTP delivery and outcomes reporting to Board. • RPB reporting to Board and Population Health, Planning and Partnerships Committee. • Regional Planning reporting to Population Health, Planning and Partnerships Committee. • Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. 	Action to Address Gaps in Assurance	

		Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i>		
		<ul style="list-style-type: none">Internal Audit Reviews 2023-24<ol style="list-style-type: none">IMTP planning Q1 Outcome – Reasonable Assurance.		

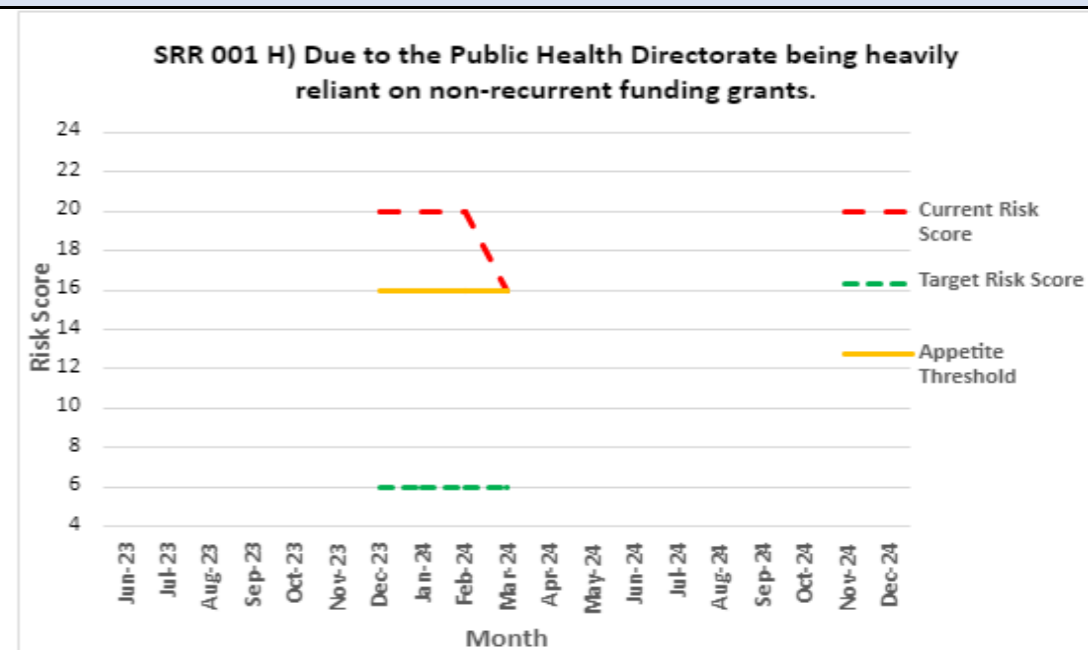
RISK THEME		FINANCIAL SUSTAINABILITY		
Strategic Risk (SRR 001)		There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.		
Strategic Threat		G) Due to the failure to deliver a sustainable financial position and longer-term financial plan		Risk Appetite Level - Cautious. Preference for safe, through accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.
Impact		<ul style="list-style-type: none"> ➤ Breach of statutory duty to breakeven over 3 years. ➤ Instigation of NHS Wales Escalation & Intervention Arrangements. ➤ Non-delivery of health board priorities, required improvements, and achieving longer-term sustainability. ➤ Prioritisation and possible disinvestment in service delivery. ➤ Reputational damage and loss of public confidence 		Risk Appetite Threshold - Score 12 and below Risks relating to all aspects of our financial performance and our ability to manage cost and efficiencies. SUMMARY the current risk level is outside of the target and appetite threshold. The target level to be achieved is within the set appetite threshold.
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target
Monitoring Committee	Finance & Performance Committee	Likelihood	5 (Almost certain) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	08 Feb 2024	Risk rating	= 20 (Extreme)	= 8 (Moderate)
Next Review	01 April 2024			



Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> • IMTP 2023/24-25/26 • IMTP Delivery Framework • Accountability Framework • Performance Framework • Scheme of Delegation • Standing Financial Instructions (SFIs) • Standing Orders (SOs) • Financial Control Procedure (FCP) Budgetary control • Financial Budget Intelligence (FBI) • Budget holder training • Cost intervention procedures • 23/24 savings plans & opportunities. • Health Board financial escalation processes. • Health Board Pre-Investment Panel (PIP) process. • Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. • Quarterly financial budget plan approach agreed. 	<ul style="list-style-type: none"> • Update performance management framework – in place • Assessment of financial control environment within divisions and corporate teams. – in place • Financial Escalation Meetings – in place • Regular organisational Recovery plan meetings and briefings • Value & Sustainability Board established 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> • Adherence to SO/SFI/FCPs • Regular AFD meetings to discuss position and performance. • Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance. 	Gaps in Assurance <ul style="list-style-type: none"> • Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. 	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> • Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. • Performance escalation meetings established. • Financial assessment and review report to the Board and Finance & Performance Committee • Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee. • Board Briefing sessions on the financial position. 	Action to Address Gaps in Assurance <ul style="list-style-type: none"> • Revise accountability arrangements being progressed as part of Executive governance. – in place • 2024/25 IMTP plans focussed on ‘living within budget levels’ – currently work in progress. 	
		Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i>		
		Internal Audit Reviews 2023 - 24 <ol style="list-style-type: none"> 1. Savings Programmes Q3 - Not yet undertaken. Report expected Q1 2024/25 2. Financial Controls Q2 – Not yet reported. Report expected Q4 2023/24 3. Asset Management Q3 – Report to be received at ARAC 08/02/24. 		
		External Audit Reports 2023 -24		

<ul style="list-style-type: none">Executive groups and structures established to deliver statutory duties		<ol style="list-style-type: none">Efficiency Review Q3/Q4 – Not yet reported.Structured Assessment - Received at ARAC November 2023.Audit of Financial Statements Q4 2023/24 – Not yet reported. <ul style="list-style-type: none">Financial assessment and review reports to Welsh Government – monthlyEnhanced monitoring meetings with Welsh Government – monthly		
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RISK THEME	SERVICE DELIVERY			
Strategic Risk (SRR 001H)	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population.			
Strategic Threat	h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact	<ul style="list-style-type: none"> ➢ Avoidable harm ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings ➢ Increased patient acuity levels ➢ Worsening health inequalities ➢ Worsening health outcomes ➢ Unable to substantially improve the health of the population. ➢ Reputational damage and loss of public confidence 	<ul style="list-style-type: none"> ➢ Multi-year CIP calculated on non-recurrent funding. ➢ No determined staffing establishment ➢ Possible at-risk TUPE posts ➢ £1.5 million temporary staff funding (RIF + EYP) majority on permanent contracts ➢ Government grants focused on particular risk factors 	Risk Appetite Threshold – SCORE 16 AND BELOW Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy	
	SUMMARY The current risk level is outside of the target level but within the set appetite threshold. The target level to be achieved is within the set appetite threshold.			
Lead Director	Director of Public Health & Strategic Partnerships	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Population Health, and Planning Committee	Likelihood	4 (Likely) x	2 (Unlikely) x
Initial Date of Assessment	01 December 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	18 March 2024	Risk rating	= 16 (Extreme)	= 6 (Moderate)
Next Review Due	18 April 2024			



Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Organisational Change Process (OCP) instigated which will enable change to the ways of working and moving to a fully funded permanent structure. Meetings with finance to determine TUPE level and CIP calculation. Local public health risk register. Identified risk relating to structure and finance. Business cases being written for PIP for preventative adverse deaths, Health Protection, and other public health areas. SMT meetings to discuss progress on delivery of objectives linked to the available budget. £11.2M recurrent funding has been agreed and received for Health Protection and vaccination. Work has commenced transferring operational delivery of the vaccination service to Primary Care with oversight from Public Health to ensure effective delivery of programmes (funded by the new recurrent funding from WG to fund Health Protection and vaccination locally) 	<ul style="list-style-type: none"> Business cases being written for PIP to increase core funding to deliver objectives. Through the PIP process work towards a funded establishment to reduce risks associated with permanent staff being funded through temporary funding which impacts the ability to plan long-term. Establish a Health Protection offer within the core Public Health Team to do strategic planning and mitigation and assurance around vaccination delivery. 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> Monthly finance meetings in place with the Director and Assistant Director Monthly reporting on finance levels <p>Level 2 Organisational <i>(Executed by risk management and compliance functions)</i></p> <ul style="list-style-type: none"> Escalation to the Strategic Risk Register for Board oversight Highlighted and discussed at Corporate Review <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i></p> <ul style="list-style-type: none"> Report delivery of local progress against the national public health strategy through Public Health Peer Group 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Unable to assess the full impact of gaps in delivering the Public Health offer against the prevention agenda <p>Action to Address Gaps in Assurance</p> <ul style="list-style-type: none"> Through the OCP process we will be able to establish the appropriate areas to place Public Health business for efficient and effective health protection and vaccination delivery. Developing a clear evidence base to understand population need for long-term public health planning. 	Negative Assurance

RISK THEME		COMPLIANCE AND SAFETY		
Strategic Risk (SRR 002)		There is a risk that there will be significant failure of the Health Boards Estates.		
Strategic Threat		a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.		Risk Appetite Level - MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.
Impact		<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff. ➤ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➤ Non-compliance with health and safety legislation. ➤ Litigation and financial penalties 		Risk Appetite Threshold - SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.
		SUMMARY The current risk level is outside of the target level and appetite threshold. The target level to be achieved is within the set appetite threshold		
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	1 (Rare) x
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Minor)
Last Reviewed	12 th January 2024	Risk rating	= 15 (Extreme)	= 2 (Low)
Next Review Due	12 th February 2024			

SRR 002 a) Due to the presence of reinforced Autoclaved Aeriated Concrete (RAAC) within structures

Month	Current Risk Score	Target Risk Score	Appetite Threshold
Jun-23	20	8	8
Jul-23	20	8	8
Aug-23	20	8	8
Sep-23	15	8	8
Oct-23	15	8	8
Nov-23	15	8	8
Dec-23	15	8	8
Jan-24	15	8	8
Feb-24	15	8	8
Mar-24	15	8	8
Apr-24	15	8	8
May-24	15	8	8
Jun-24	15	8	8
Jul-24	15	8	8
Aug-24	15	8	8
Sep-24	15	8	8
Oct-24	15	8	8
Nov-24	15	8	8
Dec-24	15	8	8

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> • Work to assess the risk has been undertaken with expert external surveyor advice and repeat surveys have recently been completed. • Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance. • Remediation work to areas of high-risk areas 	<ul style="list-style-type: none"> • Additional Surveys are to take place with expert surveyors to inform the next steps relating to further remediation of the issues. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> • Fortnightly checks in place for the props in place and will be reduced to fortnightly as the frequency of checks is not demonstrated to be of benefit or required. • Ongoing engagement with expert surveyor and monitoring of RAAC with additional surveys continuing. • The estate's function has controlled access to roof areas and has developed and implemented toolbox talks for awareness for estate teams and contractors to work in those areas. 	Gaps in Assurance <ul style="list-style-type: none"> • Ongoing management of the issues. 	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> • Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management. 	Action to Address Gaps in Assurance <ul style="list-style-type: none"> • Repeat surveys have been completed and additional more specific and technical 	

		<ul style="list-style-type: none"> • Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. • Risk assessments completed by the Health and Safety function in those departments with props to manage any consequences of the presence of props. Note: H&S assessments were around the location of props not of RAAC itself and they flagged no issues or alterations. 	<p>surveys have been commissioned and will be undertaken as promptly as possible through the contractor to provide assurance on the work to date as well as determine further management of the risk/issues.</p>	
		<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p>		
		<ul style="list-style-type: none"> • Weekly dialogue with Welsh Government and Shared Services Estates. • Links with NHS England and other Health Boards in Wales for shared learning. • Ongoing engagement of external surveyors for regular monitoring of the situation in line with recommended timelines. 		

RISK THEME		COMPLIANCE AND SAFETY		
Strategic Risk (SRR 002)	There is a risk that there will be a significant failure of the Health Board Estates.			
Strategic Threat	B) Due to significant levels of backlog maintenance and structural impairment.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.
Impact	<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff. ➤ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➤ Non-compliance with health and safety legislation. ➤ Litigation and financial penalties. 			Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.
				SUMMARY The current risk level is outside of the target level and appetite threshold. The target level to be achieved is within the set appetite threshold.
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Health Protection & Planning Committee	Likelihood	3 (Possible) x	3 (Possible) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	12 January 2024	Risk rating	= 12 (High)	= 6 (Moderate)
Next Review Due	12 April 2024			
<p>SRR 002 b) Due to significant levels of backlog maintenance</p> <p>The graph plots Risk Score (Y-axis, 4 to 24) against Month (X-axis, Jun-23 to Dec-24). Three data series are shown: Current Risk Score (red dashed line), Target Risk Score (green dashed line), and Appetite Threshold (yellow solid line). The Current Risk Score starts at 15 in Jun-23, drops to 12 in Aug-23, and remains at 12 through Dec-24. The Target Risk Score starts at 15 in Jun-23, drops to 6 in Sep-23, and remains at 6 through Dec-24. The Appetite Threshold is constant at 8.</p>				

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Health Board Estates Rationalisation Strategy Health Board Estates Strategy Health Board policies and procedures related to the maintenance of Health Board estate. 6 Facet survey completed in 2019. Divisional Risk Register Multiple policies and SOPs published and communicated to staff. 	<ul style="list-style-type: none"> Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Estates and Facilities division improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) Divisional reporting of Statutory and Mandatory training of staff Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance. The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group. 	Gaps in Assurance <ul style="list-style-type: none"> AE reports have shown a deterioration in ratings last year. Membership of HB-wide compliance groups continues to be extended providing wider HB intelligence of the issues. 	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> Outcome of the Asbestos reinspection programme 	Action to Address Gaps in Assurance	

<ul style="list-style-type: none"> • A robust internal training programme in place covering all aspects of estate management including food hygiene. • Asbestos reinspection programme (over the next 3 years) 	<ul style="list-style-type: none"> • Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM. • Drive clinical service engagement in compliance meetings where engagement is low. • Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible. 	<ul style="list-style-type: none"> • Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <p>Internal Audit Reviews 2023- 24</p> <ol style="list-style-type: none"> 1. Estates Assurance - Estate Condition audit completed and will be with Audit Committee in February <ul style="list-style-type: none"> • Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. • Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level 	<ul style="list-style-type: none"> • The Divisional Director (and DP) has implemented a clear approach to compliance monitoring and escalation of AE reports. • HB-wide groups on compliance (such as Ventilation and water) are being widened in membership to ensure clinical services are active participants. 	
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RISK THEME		COMPLIANCE AND SAFETY		
Strategic risk (SRR 003)		There is a Risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse.		
Strategic Threat		b) Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placements.		
Impact		<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff ➤ Health Board breaches statutory duties ➤ Litigation & Financial Penalties ➤ Reputational damage and loss of public confidence 		
Lead Director		Chief Operating Officer		
Monitoring Committee		Patient, Quality, Safety and Outcomes Committee.		
Initial Date of Assessment		01 June 2023		
Last Reviewed		01 March 2024		
Next Review Due		01 April 2024		
		Risk Exposure	Current Level	Target Level
		Likelihood	3 (possible) x	2 (Unlikely) x
		Impact	4 (major)	2 (Unlikely)
		Risk rating	= 12 (High)	= 4 (Moderate)
		<p>Risk Appetite Level -Minimal Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.</p> <p>Risk Appetite Threshold – Minimal SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.</p> <p>SUMMARY The current risk level is outside of the target level and appetite threshold. The target level to be achieved is within the set appetite threshold.</p>		
		<p>SRR 003 b) Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement</p> <p>The graph plots Risk Score (Y-axis, 4 to 24) against Month (X-axis, Jun-23 to Dec-24). Three lines are shown: Current Risk Score (red dashed), Target Risk Score (green dashed), and Appetite Threshold (yellow solid). The Current Risk Score starts at 20 in Jun-23, remains constant until Feb-24, then drops to 12 in Mar-24, and finally to 4 in Apr-24. The Target Risk Score starts at 10 in Jun-23, drops to 4 in Sep-23, and remains constant thereafter. The Appetite Threshold is a constant horizontal line at 8.</p>		

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> • CAMHS now have a team of healthcare support workers, at band 4 (our BOOST team), who are in the process of being trained, prior to being ready to be available over 7days to directly support young people who are in hospital because of a delayed discharge. • CAMHS have an agreement with adult Mental Health Services in place, enabling us to access a 'holding bed' situated in the Extra Care area at Ty-Cyfanol ward, at YYF. This allows us to support young people experiencing suspected serious mental illness for up to 72 hours, whilst a gatekeeping assessment is carried out by our colleagues at the tier 4 in-patient unit. 	<ul style="list-style-type: none"> • Development of the CAMHS Crisis Hub (CCH), based at Bettws ward in St Cadoc's. We are in the process of developing a safe space for families and young people who are in distress, so that they have access to a team of people, out of hours, who can work directly with them in order to attempt to prevent burgeoning emotional distress from developing into a crisis situation that can cause further trauma. <p>The CCH is being developed in order to help young people who fit the following criteria:</p> <ul style="list-style-type: none"> • Young people whose distress compels them to frequently attend the Emergency Department, or who frequently find themselves detained under section 136 of the Mental Health Act. 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> • Senior Management Team meetings to track progress against the action plan. • Twice-daily X-Site flow meetings to provide a position report <p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> • Regular reporting to the Patient Quality, Safety & Outcomes Committee • Regular reporting to the Mental Health Act Monitoring Committee • Reporting to the Executive Committee 	<p>Gaps in Assurance</p> <p>Development of CAMHS Crisis Hub Project build.</p> <p>Action to Address Gaps in Assurance</p> <p>The CAMHS Crisis Hub Project development is ongoing – tenders for contracts were return 20th December 2023 within identified capital budget constraints. Tenders are currently with Quantity Surveyors Faithful &</p>	Reasonable Assurance

<ul style="list-style-type: none"> • Our Emergency Liaison Team are present at GUH on a daily basis, assessing young people at the point of need. • Windmill farm therapeutic residential home, a partnership project between CAMHS and social services, is now open and can accommodate young people struggling with complex mental distress that are environmental and not organic. There are 4 places at the home, and we have already successfully placed, supported, and transitioned several young people who may previously have required an out of county placement. • BOOST team manager in place. • Crisis Outreach Team are the designated team who manage and co-ordinate admission to the holding bed. • Standard Operational Policy in place for CAMHS teams to be able to access BOOST workers. • Agreed referral process to Windmill Farm, with a gatekeeping team comprised of CAMHS and social care colleagues who are able to advise whether or not a referral is suitable; attendance at Complex Needs panels to operationalise the gatekeeping process. • Standard operational policy and care pathway in place for admission to the holding bed. • Detailed Standard Operational Policy in place for Windmill Farm. • Regular communication meetings between CAMHS teams and the Windmill Farm team. 	<ul style="list-style-type: none"> • Young people who having been assessed under Section 136 at the Section 136 suite at Adferiad, find themselves discharged with no immediate safe discharge destination. • Young people who having presented at the Emergency Department following self-harm or overdose requiring medical treatment, are admitted overnight for treatment as per NICE guidelines, but once medically fit do not have a safe discharge destination, resulting in an extended stay at GUH for social reasons. In these cases, qualified professionals and BOOST support workers will work closely with the family and colleagues from social care, in order to ensure that a safe discharge can be agreed. • Young people who are currently working with a CAMHS professional and are felt to be at risk of experiencing imminent mental health crisis and cannot be supported out of hours by the referring professional. The aim will be to focus on helping young people to stay safe by working with them to develop a short-term plan of what to do in the moment. The CCH will provide a venue that is safe, so that community -based treatment at the point of crisis can be implemented in the least restrictive of settings. • Regular Crisis Hub planning meetings; ongoing development of the SOP; recruitment of a Crisis Hub team lead. 	<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> • HIW Inspections of Mental Health Wards across all sites 	<p>Gould for a two-week review to check for omissions or anomalies.</p> <p>Tenders have all identified estimated completion of the CAMHS Crisis Hub by August 2024.</p> <p>CAMHS Crisis Hub Project Team meet monthly – update reports are provided to the CAMHS Senior Management Team and ABUHB Capital Group.</p> <p>Lancer Scott Ltd have been nominated as a preferred contractor following formal tenders’ process. Initial prestart presentation and discussion had been held with contractor January 2024 and the contractor construction programme received aligns to the project budget/project brief.</p> <p>RIBA Stage 5 and site set up for construction were on target February 2024 with a target completion of construction works date set as August 2024 Fortnightly Contractor Client meetings will continue and the monthly Project Group (CAMHS Crisis Hub Project Team meetings to ensure delivery.</p>	
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RISK THEME		COMPLIANCE AND SAFETY		
Strategic risk (SRR 004)		There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.		
Strategic Threat	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.	Risk Appetite Level – Minimal Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.		
Impact	<ul style="list-style-type: none"> ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Harm or injury to patients and/or staff ➤ Health Board breaches statutory duties under the Civil Contingencies Act 2004 ➤ Litigation & Financial Penalties ➤ Reputational damage and loss of public confidence 	Risk Appetite Threshold – Minimal Score 8 and below Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.		
SUMMARY The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold.				
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	3 (Moderate)
Last Reviewed	01 March 2024	Risk rating	= 15 (Extreme)	= 6 (Moderate)
Next Review Due	01 April 2024			
<p>SRR 004 a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.</p> <p>Legend: Current Risk Score (red dashed), Target Risk Score (green dashed), Appetite Threshold (yellow solid)</p>				

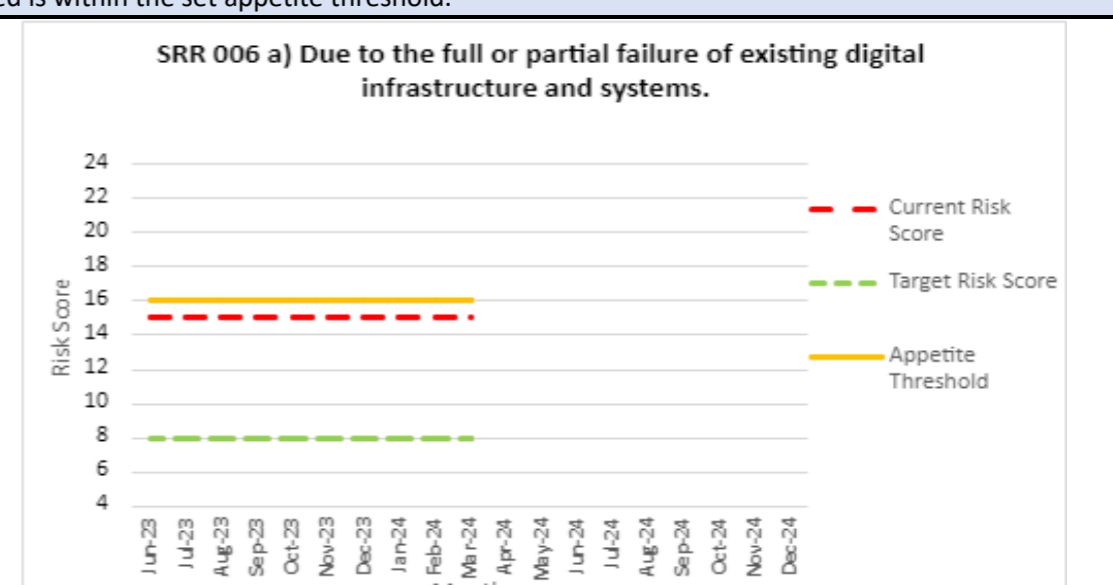
Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
Major Incident <ul style="list-style-type: none"> Health Board major incident plan in place, refreshed plan going to Board March 2024. Local/Divisional action cards are in place. Training undertaken service-specific relating to local response. Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Business Continuity (BC) /Critical Incident <ul style="list-style-type: none"> BC Policy BC Response Guidance BC Template BC Exercise BC debrief learning. HB and LRF Plans. 3 C (Command/Control, Communication) 	<ul style="list-style-type: none"> Major Incident Exercise ‘Euclid’ planned for 20th June 2024 – Faculty in place to plan scope and detail of exercise Testing programme of business continuity plans. Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. Repository on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies. Joint planning with PH in response to infectious diseases and public health incidence response. Develop further training programmes to support staff preparedness to response to an incident. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP). 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Departmental debrief following an incident to inform learning and enhance controls. 	Gaps in Assurance <ul style="list-style-type: none"> Robustness of service business continuity plans Further strategic and tactical training to be prepare to response to an incident. 	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> Debrief with key stakeholders following an incident to inform learning and enhance controls. Report to the Executive Committee following any incident. 	Action to Address Gaps in Assurance <ul style="list-style-type: none"> Recommendations for strengthening resilience following testing of service business continuity plans 	

<p>structure in place to respond to incidents.</p> <ul style="list-style-type: none"> • Ongoing Participation in exercise UK, Wales, LRF and HB. • EPRR Group Established. • Repository on intranet for BC plans to be added to by areas for audit, maintenance and review of interdependencies. • Executive Team attending 2-day strategic training. 	<ul style="list-style-type: none"> • Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. • Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. • Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. • Continue to promote awareness in a timely manner. • Continue to promote awareness of the requirement for BC across the Health Board. • Continuing participation in multi-agency exercises. • Internal strategic on call training 	<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <p>Internal Audit Review(s)</p> <ol style="list-style-type: none"> 1. Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance <ul style="list-style-type: none"> • Outcome and feedback from national exercises 		
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RISK THEME		SERVICE DELIVERY																																																																																		
Strategic Risk (SRR 005)		There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.																																																																																		
Strategic Threat		a) Due to inadequate arrangements to support system-wide patient flow																																																																																		
Impact		<ul style="list-style-type: none"> ➤ Avoidable deaths or significant harm ➤ Delays in releasing ambulances from hospital sites back into the community ➤ Delayed discharges from acute and non-acute settings resulting in deteriorating patients; ➤ Litigation & Financial Penalties ➤ Reputational damage and loss of public confidence 																																																																																		
Lead Director		Chief Operating Officer	Risk Exposure	Current Level																																																																																
Monitoring Committee		Patient Quality, Safety & Outcomes Committee	Likelihood	Target Level																																																																																
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<p>Risk Appetite Level - Open Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.</p> <p>Risk Appetite Threshold – Open SCORE 16 AND BELOW Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.</p> <p>SUMMARY The current risk level is outside of target level but within appetite threshold.</p>																																																																																				
<p style="text-align: center;">SRR 005 a) Due to inadequate arrangements to support system wide patient flow.</p> <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>Current Risk Score</th> <th>Target Risk Score</th> <th>Appetite Threshold</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>15</td><td>10</td><td>16</td></tr> <tr><td>Jul-23</td><td>15</td><td>10</td><td>16</td></tr> <tr><td>Aug-23</td><td>15</td><td>10</td><td>16</td></tr> <tr><td>Sep-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Oct-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Nov-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Dec-23</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Jan-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Feb-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Mar-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Apr-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>May-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Jun-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Jul-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Aug-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Sep-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Oct-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Nov-24</td><td>12</td><td>9</td><td>16</td></tr> <tr><td>Dec-24</td><td>12</td><td>9</td><td>16</td></tr> </tbody> </table>					Month	Current Risk Score	Target Risk Score	Appetite Threshold	Jun-23	15	10	16	Jul-23	15	10	16	Aug-23	15	10	16	Sep-23	12	9	16	Oct-23	12	9	16	Nov-23	12	9	16	Dec-23	12	9	16	Jan-24	12	9	16	Feb-24	12	9	16	Mar-24	12	9	16	Apr-24	12	9	16	May-24	12	9	16	Jun-24	12	9	16	Jul-24	12	9	16	Aug-24	12	9	16	Sep-24	12	9	16	Oct-24	12	9	16	Nov-24	12	9	16	Dec-24	12	9	16
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<ul style="list-style-type: none"> Escalation Policy. Performance and Accountability Framework Major incident Procedures Daily X-site flow meetings - Twice daily flow calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks. Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team. 	<ul style="list-style-type: none"> Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale. Winter planning – Ahead of winter 23/24 there are a series of meetings which will ensure that tangible / practical plans are put in place to ensure: <ul style="list-style-type: none"> Focus Processing power Capacity Mental health-focussed flow meeting – implement a MH-focussed daily forum to ensure the flow 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> The Escalation Framework has been enacted and is effective in mitigating threats and impact to services. Performance report against measures/metrics <p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p>	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. The impact of the Performance and Accountability framework in improving patient flow <p>Action to Address Gaps in Assurance</p>	Reasonable Assurance

<ul style="list-style-type: none"> Weekly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven. Range of performance measures/metrics in place Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards. Maximum Capacity Plan – Executive team agreed maximum capacity plan to ensure there is clear description and guide for where extra capacity can be accessed to ensure patient flow is maintained. Planned care recovery meetings with the NHS execs. Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls. WG – IQPD meetings to review areas of focus. 	<p>requirements and risk profile is understood across all MH sites.</p> <ul style="list-style-type: none"> Build in more impromptu, OoH and site visits to check on processes i.e., patient safety, risk, and performance across the Divisions. Improve regional acceptance of flow processes with neighbouring Health Boards. Industrial Action – command and control structures across gold, silver and bronze to ensure service continuity and patient safety throughout any medical strikes. 	<ul style="list-style-type: none"> Divisional Assurance reviews. Performance against measures/metrics reported to the Executive Committee <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> Internal Audit Reviews <ol style="list-style-type: none"> Intra-site Patient Transfers (Q1) - Not Yet Reported (expected to be received at Audit, Risk & Assurance Committee in February 2024. External inspections/visits. 	<ul style="list-style-type: none"> Close monitoring and reporting of the frameworks in practice to support learning and improvements. 	
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RISK THEME	SERVICE DELIVERY			
Strategic Risk (SRR 006)	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			
Strategic Threat	a) Due to the full or partial failure of existing digital infrastructure and systems.			Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact	<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Data breaches ➤ Litigation & Financial Penalties ➤ Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.
				SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	4 (Major)
Last Reviewed	01 March 2024	Risk rating	= 15 (Extreme)	= 8 (Moderate)
Next Review Due	01 April 2024			
				

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating (Overall)
<ul style="list-style-type: none"> • Cyber has developed a Remedial Action Plan to address issues identified within the NIS CAF assessment 2021. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed annually. • Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. • New Information Governance and Cyber Security governance and assurance processes reviewed and implemented. • Governance group terms of reference agreed. Meetings started in November 2023. • Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff • Cyber now undertakes scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report. 	Implement the recommendations from Templar report: <ul style="list-style-type: none"> • Outline a step by step process of how the proposed risk treatments need to be implemented. This should include the activities to be performed, who is responsible and deadlines for completion. • Complete any outstanding policy and process development, ensuring there is engagement with non ICT 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> • Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> • Regular reporting on progress to the Finance & Performance 	Gaps in Assurance <ul style="list-style-type: none"> • Oversight from NHS Wales Cyber Resilience Unit. Action to Address Gaps in Assurance	Reasonable assurance

<ul style="list-style-type: none"> • Cyber has also worked with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber and the Teams to review compliance levels against policy. Results are captured within the monthly Cyber Report. • Cyber has worked with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The less service impacting Version 1 is being managed through ICT Departmental risk management process. • Cyber has maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. • Cyber has begun the roll out simulated phishing campaigns. The initial phish has been tested on ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff. • Cyber has also introduced scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' the aim is to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber plans to run several more exercises during 2023 	<p>teams including the SIRO and board</p> <ul style="list-style-type: none"> • Ensure ICT disaster recovery policies are complete and refer to any system specific recovery processes. • Ensure non ICT teams are aware of disaster recovery policies and processes and engaged in developing system breach/failure response definition. • Complete a policy and process review after each incident to identify if anything could be improved in detection, resolution or prevention of a cyber security incident. Also, ensure the same is done whenever there are significant system changes. • Develop the policy and processes for identity and access management to ensure that privileged and critical system accounts are reviewed periodically e.g. 6 to 12 months, with other accounts reviewed through joiners/starters, movers and leavers processes. • Investigate circumstances where dedicated devices can be used for critical system access • Consider plans for certification of users and devices and how those certifications can be used. • Consider how to monitor privileged accounts e.g. with additional logs managing not just by exception but random and planned audits • Assess whether MFA can be implemented for privileged user accounts • Review any critical system logs that are created • Update systems or request updates to create additional logs where possible and include creation of logs on user devices in any investigation • Investigate a means of alerting for specific log conditions 	<p>Committee on our cyber security action plan.</p> <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <p>Internal audit</p> <ul style="list-style-type: none"> • Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. 		
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	<ul style="list-style-type: none">• Consider collective identification of appropriate tools and working with other OES within NHS Wales to identify appropriate tools.			
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RISK THEME	SERVICE DELIVERY			
Strategic Risk (SRR 006)	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			
Strategic Threat	b) Due to an adverse impact on service delivery in the implementation of the new digital systems.			Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact	<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Data breaches ➤ Litigation & Financial Penalties ➤ Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.
				SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	01 February 2024	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review Due	01 April 2024			

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> • Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services • Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated • Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages • Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services 	<ul style="list-style-type: none"> • Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee • Assurance activities included in project framework including clinical safety, information governance, health records and cyber security • An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects • Business change work includes a service readiness impact assessment to enable the project team to 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> • Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans • Project Boards meet monthly and report into the quarterly Digital Portfolio Progress Group • Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans • Risk management approach and escalation processes in place in line with the Health Board's Risk Framework 	Gaps in Assurance <ul style="list-style-type: none"> • Governance and assurance groups • Oversight from NHS Wales Cyber Resilience Unit 	Reasonable assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i>	Action to Address Gaps in Assurance	

<ul style="list-style-type: none"> • Business change team in place to support services in improvement of clinical and administrative processes • Benefits team in place who identify, track and ensure any benefits are realised which will ultimately improve service delivery • Projects support backfilling of clinical time where required 	<p>develop a realistic plan that incorporates service change requirements</p> <ul style="list-style-type: none"> • Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation • Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success 	<ul style="list-style-type: none"> • Regular Reporting to the Finance & Performance Committee <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> • Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. <p>Internal Audit</p> <ul style="list-style-type: none"> • Benefits Management review – Outcome Substantial Assurance • Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance 	<p>Information Governance Sub Committee Terms of Reference have been drafted and are under review.</p> <p>Cyber Security Subgroup ToR also drafted, and membership agreed.</p>	
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RISK THEME	SERVICE DELIVERY			
Strategic Risk (SRR 006)	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			
Strategic Threat	c) Due to failure to develop digital solutions that are sustainable and fit for the future.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact	<ul style="list-style-type: none"> ➤ Harm or injury to patients and/or staff ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Data breaches ➤ Litigation & Financial Penalties ➤ Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.
				SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	07 February 2024	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review Due	01 April 2024			

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> • New Digital Service Request process in place which provides governance in several key areas: <ol style="list-style-type: none"> 1. Information Governance – ensuring new services have appropriate controls to keep patient information safe. 2. Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. 3. Patient Safety – ensuring services do not introduce any patient safety risks. 4. Records – ensuring new systems comply with the requirements of records management. • Strong business analysis function in operation which ensures the “as-is” and “to-be” process mapping is undertaken which provides assurance that new services 	<ul style="list-style-type: none"> • New governance structures to be put in place by the end of 2023. • Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities • Annual planning processes to include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process • New Digital Request processes refresh with senior leadership scrutiny of requests, implementation of new prioritisation process and quarterly reporting to DDAT sub-committee • Automation of request process via ‘Seren’ the ICT Portal 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> • Live Microsoft Team Planning Board (Kanban) to manage new digital service requests • Fortnightly internal New Digital Service Requests meetings • Internal directorate meetings setup monthly to monitor risks and to regularly update and to provide assurance over outstanding action plans. 	Gaps in Assurance To be determined once the new governance changes have been implemented.	Reasonable assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> • Regular Reporting to the Finance & Performance Committee 	Action to Address Gaps in Assurance	
		Level 3 Independent		

<p>implemented are fit for purpose and delivery what stakeholders require.</p> <ul style="list-style-type: none"> • Business change function which ensures implemented systems are effective and deliver the benefits required. • Formal framework in place for the adoption of new digital services and best practice guidance followed. • Operational delivery aligned to ITIL standards 	<ul style="list-style-type: none"> • Portfolio optimisation to ensure the resources of the service are aligned to key priorities 	<p><i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> • Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. <p>Internal Audit</p> <ul style="list-style-type: none"> • LINC Programme 23/24 – Not yet undertaken. • Network Infrastructure (VPN) 23/24 Q3 - Outcome reasonable assurance 		
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RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING		
Strategic Risk (SRR 007)		There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.		
Strategic Threat		a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.		Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact		<ul style="list-style-type: none"> ➤ Unmet patient need resulting in harm ➤ Ineffective use of combined resources ➤ Delayed decision making ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➤ Reputational damage and loss of public confidence 		Risk Appetite Threshold - SCORE 16 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.
				SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.
Lead Director	Director of Strategy, Planning, and Partnerships.	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	10 January 2024	Risk rating	= 8 (Moderate)	= 4 (Moderate)
Next Review Due	10 April 2024			

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<p>The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:</p> <ol style="list-style-type: none"> The Gwent Public Services Board (Gwent PSB) brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area. The Gwent Regional Partnership Board As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and 	<ul style="list-style-type: none"> Governance review of Regional Partnership Board undertaken in August 2023. Renewed Strategy for strategic partnership Capital in place and revised governance processes. New Long-Term Strategy for Health Board to focus on Partnership approach. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> PMO reporting to the Director of Strategy, Planning and Partnerships. Regional Leadership Group Reporting 	Gaps in Assurance <ul style="list-style-type: none"> Systematic reporting of outcomes Systematic evaluation of schemes Governance of financial control arrangements 	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. 	Action to Address Gaps in Assurance <ul style="list-style-type: none"> Implementation plan to be developed following RPB governance review. 	

<p>develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care and support is in place to best meet the needs of their respective population.</p> <p>Through these statutory forums formal partnership arrangements take place.</p> <p>In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners.</p> <p>Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams</p>		<ul style="list-style-type: none"> Assurance reporting to the Board. <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> Internal Audit Governance Review 2023/24 (Q2) – Underway – due to be reported to the Audit, Risk & Assurance Committee in February 2024. 	<ul style="list-style-type: none"> Health Board strategy development approach to focus on partnership approach. 	
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RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING		
Strategic Risk No: SRR 007B		There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population		
Strategic Threat		b) Due to the impact of fragile services across the regional and supra regional geography		Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact		<ul style="list-style-type: none"> ➤ Unmet patient need resulting in harm ➤ Ineffective use of combined resources ➤ Delayed decision making ➤ Adverse impacts on delivery of care to patients across acute and non-acute settings ➤ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➤ Reputational damage and loss of public confidence 		Risk Appetite Threshold - SCORE 12 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.
				SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.
Lead Director	Director of Strategy Planning and Partnerships	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	04 January 2024	Impact	3 (Moderate)	2 (Minor)
Last Reviewed	16 January 2024	Risk rating	= 9 (High)	= 4 (Moderate)
Next Review Due	16 April 2024			

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<p>A robust Southeast Wales Regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO.</p> <p>The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership.</p> <p>4 workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all.</p>	<p>The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a recent review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: -</p> <ul style="list-style-type: none"> • An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. • The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. • The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. 	<p>Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i></p> <ul style="list-style-type: none"> • Service Divisions reporting to the Chief Operational Officer 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • Under review 	Reasonable Assurance
		<p>Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i></p> <ul style="list-style-type: none"> • Assurance reporting to the Population Health, Partnerships, and Planning Committee. • Assurance reporting to the Board. 	<p>Action to Address Gaps in Assurance</p>	

<p>Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency.</p> <p>When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project.</p> <p>In addition to these formal arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks.</p>	<ul style="list-style-type: none"> The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions. <p>Discussion to be had at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work</p>	<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p>		
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RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
Strategic Risk (SRR 008)	There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.			
Strategic Threat	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure
Impact	<ul style="list-style-type: none"> ➤ Adverse impact on patient experience ➤ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➤ Reputational damage and loss of public confidence ➤ Failure to deliver Duty of Quality 			Risk Appetite Threshold – Open SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.
				SUMMARY The current risk level is outside of target but within the appetite threshold. Target level is within the set appetite threshold.
Lead Director	Director of Nursing	Risk Exposure	Current Level	Target Level
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	11 January 2024	Risk rating	= 8 (High)	= 4 (Moderate)
Next Review Due	11 April 2024			

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Corporate Engagement Team Patient Experience and Involvement Strategy- organisational ownership Person Centred Care (PCC) Surveys via CIVICA PCC KPI's (support PCC Quality pillar) 'You said..... we did' public facing information for service areas. PLO service at GUH Introduction of PALS Service (Oct 23) Volunteer Patient Experience Feedback Collaboration to recruit community listeners to support Dementia Awareness Digital patient stories to support listening and learning. 	<ul style="list-style-type: none"> Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress. PCCT staff training to support Civica data entry and retrieval. Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners. Employment of dedicated PALS team in progress who will have a key role in gaining feedback from patients, staff, and relatives. Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. No SMS provision. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Person Centred Care Team oversee patient experience through dedicated work programme and link in with divisional teams. Concerns are fed back to divisional teams when identified. Outcome of the volunteer feedback to drive improvements. 	Gaps in Assurance <ul style="list-style-type: none"> No SMS provision to increase the number of PCC surveys. No single point of contact or 'drop in' provision for patients/families/staff to raise initial patient experience concerns. 	Reasonable Assurance
		Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> Regular reporting to the Patient Quality, Safety & Outcomes Committee (PQSCO) 	Action to Address Gaps in Assurance <ul style="list-style-type: none"> Discussions with VBHC team to consider SMS through DrDoctor 	

<ul style="list-style-type: none"> • Patient Experience and Involvement Strategy • DATIX 	<ul style="list-style-type: none"> • National directives around new national surveys that need to be managed additional to internal roll out programme. • Volunteer feedback to be reviewed to identify themes. 	<ul style="list-style-type: none"> • Listening and Learning reported through QPSOG/ Outcomes Committee <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> <ul style="list-style-type: none"> • LLais Reports • HIW inspections 	<ul style="list-style-type: none"> • PALS Single point of contact is being established. PALS officers will have key role in patient experience and involvement- including establishing 'drop in' clinics on hospital sites should patients/staff/relatives wish to discuss concerns. • PCC KPI's and common themes need to be identified and reported through the PCC Survey. These will be added to a template patient experience report and CIVICA surveys will be built into ward accreditation. • Implement PALS DATIX Module 	
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RISK THEME	SERVICE DELIVERY														
Strategic Risk (SRR 009)	The Health Board will be unable to protect those most vulnerable to serious disease.														
Strategic Threat	<ul style="list-style-type: none"> Due to delays in providing COVID-19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme. 		Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.												
Impact	<ul style="list-style-type: none"> Adverse impacts on the delivery of vaccinations to patients across the vaccine service for routine and seasonal vaccines Inability to support response to outbreaks as required in 'Wales Outbreak Plan', and ABUHB Public Health Incident Response plan. Potential increase in communicable disease incidence, with impact on healthcare use and staff sickness Reputational damage and loss of public confidence Increased disease will lead to increased admissions through acute settings therefore bed pressures on the wider system. ABUHB not delivering in line with JCVI and WG guidance/milestones. ABUHB not delivering in line with NHS performance framework uptake standards. ABUHB not delivering vaccinations in line with the funding provided. 	<ul style="list-style-type: none"> ABUHB already has the lowest spend on COVID vaccinations in Wales, further disinvestment would make us more of an outlier reputationally. Lack of resources to stand up sampling and testing as a preventative/protective measure as needed for patients and staff during peak in activity. Inability to provide sufficient interventions in closed settings for the most vulnerable population such as care homes and special schools. Reduction in capacity to deliver equity work to provide HP intervention and screening to vulnerable groups. Until it transfers to UPC, a lack of resources to deliver AV service will mean our most vulnerable patients not accessing clinical treatment within the treatment window leading to avoidable harm and unnecessary hospital admissions. 	Risk Appetite Threshold – SCORE 16 AND BELOW Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy SUMMARY The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold.												
	<p>SRR 009 a) Due to delays in providing COVID - 19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as well as changes to the vaccination delivery programme.</p>														
Lead Director	Director of Public Health & Strategic Partnerships		<table border="1"> <thead> <tr> <th>Risk Exposure</th> <th>Current Level</th> <th>Target Level</th> </tr> </thead> <tbody> <tr> <td>Likelihood</td> <td>3 (Possible) x</td> <td>2 (Unlikely) x</td> </tr> <tr> <td>Impact</td> <td>4 (Major)</td> <td>3 (Moderate)</td> </tr> <tr> <td>Risk rating</td> <td>= 12 (High)</td> <td>= 6 (Moderate)</td> </tr> </tbody> </table>	Risk Exposure	Current Level	Target Level	Likelihood	3 (Possible) x	2 (Unlikely) x	Impact	4 (Major)	3 (Moderate)	Risk rating	= 12 (High)	= 6 (Moderate)
Risk Exposure	Current Level	Target Level													
Likelihood	3 (Possible) x	2 (Unlikely) x													
Impact	4 (Major)	3 (Moderate)													
Risk rating	= 12 (High)	= 6 (Moderate)													
Monitoring Committee	Partnerships, Population Health, and Planning Committee														
Initial Date of Assessment	06 November 2023														
Last Reviewed	18 March 2024	Next Review Due	18 June 2024												

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Dedicated pool of bank staff to fill shifts – although there have been challenges in filling shifts within this pool of staff. Opening venues on additional days to allow more vaccine appointments to be offered (provided staff are available) Daily monitoring of public vaccinations administered. Weekly planning and delivery meetings to monitor progress, identify alternative solutions, and implement or escalate as appropriate. 	<ul style="list-style-type: none"> If required, extend venue licence in key location(s). Review infrastructure for Health Protection and Vaccinations separately. Consider options for Vaccinations to align more closely to broader operational delivery, and for health protection to be reviewed using a clear evidence base to understand the potential and likelihood of threats to ensure we 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Costs of bank staff reported to Programme Board Uptake on staff vaccination reported to Programme Board National and regional data shared with Programme Board on the % of the population vaccinated Report the filled and non-filled shifts report to the Programme Board 	Gaps in Assurance	Reasonable Assurance

<ul style="list-style-type: none"> Weekly programme board to approve key decisions and escalate potential risks. Health protection Incident plan has been drafted for approval by the Executive Committee (Dec 2023) Monitoring filled/non-filled shifts report. Monitoring costs associated with the use of Bank staff. Monitoring uptake of staff vaccination Dedicated internal and external communications support. Alternative service models to deliver core functions within available budget. Business continuity plans to ensure core service delivery with unforeseen staffing challenges e.g. funding Identify sustainable assets for venues to reduce high costs of using externally rented spaces. Secured additional funding against the existing allocation for bank vaccination staff. Deployment options to the Vaccination programme and use of those previously trained as vaccinators that are on the bank. Alternative advertising methods to fill vacant shifts. 	<p>are maximising mitigation and structures to respond effectively.</p> <ul style="list-style-type: none"> Strengthen ways of working around known national threats such as Pandemic Flu and Measles Focus performance of vaccination and health protection against national targets not best in Wales, to maximise the protection of our population. 	<table border="1"> <tr> <td data-bbox="1587 73 2359 142"> <p>Level 2 Organisational <i>(Executed by risk management and compliance functions)</i></p> <ul style="list-style-type: none"> Risk monitored by the Partnerships, Population Health, and Planning Committee via the Committee Risk Report Exception reporting to the Executive Committee regarding uptake of the vaccine by staff and public, and capacity to deliver the milestones. </td> <td data-bbox="2359 73 2715 871" rowspan="3"> <p>Action to Address Gaps in Assurance</p> </td> </tr> <tr> <td data-bbox="1587 142 2359 436"> <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i></p> <ul style="list-style-type: none"> Monthly reporting to Welsh Government on uptake PHW national data on vaccination uptake </td> </tr> </table>	<p>Level 2 Organisational <i>(Executed by risk management and compliance functions)</i></p> <ul style="list-style-type: none"> Risk monitored by the Partnerships, Population Health, and Planning Committee via the Committee Risk Report Exception reporting to the Executive Committee regarding uptake of the vaccine by staff and public, and capacity to deliver the milestones. 	<p>Action to Address Gaps in Assurance</p>	<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i></p> <ul style="list-style-type: none"> Monthly reporting to Welsh Government on uptake PHW national data on vaccination uptake 	
<p>Level 2 Organisational <i>(Executed by risk management and compliance functions)</i></p> <ul style="list-style-type: none"> Risk monitored by the Partnerships, Population Health, and Planning Committee via the Committee Risk Report Exception reporting to the Executive Committee regarding uptake of the vaccine by staff and public, and capacity to deliver the milestones. 	<p>Action to Address Gaps in Assurance</p>					
<p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i></p> <ul style="list-style-type: none"> Monthly reporting to Welsh Government on uptake PHW national data on vaccination uptake 						

RISK THEME		COMPLIANCE & SAFETY		
Risk No: SRR 010		There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974		
Strategic Threat		<ul style="list-style-type: none"> Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments. 		Risk Appetite Level - MINIMAL. Any risk that has a MINIMAL risk appetite level should be managed to a Score of 8 or below. Risk Appetite Threshold - Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / low likelihood of occurrence of the risk after application of controls.
Impact		<ul style="list-style-type: none"> Unintended physical harm; Punitive actions from the Health and Safety Executive (HSE); Increased levels of staff sickness; Loss of estate due to unsafe environments; Financial implications; Adverse publicity; and, Reputational damage 		SUMMARY The current risk level is outside of target level and outside appetite threshold. The target level to be achieved is within the set appetite threshold.
Lead Director		Director of Therapies & Health Science	Risk Exposure	Current Level
Monitoring Committee		Patient Quality, Safety and Outcomes Committee	Likelihood	Target Level
Initial Date of Assessment		01 December 2023	Impact	
Date Reviewed		01 March 2024	Overall Risk Rating	
Date of Next Review		01 April 2024		= 12 (High)

SRR 010 a) Due to inadequate and ineffective systems, processes, governance and assurance arrangements in place to implement, embed and monitor the Health Boards compliance with the ACTS requirements, specifically, Manual Handling, RIDDOR Reporting, Fire

Month	Current Risk Score	Target Risk Score	Appetite Threshold
Jun-23	16	6	8
Jul-23	16	6	8
Aug-23	16	6	8
Sep-23	16	6	8
Oct-23	16	6	8
Nov-23	16	6	8
Dec-23	16	6	8
Jan-24	16	6	8
Feb-24	16	6	8
Mar-24	12	6	8
Apr-24	12	6	8
May-24	12	6	8
Jun-24	12	6	8
Jul-24	12	6	8
Aug-24	12	6	8
Sep-24	12	6	8
Oct-24	12	6	8
Nov-24	12	6	8
Dec-24	12	6	8

Key Controls <i>(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(Are further controls possible to reduce risk exposure within tolerable range?)</i>	Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance/ Actions to Address Gaps <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Assurance Rating <i>(Overall Assessment)</i>
<ul style="list-style-type: none"> Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. Health and Safety Policies and Procedures Dedicated Health and Safety site on ABPULSE Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) 	<ul style="list-style-type: none"> Implementation of Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern. Health and Safety Governance and reporting arrangements (Health and Safety Committee) Develop and Implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments) Consultation and communication with the workforce regarding compliance with the Act New ways of working with Divisions to ensure accountability for health and safety is recognised. Implement key performance indicators to monitor health and safety compliance. 	Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i> <ul style="list-style-type: none"> Health and Safety compliance data extracted from ESR and Datix and reported Level 2 Organisational <i>(Executed by risk management and compliance functions.)</i> <ul style="list-style-type: none"> Established monitoring of H&S at the Executive Committee Corporate H&S report risk and assurance to the Health and Safety Committee 	Gaps in Assurance <ul style="list-style-type: none"> Implementation of a health and safety performance report Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act. Compliance on completion of risk assessments and mitigating actions Action to Address Gaps in Assurance <ul style="list-style-type: none"> Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health & Safety Governance Framework. 	Negative Assurance

<ul style="list-style-type: none"> • Partial Programme of Health and Safety Monitoring (Active & Reactive) • Corporate and Directorate Health and Safety Risk Register established. 	<ul style="list-style-type: none"> • Review the governance arrangements for the Health & Safety Committee • Health and Safety Policies and Procedures to be reviewed. • Board Training /development • Onboard further Manual Handling trainers across the organisation to improve compliance. • Scope for training non-Health Board staff • Learning from events to be documented and communicated to the organisation. 	<ul style="list-style-type: none"> • Established monitoring of H&S at the PQSO Committee <div style="background-color: #d9e1f2; padding: 2px;"> <p>Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies.)</i></p> </div> <ul style="list-style-type: none"> • Performance reviews at All Wales Health and Safety Management Steering Group • Internal Audit – H&S processes Review to be included in 2024/25 Plan. • South Wales Fire & Rescue Service fire safety audit programme. • Health and Safety Executive reviews/inspections. 	<ul style="list-style-type: none"> • Review the membership and ToRs of the Health and Safety Committee • Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan 	
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