










CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT

Section 1 - Summary

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	Trajectory (since the last report received by the Board)
1.	Sufficient capacity to meet emergency and elective demand Click Here for Risk 1	Improving Care 	Chief Operating Officer, and Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	20 (C4xL5)	↔ No Change
2.	Ability to deliver improvements which transform care and enhance outcomes Click Here for Risk 2	Improving Care 	Exec. Dir. Of Nursing, Midwifery & Health Professions; Exec. Medical Director	Quality and Safety	20 (C5xL4)	↔ No Change
3.	Finance and Resources Click Here for Risk 3	Sustaining our Future 	Exec. Director of Finance; Exec. Director for People	Planning, Performance and Finance; People and Culture	20 (C5xL4)	
4.	Sufficient workforce to deliver the activity and quality ambitions of the organisation Click Here for Risk 4	Sustaining our Future 	Executive Director of People	People & Culture Committee	20 (C5xL4)	
5.	Community and Partner Engagement Click Here for Risk 5	Creating Health 	Exec. Director of Public Health	Population Health & Partnerships	16 (C4xL4)	↔
6.	Delivery of a digital and information infrastructure to support organisational transformation Click Here for Risk 6	Improving Care 	Director of Digital	Digital & Data	16 (C4xL4)	

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	Trajectory (since the last report received by the Board)
7.	Leadership and Management Click Here for Risk 7	Inspiring People 	Exec. Director for People	People and Culture	16 (C4xL4)	
8.	Culture, Values and Behaviours Click Here for Risk 8	Inspiring People 	Exec. Director for People	People and Culture	16 (C4xL4)	
9.	Fulfilling our Environmental and Social Duties and ambitions Click Here for Risk 9	Sustaining our Future 	Exec. Director of Strategy and Transformation	Population Health and Partnerships	16 ↓ 12 (C4xL3)	↓ Risk level decreased in April 2022

Click here to view CTMUHB's Risk Appetite Statement

Click here to view CTMUHB's Risk Domain and Scoring Matrix

Section 2 Strategic Risk Heat Map


Current risk scores in **black**

Target risk scores in *grey italic*

Consequence	5				2, 3,4	
	4			<i>1, 2,3,4,5,6, 9</i>	5,6, 7, 8,	1
	3			<i>7, 8, 9</i>		
	2					
	1					
CxL	1	2	3	4	5	
Likelihood						



Section 3 – Strategic Risks

Strategic Goal: Improving Care 		Risk score 20
Strategic Risk: Sufficient capacity to meet emergency and elective demand - (Risk No.1)		
If the Health Board is unable to meet demands for services at all points in the patient journey, exacerbated by the impact of the Covid-19 pandemic	Then its ability to provide high quality care and to meet access targets will be reduced	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community

	Consequence	Likelihood	Score	Risk Trend This is the first time the Board is receiving the Board Assurance Framework Report. In future reports this trend will outline any changes since the last report to the Board.
Inherent	4	5	20	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			

Risk Lead	<ul style="list-style-type: none"> Chief Operating Officer Executive Director of Strategy & Transformation 	Assurance committee	<ul style="list-style-type: none"> Quality & Safety Committee (<i>potential harm</i>) Planning, Performance and Finance (<i>performance targets</i>)
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Controls	Assurances reported to Board and committees
Strategies and Plans <ul style="list-style-type: none"> Integrated Medium Term Planning Process Winter Pressures Plan Elective Recovery Portfolio Contact First Programme Annual Capacity Plan established April 2022. Improvement Programmes <ul style="list-style-type: none"> Targeted Intervention / Special Measures programme work Improvement CTM Urgent and Elective Care Improvement Programme Enhanced support for specific services e.g. CAMHS 	<ul style="list-style-type: none"> Integrated Performance Report Nurse Staffing Act twice-yearly compliance reports Harm Reviews Assessment Dashboard Update reports on specific services experiencing pressure, e.g. Ophthalmology Follow-up reports on outpatients not booked Weekly Silver meetings review delayed discharges.

<ul style="list-style-type: none"> Enhanced monitoring process for Cancer Services Elective Care Recovery Programme Integrated Health & Social Care Programme Board. <p>Governance Structures</p> <ul style="list-style-type: none"> Planned Care Recovery Board Innovation Board PCH Improvement Board <p>Operational Processes</p> <ul style="list-style-type: none"> Clear criteria to prioritise based on clinical need Centralised decision making around use of spare capacity across the organisation 	
<p>Gaps in Controls and Assurances</p> <ul style="list-style-type: none"> Annual Operational Plans Central digitally-based Capacity Management System Robustness of cancer tracking and specialty-specific elective data 	<p>Mitigating Actions</p> <ul style="list-style-type: none"> Continue to operate manual capacity management processes while scoping options for a digital alternative e.g. e-whiteboards – <i>review date June 2022.</i> Work with Digital team to improve timeliness and quality of data re: cancer and elective services – <i>review date June 2022.</i>

<p>Linked National Priority Measures</p> <p>Ministerial Measures: <i>Six Goals of Urgent and Emergency Care:</i></p> <ul style="list-style-type: none"> Percentage total conveyances taken to a service other than a Type One Emergency Department; Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission; and Percentage of total emergency bed days accrued by people with a length of stay over 21 days. <p><i>Access to Timely Planned Care</i></p> <ul style="list-style-type: none"> Number of patients waiting more than 104 weeks for treatment; Number of patients waiting more than 36 weeks for treatment; Percentage of patients waiting less than 26 weeks for treatment; Number of patients waiting over 104 weeks for a new outpatient appointment; Number of patients waiting over 52 weeks for a new outpatient appointment; Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%; 	<p>Current Performance - Highlights</p> <p>The following key performance indicators should be considered from the Integrated Performance Dashboard:</p> <ul style="list-style-type: none"> Urgent care planned care, cancer and diagnostic indicators
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- Number of patients waiting over 8 weeks for a diagnostic endoscopy; and
- Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route).

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
3826	Emergency Department overcrowding	20
4071	Failure to sustain services as currently configured to meet cancer targets	20
4103	Sustainability of a safe and effective Ophthalmology service	20
4203	Unable to provide surgical services	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
4632	Demand and capacity across the stroke pathway	20
4688	Emergency Department (ED), inability to appropriately triage patients in the Minors area of ED	20
4743	Failure of appropriate security measures / safety fencing	20
4721	Shift of the boundary for attendances at the Emergency Department	20
5036	Pathology services unable to meet current workload demands.	20
4458	Failure to deliver Emergency Department Metrics (including 15 minute handover and 4 and 12 hour breaches	16
4149	Failure to sustain Child and Adult Mental Health Services	16
816	Follow up capacity and clinic cancellations (FUNB)	16
1133	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital	16
3654	Gynaecology Cancer Service - capacity and demand	16
4152	Back log for Imaging in all modalities / areas and reduced capacity	16
3267	Out of Hours - Contingency Plan for Business Continuity Communications Hub Ty Elai	16
3698	Waiting List for Autism Diagnostic Observation Schedule (ADOS) assessments and Attention Deficit Hyperactivity Disorder (ADHD) medicals over 1 year	15
2808	Waiting Times/Performance: ND Team	15

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Strategic Goal: Improving Care 	Risk score 20
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Strategic Risk: Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)
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If the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations	Then we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality	Resulting in avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence
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	Consequence	Likelihood	Score	Risk Trend
Inherent	5	4	20	<i>This is the first time the Board is receiving the Board Assurance Framework Report. In future reports this trend will outline any changes since the last report to the Board.</i>
Current	5	4	20	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			

Risk Leads	<ul style="list-style-type: none"> Executive Nurse Director Executive Medical Director 	Assurance committee	Quality and Safety
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Controls	Assurances reported to Board and committees
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<p>Quality Frameworks and Policies</p> <ul style="list-style-type: none"> Quality Governance Framework (will be updated to reflect new National Quality and Patient Safety Framework) Clinical Guidelines Suite of Standard Operating Procedures Clinical Education Framework SI Investigation Tool Kit Improvement and Innovation Board <p>Learning from Experience</p> <ul style="list-style-type: none"> Mortality Review programme Shared Listening and Learning Forum Weekly executive-led patient safety meetings Locality Group Patient Safety meetings incorporate learning from events. Joint Executive and Independent Member Walkarounds Patient and Staff Stories received at Board Meetings and Quality & Safety Committee Active Forums such as "My Maternity My Way" which includes past and present service users. 	<p>Annual Reports</p> <ul style="list-style-type: none"> Clinical Audit Annual Report Clinical Education Annual Report Safeguarding Annual Report Putting Things Right Annual Report Infection Prevention and Control Annual Report Medical Education Annual Report Medicines Management Expenditure Committee Annual Report Health and Care Standards Annual Report (incorporating patient survey) <p>Quarterly Reports</p> <ul style="list-style-type: none"> Quality Dashboard Integrated Performance Dashboard Quality Governance – Regulatory review progress updates IPC Highlight reports Integrated Locality Group reports High level update on mortality indicators Research and Development Update National Clinical Audit and NCEPOD studies
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- Real-time patient feedback (Civica System) trialled in maternity and now being rolled out across the Health Board (PREMS).
- Quality Assurance Group commencing May 2022
- Patient Safety Clinics, targeting service areas with high or low incident reporting
- Learning from events coordinator role in place, with lesson of the week via social media
- Patient Reported Outcomes Measures system procured and piloted in Heart Failure / Cardiology services and plans in place to roll out across HB (PROMS).
- Staff ideas scheme launched across CTM for staff to provide ideas for improvement and collaborate on solutions.

Innovation & Improvement Programmes

- iCTM (Improvement and Innovation) department in place and 2022-2025 iCTM business plan developed aligned to CTM 2030 focusing on Experience, Efficiency and Effectiveness all underpinned by Improved outcomes and Patient Safety.
- Improvement and Innovation CTM are actively supporting a number of services
 - CAMHS
 - Maternity
 - Urology
 - General Medicine (RGH) e.g. CAMHS
 - Prince Charles Hospital improvement
 - Pressure Ulcer Improvement with WWIC
 - Engaging with external partners to ensure collaboration in relation to multiple stakeholder working to realise benefits for the communities we serve.
- Targeted Intervention / Special Measures programme work
- PCH/Merthyr ILG Improvement Programme
- Enhanced monitoring and support for specific services e.g. CAMHS
- External Independent Maternity Services Oversight Panel - Maternity and Neonates.
- Value Based Healthcare programme in place aligned to national Value in Health priorities

- Targeted intervention process – continuous improvement self-assessment reports to board
- Maternity and Neonatal Improvement Programme Highlight Report
- Community Health Council briefing papers
- RADAR Reports
- Improvement portfolio report

Ad hoc Assurances

- PCH spot visits to services – improvement programme
- Covid-19 updates to Quality and Safety Committee
- Executive and Independent Member Patient Safety Walkabouts (when circumstances permit)
- Peer reviews of specific services e.g. critical care
- Community Health Council visits.
- Health Inspectorate Wales unannounced visits.
- Medication Prescription and Administration incident update
- Bridgend Safeguarding Hub
- Community Acquired Pressure Damage
- Patient Safety Solutions – safety alerts and notices
- Mental Capacity Act (LPS)

Qualitative Intelligence

- Patient and Staff Stories
- Executive & Independent Member Walkarounds
- Executive Nurse Director weekly clinical focussed site visits.
- Improvement case studies
- Social Media feedback and intelligence
- Listening and Learning forum
- Weekly executive-led patient safety meetings

External Assurance

- Ombudsman's Annual Letter
- Healthcare Inspectorate Wales reports
- Audit Wales review of Quality Governance arrangements and follow up
- DU governance and incident management
- DU Maternity and Neonatal SI closures

- Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data
- Innovation programme aligned to Value Based Healthcare principles
- Building leading and empowering Improvement and Innovation into the new Ignite, Aspire and Inspire leadership programmes
- Implementation of ILG Improvement Faculties

Research

- R&D Programme

Gaps in Controls and Assurances

1. Real-time performance and quality data accessible via electronic systems across the organisation
2. Fundamentals of Care Audit (under development – piloted in Maternity Services & Paediatrics)
3. Externally benchmarked data relating to quality across Wales
4. Raising awareness of staff responsibilities under the Duty of Quality and the Duty of Candour
5. Implementation of OFW Incident Module has created some duplicated reporting issues in relation to legacy reports whilst the new system is being fully embedded.
6. Development of a Quality Strategy
7. Feedback from our people on ability to raise ideas, freedom and support to make change and empowerment
8. Listening and learning Framework is in development and will be available June/July 2022
9. National Reportable Incident Framework under development for CTM by May/June 2022
10. Quality Strategy in development for June Quality and Safety Committee

Mitigating Actions

1. Central Patient Safety Team are manually reviewing and validating data currently in relation to locally reportable incidents.
2. Fundamentals of Care Pilot complete and currently under review to explore how it can be adapted to support a Ward to Board Nursing and Midwifery Assurance Framework. Timescales – September 2022.
3. CTMUHB is represented on the work being undertaken with the Delivery Unit to explore how benchmarking in quality performance can be shared across NHS Wales. The Delivery Unit are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting. Timescales dependent on external sources.
4. The Health Board is represented on the programmes of work supporting the roll out of the Duty of Candour and Duty of Quality. Focus in terms of quality will be on the Code of Practice and the implementation of any training. Timescales: by April 2023.
5. The Datix Team are undertaking manual exercises on a daily basis to mitigate any duplication with the implementation of the OFW incident module to avoid duplicate reporting as far as possible. Timescales are dependent on the National Team support, however the Health Board has committed to transfer all legacy incidents to the new system by the end of August 2022.
6. Roll-out across all specialties of cross-site Speciality Interweave meetings to enable

	<p>shared learning among doctors – <i>April 2022</i></p> <ol style="list-style-type: none"> Ambition to develop live clinical quality dashboard Implementation Learning Framework – timescales – September 2022 Board Meeting. Quality Strategy in draft for approval at September 2022 Board meeting.
<p>Linked National Priority Measures</p>	<p>Current Performance - Highlights</p>
<p>Care Closer to Home</p> <ul style="list-style-type: none"> 6. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes 7. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months <p>Infection Prevention and Control</p> <ul style="list-style-type: none"> Six Tier One IP&C Targets National IP&C Guidance – to include implementation of respiratory and non respiratory pathways. <p>Childrens Charter</p> <p>Safeguarding</p> <ul style="list-style-type: none"> National Improvement Plan Preparation for LPS <p>Chief Nursing Officer’s Launch of the Nursing and Midwifery Priorities – 2022-2024</p> <p>Dementia Standards - which include standards for inpatient hospital admissions.</p> <p>National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities</p>	<p>Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance:</p> <ul style="list-style-type: none"> Cancer Standards Waiting List Delays Mortality Indicators Tier 1 IP&C Indicators Nurse Sensitive Outcome Measures – Falls, Pressure Ulcers, medication administration. Sepsis Mental Health Measures. Putting Things Right Compliance <p>The following key indicators were rated red in the Integrated Performance Dashboard at April 2022:</p> <ul style="list-style-type: none"> % of complaints receiving a final or interim reply within 30 days 46% Single Cancer Pathway 42.4% Thrombolysis for stroke patients within 45 minutes 42.9% Cumulative rate of bacteraemia per 100K of population – e-coli 86.7, streptococcus aureus 26.3 and clostridium difficile 33.46 <p>Other quality indicators in the integrated Performance Dashboard are not RAG-rated.</p>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4253	Ligature points – inpatient services	20
4479	No centralised decontamination facility in Princess of Wales Hospital	20
3133	Non-attendance at medical gas safety training and courses being rescheduled	16

4922	Covid-19 Inquiry Preparedness – Information Management	16
3585	Princess of Wales Emergency Department hygiene facilities	16
3742	Care of 16-18 year olds	16
4106	Increasing dependency on agency staff which impacts on continuity of care and patient safety	16
4148	Non-compliance with Deprivation of Liberty Safeguards legislation and resulting authorisation breaches	16
4157	Risk to the delivery of high quality patient care due to the difficulty in recruiting and retaining sufficient numbers of registered nurses and midwives	16
4217	No infection prevention and control resource for primary care	16
4500	Difficulty in recruiting sufficient numbers of registered therapists and health scientists	16
4753	Maternity: lack of pharmacy clinical service, medicines governance and medicines safety	16
4706	Failure of appropriate security measures in mental health services	16
4906	Failure to provide evidence of learning from events (Incidents and Complaints)	16
4940	Delay to full automated implementation of Civica	16
4679	Absence of a TB vaccination programme for staff.	16
4907	Failure to manage Redress cases efficiently and effectively	16
4908	Failure to manage legal cases efficiently and effectively	16
2987	Fire enforcement order First Floor PCH	16
2787	Absence of a robust Health Surveillance Programme for employees	16
5017	Implementation of the Additional Learning Needs (ALN) Act	16
3993	Fire enforcement notice – POW Theatres	15
4512	Care of patients with mental health needs on the acute wards	15
4590	Critical care pharmacist resource	15
4732	Replacement of press software on the 13 & 10 stage CBW presses	15
4923	Increase in infection on ITU	15
4920	Capacity within the ED/ Medical/ Rehabilitation and Orthopaedic Inpatient Occupational Therapy Service within Princess of Wales	15
4417	Management of Security Doors in All Hospital Settings	16

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Strategic Goals: Sustaining our Future 	Risk score 20
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Strategic Risk: Finance and Resources - (Risk No.3)
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If the Health Board fails to manage resources that are appropriate and sufficient for now and the future	Then we may fail to fulfil our financial and other statutory duties	Resulting in inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement
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	Consequence	Likelihood	Score	Risk Trend
Inherent	5	5	25	
Current	5	4	20	
Target	4	3	12	
Risk Appetite	Minimal (<i>financial stability</i>) Cautious (<i>legal and regulatory</i>) Open (<i>estates</i>)			

Risk Lead	<ul style="list-style-type: none"> Executive Director of Finance Executive Director for People 	Assurance committee	<ul style="list-style-type: none"> Planning, Performance and Finance (<i>finance and estates issues</i>) People and Culture (<i>workforce planning</i>)
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Controls	Assurances reported to Board and committees
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Financial Management <ul style="list-style-type: none"> Budget setting process Budgetary control and management accounting Standing Financial Instructions Scheme of Reservation & Delegation Local Counter-Fraud Service Monthly financial performance reviews for ILG's and corporate directorates Recovery plans for financially challenged services accompanied by enhanced monitoring and support Premises <ul style="list-style-type: none"> Capital Programme Estates and Capital Planning Group 	Financial Management <ul style="list-style-type: none"> Annual Report and Accounts Monthly Finance Reports Monitoring Returns to Welsh Government Internal Audit Programme External Audit Programme Losses and Special Payments Report to Audit Committee Premises <ul style="list-style-type: none"> Estates and Facilities EFPMS dashboard
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Gaps in Controls and Assurances	Mitigating Actions
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Finance <ul style="list-style-type: none"> Understanding of budgetary control and procurement processes in some services Premises <ul style="list-style-type: none"> Estates Strategy 	Finance <ul style="list-style-type: none"> Deliver training to budget holders within localities – <i>ongoing, for completion by end 2022</i> Deliver procurement training to departments where compliance with
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<ul style="list-style-type: none"> Reporting of performance information to Board and committees regarding estates and premises 	<p>procurement processes is low - <i>ongoing, for completion by end 2022</i></p> <p>Premises</p> <ul style="list-style-type: none"> Introduce regular reporting to PPF Committee based on Estates key performance indicators – <i>June 2022</i> Develop Estates Strategy aligned to priorities within the 'Our Health Our Future' 2030 corporate strategy – <i>end 2023</i>
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Linked National Priority Measures	Current Performance - Highlights
<p>Workforce</p> <ul style="list-style-type: none"> 23. Agency spend as a percentage of the total pay bill <p>Public Sector Prompt Payment (PSPP) Performance</p>	<p>The 2021-22 Month 12 Finance Report highlights the following:</p> <ul style="list-style-type: none"> The Health Board has reported a draft surplus of £37k for 21/22. Actual savings for 21/22 was £12.5m (M11: £11.5m) compared to an annual target of £14.5m. The actual recurrent savings for 21/22 was £5.0m (M11:£5.4m) compared to a recurrent savings target of £16.1m. The forecast recurrent shortfall in savings delivery is therefore £11.1m. The planned recurrent deficit at the end of 2021/22 was £31.4m. The actual recurring deficit is £44.5m (M11: £44.5m) and the deterioration from plan is primarily due to the recurrent shortfall in savings delivery of £11.1m.

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4629	Financial Stability	20
4282	Risks associated with the transfer to the new Planet FM System	16
4691	New Mental Health Unit	15

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Strategic Goals: Sustaining our Future 	Risk score 20
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Strategic Risk: - Sufficient workforce to deliver the activity and quality ambitions of the organisation (Risk No. 4)
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If the Health Board fails to identify and plan for its future workforce requirements, and to promote CTMUHB as an attractive place to work	Then we may fail to recruit and retain staff with the right skills and experience	Resulting in Loss of skills and talent, staffing shortages which adversely affect the quality of care and employee experience and prevent us from delivering services fit for today and tomorrow
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	Consequence	Likelihood	Score	
Inherent	5	5	25	
Current	5	4	20	
Target	4	3	12	
Risk Appetite	Minimal (<i>financial stability</i>) Cautious (<i>quality and safety, (legal and regulatory)</i>)			

Risk Lead	<ul style="list-style-type: none"> Executive Director for People 	Assurance committee	<ul style="list-style-type: none"> People and Culture
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Controls	Assurances reported to Board and committees
<p>Recruitment</p> <ul style="list-style-type: none"> Online recruitment through TRAC Overseas recruitment of clinical professionals Pathways to Employment programmes (Kick Start, Project Search, apprenticeships) NHS Wales and Academi Wales public sector graduate trainee programmes Living Wage employer status Local Recruitment & Retention Premium Payment Protocol <p>Retention</p> <ul style="list-style-type: none"> Career development opportunities, e.g. Pathways into Management programme Exit questionnaires to understand reasons for leaving Employee Experience Work stream Talent Management Leadership Development Programme <p>Temporary staffing solutions</p> <ul style="list-style-type: none"> New Medical Bank Locum Managed Service Agreements 	<ul style="list-style-type: none"> Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, unfilled hours, sickness) most recently reported to People & Culture Committee on 11th May 2022 available here. Bi-annual Medical Workforce and Medical Efficiency Reports Twice yearly nurse staffing assurance reports to the Board Benchmarking analysis Annual Education Commissioning Submission

<p>Day-to-day management of staffing levels</p> <ul style="list-style-type: none"> • Electronic rostering • Medical job planning • Sickness absence management process <p>Workforce Planning</p> <ul style="list-style-type: none"> • Assistant Director role established to lead strategic workforce planning • Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool • Establishment Control 	
<p>Gaps in Controls and Assurances</p> <p>Workforce Planning</p> <ul style="list-style-type: none"> • Workforce Planning process not yet in place – currently at very early stage • Establishment control not in place <p>Recruitment</p> <ul style="list-style-type: none"> • Work experience programmes suspended due to Covid-19 	<p>Mitigating Actions</p> <ul style="list-style-type: none"> • Development of local, operational workforce resourcing plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised. • Design a workforce planning approach that will encompass all elements from establishment control and improved workforce analytics to ensure we understand who CTM has and who it needs, to improved attraction and recruitment approaches to employ the best people from the widest possible pool. • The strategic lens approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace. • Plans will be developed that take account of workforce trends and horizon scanning to inform consideration of future models of care and an understanding of the skills and capabilities needed and education required to deliver the future health needs of the CTM population.
<p>Linked National Priority Measures</p> <p>Workforce</p> <ul style="list-style-type: none"> • 23. Agency spend as a percentage of the total pay bill • 27. Percentage sickness rate of staff 	<p>Current Performance - Highlights</p> <p>In October 2021 the following issues of concern were highlighted in the Workforce and OD Metrics:</p> <ul style="list-style-type: none"> • Increased premium rate agency use • Only 16% of consultants and associate specialists have a signed-off job plan • Sickness absence was 7.3% in month

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4080	Failure to recruit sufficient medical and dental staff	20
4652	Therapies provision to increased numbers of stroke patients in PCH, POW, YCR and Community/Out patients.	20
4106	Increasing dependency on agency staff cover impacting on continuity of care and patient safety	16
4157	Difficulty recruiting sufficient numbers of registered nurses and midwives	16
4798	Unsafe therapy staffing levels for critical care services at Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital	16
4356	Overdue/Out of date fire risk assessment due to resource issues and the amount required to be undertaken	16
4500	Difficulty recruiting sufficient numbers of registered therapists and healthcare scientists	15
4833	There is a risk to the delivery of high quality physiotherapy and rehabilitation to in-patients on all sites across the Health Board.	15
4971	Adult Special Care Dentistry	15
4975	Safe and appropriate repatriation of patients following vascular surgery and participation in the regional MDT	15
4315	Non Compliance of Fire Training – Provision	15
4809	Non Compliance with Mandatory Violence and Aggression Training	15
4780	Patient Handling Training. Risk rated as a 16.	16
4827	Lack of lead for Face Fit Training along with Face Fit Trainers	16
4997	Consultant Physician in Ysbyty Cwm Cynon (YCC).	16

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Strategic Goal: Creating Health	Risk score 16
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Strategic Risk: Community & Partner Engagement - (Risk No.5)		
If the Health Board does not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	Then we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	Resulting in continuing health inequalities and poor population health outcomes, including in relation to Covid-19

	Consequence	Likelihood	Score	Risk Trend <i>This is the first time the Board is receiving the Board Assurance Framework Report. In future reports this trend will outline any changes since the last report to the Board.</i>
Inherent	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence)			

Lead Director	Executive Director of Public Health	Assurance committee	Population Health & Partnerships
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Controls	Assurances reported to Board and committees
<p>Strategies & Plans</p> <ul style="list-style-type: none"> 2030 Strategy – ‘Our Health Our Future’ (in development) Public Engagement Plan for ‘Our Health Our Future’ Becoming an Engaging Organisation Work programme set out in ‘Becoming a Population Health Organisation: a discussion and options paper for Board’, May 2021 Public Service Board – Well Being Plans (CT and Bridgend). <p>Engagement Forums</p> <ul style="list-style-type: none"> Regional Partnership Board Public Service Board Stakeholder Reference Group Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well Engagement with community groups by Lead Independent Members Links with Community Health Council including representation on Board 	<p>Reports to Board</p> <ul style="list-style-type: none"> Director of Public Health Annual Report Population Health Board Report <p>CTM Public Health Team have established baselines for high level indicators in the Population Health Plan to enable system performance accountability and measure the impact of our work which will be reported to Board through update reports. However there are further baseline measures that require engagement with Public Health Wales to develop.</p> <p>Reports to Population Health & Partnerships Committee</p> <ul style="list-style-type: none"> Covid-19 and Vaccination Programme Reports Regional Partnership Board Annual Report Systems Group Update Transformation Fund and Leadership Board Updates

- Regular joint executive meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities

Needs Assessment & Consultation

Processes

- Population Segmentation & Risk Stratification
- Pharmaceutical Needs Assessment
- Health Needs Assessments, e.g. Homeless People, Prison Health
- Wellbeing Assessment
- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

Organisational Structures

- Public Health Consultants allocated to support Risk Leads for each priority in the Population Health Organisation plan
- Locality Structures enabling more engagement with local communities
- Membership of the key partnership forums.

- Population Health Management Updates
 - Mental Health Strategic Update
- Reports to other committees**
- Community Health Council briefing papers to Quality and Safety Committee

Gaps in Controls and Assurances

- Work to establish statistical baselines delayed / interrupted by Covid pandemic
- Limited analytical and health intelligence capacity, particularly in specialist areas such as epidemiology
- Long-term sustainability of resources to undertake Population Health work
- Establishment of integrated Level 2 and Level 3 Weight Management Services – *June 2022 (Timeframe dependent on funding prioritisation process).*

Mitigating Actions

- Implementation of key actions in the Population Health Plan approved by Board in May 2021 – *ongoing and updates reported to the Executive Leadership Team and Strategic Leadership Group – 6 out of the 36 projects completed as at May 2022.*
- Further baseline work with Public Health Wales in relation to population health outcome measures. *Timeframe April 2023.*
- Refocus preventative early years funding from Welsh Government to tackle gaps in resource – *Completed for 2022-2023. Requires annual review.*

Linked National Priority Measures	Current Performance - Highlights
<p>Population Health – Ministers Measures Phase One</p> <ol style="list-style-type: none"> 1. Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway 2. Qualitative report detailing progress against the Health Boards’ plans to deliver the NHS Wales Weight Management Pathway 3. Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally. 4. Percentage of adult smokers who make a quit attempt via smoking cessation services 5. Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates 	<p>Progress is being made against the 36 actions in the Population Health Plan, with key highlights received via the Strategic Leadership Group, Population Health & Partnership Committee and the Board.</p> <p>Integrated Performance Dashboard: Quadruple aim 1: the percentage of adult smokers who make a quit attempt via smoking cessation services. Target 5%</p>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4888	Lack of resource in the Welsh Language Team	15

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Strategic Goal: Improving Care 	Risk score 16
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Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.6)

If the Health Board is unable to produce accurate and insightful information to inform service development and transformation across all of our specialties and our geography	Then we will be unable to design a strategy to transform services tailored to meet the needs of our community	Resulting in continuing health inequalities and poor population health outcomes, including in relation to Covid-19
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	Consequence	Likelihood	Score	Risk Trend
Inherent	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>data and information; legal and regulatory</i>)			

Risk Lead	Director of Digital	Assurance committee	Digital & Data
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Controls	Assurances reported to Board and committees
<ul style="list-style-type: none"> Digital Strategy Population Health Strategy 2030 corporate strategy 'Our Health Our Future' Digital Enabler Programme IT Infrastructure Review Digital Delivery Board Digital Investment Fund New Digital Director role to provide additional leadership for the informatics function, and insight at executive level Information Security, Records Management and Information Governance Policies 	<p>Reports to Digital and Data Committee</p> <ul style="list-style-type: none"> Digital Programme Assurance Report Digital Enablers Update All-Wales Information Governance Toolkit Internal Audit reports relating to data quality and information governance <p>Reports to other committees</p> <ul style="list-style-type: none"> Progress updates against Population Health Strategy

Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> Integration of information systems for services in the Bridgend area transferred from Swansea Bay Health Board Clinical service engagement with Digital Delivery Board Capacity within current team to deliver digital transformation agenda Delayed delivery of projects for clinical coding and digital patient notes 	<ul style="list-style-type: none"> Pursue funding from Government to enable further integration of Bridgend IT systems - <i>ongoing</i> Review terms of reference and composition of Digital Delivery Board and other governance structures supporting the digital agenda – August 2022 Review of existing resources and structure for Digital Directorate and recommendation of new operating model

<ul style="list-style-type: none"> Resourcing of Information Governance function within the Health Board 	<p>– June 2022 for review; to be implemented during 2022/23</p> <ul style="list-style-type: none"> Review scope of key projects and revise / reprioritise if necessary – June 2022 Benchmark resources allocated to IG function against comparable organisations – June 2022
<p>Linked National Priority Measures</p>	<p>Current Performance - Highlights</p>
<p>Digital and Technology</p> <ul style="list-style-type: none"> 31. Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes 	<p>In terms of the position to May 2022:</p> <ul style="list-style-type: none"> A number of digital programmes have no allocated funding into 2022/2023, for example ED system Analytics capacity falling short of demands, delaying service improvement initiatives Access to digital funding streams is under review due to proposed decreases in the national digital prioritisation funds Rollout of the Welsh Nursing Care Record across Royal Glamorgan Progress on infrastructure enhancements across CTM sites

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4664	Ransomware attack resulting in loss of critical services and possible extortion	20
4337	Lack of Integrated IT systems	16
4339	Failure to complete a timely and robust Data Protection Impact Assessment	16
4699	Failure to deliver a robust and sustainable Information Governance Function	16
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	15
4671	NHS Computer Network Infrastructure unable to meet demand	15
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	15
4772	Replacement of press software on the 13 & 10 stage CBW presses	15
5040	Digital Healthcare Wales (DHCW interdependencies)	15

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Strategic Goal: Inspiring People 	Risk score 16
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Strategic Risk: Leadership and Management – (Risk No.7)		
If we fail to provide compassionate and effective leadership at all levels of the organisation and all professions to empower and enable our workforce	Then there will be lack of confidence to enable informed decision-making at the appropriate level and to implement organisational change	Resulting in lack of commitment and engagement, poor communication, deterioration of staff wellbeing, and difficulty in recruiting and retaining the staff we need

	Consequence	Likelihood	Score	Risk Trend
Inherent	4	4	16	
Current	4	4	16	
Target	3	3	9	
Risk Appetite	Cautious (<i>assets; trust and confidence</i>)			

Risk Lead	Executive Director for People	Assurance committee	People and Culture
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Controls	Assurances reported to Board and committees
<p>Leadership Development</p> <ul style="list-style-type: none"> Board Development Programme In-house Leadership Development Programme (Senior Leaders / Developing Leaders / Management Essentials) Learning partnerships with HEIW, The Kings Fund and Academy Wales HEIW Compassionate Leadership Programme Establishment of Leadership Coaching & Mentoring Network Re-launch of Leadership 360 Degree Feedback Leadership and Culture Workshops for executives and senior leadership teams Additional leadership development work targeted to specific services, e.g. Maternity <p>Leadership Engagement with the workforce</p> <ul style="list-style-type: none"> Leadership Forum Local Partnership Forum 	<p>Internal Assurances</p> <ul style="list-style-type: none"> Workforce and Organisational Development metrics report Employee Relations Update Medical Workforce and Efficiency Report Statutory and Mandatory Training Compliance Report Targeted intervention process – continuous improvement self-assessment reports (incorporates leadership and culture) PULSE surveys themed around particular topics (ad hoc) <p>External Assurances</p> <ul style="list-style-type: none"> Teaching Hospital status renewal Corporate Health Standard Gold accreditation National Staff Survey

<ul style="list-style-type: none"> Clinical Advisory Group Q&A with the Chief Executive via MS Teams <p>Employee Wellbeing</p> <ul style="list-style-type: none"> Employee Experience Programme Occupational Health Services Employee Assistance Programme Wellbeing Conversations Money and Pensions Service 	
Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> Full implementation of leadership development programmes and embedding in practice to achieve Level 4 (maturity) and eventually Level 5 (exemplar) Measuring impact of Organisational Development interventions on improving the leadership and culture of the organisation 	<ul style="list-style-type: none"> Launch of leadership development programmes - <i>March 2022</i> Produce post-implementation evaluation report – <i>TBC following completion of programme</i>
Linked National Priority Measures	Current Performance - Highlights
<p>Culture, Values and Behaviours</p> <ul style="list-style-type: none"> 25. Percentage of staff who report that their manager takes a positive interest in their health and wellbeing 26. Percentage compliance with all Level 1 competencies of the Core Skills and Training Framework by organisation 27. Percentage of sickness absence rate by staff 	<p>In December 2021, CTM has self-assessed itself as Level 3 (initial achievements realised) for leadership capacity and capability development; and also for employee experience in the targeted intervention framework, having started at Level 1 (principle accepted and commitment to action) in March 2020.</p>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
3008	Unavailability of opportunities to train and maintain compliance with Manual handling training	16
3638	Pharmacy & Medicines Management - Training & Development Infrastructure	15

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Strategic Goal: Inspiring People	Risk score 16
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INSPIRING
PEOPLE

Strategic Risk: Culture, Values and Behaviours – (Risk No.8)

If the Health Board fails to put the values of the organisation into practice	Then we will not have a culture that embraces inclusion, openness, innovation and teamwork	Resulting in poor experience for staff and patients alike, diminishing the trust and confidence of our population
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	Consequence	Likelihood	Score	Risk Trend
Inherent	4	4	16	
Current	4	4	16	
Target	3	3	9	
Risk Appetite	Cautious (<i>assets; trust and confidence</i>)			

Risk Lead	Executive Director for People	Assurance committee	People and Culture
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Controls	Assurances reported to Board and committees
<p>Policies and Frameworks</p> <ul style="list-style-type: none"> Workforce Policies, e.g. Respect and Resolution, Standards of Behaviour Values and Behaviours Framework – co-produced with staff Raising Concerns Procedure All-Wales work to promote speaking up, led by Executive Director for People <p>Communication and Engagement re: values & culture</p> <ul style="list-style-type: none"> Values Cafes and Values Workshops Leadership and Culture Workshops for executives and senior leadership teams Publicity campaign around values following launch in October 2020 Back to Behaviour Basics Training Programme <p>Putting Values into Practice</p> <ul style="list-style-type: none"> Listening, Learning and Improvement (Just and Learning) Culture programme Performance and Development Reviews Values Based Recruitment 	<ul style="list-style-type: none"> National Staff Survey PULSE surveys themed around particular topics (ad hoc) Values and Behaviours Update Equality Annual Report Welsh Language Standards Annual Report Living Wage Accreditation
Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> Embedding values in practice after successful launch and communications campaign 	<ul style="list-style-type: none"> Implement values-based insight programme (toolkit, videos, social media etc.) - <i>Spring 2022</i>

<ul style="list-style-type: none"> Empowering staff to feed back on, or challenge behaviour which is inconsistent with the organisation's values Measuring impact of Organisational Development interventions on improving the leadership and culture of the organisation 	<ul style="list-style-type: none"> Implement 'Tell Me / Us' initiative – <i>Spring 2022</i> Implement values-based team self-assessments – <i>Summer 2022</i> Establish online Culture and Values Hub – <i>Summer 2022</i> Implement values-based patient discharge survey – <i>Autumn 2022</i> Produce post-implementation evaluation report – <i>TBC following completion of programme</i>
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Linked National Priority Measures	Current Performance - Highlights
<p>Culture, Values and Behaviours</p> <ul style="list-style-type: none"> 24. Overall staff engagement score 28. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) 	<p>In December 2021, CTM has self-assessed itself as Level 3 (initial achievements realised) for values and behaviours; and also for inspiring shared purpose in the targeted intervention framework, having started at Level 1 (principle accepted and commitment to action) in March 2020.</p>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
N/A	No directly linked risks on organisational risk register	N/A

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Strategic Goal: **Sustaining our Future**

Risk score
12



SUSTAINING
OUR FUTURE

Strategic Risk: **Fulfilling our Environmental and Social Duties and ambitions (Risk No.9)**

If the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact

Then we will not fulfil our Socio-economic duty, our Wellbeing of Future Generations objectives and our value-based healthcare principles

Resulting in negative environmental and social impacts, and loss of trust and confidence among stakeholders

	Consequence	Likelihood	Score	Risk Trend ↓ Following implementation of the Decarbonisation Strategy it is considered that the likelihood rating of this risk has reduced from a score of four to three.
Inherent	4	5	20	
Current	4	3	12	
Target	3	3	9	
Risk Appetite	Cautious (assets; trust and confidence) Open (estates)			

Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Population Health and Partnerships
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Controls	Assurances reported to Board and committees
<p>Wellbeing and Socio-economic duties</p> <ul style="list-style-type: none"> Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working. 'CTM 2030' delivery focusses on community developments, employment and local procurement where possible. <p>Environmental Sustainability – Net Zero</p> <ul style="list-style-type: none"> Decarbonisation Strategy 'CTM 2030' seeks to ensure that services take account of the impact on the environment All-Wales approach to sustainable procurement Green CTM Staff Forum Fleet emissions reduction programme and trial of electric vehicles Tree planting initiatives Waste management – elimination of landfill for foodstuffs Use of less environmentally impactful anaesthetic gases 	<p>Wellbeing and socio-economic duties</p> <ul style="list-style-type: none"> Wellbeing Statement accompanying IMTP Progress reports against the IMTP Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement <p>Environmental Sustainability – Net Zero</p> <ul style="list-style-type: none"> Environmental Sustainability Annual Report ISO 14001 (Certified Environmental Management System) accreditation

Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> • Dedicated resource to manage and deliver Net Zero programme across the whole Health Board. • Enhancing board reports about sustainability issues to address Net Zero 2030 goals. • Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation. • Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021. 	<ul style="list-style-type: none"> • Commence reporting to Board / committees regarding Net Zero – Timeframe: June 2022 • Ensure resourcing to manage Net Zero work programme across the Health Board, taking into account potential savings in energy costs. The delivery of the Health Board's decarbonisation plan 2030 is dependent on capital. Timeframe: to be determined as linked to the WG response to the Annual Plan.

Linked National Priority Measures	Current Performance - Highlights
<p>Economy and Environment</p> <ul style="list-style-type: none"> • 32. Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach • 33. Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan • 34. Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme <p>Wellbeing of Future Generations Act</p>	<p>The Health Board is developing its approach for an annual report on performance which is anticipated for the latter part of 2022.</p>

Associated Risks from the Organisational Risk Register		
Risk no.	Description	Current score
N/A	No directly linked risks on organisational risk register	N/A

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