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** 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** 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** SUSTAINING OUR FUTURE	Exec. Director of Finance; Exec. Director for People	Planning, Performance and Finance; People and Culture	**20** (C5xL4)	↔ *No Change*
4.	**Sufficient workforce to deliver the activity and quality ambitions of the organisation** **Click Here for Risk 4**	**Sustaining our Future** SUSTAINING OUR FUTURE	Executive Director of People	People & Culture Committee	**20** (C5xL4)	↔ *No Change*
5.	**Community and Partner Engagement** **Click Here for Risk 5**	**Creating Health** CREATING HEALTH	Exec. Director of Public Health	Population Health & Partnerships	**16** (C4xL4)	↔ *No Change*
6.	**Delivery of a digital and information infrastructure to support organisational transformation** **Click Here for Risk 6**	**Improving Care** IMPROVING CARE	Director of Digital	Digital & Data	**16** (C4xL4)	↔ *No Change*

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** INSPIRING PEOPLE	Exec. Director for People	People and Culture	**16** **(C4xL4)**	↔ *No Change*
8.	**Culture, Values and Behaviours** **Click Here for Risk 8**	**Inspiring People** INSPIRING PEOPLE	Exec. Director for People	People and Culture	**16** **↓** **12** **(C4xL3)**	↓ Risk level decreased in July 2022
9.	**Fulfilling our Environmental and Social Duties and ambitions** **Click Here for Risk 9**	**Sustaining our Future** SUSTAINING OUR FUTURE	Exec. Director of Strategy and Transformation	Population Health and Partnerships	**16** **↓** **12** **(C4xL3)**	↓ Risk level decreased in May 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			*1,* *2,3,4,5,6,* **9, 8**	**5,6, 7,**	**1**
	3			*7, 8, 9*		
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

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**
Inherent	4	5	20	$\leftrightarrow$
Current	**4**	**5**	**20**	
Target	4	3	12	
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*			

Risk Lead	• Chief Operating Officer • Executive Director of Strategy & Transformation	Assurance committee	• Quality & Safety Committee *(potential harm)* • Planning, Performance and Finance *(performance targets)*

Controls	Assurances reported to Board and committees
Strategies and Plans • ~~Integrated Medium Term~~ Annual Planning Process • Winter Pressures Plan • Elective Recovery Portfolio • Contact First Programme • Annual Capacity Plan established April 2022. • A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented. • Alternative bed options being worked-up by Rhondda Cynon Taf County Borough Council to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of	• 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.~~ • Urgent Care six goals progress reports (monthly) • Planned Care Recovery Update report (monthly)

hospital stabilisation and onward decision-making. **Improvement Programmes** • Targeted Intervention / Special Measures programme work • Improvement CTM • Urgent and Elective Care Improvement Programme • Enhanced support for specific services e.g. CAMHS • Enhanced monitoring process for Cancer Services • Elective Care Recovery Programme (includes external provider commissioning) • Integrated Health & Social Care Programme Board. • Regional Integrated Fund (RIF) • Urgent Care Six Goals • Planned Care Board **Governance Structures** • Six Goals Board • Cancer Board • Weekly Cancer Meetings • Planned Care Recovery Board • Innovation Board • Prince Charles Hospital Improvement Board **Operational Processes** • Clear criteria to prioritise based on clinical need • Centralised decision-making around use of spare capacity across the organisation	• Escalation processes leading to Chief Operating Officer report to Quality & Safety Committee including ILG performance review meetings. • Corporate Risk Register via ILG risk Registers.
Gaps in Controls and Assurances	**Mitigating Actions**
• Annual Operational Plans • Central digitally-based Capacity Management System • Robustness of cancer tracking and specialty-specific elective data	• Speciality Specific and Cancer Improvement Trajectories • Continue to operate manual capacity management processes while scoping options for a digital alternative e.g. e-whiteboards – *review date June 2022.* • Work with digital team to improve timeliness and quality of data re: cancer and elective services – *review date June 2022.* • Deployment of RIF

Linked National Priority Measures	Current Performance - Highlights
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 • 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)	The following key performance indicators should be considered from the Integrated Performance Dashboard: • Urgent care • planned care, • cancer • and diagnostic indicators

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**
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**
2808	Waiting Times/Performance: ND Team	**15**

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

Strategic Goal: **Improving Care**	Risk score **20**

Strategic Risk: **Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)**

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

	Consequence	Likelihood	Score	Risk Trend
Inherent	5	4	20	
Current	**5**	**4**	**20**	↔
Target	4	3	12	
Risk Appetite	**Cautious** *(quality and safety; trust and confidence; legal and regulatory)*			

Risk Leads	• Executive Nurse Director • Executive Medical Director	Assurance committee	Quality and Safety

Controls	Assurances reported to Board and committees
Quality Frameworks and Policies • 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~~ Incident Management Framework launched June 2022 to reflect national changes in national incident reporting. • Improvement and Innovation Board **Learning from Experience** • 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	**Annual Reports** • Clinical Audit Annual Report • Clinical Education Annual Report • Safeguarding Annual Report • Putting Things Right Annual Report • Infection Prevention and Control Annual Report • Medicines Management Expenditure Committee Annual Report • Health and Care Standards Annual Report (incorporating patient survey) • GMC Survey **Quarterly Reports** • 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

- Active Forums such as "My Maternity My Way" which includes past and present service users.
- 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.
- RADAR (Recognition of Acute Deterioration & Resuscitation) Committee. – training standards and compliance
- Clinical Education Forum – inaugural meeting June 2022.

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.
- 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

- 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
- 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
- Annual Undergraduate Review

• External Independent Maternity Services Oversight Panel - Maternity and Neonates. • Monthly Quality Improvement (QI) training commenced from June 2022 • Patient Safety Clinics commenced June 2022 and will run bi-monthly or as required by services. • Investigation and Putting Things Right (PTR) Training commences during July 2022 • Value Based Healthcare programme in place aligned to national Value in Health priorities • 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	• General Medical Council National Survey Feedback

Gaps in Controls and Assurances	Mitigating Actions

1. Data :
    • Real-time performance and quality data accessible via electronic systems across the organisation
    • Externally benchmarked data relating to quality across Wales
 2. Fundamentals of Care Audit (under development – piloted in Maternity Services & Paediatrics)
 3. Raising awareness of staff responsibilities under the Duty of Quality and the Duty of Candour
 4. Implementation of OFW Incident Module has created some duplicated reporting issues in relation to legacy reports whilst the new system is being fully embedded.
 5. Quality Strategy in development as of June 2022 -Phase 1 – outlining our approach. Next phase will set SMART objectives, phase 3 – delivery.
 6. Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and
	1. Central Patient Safety Team are manually reviewing and validating data currently in relation to locally reportable incidents.
	 2. Medical Productivity Group established
	 3. Medical Day Surgery expansion expanded to address the backlog in the light of capacity challenges.
	 4. Fundamentals of Care Pilot (Baseline ward assurance audit completed June 2022) and in the process of being adapted to support a Ward to Board Nursing and Midwifery Assurance Framework. Timescale – September 2022.
	 5. 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.

empowerment. **Holding engagement sessions for staff. Clinical staff sessions also**

7. Listening and Learning Framework is in development and will be available during July 2022

8. National Reportable Incident Framework launched by NHS Delivery Unit in June 2021 requiring the Health Board to develop a new Incident Management Framework and Toolkit which was implemented in June 2022. The new Incident Investigation and RCA training module has also been developed and launched during July 2022; to ensure that patient safety incidents are investigated robustly, Datix is used appropriately and learning is evidenced and acted upon.

6. The Health Board is represented on the programmes of work supporting the roll out of the Duty if 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.

7. 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.

8. 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.

9. Ambition to develop live clinical quality dashboard

10. Implementation Learning Framework – timescales – September 2022 Board Meeting.

11. Quality Strategy in draft for approval at September 2022 Board meeting.

Linked National Priority Measures	Current Performance - Highlights
Care Closer to Home • 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 **Infection Prevention and Control** • Six Tier One IP&C Targets • National IP&C Guidance – to include implementation of respiratory and non-respiratory pathways. • NHS Wales National Framework – Management of patient safety incidents following nosocomial transmission of Covid-19	Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance: • 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

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 LPS	
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.	
National Value Based Healthcare Strategy – alignment of CTMs programme of work to meet national priorities	

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4479	No centralised decontamination facility in Princess of Wales Hospital	**20**
4907	Failure to manage Redress cases efficiently and effectively	**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**
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**

4753	Maternity: lack of pharmacy clinical service, medicines governance and medicines safety	**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**
4908	Failure to manage legal cases efficiently and effectively	**16**
2787	Absence of a robust Health Surveillance Programme for employees	**16**
4417	Management of Security Doors in All Hospital Settings	**16**
5014	Care of Obstetric & Gynaecology patients in the ED at the Royal Glamorgan Hospital	**16**
4282	Risks associated with the transfer to the new Planet FM System	**16**
5109	Poor air-conditioning & increased environmental temperatures in Pathology laboratory	
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**
4920	Capacity within the ED/ Medical/ Rehabilitation and Orthopaedic Inpatient Occupational Therapy Service within Princess of Wales	**15**
4253	Ligature points – inpatient services	**15**
2987	Fire enforcement order First Floor PCH	**15**
4691	New Mental Health Unit	**15**
4282	Risks associated with the transfer to the new Planet FM System	**16**

Strategic Goals: **Sustaining our Future**		Risk score **20**

Strategic Risk: **Finance and Resources - (Risk No.3)**		
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

	Consequence	Likelihood	Score	Risk Trend
Inherent	5	5	25	
Current	**5**	**4**	**20**	↔
Target	4	3	12	
Risk Appetite	**Minimal** *(financial stability)* **Cautious** *(legal and regulatory)* **Open** *(estates)*			

Risk Lead	• Executive Director of Finance • Executive Director for People	Assurance committee	• Planning, Performance and Finance *(finance and estates issues)* • People and Culture *(workforce planning)*

Controls	Assurances reported to Board and committees
Financial Management • 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** • Capital Programme • Estates and Capital Planning Group	**Financial Management** • 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** • Estates and Facilities EFPMS dashboard
Gaps in Controls and Assurances	**Mitigating Actions**
Finance • Understanding of budgetary control and procurement processes in some services **Premises** • Estates Strategy	**Finance** • Deliver training to budget holders within localities – *ongoing, for completion by end 2022.* • Deliver procurement training to departments where compliance with

• Reporting of performance information to Board and committees regarding estates and premises	procurement processes is low - ongoing, for completion by end 2022. • Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. • 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. • Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery. **Premises** • Introduce regular reporting to PPF Committee based on Estates key performance indicators – *June 2022* • Develop Estates Strategy aligned to priorities within the 'Our Health Our Future' 2030 corporate strategy – *end 2023*
Linked National Priority Measures	**Current Performance - Highlights**
Workforce • 23. Agency spend as a percentage of the total pay bill **Public Sector Prompt Payment (PSPP) Performance**	• The Month 3 Year to Date position is a £7.8m deficit. This represents a £1.2m adverse variance compared to 3/12ths of the planned £26.5m Core plan deficit (£6.6m). • The Month 3 savings position is forecasting £17.4m of savings in 22/23 but only £10.7m on a recurrent basis. The savings target for 22/23 is £17.3m. The Recurrent savings gap is therefore £6.6m. • The Month 3 Year to Date agency spend was £14.2 which represents 9.1% of the total pay costs of £155.7m. • PSPP performance at M3 was 96.6% which exceeds the 95% target.

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
5153	Failure to achieve financial balance in 2022/23.	**20**
5154	Failure to reduce the planned recurrent deficit of £28.0m at the end of 2022/23.	**20**

The following risks have been moved to Strategic Risk 2.
4282 - Risks associated with the transfer to the new Planet FM System **16**
4282 - Risks associated with the transfer to the new Planet FM System **16**

Strategic Goals: **Sustaining our Future**		Risk score **20**
Strategic Risk: **- Sufficient workforce to deliver the activity and quality ambitions of the organisation (Risk No. 4)**		

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

	Consequence	Likelihood	Score	Risk Trend
Inherent	5	5	25	
Current	**5**	**4**	**20**	$\leftrightarrow$
Target	4	3	12	
Risk Appetite	**Minimal** (financial stability) **Cautious** (quality and safety, (legal and regulatory)			

Risk Lead	• Executive Director for People	Assurance committee	• People and Culture

Controls	Assurances reported to Board and committees
Recruitment • 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 **Retention** • 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 **Temporary staffing solutions** • New Medical Bank • Locum Managed Service Agreements	• 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 & Culture Committee. Data also included in Integrated Performance Report to the Board. • Bi-annual Medical Workforce and Medical Efficiency Reports • Twice yearly nurse staffing assurance reports to the Board • Benchmarking analysis • Annual Education Commissioning Submission

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.	
Gaps in Controls and Assurances	**Mitigating Actions**
Workforce Planning • Workforce Planning process not yet in place – currently at very early stage • Establishment control not in place **Recruitment** • Work experience programmes suspended due to Covid-19	As noted in the controls, the Workforce & Organisational Development department are procuring external support to take forward the following activities and this will initially be reviewed at the beginning of October 2022. • 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.
Linked National Priority Measures	**Current Performance - Highlights**
Workforce • 23. Agency spend as a percentage of the total pay bill • 27. Percentage sickness rate of staff	The following key metrics are set out within the Workforce and Organisational Development Metrics section of the Integrated Performance Report: • The number of job plans for consultants and other senior doctors needs to be improved. • Sickness absence currently remains above target • Staff in post stands at 12,548 with staff turnover at 13.05% The Health Board's integrated dashboard sets out further details in respect of workforce related performance metrics.

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**
4356	Overdue/Out of date fire risk assessment due to resource issues and the amount required to be undertaken	**20**
4827	Lack of lead for Face Fit Training along with Face Fit Trainers	**20**
4722	Senior Medical Workforce Shortfall. Risk scored at a 16.	**16**
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**
4780	Patient Handling Training. Risk rated as a 16.	**16**
4997	Consultant Physician in Ysbyty Cwm Cynon (YCC).	**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**

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

Strategic Goal: **Creating Health**	Risk score **16**

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
Inherent	4	5	20	$\leftrightarrow$
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

Controls	Assurances reported to Board and committees
Strategies & Plans • 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). **Engagement Forums** • 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	**Reports to Board** • Director of Public Health Annual Report • Population Health Board Report 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. **Reports to Population Health & Partnerships Committee** • 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	Mitigating Actions
- 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~~	- 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.* Integrated Level 2 and Level 3 Weight Management Services – established *June 2022*

Linked National Priority Measures	Current Performance - Highlights
Population Health – Ministers Measures Phase One 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	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. Integrated Performance Dashboard: Quadruple aim 1: the percentage of adult smokers who make a quit attempt via smoking cessation services. Target 5%

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

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

Strategic Goal: **Improving Care**	Risk score **16**

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~~ If 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	**Then** ~~we will be unable to design a strategy to transform services tailored to meet the needs of our community~~ 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.	**Resulting in** ~~continuing health inequalities and poor population health outcomes, including in relation to Covid-19~~ 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.

	Consequence	Likelihood	Score	Risk Trend
Inherent	4	5	20	
Current	**4**	**4**	**16**	↔
Target	4	3	12	
Risk Appetite	**Cautious** *(data and information; legal and regulatory)*			

Risk Lead	Director of Digital	Assurance committee	Digital & Data

Controls	Assurances reported to Board and committees
• Digital & Data Strategy • Population Health Strategy • ~~2030 corporate strategy 'Our Health Our Future'~~ • ~~Digital Enabler Programme~~ • Digital & Data Delivery 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~~	**Reports to Digital and Data Committee** • All-Wales Information Governance Toolkit and ICO Audit Review. • NIS-D Cyber Assessment Framework and Improvement Plan (CRU). • Digital Programme Assurance Report • Internal Audit Reports • Coding Improvement Plan • Bridgend Aggregation Programme • ~~Digital Enablers Update~~ • ~~All-Wales Information Governance Toolkit~~ • ~~Internal Audit reports relating to data quality and information governance~~

• Information Security, Records Management and Information Governance Policies and Improvement Programmes	**Reports to other committees** • Progress updates against Population Health Strategy • Planning, Performance & Finance

Gaps in Controls and Assurances	Mitigating Actions
• ~~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~~ • ~~Resourcing of Information Governance function within the Health Board~~ • Closing the gap in Digital Helplessness • Training and Awareness Programme • Tested and integrated cyber incident management plan • Incomplete asset register • Poor adherence to policies • Insufficient capital and revenue resource allocation and the capacity of the skilled workforce • Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board • Lack of an open architecture • Widespread non-adherence to data standards • Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales • Capacity within current team to deliver digital transformation agenda • Delayed delivery of the digital patient notes programme • Resourcing of Information Governance function within the Health Board • No function within the UHB focussing on benefits realisation • Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record	• Work with WG to mandate digital and cyber security training for all staff • Pursue funding from Government to enable further integration of Bridgend IT systems and support delivery of the digital programme- *ongoing* • Establish agile change management practices across the organisation • Make progress in deliver the cyber, IG and digital and data programmes. • Work with other NHS Wales's partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. • Review of existing resources and structure for Digital Directorate and recommendation of new operating model – *June 2022 for review; to be implemented during 2022/23* • ~~Review terms of reference and composition of Digital Delivery Board and other governance structures supporting the digital agenda – August *2022*~~ • ~~Review scope of key projects and revise / reprioritise if necessary – *June 2022*~~ • ~~Benchmark resources allocated to IG function against comparable organisations – *June 2022*~~ •

Linked National Priority Measures	Current Performance - Highlights
Digital and Technology • 31. Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes • Coding standards.	~~In terms of the position to May 2022:~~ • ~~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~~ • Majority of agreed digital programmes have delivered (coding, nursing record) or are delivering to timescales however the Emergency Department system implementation and the 'Open Eyes' deployments are delayed due to funding and capacity constraints • Access to digital funding streams is under review due to proposed decreases in the national digital prioritisation funds • IG and Cyber programmes are structured but constrained by resources • Much progress on infrastructure enhancements across CTM sites • Analytics capacity falling short of demands, delaying service improvement initiatives • Programme to share data across primary and secondary care on hold due to adverse resource allocation choices.

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	3
Risk	**20**	**8**	**8**	**12**	**12**	**9**

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**
4887	Retrieval and filing of case notes in the POW Medical Records Library	**20**
4699	Failure to deliver a robust and sustainable Information Governance Function	**20**
4339	Failure to complete a timely and robust Data Protection Impact Assessment (DPIA)	**20**
4337	Lack of Integrated IT systems	**16**
4339	Failure to complete a timely and robust Data Protection Impact Assessment	**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**

Click here to go back to the summary Section

Strategic Goal: **Inspiring People**	Risk score **16**

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** *(assets; trust and confidence)*			

Risk Lead	Executive Director for People	Assurance committee	People and Culture

Controls	Assurances reported to Board and committees
Leadership Development • Board Development Programme • Launched of comprehensive leadership development programmes. • 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 **Leadership Engagement with the workforce** • Leadership Forum • Local Partnership Forum	**Internal Assurances** • 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) **External Assurances** • Teaching Hospital status renewal • Corporate Health Standard Gold accreditation • National Staff Survey

- Clinical Advisory Group
- Q&A with the Chief Executive via MS Teams

Employee Wellbeing
- Employee Experience Programme
- Occupational Health Services
- Employee Assistance Programme
- Wellbeing Conversations
- Money and Pensions Service

Gaps in Controls and Assurances	Mitigating Actions
• 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	• Produce post-implementation evaluation report – *TBC following completion of programme* • *Leadership Development Programmes promoted regularly including staff forums and Performance Development Review (PDR) processes and exploring variances to attendance completion. Due for review beginning of October 2022*

Linked National Priority Measures	Current Performance - Highlights
Culture, Values and Behaviours • 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	In April 2022 ~~December 2021~~, CTM has self-assessed itself as **Level 3 4**(maturity early results) 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.

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**

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

Strategic Goal: **Inspiring People**	Risk score **12**

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

	Consequence	Likelihood	Score	Risk Trend
Inherent	4	4	16	
Current	**4**	**3**	**12**	↓
Target	3	3	9	
Risk Appetite	**Cautious** *(assets; trust and confidence)*			Likelihood reduced from a 4 to a 3 in July 2022

Risk Lead	Executive Director for People	Assurance committee	People and Culture

Controls	Assurances reported to Board and committees
Policies and Frameworks • 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 **Communication and Engagement re: values & culture** • 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 • Values based induction run with nurses, healthcare support workers, graduates and junior doctors **Putting Values into Practice** • Listening, Learning and Improvement (Just and Learning) Culture programme • Performance and Development Reviews • Values Based Recruitment	• 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
• Embedding values in practice after successful launch and communications campaign • 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	• Implement values-based insight programme (toolkit, videos, social media etc.) - *Spring 2022* • Implement 'Tell Me / Us' initiative – *Spring 2022* • Implement values-based team self-assessments – *Summer 2022* • Establish online Culture and Values Hub – *Summer 2022* • Implement values-based patient discharge survey – *Autumn 2022* • Produce post-implementation evaluation report – *TBC following completion of programme*
Linked National Priority Measures	Current Performance - Highlights
Culture, Values and Behaviours • 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)	In April 2022 ~~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.

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

Click here to go back to the summary Section

Strategic Goal: **Sustaining our Future**	Risk score **12**

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

	Conseq uence	Likelih ood	Score	Risk Trend
Inherent	4	5	20	↓
Current	**4**	**3**	**12**	Following ~~implementation~~ publication of the Decarbonisation Strategy it is considered that the likelihood rating of this risk has reduced from a score of four to three.
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

Controls	Assurances reported to Board and committees
Wellbeing and Socio-economic duties • 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. **Environmental Sustainability – Net Zero** • 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	**Wellbeing and socio-economic duties** • 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 **Environmental Sustainability – Net Zero** • Environmental Sustainability Annual Report • ISO 14001 (Certified Environmental Management System) accreditation

Gaps in Controls and Assurances	Mitigating Actions
• 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.	• 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
Economy and Environment • 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 **Wellbeing of Future Generations Act**	The Health Board is developing its approach for an annual report on performance which is anticipated for the latter part of 2022.

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

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