

PWYLLGOR CYLLID FINANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 March 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs Charlotte Beare, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

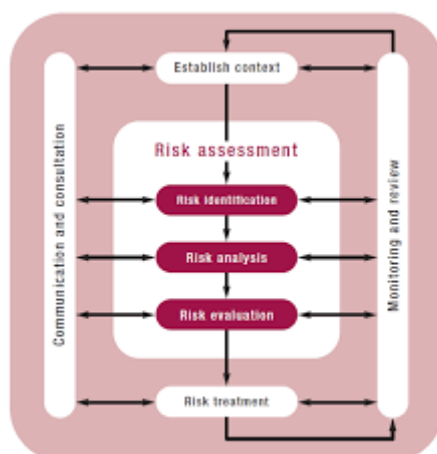
SBAR REPORT

Sefyllfa / Situation

The Finance Committee is asked to request assurance from listed Executive Directors that the corporate risks in the attached report, at Appendix 1, are being managed effectively.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate-level risks within their remit. As such, they are responsible for:

- Seeking assurance on the management of principal risks on the Board Assurance Framework (BAF)/ Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively, reporting areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.

- Reviewing principal and operational risks over tolerance and, where appropriate, recommending the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB's) risk appetite/ tolerance to the Board through the Committee Update Report.
- Providing annual reports to Audit and Risk Assurance Committee (ARAC) on the effectiveness of the risk management process and management of risks within their remit.
- Identifying through discussions any new/ emerging risks, and ensuring these are assessed by management.
- Signposting any risks outside their remit to the appropriate HDdUHB Committee.
- Using Risk Registers to inform meeting agendas.

The Executive Team has agreed the content of the CRR. These risks have been identified via a top-down and bottom-up approach, and are either:

- Associated with the delivery of the objectives set out in the Annual Plan 2019/20; or
- Significant operational risks escalated by individual Directors and agreed by the Executive Team as being of significant concern and requiring corporate oversight and management.

Each risk on the CRR has been mapped to a Board-level Committee to ensure that they (risks) are being managed appropriately, taking into account gaps, planned actions and agreed tolerances, and to provide assurance regarding the management of these risks to the Board through Committee Update Reports.

The Board has delegated a proportion of its role in scrutinising assurances to its Committees in order to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relating to principal risks are received and scrutinised, and an assessment made as to the level of assurance they provide. The reports should take into account the validity and reliability of each assurance in terms of source, timeliness and methodology. Robust scrutiny by its Committees will enable the Board to place greater reliance on assurances, and will provide the Board with greater confidence in the likelihood of achieving strategic objectives, as well as ensuring a sound basis for decision-making. It is the role of Committees to provide challenge where missing or inadequate assurances are identified, and escalate any gaps to the Board.

Asesiad / Assessment

The Finance Committee Terms of Reference state that it will:

- 5.3 Seek assurance on the management of principal risks within the BAF and CRR allocated to the Committee (financial risks), and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk appetite is exceeded, lack of timely action.
- 5.4 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/ tolerance to the Board through the Committee Update Report.

There are 3 risks assigned to the Committee from the 30 currently identified on the CRR (attached at Appendix 1), which have been aligned to HDdUHB's objectives for 2019/20:

1. Deliver the Annual Plan 2019/20 by the end of March 2020;

2. Deliver the agreed financial Control Total for 2019/20 by the end of March 2020;
3. Achieve the agreed savings requirement for 2019/20 by the end of March 2020;
4. Maintain performance and delivery of Referral to Treatment Time (RTT) targets by the end of March 2020;
5. Deliver Year 1 of the Health and Care Strategy by the end of March 2020;
6. Deliver Year 1 of Board-approved strategies (Health and Well-Being, Continuous Engagement and Quality Improvement) by the end of March 2020;
7. Development of the Three Year Plan for 2020 – 2023 (Integrated Medium Term Plan (IMTP)).

Each of these risks has been entered onto a 'risk on a page' template, which includes information relating to the strategic objective, controls, assurances, performance indicators, and action plans to address any gaps in controls and assurances.

Changes since Previous Report

Total Number of Risks	3
New risks	0
Increase in risk score ↑	0
No change in risk score →	3
Reduction in risk score ↓	0
De-escalated/ Closed	0

The Committee is asked not to devolve its responsibility for seeking assurances on corporate risks to its Sub-Committee structure. However, it can reassign risks to another Board level Committee if it is agreed that it fits better within their remit.

Argymhelliad / Recommendation

The Committee is asked to seek assurance that:

- All identified controls are in place and working effectively;
- All planned actions will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, if the risk materialises;
- Challenge where assurances are inadequate.

This in turn will enable the Committee to provide the necessary assurance to the Board, through its Committee Update Report, that HDdUHB is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y
Pwyllgor:

Contained within the report

Cyfeirnod Cofrestr Risg Datix a
Sgôr Cyfredol:
Datix Risk Register Reference and
Score:

Contained within the report

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners
Rhestr Termiau: Glossary of Terms:	Not Applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report, however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report, however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report, however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report, however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts from report, however impacts of each risk are outlined in risk description.

Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No
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