

## Board Assurance Framework May 2026

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Powys Teach Health Board is the operational name of Powys Teaching Local Health Board

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<b>Associated Policies and Written Control Documents</b>
CGP 005 Risk Management Framework
Integrated Quality and Performance Framework (IQPF)

### **Version Control**

<b>Version</b>	<b>Summary of Changes/Amendments</b>	<b>Publication Date</b>
1	Initial Issue	May 2024
2	2025 version updated to improve alignment with Risk Management Framework and transferred into new template	May 2026

## **1. Scope**

This framework applies to Board members and all employees of the Health Board.

The framework is informed by the Strategic and Operational plans of the organisation together with the Risk Management Framework which apply to all staff, agency staff; contractors brought in to undertake work on behalf of the health board, works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business.

The predominant users of the Board Assurance Framework will be the Board and its Committees.

## **2. Policy Statement**

This document aims to set out the principles and components that provide the foundation and organisational arrangements for the Board Assurance Framework (BAF) within Powys Teaching Health Board.

## **3. Purpose**

The purpose of the Board Assurance Framework (BAF) is a structured means of identifying and mapping the main sources of assurance in the organisation, and co-ordinating them to best effect. It is intended that through appropriate utilisation of the BAF, the Board can have confidence that it is providing thorough scrutiny of its role and is able to identify any gaps in assurance and take appropriate action as a result.

The Health Board recognises the BAF as a complex system comprising of a number of key elements including:

- CGP 005 the Risk Management Framework and the supporting documents produced under the auspices of the BAF to provide effective strategic risk assurance;
- Quality and Performance Framework; and
- The overall system of governance deployed by the Board and the Chief Executive in ensuring good governance within the organisation.

The BAF has been developed in conjunction with the Health Board's risk management arrangements, as documented in the Health Board's CGP 005 Risk Management Framework and this document. The organisation remains committed to developing and maturing its board assurance arrangements as a process of continuous development.

The effective application of board assurance arrangements to produce and maintain a BAF will help the Board to consider collectively the process of securing assurance that promotes good organisational governance and accountability. The specific benefits include:

- Gaining a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are adequate and effective;
- Identifying areas where assurance activities are not present, or are insufficient for our needs (assurance gaps);
- Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
- The ability to better focus existing assurance resources; and
- Providing an evidence base to assist the organisation in the preparation of its annual governance statement.

#### **4. The Board's Statement**

The Board is committed to the principles of good governance and recognises the importance of effective assurance and risk management as a fundamental element of the Health Board's governance framework and system of internal controls.

The Board recognises the crucial link between risk management, strategic priorities and plans and the role the Board Assurance Framework has in providing an overview of assurance.

The Board is committed to having a risk management culture that underpins and supports the business of the health board; providing and securing high quality care in a safe environment, that is complying with legal and regulatory requirements; meeting objectives; and promoting its values.

Further information regarding the Health Board's approach to risk as an organization, including the Board's Appetite for Risk can be found in CGP 005 the Risk Management Framework.

#### **5. The Board Assurance Framework**

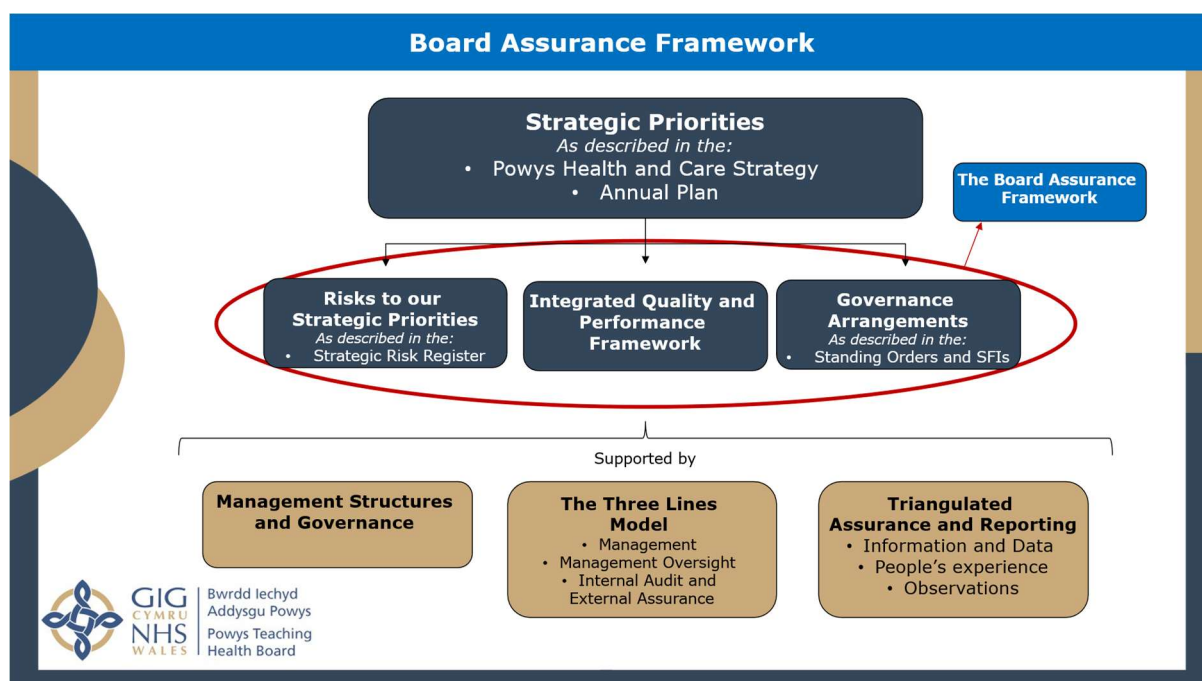
The PTHB Board Assurance Framework (BAF) is designed to provide the

Board with:

1. a systematic and coherent picture of the assurances in place to support the delivery of the organisation's strategic objectives. It essentially maximises the links between assurance, performance management and risk management;
2. an overview of assurance in relation to its governance framework;
3. the opportunity to undertake thematic reviews of assurance to support the Board in its role. For example, a thematic review of 'planning'.

The BAF includes the integration of the Three Lines Model. **The Health Board recognises that there is no singular Three Lines Model and that there are several interpretations of the model from different professional sources. Details of the Health Board's agreed approach to the Three Lines Model can be seen in section seven.**

The key components of the BAF are outlined in the diagram below:



There are six steps to supporting the development of the BAF:

1. Identify key priorities
2. Identify key risks to the delivery of priorities
3. Identify key controls in place to ensure delivery of priorities and manage/mitigate risks
4. Assess and monitor the adequacy and effectiveness of controls
5. Assess gaps in controls and gaps in assurance
6. Develop (Board) action plans to address gaps in controls and

## assurance

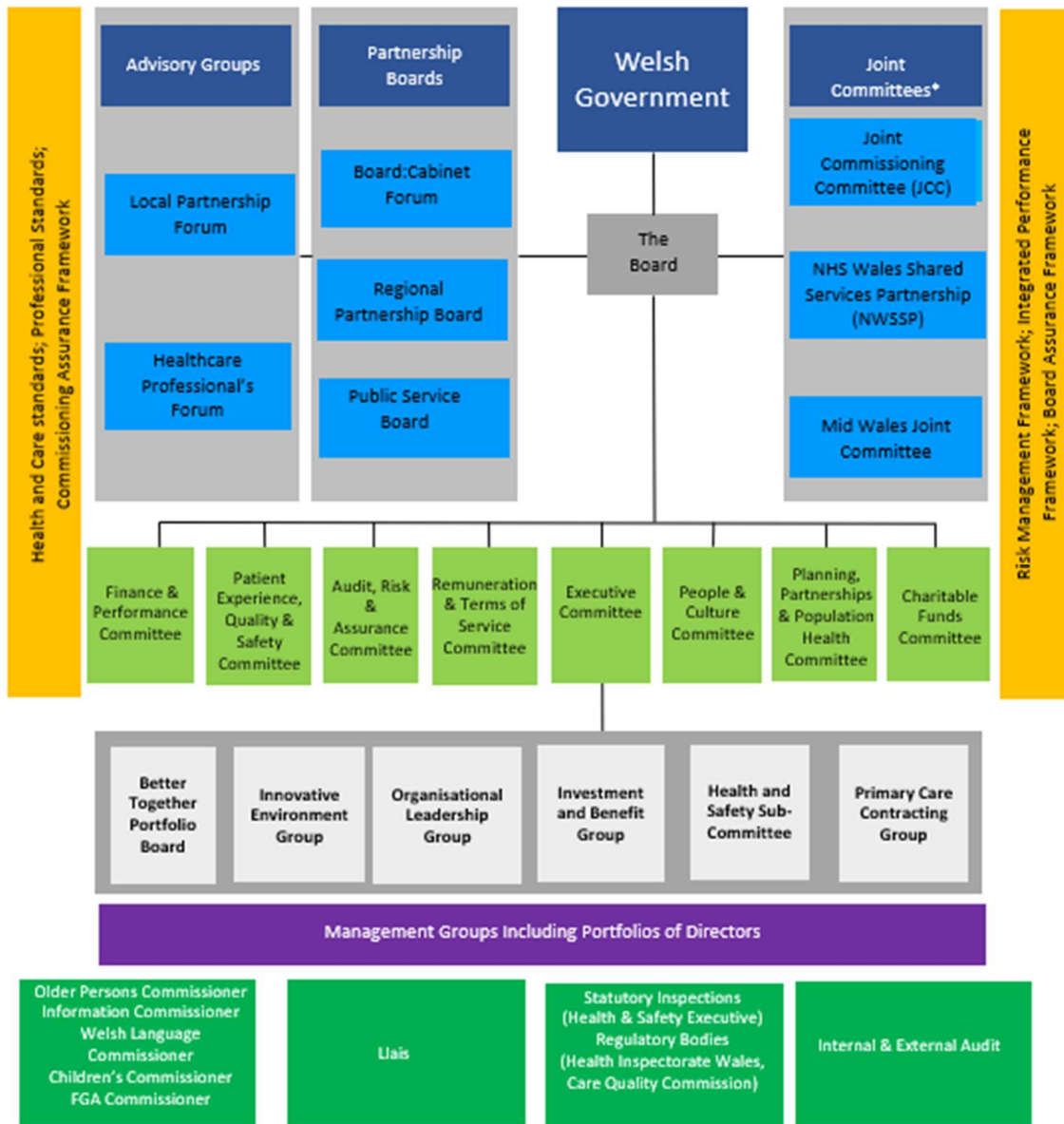
The quality of assurance received by the Board is a key enabler as regards the Board's ability to effectively determine the best use of its resources and the effective achievement of strategic objectives. The BAF articulates the level of assurance required by the Board for each element, identifies gaps in controls and/or assurance and provides structured assurance in relation to risks which are being managed effectively and objectives that are on track to be delivered.

Scrutiny of the quality of assurances received is the responsibility of all Board Members and assessment of the effectiveness of internal controls and assurances will be a continuous process. As part of the development of the BAF, a review of assurance effectiveness will be undertaken.

The Health Board's **Integrated Quality and Performance Framework** helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients. Through this process, risks may be identified for recording in local or directorate risk registers or the Corporate Risk Register, dependent upon the level and type of risk.

The BAF contributes to the whole system of governance of the Health Board which is summarised below :

## Powys Teaching Health Board Governance and Assurance Framework



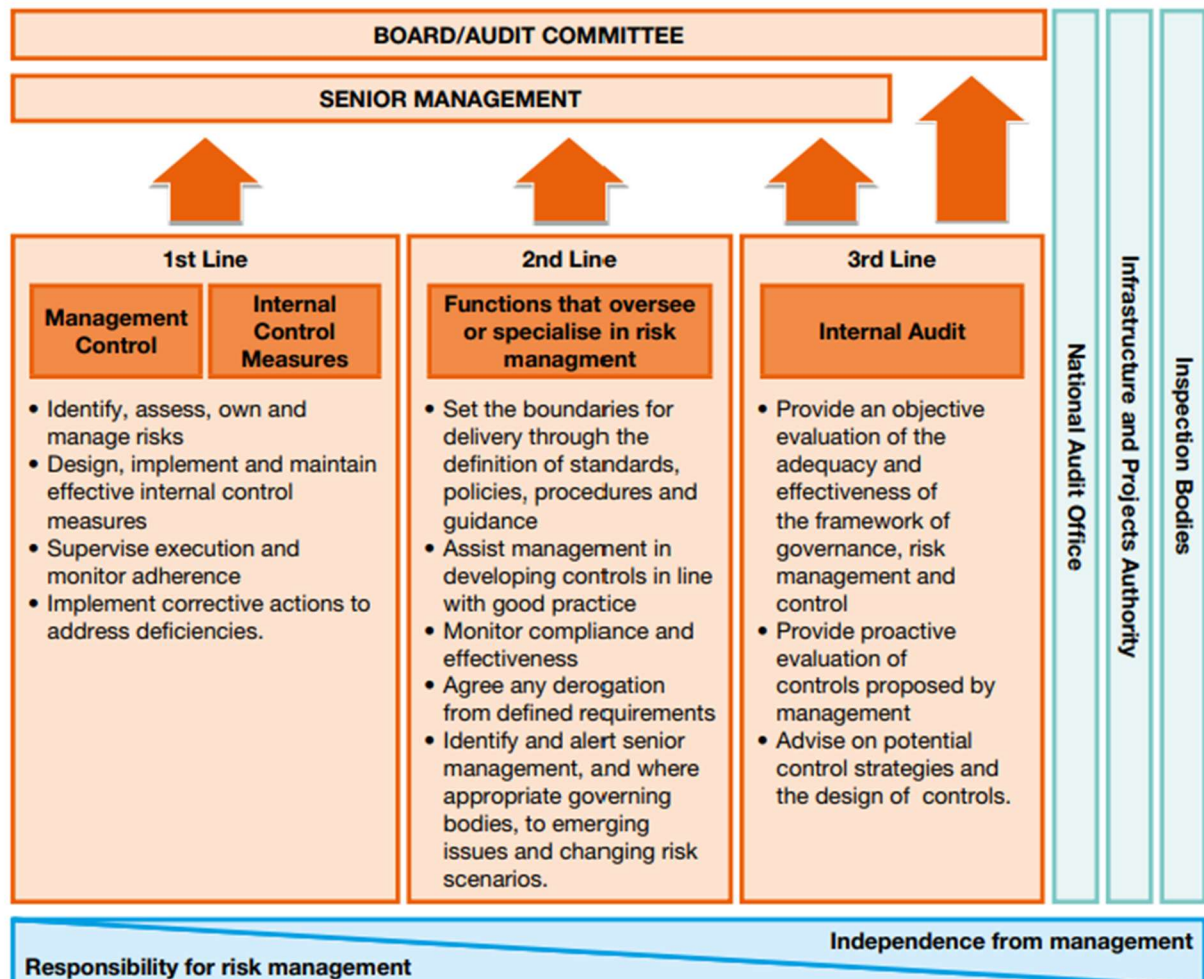
\*The Health Board also sits on the following Joint Committees as an Associate Member:

- South East Wales Regional Joint Commissioning Committee
- South West Regional Joint Committee

### 6. Three Lines Model

In accordance with the Orange Book (UK Government, 2023) The 'three lines model' provides a simple and effective way to help delegate and coordinate risk management roles and responsibilities within and across an organisation. The model is not intended as a blueprint or organisational design, but may provides a flexible structure that can be implemented in support of the risk management framework. Functions within each of the 'line roles'

may vary from organisation to organisation and may operate differently. Therefore, the BAF plays a key role in seeking an optimum mix of assurance. An overview of the Three Lines Model as described in the Orange Book is included below:



First line – Management

Under the ‘first line role’, management have primary ownership, responsibility and accountability for identifying, assessing and managing risks. Their activities create and/or manage the risks that can facilitate or prevent an organisation’s objectives from being achieved.

The first line ‘own’ the risks and are responsible for execution of the organisation’s response to those risks through executing internal controls on a day-to-day basis and for implementing corrective actions to address deficiencies. Through a cascading responsibility structure, managers design, operate and improve processes, policies, procedures, activities, devices, practices, or other conditions and/or actions that maintain and/or modify risks and supervise effective execution.

There should be adequate managerial and supervisory controls in place to ensure compliance and to highlight control breakdown, variations in or inadequate processes and unexpected events, supported by routine performance and compliance information

### Second line– management oversight

The second line role consists of functions and activities that monitor and facilitate the implementation of effective risk management practices and facilitate the reporting of adequate risk related information up and down the organisation. The second line should support management by bringing expertise, process excellence, and monitoring alongside the first line to help ensure that risks are effectively managed.

### Third line– Audit and regulators (adapted for PTHB framework)

Internal and External audit is the third line of defence. An effective audit function through a risk-based approach to its work, provides an objective evaluation of how effectively the organisation assesses and manages its risks. The effectiveness of audit will depend on the extent of its terms of reference. These could be wide-ranging, covering operational efficiency and effectiveness, compliance and reliability of reporting. As well as looking at systems overall, audit can also focus on specific risks, particularly risks which the first two lines of defence identify gaps in assurance or control. Audit's role is also valuable if there are changes affecting the first two lines of defence, or changes in organisational structures, reporting processes and information systems.

Audit work has the significant benefit of being done by staff who are independent and separate from line management, who are not involved in operational work and, in the case of PTHB, are not employees of the Health Board. Auditors' independence is strengthened by being able to report directly to the Board, Audit, Risk and Assurance Committee (ARAC) and other board committees and being able to discuss issues with the Board and ARAC without operational management being present where required.

PTHB is also regulated by a number of regulators including Health Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) and the Medicines and Healthcare Products Regulatory Agency (MHRA), as well as being subject to a number of other compliance and legislative requirements by Welsh Government and other Commissioners, for example the Welsh Language Commissioner and the Future Generations Commissioner. All regulators will also be considered as the third line of defence.

*\*NB – in other sectors internal and external audit are separated into the*

third and fourth line of defence, mainly due to internal audit being employees of the organisation. For the purpose of the PTHB BAF, internal and external audit have been combined into the third line of defence given the Health Board does not employ any auditors.

## 7. Assurance Reporting

### 7.1 Risk Management

A key area of focus is the assessment and reporting of the adequacy of the risk control and assurance mechanisms in place. The BAF will advise the Board on the control environment surrounding the Strategic Risks, as contained with the Strategic Risk Register based on the following criteria:

Adequacy of Controls	Effectiveness of Controls	Control Assurance
<i>Are we doing enough to manage the risk?</i>	<i>Is what we're doing working?</i>	<i>Based on what evidence?</i>
<b>GREEN:</b> Multiple controls	<b>GREEN:</b> Controls largely effective	<b>GREEN:</b> Assurance largely substantial
<b>AMBER:</b> Some controls	<b>AMBER:</b> Some control weaknesses	<b>AMBER:</b> Assurance largely reasonable
<b>RED:</b> Limited/no controls	<b>RED:</b> Significant control weaknesses	<b>RED:</b> Assurance largely limited
		<b>GREY:</b> Insufficient assurance available

There are two main reporting elements of the BAF in regard to risk, the BAF Dashboard and the Annual Review of Strategic Risk Assurance.

The BAF Dashboard supports the Board's Strategic Risk Register (SRR) and 'closes the loop' of the risk management process by seeking/providing assurance that the controls deployed by the Health Board to manage/mitigate its key risks are adequate and effective. It also provides an opportunity to undertake further scrutiny of risks and identify where gaps or weaknesses require further action.

The SRR and BAF Dashboard is reported to the Board three times per year and is reviewed by the Executive Committee in advance of presentation to the Board. The Board receives:

Three-times per year	<ul style="list-style-type: none"> <li>• BAF dashboard</li> <li>• Strategic Risk Register</li> <li>• Summary of the Organisational Risk</li> </ul>
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	Register
Annually	<ul style="list-style-type: none"> <li>• Risk appetite statement review</li> </ul>

The Annual Review of Strategic Risk Assurance build upon the analysis of the BAF Dashboard and is reported to the Audit, Risk and Assurance Committee (ARAC) due to it's detailed and technical nature. The report provides an opportunity to consider whether controls and assurance are effective, adequate and well balanced.

The BAF Dashboard reports provides an analysis of control adequacy and effectiveness, this report also draws out the balance of controls, utilising the below categorisations provided within the Orange Book and assigning a category to each control:

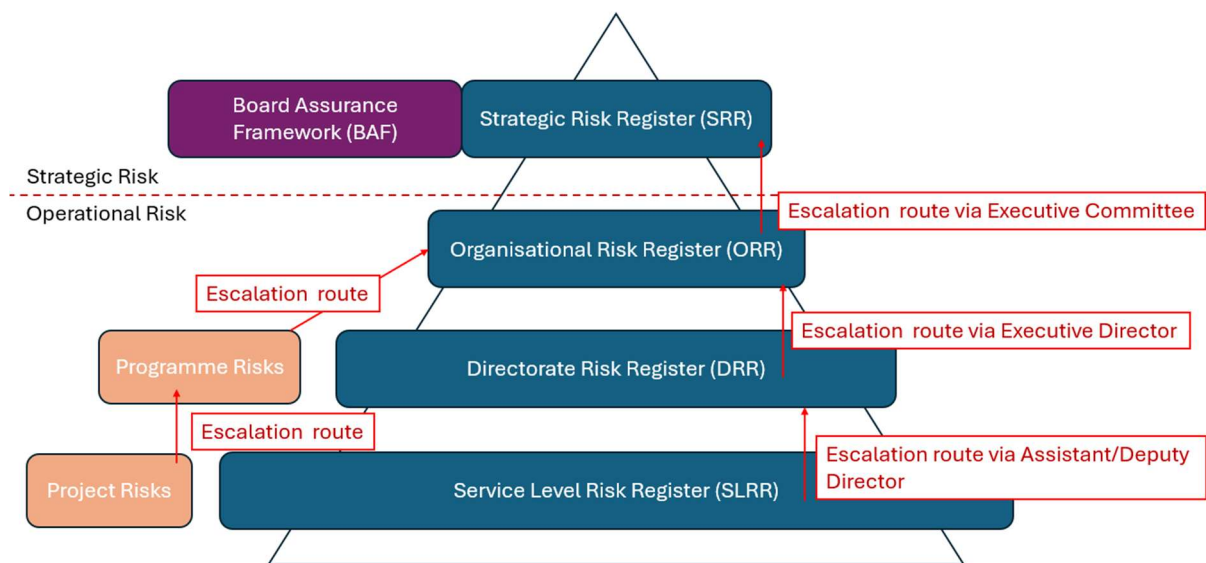
- Preventative Controls: seek to prevent the risk from materialising, reducing the likelihood
- Corrective Controls: seek to mitigate the risk when it has materialised, reducing impact
- Detective Controls: seek to identify a risk or issue

The report also assesses controls against the Three Lines model, as outlined in Section 6. To aid in simplicity of analysis for the purposes of the report Board and Committee oversight is included in Line 2 (L2) Risk Oversight, and all external assurance, including of internal audit will be categorised as L3 – Audit and External Assurance.

Effective assurance should be balanced across the three lines, whilst recognising that it is entirely appropriate that the availability assurance decreases from lines 1 to 3. Management generated assurance is more plentiful than oversight function assurance, which in turn is more plentiful than external assurance.

Finally the report provides the opportunity to assess the level of gaps on control and assurance for the ARAC to consider whether are comfortable with the level of control improvement actions or whether more or less should be done, thus providing a clear steer to the organisation.

The hierarchy of risk registers as described CGP 005 the Risk Management Framework is provided below:



## 7.2 Quality and Performance

The Health Board's Integrated Quality and Performance Framework (IQPF) is designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

The Integrated Quality & Performance Framework (IQPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence gathered across key domains including activity, finance, workforce, quality, safety, outcomes and performance indicators.

The IQPF is reviewed and refreshed on a yearly basis ensuring modernisation and compliance with developing aspects of health care. Key for the framework is the icsystem review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and any priority trajectories.

The Integrated Quality and Performance Report (IQPR) uses key NHS Performance Framework measures updated annually which include further timely local measures to provide robust assessment of the health boards performance as both a provider and commissioner of care focusing on key challenge and success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of the service area.

## 7.3 Governance

The Health Board is committed to a culture of good governance and a complex programme of work regarding the development of and assurance regarding organisations governance framework is well established in the Health Board, including but not limited to:

- Annual Review of Standing Orders
- Annual Review of Board and Committee Effectiveness
- Annual Review of Committee Work Programmes and Terms of Reference
- Audit Wales Structured Assessment
- Regular internal audit

As the BAF continues to mature and develop assurance and reporting mechanisms will also be developed to provide an singular overview of assurance in relation to its governance framework and enable the Board to undertake thematic reviews of assurance in key focus areas.

## 8. Roles and Responsibilities

The roles and responsibilities in regards to Board Assurance are referenced within Section 10 of CGP 005 the Risk Management Framework.

## 9. Operational and Training Implications

The operational and training requirements regarding the Board Assurance Framework are integrated with those requirements in relation to Risk Management, as reported in CGP 005 the Risk Management Framework.

As Risk Management Training and the Risk Management Toolkit continues to be developed, the offering will be expanded to include risk and control assurance mapping.

Knowledge of how to ensure effective assurances are in place and to manage risk are essential to the successful embedding and maintenance of both this framework and effective risk management. To support this, and complement the Risk Management Framework, a programme of training will be delivered as follows:

Staff Group	Training Need	Frequency
Board Members	Governance and Assurance Training	Every 2 years
	Review of Risk Appetite	Annual
Audit, Risk and Assurance Committee	Risk and Assurance Training (as part of induction)	Every 2 years
Senior Managers and Risk Owners	Risk and Assurance Awareness Training, including Risk Assessment, Risk Register and Assurance Training	Every 3 Years

## 10. Monitoring the effectiveness of the Board Assurance Framework

The Board will receive the Board Assurance Framework and its relevant constituent parts at each of its meetings. as a regular feature of its annual programme of business.

Compliance with this Framework is also monitored by the Executive Committee and the Audit, Risk and Assurance Committee.

The Annual Governance Statement is signed by the CEO and sets out the organisational approach to internal control. This is produced at the end of the financial year and is scrutinised as part of the annual accounts process and presented to the Board with the accounts, as part of the Annual Accountability Report, for the Boards approval.

The Health Board's Risk Management and Board Assurance arrangements are reviewed by Internal Audit annually and the Head of Internal Audit will also provide an opinion together with the summarised results of the internal audit work performed during the year. The Health Board's assurance and risk management arrangements are also subject to review annually, as part of the Audit Wales Structured Assessment process.

## APPENDICES

### Appendix A

Glossary of terms	
Term	Definition
Assurance	Assurance is confidence based on objective information or evidence.
Re-assurance	Re-assurance is often based on professional opinion and is the process of telling others that risks are controlled without providing supporting information/evidence.
Controls	Controls are actions we have implemented to maintain or modify the likelihood and or impact of a risk.

Internal Control	Internal Control is the dynamic and iterative framework of processes, policies, procedures, activities, devices, practices, or other conditions and/or actions that maintain and/or modify risk. Internal controls permeate and are inherent in the way the organisation operates and are affected by cultural and behavioural factors.
Risk	The effect of uncertainty on objectives. An effect may be positive, negative, or a deviation from the expected. In addition, a risk is often described as an event; a change in circumstance; or a consequence.
Risk management	The process which aims to help organisations understand, evaluate and take action on all their risks, with a view to increasing the probability of success and reducing the likelihood of failure.
Risk assurance	The process of seeking to 'close the loop' of the risk management process by seeking/providing assurance that the controls deployed by the Health Board to manage/mitigate its key risks are adequate and effective.
Risk management framework	Organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management processes throughout the organisation.
Risk architecture	Risk architecture is the organisational arrangements for risk management detailing the roles, responsibilities and the lines of communication for reporting on risk management.
Risk assessment	A systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).
Risk treatment	The development, selection and implementation of risk treatment strategies and controls.
Risk appetite	The amount of risk that an organisation is willing to pursue in order to meet its strategic objectives.
Risk tolerance	Whilst risk appetite is about the pursuit of risk, risk tolerance is about what an organisation can actually cope with.
Risk owner	The person with the authority and accountability to make the decision to treat, or not to treat the risk.
Strategic risks	Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence.
Operational risks	Risks that are by-products of the day-to-day running of the Health Board and may include risks such as to the achievement of directorate or service objectives; the day-to-day operation of the directorate or service, i.e. delivering a safe and sustainable service for patients; and risks in regard to any legislation or standards that the directorate or service should be compliant with.



## References and Bibliography

CGP 005 the Risk Management Framework

ISO 31000:2018: [ISO 31000:2018\(en\), Risk management — Guidelines](#)

Academi Wales (2017) [The Pocket Guide to Governance in NHS Wales](#). Available at: [Pocket Guide for NHS Wales Boards English.pdf](#)

UK Government (2023) [The Orange Book – Management of Risk – Principles and Concepts](#)

## Equality Impact Assessment

EIA is not optional, it is embedded in Equality legislation and therefore all policies must undergo an impact assessment as part of development and/or review.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate
<b>Age</b>  For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>			
<b>Persons with a disability as defined in the Equality Act 2010</b>  Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			

<p><b>People of different genders:</b></p> <p>Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical</p>			
<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/ mitigation</b></p>	<p><b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate</p>
<p>procedures. Sometimes referred to as Trans or Transgender</p>			
<p><b>People who are married or who have a civil partner.</b></p>			

<p><b>Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>			
<p><b>People of a minority race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>			

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate
<b>People with a religion or belief or with no religion or belief.</b>  The term 'religion' includes a religious or philosophical belief			
<b>People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>			
<b>People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>  Well-being Goal – A Wales of vibrant culture and thriving Welsh language			

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate
<b>People according to their income related group:</b>  Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health			
<b>People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.			
<b>Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>			

**How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>  Make reference to where the mitigation is included in the document, as appropriate
<b>People being able to access the service offered:</b>  Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales			
<b>People being able to improve /maintain healthy lifestyles:</b>  Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support			

<p>disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>  Make reference to where the mitigation is included in the document, as appropriate
<p><b>People in terms of their income and employment status:</b></p> <p>Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>			

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>  Make reference to where the mitigation is included in the document, as appropriate
<p><b>People in terms of their use of the physical environment:</b></p> <p>Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			

<b>People in terms of social and community influences on their health:</b>			
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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>  Make reference to where the mitigation is included in the document, as appropriate
<p>Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p><b>People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>			

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>  Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A globally responsible Wales			