










## 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	Scoring Trajectory (since the last report received by the Board)
1.	<b>Sufficient capacity to meet emergency and elective demand</b> <a href="#">Click Here for Risk 1</a>	<b>Improving Care</b> 	Chief Operating Officer  Executive Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	<b>20</b> (C4xL5)	↔ No change to risk score as at May 2023
2.	<b>Ability to deliver improvements which transform care and enhance outcomes</b> <a href="#">Click Here for Risk 2</a>	<b>Improving Care</b> 	Executive Dir. Of Nursing, Midwifery  Executive Medical Director	Quality and Safety	<b>16</b> (C4xL4)	↔ No change to risk score as at May 2023
3.	<b>Finance Revenue Resources</b> <a href="#">Click Here for Risk 3</a>	<b>Sustaining our Future</b> 	Executive Director of Finance;	Planning, Performance and Finance; People and Culture	<b>20</b> (C4xL5)	↔ No change to risk score as at May 2023
4.	<b>Sufficient workforce to deliver activity to the and quality ambitions of the organisation</b> <a href="#">Click Here for Risk 4</a>	<b>Sustaining our Future</b> 	Executive Director of People	People & Culture Committee	<b>20</b> (C5xL4)	↔ No change to risk score as at May 2023
5.	<b>Community and Partner Engagement</b> <a href="#">Click Here for Risk 5</a>	<b>Creating Health</b> 	Executive Director of Public Health	Population Health & Partnerships	<b>12</b> (C4xL3)	↔ No change to risk score as at May 2023
6.	<b>Delivery of a digital and information infrastructure to support organisational transformation</b> <a href="#">Click Here for Risk 6</a>	<b>Improving Care</b> 	Director of Digital	Digital & Data	<b>16</b> (C4xL4)	↔ No change to risk score as at May 2023

Risk no	Strategic Principal Risk /	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	
7.	<b>Leadership and Management</b> <a href="#">Click Here for Risk 7</a>	<b>Inspiring People</b> 	Executive Director for People	People and Culture	<b>12</b> (C4xL3)	↔ No change to risk score as at May 2023
8.	<b>Culture, Values and Behaviours</b> <a href="#">Click Here for Risk 8</a>	<b>Inspiring People</b> 	Executive Director for People	People and Culture	<b>12</b> (C4xL3)	↔ No change to risk score as at May 2023
9.	<b>Fulfilling our Environmental and Social Duties and ambitions</b> <a href="#">Click Here for Risk 9</a>	<b>Sustaining our Future</b> 	Executive Director of Strategy and Transformation	Population Health and Partnerships	<b>16</b> (C4xL4)	↔ No change in risk score as at April 2023

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



### Section 3 – Strategic Risks

<b>Strategic Goal: Improving Care</b> 		<b>Risk score 20</b>
<b>Strategic Risk: Sufficient capacity to meet emergency and elective demand - (Risk No.1)</b>		
<b>If</b> 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	<b>Then</b> its ability to provide high quality care and to meet access targets will be reduced	<b>Resulting in</b> avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community

	Consequence	Likelihood	Score	<b>Risk Score Trajectory (Trend)</b>  ↔  No change in risk score as at May 2023
Initial	4	5	20	
<b>Current</b>	4	5	20	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

Risk Lead	<ul style="list-style-type: none"> <li>Chief Operating Officer</li> <li>Executive Director of Strategy &amp; Transformation</li> </ul>	Assurance committee	<ul style="list-style-type: none"> <li>Quality &amp; Safety Committee (<i>potential harm</i>)</li> <li>Planning, Performance and Finance (<i>performance targets</i>)</li> </ul>
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Controls	Assurances reported to Board and committees
<b>Six Goals for Urgent and Emergency Care Programme:</b> <ul style="list-style-type: none"> <li>Admission Avoidance</li> <li>Integrated Front Door</li> <li>Acute Hospital Flow and Discharge</li> <li>Integrated Discharge</li> </ul> <p>This programme expedited the development and mobilisation of the “Front Door” and “Back Door” elements of the Navigation Hub as separate pieces of work for a period of several months, to best enable the launch of Navigation Hub component supporting discharge pathways to be planned and expected on 5<sup>th</sup> December 2022. Electronic referrals have gone live in to the discharge</p>	<ul style="list-style-type: none"> <li>Integrated Performance Report</li> <li>Nurse Staffing Act twice-yearly compliance reports</li> <li>Harm Reviews</li> <li>Assessment Dashboard</li> <li>Update reports on specific services experiencing pressure, e.g. Ophthalmology</li> <li>Follow-up reports on outpatients not booked</li> <li>Urgent Care six goals progress reports</li> <li>Planned Care Recovery Update report</li> <li>Escalation processes leading to Chief Operating Officer Report to Quality &amp; Safety Committee including Care Group performance review meetings.</li> </ul>

hub and the navigation hub is operational. Go Live of 111#2 from 4.4.23.

### Planned Care Recovery Programme

- Enhanced monitoring process for Cancer Services – **Weekly focussed meetings.**
- **Llantrisant Health Park site plans under development**
- **Clinical Services Plan Group being established (27<sup>th</sup> April inaugural meeting)**

### Specific Improvement Groups/Boards

- Stroke Strategy Improvement Group
- Ty Llidiard Improvement Board
- Pathology Improvement Group
- Ophthalmology Improvement Board
- Dermatology Improvement Board

**Established a Mental Health Services Recovery Programme** – Which includes CAMHS, Adult Mental Health and Demand and Capacity improvement activity.

### Annual Planning Process

**Lessons learnt from Winter Planning** process currently being analysed from a lessons learnt perspective.

**Partnership Leadership Team** established with LA and NHS representation to look at planning across the region.

**Commissioning Group** established to oversee the delivery of the optimised integrated care model

**Annual Capacity Plan established April 2023** to manage demand and making best use of capacity.

### NHS run care capacity development

### Escalation Status programme work

### Regional Working

- A Residential and Nursing Care for Older People Report has been completed and

- Organisational Risk Register via **Care Group** Risk Registers.

~~• Integrated Health & Social Care Plan to be received in November 2022 by Board.~~

~~• Board Members received an update on Winter Plan in October 2022.~~

- Command Structure initiated to manage periods of Industrial Action (IA) **stood down.** Embedding IA process into daily huddle meetings.

<p>approved by the Regional Partnership Board and actions being implemented.</p> <ul style="list-style-type: none"> <li>• Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making.</li> <li>• Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge.</li> <li>• Regional Pathology Steering Group</li> <li>• South East Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams.</li> <li>• Integrated Health &amp; Social Care Programme Board.</li> <li>• Regional Integrated Fund (RIF)</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>• Operational Services Management Board (Health Board wide)</li> <li>• Improving Care Board (Health Board wide)</li> <li>• Six Goals Board</li> <li>• Cancer Board</li> <li>• Weekly Cancer Meetings</li> <li>• Planned Care Recovery Board</li> <li>• Innovation Board</li> </ul> <p><b>Operational Processes</b></p> <ul style="list-style-type: none"> <li>• Clear criteria to prioritise based on clinical need</li> <li>• Centralised decision-making around use of spare capacity across the organisation.</li> </ul>	
<p><b>Gaps in Controls and Assurances</b></p>	<p><b>Mitigating Actions</b></p>
<ul style="list-style-type: none"> <li>• Central digitally-based Capacity Management System</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• As part of the Six Goals Framework a range of Task and Finish Group have been established to scope options for a digital alternative e.g. e-whiteboards. Timeline projector available upon request within the six goals information pack.</li> </ul>
<ul style="list-style-type: none"> <li>• Robustness of cancer tracking and specialty-specific elective data – Improvements being made in elective care trajectories albeit not fully embedded.</li> </ul>	<ul style="list-style-type: none"> <li>• Speciality Specific and Cancer Improvement Trajectories</li> <li>• Reconfiguration of elective surgery from October 2022 has seen an increase in activity. This will continue to be monitored and developed.</li> </ul>



- In sourced additional staff to open up additional two theatres went live from 9th January 2023 has seen an increase in activity. This will continue to be monitored and developed. A third theatre team will commence on the 1st March 2023 at Princess of Wales Hospital.
- Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service.
- Development (and from November 2022) implementation of Winter Plan. Pressures upon capacity continually being monitored to feed into Winter Plans.
- In Development – Tactical Service Reconfiguration Plan.
- **IMTP – investment agreed by Board in March 2023 of £5.5m for Planned Care and £0.5m for Stroke services.**

**Linked National Priority Measures**

**Ministerial Measures:**

*Six Goals of Urgent and Emergency Care:*

- 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.

*Access to Timely Planned Care*

- 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%;
- Number of patients waiting over 8 weeks for a diagnostic endoscopy; and

**Current Performance - Highlights**

The following key performance indicators should be considered from the Integrated Performance Dashboard:

- Urgent care
- planned care,
- cancer
- and diagnostic indicators
- **A review of current risk score to be undertaken once quarter 1 performance analysis available for Cancer, Planned Care, Urgent Care and Mental Health. (Timescale end July 23).**



- Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route).
- Patient and delayed ambulance handovers (15min handover)

Were there any significant incidents affecting this strategic Risk this period:


None identified for inclusion in the BAF Report.

#### Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
3826	Emergency Department overcrowding	<b>20</b>
4071	Failure to sustain services as currently configured to meet cancer targets	<b>20</b>
4103	Sustainability of a safe and effective Ophthalmology service	<b>20</b>
4491	Failure to meet the demand for patient care at all points of the patient journey	<b>20</b>
4632	Demand and capacity across the stroke pathway	<b>20</b>
4743	Failure of appropriate security measures / safety fencing	<b>20</b>
4721	Shift of the boundary for attendances at the Emergency Department	<b>20</b>
5036		
3131	Mortuary Capacity (New Risk escalated to the Organisational Risk Register in January 2023)	<b>16</b>
4458	Failure to deliver Emergency Department Metrics (including 15 minute handover and 4 and 12 hour breaches)	<b>16</b>
1133	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital	<b>16</b>
4152	Back log for Imaging in all modalities / areas and reduced capacity	<b>16</b>
2808	Waiting Times/Performance: ND Team	<b>15</b>
5207	Care Home Capacity	<b>15</b>
<del>5323</del>	<del>Fluoroscopy Room has become Obsolete (New Risk escalated to the Organisational Risk Register in January 2023) — Risk closed May 2023.</del>	<del><b>15</b></del>

[Click here to go back to the summary Section](#)



<b>Strategic Goal: Improving Care</b>		<b>Risk score 16</b>
		
<b>Strategic Risk: Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)</b>		
<b>If</b> the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations	<b>Then</b> we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality	<b>Resulting in</b> avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence

	Consequence	Likelihood	Score	<b>Risk Score Trajectory (Trend)</b> ↔ No change in risk score as at May 2023
Initial	5	4	20	
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			

Risk Leads	<ul style="list-style-type: none"> <li>Executive Nurse Director</li> <li>Executive Medical Director</li> </ul>	Assurance committee	Quality and Safety
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Controls	Assurances reported to Board and committees
<b>Quality Frameworks and Policies</b> <ul style="list-style-type: none"> <li>Quality Governance Framework approved by the Board in January 2023 and is aligned to new Care Group Model. <b>Care Group implementation underway as of April 2023;</b></li> <li>Clinical Guidelines;</li> <li>Suite of Standard Operating Procedures;</li> <li>Clinical Education Framework;</li> <li>Incident Management Framework launched June 2022 to reflect national changes in national incident reporting;</li> <li>Incident Investigation training established and being rolled-out across the Health Board on a monthly basis;</li> <li><del>Improvement and Innovation Board</del></li> <li>Clinical Education Forum (providing overarching Governance) established, with its inaugural meeting in July 2022 and meetings scheduled for 2023;</li> <li>Listening &amp; Learning Framework launched and implemented at the Listening and Learning Event in September 2022. <b>Next organisation wide event taking place May</b></li> </ul>	<b>Annual Reports</b> <ul style="list-style-type: none"> <li>Clinical Audit Annual Report;</li> <li>Clinical Education Annual Report;</li> <li>Safeguarding Annual Report;</li> <li>Putting Things Right Annual Report;</li> <li>Infection Prevention and Control Annual Report;</li> <li>Medicines Management Expenditure Committee Annual Report;</li> <li>Health and Care Standards Annual Report; (incorporating patient survey)</li> <li>GMC Survey</li> <li><b>Improvement to be reported through Improving Care Board / Change to be reported through Strategic Transformation Board;</b></li> </ul> <b>Quarterly Reports</b> <ul style="list-style-type: none"> <li>Quality Dashboard;</li> <li>Integrated Performance Dashboard;</li> <li>Quality Governance – Regulatory review progress updates;</li> <li>IPC Highlight reports;</li> </ul>

2023 (includes external stakeholder engagement);

- Quality Strategy endorsed at the Quality & Safety Committee in November 2022 and approved by the Board and launched in quarter four. ~~Launch events planned.~~
- Implementation Board for the Duty of Quality and Candour being established – inaugural meeting undertaken. Board Briefing held October 2022. Change Team supporting implementation of Duty of Candour arrangements as of April 2023.

### Learning from Experience

- Mortality Review programme. Medical Examiner reviews fully incorporated. Focus level 2 / 3 reviews across CTM;
- Shared Listening and Learning Forum
- Community Acquired Pressure Ulcer Collaborative. Forum for shared learning on prevention and improvement with internal and external stakeholders e.g. (Welsh Wound Innovation Centre (WWIC) and Local Authorities);
- Weekly executive-led patient safety meetings;
- Service Level 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;
- Real-time patient feedback (Civica System) being rolled out across the Health Board (PREMS);
- Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality Assurance will be will be incorporated within these new structures which plan to be introduced in September 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 and a monthly newsletter is shared

- Integrated Locality Group reports;
- High level update on mortality indicators;
- Research and Development Update;
- National Clinical Audit and NCEPOD studies;
- 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;
- Multiple engagement events underway.

### Ad hoc Assurances

- PCH spot visits to services – improvement programme. PCH Improvement Board stood-down and Care Groups tracking legacy actions through ‘business as usual’ processes;
- Executive and Independent Member Patient Safety Walkabouts framework ~~currently under review~~ currently being finalised for implementation from May 2023 and ~~will recommence in 2023~~. Purpose, Form and Function of IM Walkaround Visits and the development of a clear framework is crucial to supporting the intelligence that can be gathered;
- Peer reviews of specific services e.g. critical care;
- ~~Community Health Council visits.~~ Citizen’s Voice bodies being launched in place of CHCs;
- Health Inspectorate Wales unannounced visits;
- Medication Prescription and Administration incident update;
- Bridgend Safeguarding Hub;
- Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors);
- Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3;
- Community Acquired Pressure Damage;

across the Health Board sharing learning around incidents and concerns;

- 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;
- RADAR (Recognition of Acute Deterioration & Resuscitation) Committee. – Training standards and compliance. This is now a work stream within the Unscheduled Care Group;
- It is anticipated that the New Operating Model will support the triangulation and learning across the Health Board as one CTM;
- Advanced Clinical Practice Board established to provide governance oversight with regards to advanced practice professionals.

#### **Innovation & Improvement Programmes**

- iCTM (Improvement & 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;
- Leading for Patient Safety with Improvement Cymru and Institute for Healthcare Improvement (IHI) launched. Work plan established and programme continuing for 2023;
- Improvement and Innovation CTM are actively supporting a number of services:
  - Maternity & Neonates
  - Urology
  - General Medicine (RGH) e.g. CAMHS
  - 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;
- Removed as now integrated as business as usual. Immediate make safes complete;

- Patient Safety Solutions – safety alerts and notices;
- Mental Capacity Act (LPS);
- Ad-hoc visits to Ty Llidiard (CAMHS) facility and ad-hoc review of clinical records;
- Executive Director of Nursing and Executive Director of Therapies and Health Sciences have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.

#### **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;
- Delivery Unit (DU) Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at the Duty of Quality & Duty of Candour all Wales meetings;
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;
- Board Briefing regarding Regional Stroke Developments held in December 2022 and followed up in January 2023;
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

#### **External Assurance**

- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & ILG Quality Assurance. August 2022 – outcome of Reasonable Assurance;

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| <ul style="list-style-type: none"> <li>• Monthly Quality Improvement (QI) training commenced from June 2022 and ongoing on a monthly basis;</li> <li>• Patient Safety Clinics commenced June 2022 and will run bi-monthly or as required by services;</li> <li>• Investigation and Putting Things Right (PTR) Training commenced during July 2022;</li> <li>• Value Based Healthcare programme in place aligned to national Value in Health priorities;</li> <li>• Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data;</li> <li>• Innovation programme aligned to Value Based Healthcare principles;</li> <li>• Building leading and empowering Improvement and Innovation into the new Ignite, Aspire and Inspire leadership programmes;</li> <li>• Implementation of Care Group Improvement Faculties;</li> <li>• Medical Workforce &amp; Nursing Workforce Productivity Programme established;</li> <li>• Speciality Teams across CTM are now regularly meeting to enhance shared learning amongst doctors. This will be enhanced further by the care group model currently being rolled-out;</li> <li>• Appointment of the Bereavement Clinical Lead to support the implementation of the All Wales Care of the Bereaved Framework and Pathways.</li> </ul> <p><b>Research</b></p> <ul style="list-style-type: none"> <li>• Research &amp; Development Programme</li> </ul> | <ul style="list-style-type: none"> <li>• HIW reports e.g. PCH Improvement Programme;</li> <li>• The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. Local governance of HIW actions will take place through our new Care Group quality and safety committees. The system will allow for the Care Group leads to have a dashboard of all their HIW Inspection activity and continuous monitoring of the improvement plans;</li> <li>• Audit Wales review of Quality Governance arrangements and follow-up;</li> <li>• Delivery Unit governance and incident management;</li> <li>• Delivery Unit Maternity and Neonatal SI closures;</li> <li>• Annual Undergraduate Review;</li> <li>• General Medical Council National Survey Feedback;</li> <li>• <del>External Independent Maternity Services Oversight Panel – Maternity and Neonates. IMSOP stood-down as of December 2022, oversight and scrutiny now conducted through internal Board mechanisms and to Welsh Government via IQPD and escalation meetings;</del></li> <li>• Positive IHI and Improvement Cymru visit feedback (autumn 22) as part of Leading for Patient Safety received and feedback to Board received;</li> <li>• National Safe Care Collaborative Programme Audit. Presented findings to the Board in December 22;</li> <li>• WHSSC and NCCU supportive review of Ty Llidiard. Positive report received during December 2022 resulting in de-escalation to level 3. <b>Good progress continues to be made against the Ty Llidiard Improvement Plan, with positive feedback received within regular CTM Ty Llidiard Improvement Board and WHSSC Escalation meetings. Discussions with WHSSC regarding further de-escalation continue.</b></li> </ul> |
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Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> <li>Data - Real-time performance and quality data accessible via electronic systems across the organisation;</li> </ul>	<ul style="list-style-type: none"> <li>Central Patient Safety Team are manually reviewing and validating data currently in relation to locally reportable incidents. In progress, pace impacted by the implementation of the new Operating Model;</li> </ul>
<ul style="list-style-type: none"> <li>Raising awareness of staff responsibilities under the Duty of Quality and the Duty of Candour linking in with the actions arising out of the All Wales forum for which the Health Board is represented, which will include the development and roll out of training packages;</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>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; <b>Training will be ongoing as required as the Act is embedded within the Health Board.</b></li> </ul>
<ul style="list-style-type: none"> <li>Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff;</li> </ul>	<ul style="list-style-type: none"> <li>Speciality Teams across CTM are now regularly meeting to enhance shared learning amongst doctors. This will be enhanced further by the care group model currently being rolled-out. <b>Complete and will move to a control;</b></li> <li>Medical &amp; Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan;</li> <li>Nursing Productivity Groups operational;</li> <li>Medical Day Surgery expansion expanded to address the backlog in the light of capacity challenges. Plans in place for four specialties with a view to increasing day case surgery throughput. Pace impacted bed pressures – revisit in next review;</li> <li>Following pilot, the Health Board will be implementing an Annual Nursing Ward Assurance Audit, which will report into the Quality &amp; Safety Committee. Specific Mental Health metrics in development – timeframes end of June 2023;</li> <li>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;</li> <li>Ambition to develop live clinical quality dashboard;</li> </ul>



	<ul style="list-style-type: none"> <li>• Quality Strategy endorsed at November 2 at Quality &amp; Safety Committee and approved by the Board thereafter.</li> <li>• Improving Care Group focus will be on four areas and ten metrics to demonstrate improvement. Current position is consideration of metrics. Timeframe: <del>March</del> <b>September</b> 2023;</li> <li>• National Safe Care Collaborative Programme Audit recommendations and action plans led by IHI and Improvement Cymru;</li> <li>• Executive and Independent Member Patient Safety Walkabouts framework currently under review. The revised framework will include 'Purpose, Form and Function' of IM Walkaround Visits. Timeframe: July 23;</li> <li>• 5k The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up;</li> <li>• 5l Launched Nursing &amp; Midwifery framework and agreed a set of nursing care related audit standards which are being monitored through AMAT platform;</li> <li>• 5m Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24;</li> <li>• Improvement into practice training taking place month as of final quarter of 22/23.</li> </ul>
<ul style="list-style-type: none"> <li>• <del>Plans now in place to address any legacy issues to resolve any duplications identified on implementation. Resolved as at January 2023 report;</del></li> </ul>	
<p><b>Linked National Priority Measures</b></p>	<p><b>Current Performance - Highlights</b></p>
<p><b>Care Closer to Home</b></p> <ul style="list-style-type: none"> <li>• 6. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes;</li> <li>• 7. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months.</li> </ul> <p><b>Patient Safety Solutions</b></p> <p><b>Infection Prevention and Control</b></p> <ul style="list-style-type: none"> <li>• Six Tier One IP&amp;C Targets;</li> </ul>	<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"> <li>• Cancer Standards;</li> <li>• Unscheduled Care;</li> <li>• Six Goals Programme (Emergency &amp; Urgent Care, D2RA);</li> <li>• Waiting List Delays;</li> <li>• Mortality Indicators;</li> <li>• Tier 1 IP&amp;C Indicators;</li> </ul>

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| <ul style="list-style-type: none"> <li>• National IP&amp;C Guidance – to include implementation of respiratory and non-respiratory pathways;</li> <li>• NHS Wales National Framework – Management of patient safety incidents following nosocomial transmission of Covid-19.</li> </ul> | <ul style="list-style-type: none"> <li>• Nurse Sensitive Outcome Measures – Falls, Pressure Ulcers, medication administration;</li> <li>• Sepsis;</li> <li>• Mental Health Measures;</li> <li>• Putting Things Right Compliance;</li> <li>• Patient Safety Solutions compliance</li> </ul> |
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**Children’s Charter**

To reinforce children’s rights and endorse CTM’s commitment to upholding these rights within its services.

**Safeguarding**

- National Improvement Plan;
- ~~Preparation for Liberty Protection Safeguards (LPS).~~ Further Mental Capacity Act (MCA) awareness being funded by W Govt along with measures to strengthen current Deprivation of Liberty Safeguards until MCA becomes the dominant legislation.
- Independent Review (by HIW/CIW) being undertaken of CTM Region Safeguarding Boards in relation to Child Protection Practices including the sharing of information.

**Chief Nursing Officer’s Launch of the Nursing and Midwifery Priorities – 2022-2024**

**New national nurse education standards**

**Dementia Standards** - which include standards for inpatient hospital admissions.

**NHS Wales Quality and Safety Framework: Learning & Improving.**  
Published by WG September 2021.

**The Health & Social Care (Quality & Engagement) (Wales) Act 2020**  
Improving quality and public engagement in health and social care.




<b>National Value Based Healthcare Strategy</b> – alignment of CTMs programme of work to meet national priorities
<b>Were there any significant incidents affecting this strategic Risk this period:</b> Significant incidents (NRI or LRI) are managed in according with the Incident Framework and reported to the Quality & Safety Committee.

**Associated Risks on the Organisational Risk Register**

Risk no.	Description	Current score
4479	No centralised decontamination facility in Princess of Wales Hospital	<b>20</b>
4907	Failure to manage Redress cases efficiently and effectively	<b>20</b>
<del>5214</del>	<del>Critical Care Medical Cover—Risk de-escalated from the Organisational Risk Register in May 2023</del>	<del>20</del>
4922	Covid-19 Inquiry Preparedness – Information Management	<b>20</b>
5267	There is a risk to the delivery of quality patient care due to difficulty recruiting & retaining sufficient numbers of nurses.	<b>20</b>
5254	Failure to manage redress cases efficiently and effectively in respect of the Duty of Candour. New risk escalated November 2022.	<b>16</b>
3133	Non-attendance at medical gas safety training and courses being rescheduled	<b>16</b>
3585	Princess of Wales Emergency Department hygiene facilities	<b>16</b>
4148	Non-compliance with Deprivation of Liberty Safeguards legislation and resulting authorisation breaches	<b>16</b>
4906	Failure to provide evidence of learning from events (Incidents and Complaints)	<b>16</b>
<del>2787</del>	<del>Absence of a robust Health Surveillance Programme for employees Risk de-escalated from the Organisational Risk Register in May 2023</del>	<del>16</del>
4417	Management of Security Doors in All Hospital Settings	<b>16</b>
3008	Unavailability of opportunities to train and maintain compliance with Manual handling training	<b>16</b>
<del>5014</del>	<del>Care of Obstetrics &amp; Gynaecology patients in the ED at the Royal Glamorgan Hospital Risk de-escalated from the Organisational Risk Register in May 2023</del>	<del>16</del>
3993	Fire enforcement notice – POWH Theatres	<b>15</b>
<del>4512</del>	<del>Care of patients with mental health needs on the acute wards-Risk Closed in May 2023.</del>	<del>15</del>
4590	Critical care pharmacist resource	<b>15</b>
4732	Replacement of press software on the 13 & 10 stage CBW presses	<b>15</b>
<del>4920</del>	<del>Capacity within the ED/ Medical/ Rehabilitation and Orthopaedic Inpatient Occupational Therapy Service within Princess of Wales Risk de-escalated from the Organisational Risk Register in May 2023</del>	<del>15</del>
2987	Fire enforcement order First Floor PCH	<b>15</b>
4691	New Mental Health Unit	<b>15</b>
5207	Care Home Capacity	<b>15</b>
4217	No infection prevention and control resource for primary care	<b>15</b>
3638	Pharmacy & Medicines Management - Training & Development Infrastructure	<b>15</b>

[Click here to go back to the summary Section](#)

<b>Strategic Goals: Sustaining our Future</b>  <small>SUSTAINING OUR FUTURE</small>	<b>Risk score 20</b>
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Strategic Risk: Finance Revenue Resource - (Risk No.3)		
<b>If</b> the Health Board fails to manage its revenue resources that are appropriate and sufficient for now and the future	<b>Then</b> we may fail to fulfil our financial and other statutory duties in <del>2022-2023</del> <b>2023-2024</b> .	<b>Resulting in</b> inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement

	Consequence	Likelihood	Score	<b>Risk Score Trajectory (Trend)</b>  ↔ No change in risk score as at May 2023  Risk owner has indicated that that it is unlikely that the risk score trend will change during 2023-2024
Initial	4 5	5	20 25	
<b>Current</b>	<b>4</b>	<b>5</b>	<b>20</b>	
Target	4	3	12	
Risk Appetite	<b>Minimal</b> ( <i>financial stability</i> ) <b>Cautious</b> ( <i>legal and regulatory</i> )			

Risk Lead	<ul style="list-style-type: none"> <li>Executive Director of Finance</li> </ul>	Assurance committee	<ul style="list-style-type: none"> <li>Planning, Performance and Finance <del>(finance and estates issues)</del></li> </ul>
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Controls	Assurances reported to Board and committees
<b>Financial Management</b> <ul style="list-style-type: none"> <li>Budget setting process</li> <li>Budgetary control and management accounting</li> <li>Standing Financial Instructions</li> <li>Scheme of Reservation &amp; Delegation</li> <li>Local Counter-Fraud Service</li> <li>Monthly financial performance reviews for Care Groups and corporate directorates</li> <li>Recovery plans for financially challenged services accompanied by enhanced monitoring and support</li> <li>Internal Audit Programme</li> <li>External Audit Programme</li> </ul>	<b>Financial Management</b> <ul style="list-style-type: none"> <li>Annual Report and Accounts</li> <li>Monthly Finance Reports</li> <li>Monitoring Returns to Welsh Government</li> <li>Internal Audit Programme</li> <li>External Audit Programme</li> <li>Losses and Special Payments Report to Audit &amp; Risk Committee</li> </ul>
Gaps in Controls and Assurances	Mitigating Actions
<b>Finance</b> <ol style="list-style-type: none"> <li>Understanding of budgetary control and procurement processes in some services  <del>A recognised risk of in year inflationary pressures:</del> <ul style="list-style-type: none"> <li><del>Reporting of performance information to Board and committees regarding estates and premises</del></li> </ul> </li> </ol>	<b>Finance</b> <ol style="list-style-type: none"> <li><b>Mitigation Actions for Gap 1:</b> <ul style="list-style-type: none"> <li>Deliver training to budget holders within Care Groups/Directorates – <i>ongoing, for completion by end 2022. Ongoing throughout 2023-2024.</i></li> <li>Deliver procurement training to departments where compliance with</li> </ul> </li> </ol>



	procurement processes is low - ongoing, for completion by end 2022. <i>Ongoing throughout 2023-2024.</i>
<b>2. A recognised risk of shortfalls in savings delivery</b>	<p><b>2. Mitigation Actions for Gap 2:</b></p> <ul style="list-style-type: none"> <li>Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. <i>Ongoing throughout 2023-2024.</i></li> <li>Developing a more a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. <i>Ongoing throughout 2023-2024.</i></li> <li>Developing the Value &amp; Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. <i>Ongoing throughout 2023-2024.</i></li> </ul> <p><del>The funding position for 22/23 in relation to exceptional items and ongoing Covid-19 response costs has now been clarified.</del></p>
<b>Linked National Priority Measures</b>	
<b>Workforce</b>	
<ul style="list-style-type: none"> <li>23. Agency spend as a percentage of the total pay bill</li> </ul>	Month 12, 2022-2023 financial information available if required.
<b>Public Sector Prompt Payment (PSPP) Performance</b>	
	Month 1, 2023-2024 financial information not yet available at time of report.
<b>Were there any significant incidents affecting this strategic Risk this period:</b>	

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
<del>5153</del>	<del>Failure to achieve financial balance in 2022/23. Risk closed May 2023</del>	<del>20</del>
<del>5154</del>	<del>Failure to reduce the planned recurrent deficit of £28.0m at the end of 2022/23. Risk Closed May 2023.</del>	<del>20</del>
5425	Failure to achieve financial balance in 2023-2024. New risk escalated to the Organisational Risk Register in May 2023.	<b>20</b>
5427	Failure to reduce the planned recurrent deficit of £79.6m at the end of 2023-2024. New risk escalated to the Organisational Risk Register in May 2023.	<b>20</b>

[Click here to go back to the summary Section](#)

Strategic Goals: <b>Sustaining our Future</b>		Risk score <b>20</b>
 SUSTAINING OUR FUTURE		
Strategic Risk: - <b>Sufficient workforce to deliver the activity and quality ambitions of the organisation (Risk No. 4)</b>		
<b>If</b> the Health Board fails to identify and plan for its future workforce requirements, and to promote CTMUHB as an attractive place to work	<b>Then</b> we may fail to recruit and retain staff with the right skills and experience	<b>Resulting in</b> 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

	Consequence	Likelihood	Score	<b>Risk Score Trajectory (Trend)</b> ↔ No change in risk score as at May 2023
Initial	5	5	25	
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>	
Target	4	3	12	
Risk Appetite	<b>Minimal</b> ( <i>financial stability</i> ) <b>Cautious</b> ( <i>quality and safety, (legal and regulatory)</i> )			

Risk Lead	<ul style="list-style-type: none"> <li>Executive Director for People</li> </ul>	Assurance committee	<ul style="list-style-type: none"> <li>People and Culture</li> </ul>
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Controls	Assurances reported to Board and committees
<b>Recruitment</b> <ul style="list-style-type: none"> <li>Online recruitment through TRAC</li> <li>Overseas recruitment of clinical professionals</li> <li>Pathways to Employment programmes (Kick Start, Project Search, apprenticeships)</li> <li>NHS Wales and Academi Wales public sector graduate trainee programmes</li> <li>Living Wage employer status</li> <li>Local Recruitment &amp; Retention Premium Payment Protocol</li> <li>Medical Recruitment plan in development</li> </ul> <b>Retention</b> <ul style="list-style-type: none"> <li>Career development opportunities, e.g. Pathways into Management programme</li> <li>Moving on questionnaires to be launched January 2023 to understand reasons for leaving.</li> </ul> <b>Temporary staffing solutions</b> <ul style="list-style-type: none"> <li>New Medical Bank</li> <li>Modernised processes for Nurse Bank</li> </ul>	<ul style="list-style-type: none"> <li>Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, unfilled hours, sickness) which is regularly reported to the CTM to People &amp; Culture Committee. Data also included in Integrated Performance Report to the Board.</li> <li>Bi-annual Medical Workforce and Medical Efficiency Reports</li> <li>Twice yearly nurse staffing assurance reports to the Board</li> <li>Benchmarking analysis</li> <li>Annual Education Commissioning Submission</li> </ul>

• Locum Managed Service Agreements  
**Day-to-day management of staffing levels**

- Electronic rostering
- Medical job planning
- Sickness absence management process

**Workforce Planning**

- 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
- Procured 'expert' workforce planning to support CTM to identify immediate tactical priorities that inform our existing plans. This will also identify longer term opportunities for workforce redesign.
- As part of an all-Wales piece of work, Nurse Workforce Modelling will provide high level indication of vacancies and routes to fill.
- Workforce Strategy development for Health Care Sciences and AHPs is a key priority.
- Attendance at National Careers Fairs with learning to inform future attendance.
- Engagement with national programme to review Advanced and Consultant level framework.
- Work experience programmes now considered in conjunction with ongoing work in relation to pathways to employment.

**Gaps in Controls and Assurances**

**Workforce Planning**

- Workforce Planning process not yet in place – currently at very early stage
- Establishment control not in place

**Mitigating Actions**

As noted in the controls the People team have recently worked alongside external consultants to undertake a project focused on the following activities:

- Developing a framework to build local, operational workforce plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised.
- Developing the design of an all-encompassing workforce planning approach. This will include 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.

- This 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 now be development that that take account all of the above, alongside 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.
- Work is also nearing completion for our new People data dashboards – which form part of our plan to provide timely, accessible, accurate and relevant People data.

~~As noted in the controls, the Workforce & Organisational Development department have procured external consultants who our working with the Health Board from January to March 2023, to take forward the following activities:~~


- ~~• 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-~~

	<p><del>agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace.</del></p> <ul style="list-style-type: none"> <li><del>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.</del></li> </ul>
<b>Recruitment</b>	
<p><b>Retention</b></p> <ul style="list-style-type: none"> <li>The Health Board does not currently have a Retention and Recruitment Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Scoping of work to develop CTM approach to retention building on National Programme of work for nursing workforce.</li> <li>Collaborative development of a CTM Strategy for Allied Health Professionals &amp; Health Care Sciences.</li> <li>Retention Group established to consider all programmes of work in this area of activity.</li> </ul>
<b>Linked National Priority Measures</b>	<b>Current Performance - Highlights</b>
<p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>23. Agency spend as a percentage of the total pay bill</li> <li>27. Percentage sickness rate of staff</li> </ul>	<p>The following key metrics are set out within the Workforce and Organisational Development Metrics section of the Integrated Performance Report:</p> <ul style="list-style-type: none"> <li>The number of job plans for consultants and other senior doctors needs to be improved.</li> <li>Sickness absence currently remains above target</li> <li>Staff in post stands at 12,548 with staff turnover at 13.22%</li> </ul> <p>The Health Board's integrated dashboard sets out further details in respect of workforce related performance metrics.</p>
<b>Were there any significant incidents affecting this strategic Risk this period:</b>	
None identified for inclusion in the BAF Report.	

<b>Associated Risks on the Organisational Risk Register</b>		
Risk no.	Description	Current score
4080	Failure to recruit sufficient medical and dental staff	<b>20</b>
4827	Lack of lead for Face Fit Training along with Face Fit Trainers	<b>20</b>
5214	Critical Care Medical Cover	<b>20</b>
4780	Patient Handling Training. Risk rated as a 16.	<b>20</b>
4106	Increasing dependency on agency staff cover impacting on continuity of care and patient safety	<b>16</b>

4157	Difficulty recruiting sufficient numbers of registered nurses and midwives	<b>16</b>
<del>4798</del>	<del>Unsafe therapy staffing levels for critical care services at Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital Risk Closed May 2023.</del>	<del>16</del>
4997	Consultant Physician in Ysbyty Cwm Cynon (YCC).	<b>16</b>
4500	Difficulty recruiting sufficient numbers of registered therapists and healthcare scientists	<b>15</b>
4315	Non Compliance of Fire Training – Provision - <del>Risk de-escalated from the Organisational Risk Register in May 2023</del>	<b>15</b>
4809	Non Compliance with Mandatory Violence and Aggression Training	<b>15</b>

[Click here to go back to the summary Section](#)

<b>Strategic Goal: Creating Health</b> 		<b>Risk score 12</b>
<b>Strategic Risk: Community &amp; Partner Engagement - (Risk No.5)</b>		
<b>If</b> the Health Board <b>does</b> 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	<b>Then</b> we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	<b>Resulting in</b> continuing health inequalities and poor population health outcomes, including in relation to Covid-19

	Consequence	Likelihood	Score	<b>Risk Score Trajectory (Trend)</b> ↔ No change in risk score as at May 2023
Initial	4	5	20	
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>	
Target	4	2	8	
Risk Appetite	<b>Cautious</b> (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
<b>Strategies &amp; Plans</b> <ul style="list-style-type: none"> <li>2030 Strategy – ‘Our Health Our Future’ (in development)</li> <li>Public Engagement Plan for ‘Our Health Our Future’</li> <li>Becoming an Engaging Organisation</li> <li>Work programme set out in ‘Becoming a Population Health Organisation: a discussion and options paper for Board’, May 2021</li> <li>Public Service Board – Well Being Plans (CT and Bridgend).</li> <li>Integrated Level 2 and Level 3 Weight Management Services – established in September 2022.</li> </ul> <b>Engagement Forums</b> <ul style="list-style-type: none"> <li>Regional Partnership Board</li> <li>Public Service Board</li> <li>Stakeholder Reference Group</li> <li>Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well</li> </ul>	<b>Reports to Board</b> <ul style="list-style-type: none"> <li>Director of Public Health Annual Report (estimated January / February 2023)</li> <li>Population Health Board Report</li> </ul> <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> <b>Reports to Population Health &amp; Partnerships Committee</b> <ul style="list-style-type: none"> <li>Covid-19 and Vaccination Programme Reports</li> <li>Regional Partnership Board Annual Report</li> </ul>

- Engagement with community groups by Lead Independent Members
- Links with Community Health Council including representation on Board
- 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
- Public Health & Primary Care Oversight Group which is an integrated Group established to bring together Public Health and Primary Care to ensure improved coherence across Population Health Programmes / Projects.
- Locality Structures enabling more engagement with local communities
- Membership of the key partnership forums.

**Population Health Assessments**

- Completion of the Population Needs Assessments and Wellbeing Assessments undertaken. The community have embraced the themes and CTMUHB along with key partners are taking forward activity as appropriate.

- Transformation Fund and Leadership Board Updates
- 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

**Mitigating Actions**

- Implementation of key actions in the Population Health Plan approved by Board in May 2021. *Framing and incorporating these actions as part of the Unified*

<ul style="list-style-type: none"> <li>Long-term sustainability of resources to undertake Population Health work</li> </ul>	<p><i>Transformation Programme – Creating Health.</i></p> <ul style="list-style-type: none"> <li>Further baseline work with Public Health Wales in relation to population health outcome measures. <i>Timeframe April 2023.</i></li> <li>Refocus preventative early years funding from Welsh Government to tackle gaps in resource – <i>Completed for 2022-2023. Requires annual review.</i></li> <li>Activity underway to evaluate current deployment of community resources with the aim of rationalising resource to deploy the intelligence from population health management. In Progress – target timeframe 28.2.2023.</li> <li>Long Term Conditions Programme established which builds on existing work in CTM to provide AHP-led pre-abilitation and rehabilitation services that 'Support People to Live Well both in relation to the effects of Covid-19 infection and other long-term conditions such as cardiac, vascular, diabetes. <b>In progress – target timeframes as follows Q1 ongoing delivery of services &amp; establish workforce plan for level 3 &amp; 4 services; Q2 recruitment, planning and operationalisation of level 3 offer; Q3 training &amp; delivery</b></li> </ul>
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Linked National Priority Measures	Current Performance - Highlights
<p><b>Population Health – Ministers Measures Phase One</b></p> <ol style="list-style-type: none"> <li>Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway</li> <li>Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway</li> <li>Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally.</li> <li>Percentage of adult smokers who make a quit attempt via smoking cessation services</li> <li>Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates</li> </ol>	<p>Integrated Performance Dashboard: Quadruple aim 1: the percentage of adult smokers who make a quit attempt via smoking cessation services. Target 5%</p>

Were there any significant incidents affecting this strategic Risk this period:

None identified for inclusion in the BAF Report.

Associated Risks on the Organisational Risk Register

[Click here to go back to the summary Section](#)

<b>Strategic Goal: Improving Care</b> 		<b>Risk score 16</b>
<b>Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.6)</b>		
<p><b>If</b> the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability</p>	<p><b>Then</b> We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.</p>	<p><b>Resulting in</b> Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population's and patients experiences, and continue to constrain our ability to work seamlessly across our region.</p>

	Consequence	Likelihood	Score	<b>Risk Score Trajectory (Trend)</b> ↔ No change in risk score as at May 2023
Initial	4	5	20	
<b>Current</b>	4	4	16	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> (data and information; legal and regulatory)			

Risk Lead	Director of Digital	Assurance committee	Digital & Data
Controls		Assurances reported to Board and committees	
<ul style="list-style-type: none"> <li>Digital &amp; Data Strategy</li> <li>Population Health Strategy</li> <li>Digital &amp; Data Delivery Programme</li> <li>IT Infrastructure Review</li> <li>Digital Delivery Board</li> <li>Digital Investment Fund</li> <li>Information Security, Records Management and Information Governance Policies and Improvement Programmes</li> <li style="color: red;">Project Portfolio Board</li> </ul>		<p><b>Reports to Digital and Data Committee</b></p> <ul style="list-style-type: none"> <li>All-Wales Information Governance Toolkit and ICO Audit Review.</li> <li>NIS-D Cyber Assessment Framework and Improvement Plan (CRU).</li> <li>Digital Programme Assurance Report</li> <li>Internal Audit Reports</li> <li>Coding Improvement Plan</li> <li>Bridgend Aggregation Programme</li> <li style="color: red;">Medical Records Assurance Report</li> </ul> <p><b>Reports to other committees</b></p> <ul style="list-style-type: none"> <li>Progress updates against Population Health Strategy</li> </ul>	



Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> <li>Closing the gap in Digital Helplessness</li> </ul>	<ul style="list-style-type: none"> <li>Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined</li> </ul>
<ul style="list-style-type: none"> <li>Training and Awareness Programme</li> </ul>	<ul style="list-style-type: none"> <li>Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital &amp; Data</li> </ul>
<ul style="list-style-type: none"> <li>Maintaining a healthy cyber posture</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of the cyber improvement plan {business sensitive}</li> </ul>
<ul style="list-style-type: none"> <li>Tested and integrated cyber incident management plan</li> </ul>	<ul style="list-style-type: none"> <li>Continued development of our cyber incident plan with periodic table-top exercises. Working in conjunction with the Health Board emergency planning lead to ensure greater understanding of risk to service delivery (from a service perspective) and with external service providers most notably SBHB, DHCW and the private sector</li> </ul>
<ul style="list-style-type: none"> <li>Incomplete asset register</li> </ul>	<ul style="list-style-type: none"> <li>Working ongoing to develop our asset register and product catalogue as part of NIS-D and data protection improvement plans. Additional resourcing is required to continue to monitor and deliver this activity</li> </ul>
<ul style="list-style-type: none"> <li>Poor adherence to policies</li> </ul>	<ul style="list-style-type: none"> <li>Recognised requirement for policies to balance enablement with protection. National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process.</li> </ul>



<ul style="list-style-type: none"> <li>Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritise existing resources and available funding to meet the highest risk areas</li> </ul>
<ul style="list-style-type: none"> <li>Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board</li> </ul>	<ul style="list-style-type: none"> <li>Programme agreed with WG, DHCW and SB and year 1 delivery exceeded milestones. Year 2 ongoing however constraints exist most notably with regards to availability of capital funding.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of an open architecture</li> </ul>	<ul style="list-style-type: none"> <li>Work with WG, Health Board partners and national services to develop existing commitments for delivery of an open architecture for NHS Wales</li> <li>Ongoing development of UHB’s own clinical data repository to nationally agreed technical and data standards</li> <li>Increasing representation for National Data Resource programme to accelerate benefits realisation</li> </ul>
<ul style="list-style-type: none"> <li>Widespread non-adherence to data standards</li> </ul>	<ul style="list-style-type: none"> <li>New clinical applications now required to meet data standards</li> <li>Education and Training required for staff to develop their data literacy</li> <li>Seeking further assurances from DHCW for roadmap that will see their products come into compliance with standards.</li> </ul>
<ul style="list-style-type: none"> <li>Critical supplier(s) unable to respond to the UHB’s requirements and ministerial priorities within defined timescales</li> </ul>	<ul style="list-style-type: none"> <li>Need to develop a more robust SLA and contract monitoring process for critical suppliers</li> </ul>
<ul style="list-style-type: none"> <li>Capacity within current team to deliver digital transformation agenda</li> </ul>	<ul style="list-style-type: none"> <li>Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities</li> <li>Adoption of self service for basic Business Intelligence</li> <li>Recruitment to vacant posts.</li> <li>Resources required for UHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW</li> </ul>
<ul style="list-style-type: none"> <li>Delayed delivery of the digital patient notes programme</li> </ul>	<ul style="list-style-type: none"> <li>Increased activity by outsourcing day forward scanning</li> </ul>

<ul style="list-style-type: none"> <li>Resourcing of Information Governance function within the Health Board</li> </ul>	<ul style="list-style-type: none"> <li>Funding will be allocated to IG for 2023/2024</li> </ul>
<ul style="list-style-type: none"> <li>No function within the UHB focussing on benefits realisation</li> </ul>	<ul style="list-style-type: none"> <li>This function is identified within the Digital Transformation function which will be developed during 2023/2024</li> </ul>
<ul style="list-style-type: none"> <li>Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record</li> </ul>	<ul style="list-style-type: none"> <li>EPR programme continues to deliver, for e.g., Nursing and inpatient documentation increasingly being digitalised.</li> <li>Scoping of a business case to implement a digitally enabled patient centred contact and additional funding allocated to resource increased outsource activity for the digital patient notes programme</li> </ul>
<ul style="list-style-type: none"> <li>Recruitment challenges due to short term funding allocations leading to an increased use of contracting arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Annual Plan</li> </ul>
<ul style="list-style-type: none"> <li>Information Commissioner Office (ICO) Audit planned to be completed March 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Challenges in completion of ICO Action Plan due to capacity within the existing IG function. Plans being developed to recruit a Head of IG and new supporting posts</li> </ul>
<p><b>Linked National Priority Measures</b></p>	<p><b>Current Performance - Highlights</b></p>
<p><b>Digital and Technology</b> National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),</p> <p>Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)</p> <p>Value Based Health and Care</p> <p>Coding standards</p>	<ul style="list-style-type: none"> <li>Deployment of Electronic Whiteboards and Electronic Transfer of Care Forms across the whole of CTMUHB with effect from end of March 2023.</li> <li>Rolled-out Medical Transcription Electronic Discharge and Admissions, Discharges and Transfers in Princess of Wales Hospital as part of the WPAS transition activity and system consolidation.</li> <li>Majority of agreed digital programmes have delivered (coding, nursing record) or are delivering to timescales however the Emergency Department system implementation is delayed due to funding and capacity constraints.</li> <li>In terms of 'Open Eyes' CTMUHB is planning to deploy for Glaucoma by 31<sup>st</sup> March 2023. Further roll-out is subject to funding.</li> <li>Access to digital funding streams is under review due to proposed decreases in the national digital prioritisation funds</li> <li>Short term nature of funding constrains the recruitment and ability to implement national projects</li> </ul>



- IG and Cyber programmes are structured but constrained by resources
- Progress continues on infrastructure enhancements across CTM sites
- There are continued gaps in analytical capacity to meet the demands of the service which therefore impacts upon service improvement initiatives
- Prioritisation of key digital initiatives to be considered as part of the IMTP cycle.
- Programme to share data across primary and secondary care on hold due to adverse resource allocation choices.
- **Delayed implementation of national critical care system**

**Were there any significant incidents affecting this strategic Risk this period:**

**During the period there have been 3 critical incidents. The critical incidents are outlined below:**

- April 2023 Major loss of PSBA (Digital Wide area network) across Wales
- March 2023 Significant data quality issues in the All-Wales Electronic Master Patient Index – which ensures the records are attributed to the correct individual
- February 2023 External Cyber incident (Other NHS Wales Organisation)

Strategic risk assessment	Holding information securely and confidentially	Effective governance, leadership and accountability	Obtaining information fairly and efficiently	Recording information accurately and reliably	Using information effectively and ethically	Sharing information appropriately and lawfully
Impact	5	4	4	3	3	3
Likelihood	4	2	2	4	4	5
<b>Risk</b>	<b>20</b>	<b>8</b>	<b>8</b>	<b>12</b>	<b>12</b>	<b>15</b>

**Associated Risks on the Organisational Risk Register**

Risk no.	Description	Current score
5276	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025.	<b>20</b>
4664	Ransomware attack resulting in loss of critical services and possible extortion	<b>20</b>
4337	Integrated Patient Records across the Health Board	<b>16</b>
4671	NHS Computer Network Infrastructure unable to meet demand	<del>15</del> <b>16</b>
<b>5431</b>	<b>Dual Deployment at CTM of both RISP and LINC Programmes Systems – New risk escalated to the Organisational Risk Register in May 2023.</b>	<b>16</b>
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	<b>15</b>

4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	<b>15</b>
4772	Replacement of press software on the 13 & 10 stage CBW presses	<b>15</b>
5040	Digital Healthcare Wales (DHCW interdependencies)	<b>15</b>
4699	Failure to deliver a robust and sustainable Information Governance Function	<b>15</b>
4887	Retrieval and filing of case notes in the POW Medical Records Library	<del>20</del> <b>15</b>

[Click here to go back to the summary Section](#)

<b>Strategic Goal: Inspiring People</b>  INSPIRING PEOPLE	<b>Risk score 12</b>
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Strategic Risk: <b>Leadership and Management – (Risk No.7)</b>		
<b>If</b> we fail to provide compassionate and effective leadership at all levels of the organisation and all professions to empower and enable our workforce	<b>Then</b> there will be lack of confidence to enable informed decision-making at the appropriate level and to implement organisational change	<b>Resulting in</b> lack of commitment and engagement, poor communication, deterioration of staff wellbeing, and difficulty in recruiting and retaining the staff we need

	Consequence	Likelihood	Score	<b>Risk Score Trajectory (Trend)</b> ↔ No change in risk score as at May 2023
Initial	4	4	16	
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>	
Target	4	2	8	
Risk Appetite	<b>Cautious</b> ( <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
<b>Leadership Development</b> <ul style="list-style-type: none"> <li>Board Development Programme – A session has been completed with Board exploring CTM leadership and similar sessions held with Senior Care Group Leads and Assistant &amp; Deputy Directors in February 2023.</li> <li>Comprehensive leadership development programmes.</li> <li>In-house Leadership Development Programme (Senior Leaders / Developing Leaders / Management Essentials)</li> <li>Learning partnerships with HEIW, The Kings Fund and Academi Wales</li> <li>HEIW Compassionate Leadership Programme</li> <li>Establishment of Leadership Coaching &amp; Mentoring Network</li> <li>Re-launch of Leadership 360 Degree Feedback.</li> <li>Launch of Leadership Community of Practice and associated Leadership Summit (Conference)</li> </ul>	<b>Internal Assurances</b> <ul style="list-style-type: none"> <li><b>Inspiring People Board took place on Monday 17 April 2023.</b></li> <li>Workforce and Organisational Development metrics report</li> <li>Employee Relations Update</li> <li>Medical Workforce and Efficiency Report</li> <li>Statutory and Mandatory Training Compliance Report</li> <li>Targeted intervention process – continuous improvement self-assessment reports (incorporates leadership and culture)</li> <li>PULSE surveys themed around particular topics (ad hoc)</li> <li>Post-implementation evaluation report completed and Leadership Programmes relaunched in October 2022</li> <li>Performance Development Review (PDR) processes evaluated quarterly. Bilingual training package launched October 2022</li> <li>Living Wage Employer Status – achieved in February 2023.</li> </ul>

<ul style="list-style-type: none"> <li>• Leadership and Culture Workshops for executives and senior leadership teams</li> <li>• Specific &amp; targeted leadership development work within specific services, e.g. Maternity</li> <li>• Launch of Leadership Competency framework.</li> <li>• Training development between DoTHS and University of South Wales to deliver identified leadership priorities for AHP &amp; HCS leads</li> </ul> <p><b>Leadership Engagement with the workforce</b></p> <ul style="list-style-type: none"> <li>• Leadership Forum</li> <li>• Local Partnership Forum</li> <li>• Clinical Advisory Group</li> <li>• Q&amp;A with the Chief Executive via MS Teams</li> </ul> <p><b>Employee Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Employee Experience Programme</li> <li>• Occupational Health Services</li> <li>• Employee Assistance Programme</li> <li>• Wellbeing Conversations</li> <li>• Money and Pensions Service</li> </ul>	<ul style="list-style-type: none"> <li>• Disability Competent Leader awarded in February 2023 for a further three years.</li> </ul> <p><b>External Assurances</b></p> <ul style="list-style-type: none"> <li>• Teaching Hospital status renewal</li> <li>• Corporate Health Standard Gold accreditation received in February 2023. Platinum assessment scheduled for March 2023.</li> <li>• National Staff Survey</li> <li>• Improved levels of leadership accreditation in staff gaining external qualifications (ILM/CMI).</li> </ul>
<p><b>Gaps in Controls and Assurances</b></p>	<p><b>Mitigating Actions</b></p>
<ul style="list-style-type: none"> <li>• Full implementation of leadership development programmes and embedding in practice <del>to achieve Level 4 (maturity) and eventually Level 5 (exemplar)</del></li> </ul>	<ul style="list-style-type: none"> <li>• Working with our academic partners at the University of South Wales, participants will be able to accredit their learning with the Institute of Leadership and Management (ILM) from January 2023.</li> </ul>
<ul style="list-style-type: none"> <li>• Measuring impact of Organisational Development interventions <del>on improving the leadership and culture of the organisation</del></li> </ul>	<ul style="list-style-type: none"> <li>• An initial programme evaluation report was published in September 2022; further evaluation reports will be available every quarter. The report provides quantitative and qualitative data, from registrations and completions to participant's feedback.</li> </ul>
<ul style="list-style-type: none"> <li>• Improved accessibility to leadership and management toolkits via an online repository, in partnership with HEIW.</li> </ul>	<ul style="list-style-type: none"> <li>• Whilst compassionate leadership is interwoven throughout the programme, a dedicated compassionate leadership module and associated resources will be developed which will complement the programme from January 2023. Launched in January and ongoing within programmes of activity.</li> </ul>
<p><b>Linked National Priority Measures</b></p>	<p><b>Current Performance - Highlights</b></p>
<p><b>Culture, Values and Behaviours</b></p>	<p>In April 2022 CTM has self-assessed itself as <b>Level 4</b> (maturity early results) for leadership capacity and capability development; and</p>

<ul style="list-style-type: none"> <li>Percentage of staff who report that their manager takes a positive interest in their health and wellbeing</li> <li>26. Percentage compliance with all Level 1 competencies of the Core Skills and Training Framework by organisation</li> <li>27. Percentage of sickness absence rate by staff</li> </ul>	<p>also for employee experience in the targeted intervention framework, having started at Level 1 (principle accepted and commitment to action) in March 2020.</p>
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**Were there any significant incidents affecting this strategic Risk this period:**  
None identified for inclusion in the BAF Report.

**Associated Risks on the Organisational Risk Register**

Risk no.	Description	Current score
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[Click here to go back to the summary Section](#)

<b>Strategic Goal: Inspiring People</b>	<b>Risk score 12</b>
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INSPIRING  
PEOPLE

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

<b>If</b> the Health Board fails to put the values of the organisation into practice	<b>Then</b> we will not have a culture that embraces inclusion, openness, innovation and teamwork	<b>Resulting in</b> poor experience for staff and patients alike, diminishing the trust and confidence of our population
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	Consequence	Likelihood	Score	Risk Trend
Initial	4	4	16	
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>	
Target	4	2	8	
Risk Appetite	<b>Cautious</b> ( <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><b>Policies and Frameworks</b></p> <ul style="list-style-type: none"> <li>Workforce Policies, e.g. Respect and Resolution, Standards of Behaviour</li> <li>Values and Behaviours Framework – co-produced with staff</li> <li>Raising Concerns Procedure</li> <li>All-Wales work to promote speaking up, led by Executive Director for People</li> </ul> <p><b>Communication and Engagement re: values &amp; culture</b></p> <ul style="list-style-type: none"> <li>Values Cafes and Values Workshops</li> <li>Leadership and Culture Workshops for executives and senior leadership teams</li> <li>Publicity campaign around values following launch in October 2020</li> <li>Back to Behaviour Basics Training Programme</li> <li>Values based induction run with nurses, healthcare support workers, graduates and junior doctors</li> </ul> <p><b>Putting Values into Practice</b></p> <ul style="list-style-type: none"> <li>Listening, Learning and Improvement (Just and Learning) Culture programme – 28 Senior Leaders within CTMUHB received training by MerseyCare and Steering Group established to embed approach.</li> </ul>	<ul style="list-style-type: none"> <li>National Staff Survey <b>will be run in Summer 2023</b></li> <li>PULSE surveys themed around particular topics (ad hoc)</li> <li>Values and Behaviours Update</li> <li>Equality Annual Report</li> <li>Welsh Language Standards Annual Report</li> <li>Living Wage Accreditation awarded in February 2023.</li> </ul>

<ul style="list-style-type: none"> <li>• Performance and Development Reviews</li> <li>• Values Based Recruitment</li> <li>• Suite of values-based resources and activities for managers and staff on SharePoint.</li> <li>• Celebrated World Values day on 20<sup>th</sup> October 2022 supporting the Values in our Community.</li> <li>• Cultural Competence session held on 25<sup>th</sup> November 2022 for Executive Team and teams reporting directly to them.</li> </ul>	
<p><b>Gaps in Controls and Assurances</b></p>	<p><b>Mitigating Actions</b></p>
<ul style="list-style-type: none"> <li>• Embedding values in <b>recruitment practice</b> after successful launch and communications campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Re-launched values-based recruitment pages in October 2022 to provide advice and guidance including values-based questions to support the process.</li> </ul>
<ul style="list-style-type: none"> <li>• Empowering staff to feed back on, or challenge behaviour which is inconsistent with the organisation's values</li> </ul>	<ul style="list-style-type: none"> <li>• In response to feedback regarding our leaders embodying our values a reverse mentoring programme was launched in October 2022 with senior colleagues and employees from our minority groups. <b>Evaluated the first cohort and this is going to ELG and People and culture Committee for feedback.</b></li> </ul>
<ul style="list-style-type: none"> <li>• Cultural Health Check diagnostic tool developed that measures current alignment to values based on participants' contribution to the assessment. The Health Check has been piloted successfully and is being used for subsequent OD interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• Through our Aspire and Inspire Leadership programmes our approach to leading behaviour change through leadership is paramount and a key feature of the programmes.</li> <li>• <b>National Staff Survey will be run in Summer 2023</b></li> <li>• <b>Award received from CIPD in March 2023 recognising CTM's values work.</b></li> </ul>
<ul style="list-style-type: none"> <li>• <del>Measuring impact of Organisational Development interventions on improving the leadership and culture of the organisation</del></li> <li>• Current Strategic Equality Plan (SEP) requires review to align with the changing national context.</li> </ul>	<ul style="list-style-type: none"> <li>• Work ongoing to review the Strategic Equality Plan (SEP) to align with the changing national landscape, in particular the Anti-Racist and LGBTQ+ Wales Plan. SEP currently out for consultation.</li> <li>• <b>SEP going to People and culture on 10 May 2023</b></li> </ul>
<p><b>Linked National Priority Measures</b></p>	<p><b>Current Performance - Highlights</b></p>
<p><b>Culture, Values and Behaviours</b></p> <ul style="list-style-type: none"> <li>• 24. Overall staff engagement score</li> <li>• 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)</li> </ul>	<p>In April 2022, CTM has self-assessed itself as <b>Level 3</b> (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>



Were there any significant incidents affecting this strategic Risk this period:

None identified for inclusion in the BAF Report.

Associated Risks on the Organisational Risk Register

Risk no.	Description	Current score
N/A	No directly linked risks on organisational risk register	<b>N/A</b>

[Click here to go back to the summary Section](#)

 <b>Strategic Goal: Sustaining our Future</b>		<b>Risk score 16</b>
<b>Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.9)</b>		
<b>If</b> the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact	<b>Then</b> we will not fulfil our Socio-economic duty, our Wellbeing of Future Generations objectives and our value-based healthcare principles	<b>Resulting in</b> negative environmental and social impacts, and loss of trust and confidence among stakeholders

	Consequence	Likelihood	Score	<b>Risk Score Trajectory (Trend)</b> ↔ No change in risk score as at May 2023
Initial	4	5	20	
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	2	8	
Risk Appetite	<b>Cautious</b> ( <i>assets; trust and confidence</i> ) <b>Open</b> ( <i>estates</i> )			

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
<b>Wellbeing and Socio-economic duties</b> <ul style="list-style-type: none"> <li>Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working.</li> <li>'CTM 2030' delivery focusses on community developments, employment and local procurement where possible.</li> <li>CTM becoming established as an Anchor Organisation.</li> </ul> <b>Environmental Sustainability – Net Zero</b> <ul style="list-style-type: none"> <li>Decarbonisation Strategy</li> <li>Established a CTM <b>Environmental Sustainability Decarbonisation Group</b> as part of transformation agenda. <del>which will have oversight and delivery of CTM's decarbonisation agenda</del></li> <li>'CTM 2030' seeks to ensure that services take account of the impact on the environment</li> <li>All-Wales approach to sustainable procurement</li> <li>Green CTM Staff Forum</li> </ul>	<b>Wellbeing and socio-economic duties</b> <ul style="list-style-type: none"> <li>Wellbeing Statement accompanying Annual Plan</li> <li>Progress reports against the Annual Plan</li> <li>Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement</li> </ul> <b>Environmental Sustainability – Net Zero</b> <ul style="list-style-type: none"> <li>Environmental Sustainability Annual Report</li> <li>ISO 14001 (Certified Environmental Management System) accreditation</li> </ul> Commenced reporting to Board / committees regarding Net Zero – Timeframe: June 2022. Complete - moved to assurance. <ul style="list-style-type: none"> <li><b>Six-monthly reporting of the Decarbonisation Action Plan to the Board (next due in May 2023)</b></li> </ul>

<ul style="list-style-type: none"> <li>Fleet emissions reduction programme and trial of electric vehicles</li> <li>Tree planting initiatives</li> <li>Waste management – elimination of landfill for foodstuffs</li> <li>Use of less environmentally impactful anaesthetic gases</li> <li><b>Sustainable Health Care delivered a workshop to Board Members in March 2023.</b></li> <li><b>Decarbonisation Action Plan in place.</b></li> </ul>	
Gaps in Controls and Assurances	Mitigating Actions
<ul style="list-style-type: none"> <li>Dedicated resource to manage and deliver Net Zero programme across the whole Health Board.</li> </ul>	<ul style="list-style-type: none"> <li>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: Ongoing subject to capital availability.</li> </ul>
<ul style="list-style-type: none"> <li>Enhancing Board reports regarding sustainability issues to address Net Zero 2030 goals.</li> </ul>	<ul style="list-style-type: none"> <li><b>Work underway with governance team to include as part of board reporting</b></li> </ul>
<ul style="list-style-type: none"> <li>Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation.</li> </ul>	<ul style="list-style-type: none"> <li><b>Procurement team part of Environmental Sustainability Group and wider decarbonisation networks</b></li> </ul>
<ul style="list-style-type: none"> <li>Mapping against ‘More Equal Wales’ guidance for Socio-economic Duty which came into effect in April 2021.</li> </ul>	<ul style="list-style-type: none"> <li><b>To include as discussion point as part of Anchor Institution work moving forward, including public health involvement</b></li> </ul>
<ul style="list-style-type: none"> <li>Nationally the formula to establish carbon footprint of our organisation has changed CTMUHB’s baseline assessment which has placed the organisation significantly further away from its 2025 goal.</li> </ul>	<ul style="list-style-type: none"> <li><b>Decarbonisation action plan to be reviewed which will consider additional actions.</b></li> </ul>
<ul style="list-style-type: none"> <li>Global energy crisis will impact on service delivery for our communities and staff, this is being closely monitored as it will impact upon health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>CTMUHB Financial Care Wellbeing Pathway launched to support the workforce recognising the impact of the cost of living increase impacting our workforce and population.</li> </ul>
Linked National Priority Measures	Current Performance - Highlights
<p><b>Economy and Environment</b></p> <ul style="list-style-type: none"> <li>Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach</li> <li>Qualitative report detailing the progress of NHS Wales’ contribution to</li> </ul>	<p>The Health Board is developing its approach for an annual report on performance which is anticipated for the latter part of 2022. <b>An integrated approach across the Health Board will be adopted for reporting progress against</b></p>

<p>decarbonisation as outlined in the organisation's plan</p> <ul style="list-style-type: none"> <li>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</li> </ul> <p><b>Wellbeing of Future Generations Act</b></p>	<p><b>the Environmental Sustainability Plan. Scheduled for autumn 2023.</b></p>
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**Were there any significant incidents affecting this strategic Risk this period:**  
Nil

Associated Risks from the Organisational Risk Register		
Risk no.	Description	Current score
5374	Fulfilling our environmental and social duties. New risk escalated March 2023.	<b>16</b>

[Click here to go back to the summary Section](#)