










## 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
1.	<p><b>Sufficient capacity to meet emergency and elective demand</b></p> <p><a href="#">Click Here for Risk 1</a></p>	<p><b>Improving Care</b></p> 	Chief Operating Officer, Exec. Director of Strategy and Transformation	Quality and Safety; Planning, Performance and Finance	<b>20</b> (C4xL5)	<i>Insert arrow here</i>
2.	<p><b>Ability to deliver improvements which transform care and enhance outcomes</b></p> <p><a href="#">Click Here for Risk 2</a></p>	<p><b>Improving Care</b></p> 	Exec. Dir. Of Nursing, Midwifery & Health Professions; Exec. Medical Director	Quality and Safety	<b>20</b> (C5xL4)	
3.	<p><b>Finance and Resources</b></p> <p><a href="#">Click Here for Risk 3</a></p>	<p><b>Sustaining our Future</b></p> 	Exec. Director of Finance; Exec. Director for People	Planning, Performance and Finance; People and Culture	<b>20</b> (C5xL4)	
4.	<p><b>Sufficient workforce to deliver the activity and quality ambitions of the organisation</b></p> <p><a href="#">Click Here for Risk 4</a></p>	<p><b>Sustaining our Future</b></p> 	Executive Director of People	People & Culture Committee	<b>20</b> (C5xL4)	
5.	<p><b>Community and Partner Engagement</b></p> <p><a href="#">Click Here for Risk 5</a></p>	<p><b>Creating Health</b></p> 	Exec. Director of Public Health	Population Health & Partnerships	<b>16</b> (C4xL4)	
6.	<p><b>Delivery of a digital and information infrastructure to support organisational transformation</b></p> <p><a href="#">Click Here for Risk 6</a></p>	<p><b>Improving Care</b></p> 	Director of Digital	Digital & Data	<b>16</b> (C4xL4)	



Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee(s)	Current score	Trajectory
7.	<b>Leadership and Management</b>  <a href="#">Click Here for Risk 7</a>	<b>Inspiring People</b> 	Exec. Director for People	People and Culture	<b>16</b> (C4xL4)	
8.	<b>Culture, Values and Behaviours</b>  <a href="#">Click Here for Risk 8</a>	<b>Inspiring People</b> 	Exec. Director for People	People and Culture	<b>16</b> (C4xL4)	
9.	<b>Fulfilling our Environmental and Social Duties and ambitions</b>  <a href="#">Click Here for Risk 9</a>	<b>Sustaining our Future</b> 	Exec. Director of Strategy and Transformation	Population Health and Partnerships	<b>16</b> (C4xL4)	

[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>2, 3,4</b>	
	4			<i>1, 2,3,4,5,6</i>	<b>5,6, 7, 8, 9</b>	<b>1</b>
	3			<i>7, 8, 9</i>		
	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	Risk Trend
Inherent	4	5	20	
<b>Current</b>	<b>4</b>	<b>5</b>	<b>20</b>	
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
<p><b>Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>Integrated Medium Term Planning Process</li> <li>Winter Pressures Plan</li> <li>Elective Recovery Portfolio</li> <li>Contact First Programme</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Targeted Intervention / Special Measures programme work</li> <li>Improvement CTM</li> <li>Urgent and Elective Care Improvement Programme</li> <li>Enhanced support for specific services e.g. CAMHS</li> <li>Enhanced monitoring process for Cancer Services</li> </ul> <p><b>Governance Structures</b></p> <ul style="list-style-type: none"> <li>Planned Care Recovery Board</li> <li>Innovation Board</li> <li>PCH Improvement 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 organisatio</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Performance Report</li> <li>Nurse Staffing Act thrice-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> </ul>

Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> <li>Annual Capacity Planning process</li> <li>Central digitally-based Capacity Management System</li> <li>Robustness of cancer tracking and specialty-specific elective data</li> </ul>	<ul style="list-style-type: none"> <li>Develop and implement first iteration of Annual Capacity Planning process – <i>end March 2022</i></li> <li>Continue to operate manual capacity management processes while scoping options for a digital alternative – <i>Ongoing</i></li> <li>Work with Digital team to improve timeliness and quality of data re: cancer and elective services - <i>TBC</i></li> </ul>


Linked National Priority Measures	Current Performance - Highlights
<p><b>Six Goals of Urgent and Emergency Care</b></p> <p>10. Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)</p> <p>11. Percentage of total conveyances taken to a service other than a Type One Emergency Department</p> <p>12. Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites</p> <p>13. Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission</p> <p>14. Percentage of total emergency bed days accrued by people with a length of stay over 21 days</p> <p><b>Access to Timely Planned Care</b></p> <p>15. Number of patients waiting more than 104 weeks for treatment</p> <p>16. Number of patients waiting more than 36 weeks for treatment</p> <p>17. Percentage of patients waiting less than 26 weeks for treatment</p> <p>18. Number of patients waiting over 104 weeks for a new outpatient appointment</p> <p>19. Number of patients waiting over 52 weeks for a new outpatient appointment</p> <p>20. Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%</p> <p>21. Number of patients waiting over 8 weeks for a diagnostic endoscopy</p> <p>22. Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p>	<p>The following key performance indicators were rated <b>red</b> in the Integrated Performance Dashboard at December 2021:</p> <ul style="list-style-type: none"> <li>A&amp;E 12 hour waits</li> <li>Ambulance handovers within 15 minutes</li> <li>Referral to Treatment – 52 weeks</li> <li>Diagnostic 8 week waits</li> <li>% Stage 4 patients urgently clinically prioritised</li> <li>Mental Health CAMHS</li> <li>Delayed discharges awaiting packages of care</li> </ul> <p>No indicators were rated as <b>amber</b>, and one was <b>green</b> - % Out of Hours / 111 patients prioritised as P1CHC that started definitive clinical assessment within 1 hour.</p>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
3562	Emergency Department Overcrowding - within Majors, Minors, Clinical Assessment Unit and the GP Assessment Area at Prince Charles Hospital	<b>20</b>
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>
4149	Failure to sustain Child and Adult Mental Health Services	<b>20</b>
4203	Unable to provide surgical services	<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>
4688	Emergency Department (ED), inability to appropriately triage patients in the Minors area of ED	<b>20</b>
4721	Shift of the boundary for attendances at the Emergency Department	<b>20</b>
4722	Senior medical workforce shortfall	<b>20</b>
4841	Sustainability of mental health services in CTM	<b>20</b>
816	Follow up capacity and clinic cancellations (FUNB)	<b>16</b>
1133	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital	<b>16</b>
3654	Gynaecology Cancer Service – capacity and demand	<b>16</b>
4152	Back log for Imaging in all modalities / areas and reduced capacity	<b>16</b>
4294	Long waiting times and large backlog of patients awaiting Cardiac Echo	<b>16</b>
4684	Emergency Department environment at Prince Charles Hospital	<b>16</b>
4685	Patient Flow within the Theatres Department at Prince Charles Hospital	<b>16</b>
4841	Failure to Deliver Emergency Department Metrics (including 15 minute Handover and 4 and 12 hour breaches)	<b>16</b>
3698	Waiting List for Autism Diagnostic Observation Schedule (ADOS) assessments and Attention Deficit Hyperactivity Disorder (ADHD) medicals over 1 year	<b>15</b>
4800	The co-ordination of automatic repatriation of patients from Major Trauma Centre (s) to any site in CTM Health Board	<b>15</b>

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<b>Strategic Goal: Improving Care</b> 		<b>Risk score 20</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	Risk Trend
Inherent	5	4	20	
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence; legal and regulatory</i> )			

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
<p><b>Quality Frameworks and Policies</b></p> <ul style="list-style-type: none"> <li>Quality Governance Framework</li> </ul> <p><b>Learning from Experience</b></p> <ul style="list-style-type: none"> <li>Mortality Review programme</li> <li>Shared Listening and Learning Forum</li> <li>Weekly executive-led patient safety meetings</li> <li>Weekly Locality incident and complaint review meetings</li> </ul> <p><b>Improvement Programmes</b></p> <ul style="list-style-type: none"> <li>Improvement and Innovation Faculty</li> <li>PCH Improvement Programme</li> <li>Targeted Intervention / Special Measures programme work</li> <li>Enhanced monitoring and support for specific services e.g. CAMHS</li> <li>External Maternity Oversight Panel</li> </ul> <p><b>Research and Innovation</b></p> <ul style="list-style-type: none"> <li>R&amp;D Programme</li> </ul>	<p><b>Annual Reports</b></p> <ul style="list-style-type: none"> <li>Clinical Audit Annual Report</li> <li>Safeguarding Annual Report</li> <li>Putting Things Right Annual Report</li> <li>Infection Prevention and Control Annual Report</li> <li>Medical Education Annual Report</li> <li>Medicines Management Expenditure Committee Annual Report</li> <li>Health and Care Standards Annual Report (incorporating patient survey)</li> </ul> <p><b>Quarterly Reports</b></p> <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> <li>Integrated Locality Group reports</li> <li>High level update on mortality indicators</li> <li>Research and Development Update</li> <li>National Clinical Audit and NCEPOD studies</li> <li>Targeted intervention process – continuous improvement self-assessment reports to board</li> <li>Maternity and Neonatal Improvement Programme Highlight Report</li> <li>Community Health Council briefing papers</li> <li>RADAR Reports</li> </ul> <p><b>Ad hoc Assurances</b></p>

- 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

**Qualitative Intelligence**

- Patient and Staff Stories

**External Assurance**

- Ombudsman’s Annual Letter
- Healthcare Inspectorate Wales reports
- Audit Wales review of Quality Governance arrangements and follow up

**Gaps in Controls and Assurances**

- Real-time performance and quality data accessible via electronic systems across the organisation
- Real-time patient feedback (Civica system being trialled in Maternity)
- Fundamentals of Care Audit (under development – piloted in Maternity Services & Paediatrics)
- Externally benchmarked data relating to quality across Wales
- Raising awareness of staff responsibilities under the Duty of Quality and the Duty of Candour

**Actions and mitigations**

- Roll-out across all specialties of cross-site Speciality Interweave meetings to enable shared learning among doctors – *April 2022*
- Extension of Fundamentals of Care Audit to other clinical services – *TBC*
- Roll-out of AMAT online system for Ward to Board assurance to other areas including acute and medical, outpatients and mental health – *TBC*
- Extension of Civica patient feedback system ('Have your Say' and electronic patient survey) to other clinical services – *January to April 2022*
- Development of live clinical quality dashboard - *TBC*

**Linked National Priority Measures**

**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**

- Cumulative number of laboratory-confirmed bacteraemia cases: Klebsiella sp and Aeruginosa
- 9. Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and C.difficile

**Current Performance - Highlights**

The following key 'scorecard' indicators were rated **red** in the Integrated Performance Dashboard at December 2021:

- % of complaints receiving a final or interim reply within 30 days
- Single Cancer Pathway
- Thrombolysis for stroke patients within 45 minutes
- Cumulative rate of bacteraemia per 100K of population – e-coli, streptococcus aureus and clostridium difficile

Other quality indicators in the scorecard are not RAG-rated.

**Associated Risks on the Organisational Risk Register**

Risk no.	Description	Current score
4253	Ligature points – inpatient services	<b>20</b>
4477	No dedicated lead for decontamination	<b>20</b>

4479	No centralised decontamination facility in Princess of Wales Hospital	<b>20</b>
4893	Duplication of records in ICNet infection surveillance system	<b>20</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>
3742	Care of 16-18 year olds	<b>16</b>
4106	Increasing dependency on agency staff which impacts on continuity of care and patient safety	<b>16</b>
4148	Non-compliance with Deprivation of Liberty Safeguards legislation and resulting authorisation breaches	<b>16</b>
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	<b>16</b>
4217	No infection prevention and control resource for primary care	<b>16</b>
4476	Manual decontamination of nasoendoscopes in RTE & MC	<b>16</b>
4478	Inappropriate decontamination process in place for laryngoscope handles in RTE & MC	<b>16</b>
4500	Difficulty in recruiting sufficient numbers of registered therapists and health scientists	<b>16</b>
4686	Management of Controlled Drugs within the Theatres Department at Prince Charles Hospital	<b>16</b>
4753	Maternity: lack of pharmacy clinical service, medicines governance and medicines safety	<b>16</b>
4706	Failure of appropriate security measures in mental health services	<b>16</b>
4776	Manual decontamination of Transoesophageal Echocardiogram probes	<b>16</b>
4873	Implementation of the TRAK 2016 LIMS within Blood Transfusion	<b>16</b>
4906	Failure to provide evidence of learning from events (Incidents and Complaints)	<b>16</b>
4907	Failure to manage Redress cases efficiently and effectively	<b>16</b>
4908	Failure to manage legal cases efficiently and effectively	<b>16</b>
3072	Temperatures in medicines storage room on the wards in Prince Charles Hospital not fit for purpose	<b>15</b>
3161	Wholesale Dealer Licence authorisation	<b>15</b>
3899	Clinical staff resuscitation training compliance	<b>15</b>
4512	Care of patients with mental health needs on the acute wards	<b>15</b>
4789	Number of overdue Serious Incidents awaiting completion	<b>15</b>
4590	Critical care pharmacist resource	<b>15</b>

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<b>Strategic Goals: Sustaining our Future</b> 	<b>Risk score 20</b>
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Strategic Risk: <b>Finance and Resources - (Risk No.3)</b>		
<b>If</b> the Health Board fails to manage 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	<b>Resulting in</b> inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement

	Consequence	Likelihood	Score	Risk Trend
Inherent	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>legal and regulatory</i> ) <b>Open</b> ( <i>estates</i> )			

Risk Lead	<ul style="list-style-type: none"> <li>Executive Director of Finance</li> <li>Executive Director for People</li> </ul>	Assurance committee	<ul style="list-style-type: none"> <li>Planning, Performance and Finance (<i>finance and estates issues</i>)</li> <li>People and Culture (<i>workforce planning</i>)</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 ILG's and corporate directorates</li> <li>Recovery plans for financially challenged services accompanied by enhanced monitoring and support</li> </ul> <b>Premises</b> <ul style="list-style-type: none"> <li>Capital Programme</li> <li>Estates and Capital Planning Group</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 Committee</li> </ul> <b>Premises</b> <ul style="list-style-type: none"> <li>Estates and Facilities EFPMs dashboard</li> </ul>

Gaps in Controls and Assurances	Actions and mitigations
<b>Finance</b> <ul style="list-style-type: none"> <li>Understanding of budgetary control and procurement processes in some services</li> </ul> <b>Premises</b> <ul style="list-style-type: none"> <li>Estates Strategy</li> <li>Reporting of performance information to Board and committees regarding estates and premises</li> </ul>	<b>Finance</b> <ul style="list-style-type: none"> <li>Deliver training to budget holders within localities – <i>ongoing, for completion by end 2022</i></li> <li>Deliver procurement training to departments where compliance with procurement processes is low - <i>ongoing, for completion by end 2022</i></li> </ul> <b>Premises</b> <ul style="list-style-type: none"> <li>Introduce regular reporting to PPF Committee based on Estates key performance indicators – <i>June 2022</i></li> </ul>



- Develop Estates Strategy aligned to priorities within the 'Our Health Our Future' 2030 corporate strategy – *end 2023*

**Linked National Priority Measures**

**Workforce**

- 23. Agency spend as a percentage of the total pay bill

**Public Sector Prompt Payment (PSP) Performance**

**Current Performance - Highlights**

The Month 7 Finance Report highlighted the following:

- Year-to-date underspend of £0.47m, forecasting break even for the full year
- Savings forecast to achieve £11.4m against a target of £13m
- Underlying deficit forecast to reach £50.1m at financial year end

**Associated Risks on the Organisational Risk Register**

Risk no.	Description	Current score
4629	Financial Stability	<b>20</b>
4282	Risks associated with the transfer to the new Planet FM System	<b>16</b>
4691	New Mental Health Unit	<b>15</b>

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<b>Strategic Goals: Sustaining our Future</b> 	<b>Risk score 20</b>
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<b>Strategic Risk: - Sufficient workforce to deliver the activity and quality ambitions of the organisation (Risk No. 4)</b>
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<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
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	Consequence	Likelihood	Score	Risk Trend
Inherent	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> )			

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Executive Director for People</li> </ul>	<b>Assurance committee</b>	<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> </ul> <b>Retention</b> <ul style="list-style-type: none"> <li>Career development opportunities, e.g. Pathways into Management programme</li> <li>Exit questionnaires to understand reasons for leaving</li> <li>Employee Experience Work stream</li> <li>Talent Management</li> <li>Leadership Development Programme</li> </ul> <b>Temporary staffing solutions</b> <ul style="list-style-type: none"> <li>New Medical Bank</li> <li>Locum Managed Service Agreements</li> </ul> <b>Day-to-day management of staffing levels</b> <ul style="list-style-type: none"> <li>Electronic rostering</li> <li>Medical job planning</li> <li>Sickness absence management process</li> </ul> <b>Workforce Planning</b> <ul style="list-style-type: none"> <li>Assistant Director role established to lead strategic workforce planning</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)</li> <li>Biannual Medical Workforce and Medical Efficiency Reports</li> <li>Three-yearly safe staffing assurance reports to the Board</li> <li>Annual presentation of safe nurse staffing levels to the Board</li> <li>Benchmarking analysis</li> </ul>

<ul style="list-style-type: none"> <li>Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool</li> <li>Establishment Control</li> </ul>	
<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<p><b>Workforce Planning</b></p> <ul style="list-style-type: none"> <li>Workforce Planning process not yet in place – currently at very early stage</li> <li>Establishment control not in place</li> </ul> <p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>Work experience programmes suspended due to Covid-19</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</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>In October 2021 the following issues of concern were highlighted in the Workforce and OD Metrics:</p> <ul style="list-style-type: none"> <li>Increased premium rate agency use</li> <li>Only 16% of consultants and associate specialists have a signed-off job plan</li> <li>Sickness absence was 7.3% in month</li> </ul>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4080	Failure to recruit sufficient medical and dental staff	<b>20</b>
4722	Senior medical workforce shortfall	<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>
4798	Unsafe therapy staffing levels for critical care services at Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital	<b>16</b>
4500	Difficulty recruiting sufficient numbers of registered therapists and healthcare scientists	<b>15</b>

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<b>Strategic Goal: Creating Health</b> 	Risk score <b>16</b>
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Strategic Risk: <b>Community &amp; Partner Engagement - (Risk No.5)</b>		
<b>If</b> the Health Board <b>does not</b> 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	Risk Trend
Inherent	4	5	20	
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> ( <i>quality and safety; trust and confidence</i> )			

Lead Director	Executive Director of Public Health	Assurance committee	Population Health & Partnerships
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Controls	Assurances reported to Board and committees
<p><b>Strategies &amp; Plans</b></p> <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> </ul> <p><b>Engagement Forums</b></p> <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, Living Well, Dying Well</li> <li>Engagement with community groups by Lead Independent members</li> <li>Links with Community Health Council including representation on Board</li> <li>Regular joint executive meetings with the three local authorities</li> <li>Forum with local authority Chief Executives to address health inequalities</li> </ul> <p><b>Needs Assessment &amp; Consultation Processes</b></p> <ul style="list-style-type: none"> <li>Population Segmentation &amp; Risk Stratification</li> <li>Pharmaceutical Needs Assessment</li> <li>Health Needs Assessments, e.g. Homeless People, Prison Health</li> </ul>	<p><b>Reports to Board</b></p> <ul style="list-style-type: none"> <li>Director of Public Health Annual Report</li> <li>Population Health Board Report</li> <li>Covid-19 and Vaccination Programme Reports</li> </ul> <p><b>Reports to Population Health &amp; Partnerships Committee</b></p> <ul style="list-style-type: none"> <li>Regional Partnership Board Annual Report</li> <li>Systems Group Update</li> <li>Transformation Fund and Leadership Board Updates</li> <li>Population Health Management Updates</li> <li>Mental Health Strategic Update</li> </ul> <p><b>Reports to other committees</b></p> <ul style="list-style-type: none"> <li>Community Health Council briefing papers to Quality and Safety Committee</li> <li>Welsh Language Standards Annual Report</li> </ul>

<ul style="list-style-type: none"> <li>Formal consultation processes for service reconfiguration, e.g. vascular</li> </ul> <p><b>Organisational Structures</b></p> <ul style="list-style-type: none"> <li>Public Health Consultants allocated to support Risk Leads for each priority in the Population Health Organisation plan</li> <li>Locality Structures enabling more engagement with local communities</li> <li>Welsh Language Team and language skills development</li> </ul>	
<p><b>Gaps in Controls and Assurances</b></p>	<p><b>Actions and mitigations</b></p>
<ul style="list-style-type: none"> <li>Work to establish statistical baselines delayed / interrupted by Covid pandemic</li> <li>Limited analytical and health intelligence capacity, particularly in specialist areas such as epidemiology</li> <li>Long-term sustainability of resources to undertake Population Health work</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of key actions in the Population Health Plan approved by Board in May 2021 - <i>ongoing</i></li> <li>Establish baselines for high level indicators in the Population Health Plan to enable system performance accountability and measure the impact of our work – <i>April 2022</i></li> <li>Refocus preventative early years funding from Welsh Government to tackle gaps in resource – <i>April 2022</i></li> <li>Establishment of integrated Level 2 and Level 3 services – <i>June 2022</i></li> </ul>

<p><b>Linked National Priority Measures</b></p>	<p><b>Current Performance - Highlights</b></p>
<p><b>Population Health</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 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>Progress is being made against the 37 actions in the Population Health Plan at November 2021, with key highlights as follows:</p> <ul style="list-style-type: none"> <li>Staff Health Needs Assessment nearing completion</li> <li>Mapping is complete of activities related to CTM Health Board as an anchor institution</li> <li>Multi agency Housing and Health Alliance in development</li> </ul>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4116	Organisational Reputation - Lack of confidence in the services and care provided by the organisation	<b>16</b>
4888	Lack of resource in the Welsh Language Team	<b>15</b>

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

<b>If</b> 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	<b>Then</b> we will be unable to design a strategy to transform services tailored to meet the needs of our community	<b>Resulting in</b> continuing health inequalities and poor population health outcomes, including in relation to Covid-19
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	Consequence	Likelihood	Score	Risk Trend
Inherent	4	5	20	
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> (data and information; legal and regulatory)			

Risk Lead	Director of Digital	Assurance committee	Digital & Data
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<b>Controls</b>	<b>Assurances reported to Board and committees</b>
<ul style="list-style-type: none"> <li>Digital Strategy</li> <li>Population Health Strategy</li> <li>2030 corporate strategy 'Our Health Our Future'</li> <li>Digital Enabler Programme</li> <li>IT Infrastructure Review</li> <li>Digital Delivery Board</li> <li>Digital Investment Fund</li> <li>New Digital Director role to provide additional leadership for the informatics function, and insight at executive level</li> <li>Information Security, Records Management and Information Governance Policies</li> </ul>	<p style="background-color: #003366; color: white; padding: 2px;"><b>Reports to Digital and Data Committee</b></p> <ul style="list-style-type: none"> <li>Digital Programme Assurance Report</li> <li>Digital Enablers Update</li> <li>All Wales Information Governance Toolkit</li> <li>Internal Audit reports relating to data quality and information governance</li> </ul> <p style="background-color: #003366; color: white; padding: 2px;"><b>Reports to other committees</b></p> <ul style="list-style-type: none"> <li>Progress updates against Population Health Strategy</li> </ul>

<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<ul style="list-style-type: none"> <li>Integration of information systems for services in the Bridgend area transferred from Swansea Bay Health Board</li> <li>Clinical service engagement with Digital Delivery Board</li> <li>Capacity within current team to deliver digital transformation agenda</li> <li>Delayed delivery of projects for clinical coding and digital patient notes</li> <li>Resourcing of Information Governance function within the Health Board</li> </ul>	<ul style="list-style-type: none"> <li>Pursue funding from Government to enable further integration of Bridgend IT systems - <i>ongoing</i></li> <li>Review terms of reference and composition of Digital Delivery Board and other governance structures supporting the digital agenda - <i>March 2022</i></li> <li>Review of existing resources and structure for Digital Directorate and recommendation of new operating model - <i>June 2022 for review; to be implemented during 2022/23</i></li> <li>Review scope of key projects and revise / reprioritise if necessary - <i>June 2022</i></li> </ul>



	<ul style="list-style-type: none"> <li>Benchmark resources allocated to IG function against comparable organisations – <i>June 2022</i></li> </ul>
<b>Linked National Priority Measures</b>	<b>Current Performance - Highlights</b>
<p><b>Digital and Technology</b></p> <ul style="list-style-type: none"> <li>31. Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes</li> </ul>	<p>In October 2021, the Digital Programme Assurance Report highlighted in relation to insights-driven healthcare:</p> <ul style="list-style-type: none"> <li>Coding position continues to deteriorate due to staffing issues and quality of digitised notes in CITO</li> <li>Rapid progress in acquiring data from the national data repository and opening up architecture</li> <li>Analytics capacity falling short of demands, delaying service improvement initiatives</li> </ul>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
4664	Ransomware attack resulting in loss of critical services and possible extortion	<b>20</b>
4337	Lack of Integrated IT systems	<b>16</b>
4699	Failure to deliver a robust and sustainable Information Governance Function	<b>16</b>
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	<b>15</b>
4671	NHS Computer Network Infrastructure unable to meet demand	<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>
4693	Electrocardiogram (ECG) carts not connecting to hospital network	<b>15</b>

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<b>Strategic Goal: Inspiring People</b>  <small>INSPIRING PEOPLE</small>	Risk score <b>16</b>
<b>Strategic Risk: 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
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	Consequence	Likelihood	Score	Risk Trend
Inherent	4	4	16	
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	3	3	9	
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>Leadership Development</b></p> <ul style="list-style-type: none"> <li>Board Development Programme</li> <li>In-house Leadership Development Programme (Senior Leaders / Developing Leaders / Management Essentials)</li> <li>Learning partnerships with HEIW, The Kings Fund and Academy 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>Leadership and Culture Workshops for executives and senior leadership teams</li> <li>Additional leadership development work targeted to specific services, e.g. Maternity</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> </ul>	<p><b>Internal Assurances</b></p> <ul style="list-style-type: none"> <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> </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</li> <li>National Staff Survey</li> </ul>



<ul style="list-style-type: none"> <li>• Money and Pensions Service</li> </ul>	
<b>Gaps in Controls and Assurances</b>	<b>Actions and mitigations</b>
<ul style="list-style-type: none"> <li>• Full implementation of leadership development programmes and embedding in practice to achieve Level 4 (maturity) and eventually Level 5 (exemplar)</li> <li>• Measuring impact of Organisational Development interventions on improving the leadership and culture of the organisation</li> </ul>	<ul style="list-style-type: none"> <li>• Launch of leadership development programmes - <i>March 2022</i></li> <li>• Produce post-implementation evaluation report – <i>TBC following completion of programme</i></li> </ul>
<b>Linked National Priority Measures</b>	<b>Current Performance - Highlights</b>
<p><b>Culture, Values and Behaviours</b></p> <ul style="list-style-type: none"> <li>• 25. 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>In December 2021, CTM has self-assessed itself as <b>Level 3</b> (initial achievements realised) for leadership capacity and capability development; and also for employee experience in the targeted intervention framework, having started at Level 1 (principle accepted and commitment to action) in March 2020.</p>

Associated Risks on the Organisational Risk Register		
Risk no.	Description	Current score
3008	Unavailability of opportunities to train and maintain compliance with Manual handling training	<b>16</b>
4676	No pertussis vaccination programme available for staff	<b>16</b>
4677	Absence of varicella vaccination programme for staff	<b>16</b>
4678	Absence of a TB vaccination programme for staff	<b>16</b>
3638	Pharmacy & Medicines Management - Training & Development Infrastructure	<b>15</b>

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<b>Strategic Goal: Inspiring People</b>		<b>Risk score 16</b>
		
<b>Strategic Risk: Culture, Values and Behaviours – (Risk No.8)</b>		
<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

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

<b>Risk Lead</b>	Executive Director for People	<b>Assurance committee</b>	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> </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</li> <li>Performance and Development Reviews</li> <li>Values Based Recruitment</li> </ul>	<ul style="list-style-type: none"> <li>National Staff Survey</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</li> </ul>
Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> <li>Embedding values in practice after successful launch and communications campaign</li> <li>Empowering staff to feed back on, or challenge behaviour which is inconsistent with the organisation's values</li> <li>Measuring impact of Organisational Development interventions on improving the leadership and culture of the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Implement values-based insight programme (toolkit, videos, social media etc.) - <i>Spring 2022</i></li> <li>Implement 'Tell Me / Us' initiative – <i>Spring 2022</i></li> <li>Implement values-based team self-assessments – <i>Summer 2022</i></li> </ul>



- 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**

**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)

**Current Performance - Highlights**


In December 2021, CTM has self-assessed itself as **Level 3** (initial achievements realised) for values and behaviours; and also for inspiring shared purpose in the targeted intervention framework, having started at Level 1 (principle accepted and commitment to action) in March 2020.

**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>

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<b>Strategic Goal: Sustaining our Future</b>  SUSTAINING OUR FUTURE		<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
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	Consequence	Likelihood	Score	Risk Trend
Inherent	4	5	20	
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	3	3	9	
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
<p><b>Wellbeing and Socio-economic duties</b></p> <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>Previous presentations to Board about its responsibilities under the Socio-economic Duty</li> </ul> <p><b>Environmental Sustainability – Net Zero</b></p> <ul style="list-style-type: none"> <li>All-Wales approach to sustainable procurement</li> <li>Green CTM Staff Forum</li> <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> </ul>	<p><b>Wellbeing and socio-economic duties</b></p> <ul style="list-style-type: none"> <li>Wellbeing Statement accompanying IMTP</li> <li>Progress reports against the IMTP</li> <li>Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement</li> </ul> <p><b>Environmental Sustainability – Net Zero</b></p> <ul style="list-style-type: none"> <li>Environmental Sustainability Annual Report</li> <li>ISO 14001 (Certified Environmental Management System) accreditation</li> </ul>
Gaps in Controls and Assurances	Actions and mitigations
<ul style="list-style-type: none"> <li>Organisation-wide strategy to meet NHS Wales Net Zero 2030 commitment</li> <li>Dedicated resource to manage and deliver Net Zero programme across the whole Health Board</li> <li>Enhancing board reports about sustainability issues to address Net Zero 2030 goals</li> <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>Commence reporting to Board / committees regarding Net Zero – <i>February 2022</i></li> <li>Develop strategy to achieve Net Zero 2030 – <i>April 2022</i></li> <li>Ensure resourcing to manage Net Zero work programme across the Health Board, taking into account potential savings in energy costs – <i>date to be confirmed</i></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>	
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Linked National Priority Measures	Current Performance - Highlights
<p><b>Economy and Environment</b></p> <ul style="list-style-type: none"> <li>32. Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach</li> <li>33. Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan</li> <li>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</li> </ul>	<p>The Health Board is in the very early stages of developing a new plan to deliver the 2030 Net Zero target for NHS Wales. Its existing decarbonisation plan is less ambitious than this. This will require very large capital expenditure, for example to install LED lighting and electric heating.</p>

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

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