

**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 December 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive Andrew Carruthers, Director of Operations Lisa Gostling, Director of Workforce and OD Ros Jervis, Director of Public Health Jill Paterson, Director of Primary Care, Community and Long Term Care Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Jo Wilson, Board Secretary 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

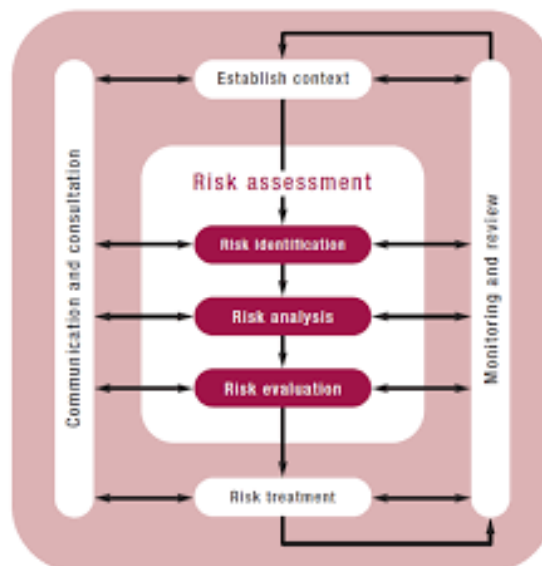
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The People, Planning and Performance Assurance Committee (PPPAC) is asked to request assurance from Executive Directors that the corporate risks in the attached report 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.



The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of principal risks on the Board Assurance Framework (BAF)/Corporate Risk Report (CRR) and provide assurance to the Board that risks are being managed effectively & report 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 recommend the 'acceptance' of risks that cannot be brought within the Hywel Dda University Health Board's (HDdUHB's) risk appetite/tolerance.
- Providing annual reports to the Audit, Risk and Assurance Committee (ARAC) on the effectiveness of the risk management process and management of risks within its remit.
- Identifying through discussions any new/emerging risks and ensure these are assessed by management.
- Signposting any risks out of its remit to the appropriate HDdUHB Committee/Sub-Committee/Group.
- Using risk registers to inform meeting agendas.

The Executive Team agree 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 HDdUHB's Annual Plan; or
- Operational risks escalated by individual Directors and agreed by the Executive Team as they are of significant concern and require corporate oversight and management.

Each risk on the CRR has been mapped to a Board Level Committee to ensure that risks on the CRR are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through their Committee update report on the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised, and an assessment made as to the level of assurance it provides, taking into account the validity and reliability i.e. source, timeliness, methodology behind its generation and its compatibility with other assurances. This will enable the Board to place greater reliance on assurances if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence about the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

Risk reporting in HDdUHB is outlined in Appendix 1.

Asesiad / Assessment

The PPPAC's Terms of Reference state that it will:

- 4.9 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.

4.10 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.

Board Committees receive corporate risks at meetings prior to the Board to fully review and receive assurance that corporate risks are being managed effectively. Where the Committee is not provided with this assurance, the Committee is then able to request additional assurance from the risk owners (Executive Directors), by way of a specific report at the following meeting.

The Committee is asked to seek assurance from risk owners that each risk is being managed effectively and will be brought within the HDdUHB tolerance and/or objective will be achieved. 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 these better fit within their remit.

There are 9 corporate risks that have been aligned to PPPAC. A summary of these risks is outlined in Appendix 2, with individual risks outlined in Appendix 3. Each of these risks have 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. The risk scoring matrix is outlined in Appendix 4.

Below is a summary of changes since the previous report in August 2020:

Total number of risks	9	
New risks	4	See Note 1
De-escalated/Closed risks	8	See Note 2
Increase in risk score ↑	0	
Reduction in risk score ↓	1	See Note 3
No change in risk score →	4	See Note 4

Note 1 – New Risks

Since the previous report, four new risks have been added to the CRR and aligned to PPPAC. These are risks that threaten the delivery of the Quarter 3/4 (Q3/4) Operating Plan.

Risk Reference and Title	Executive Lead	New/ Escalated	Date	Reason
1018 - Delivery of Q3/4 Operating Plan – Insufficient workforce to support delivery of essential services	Director of Workforce and OD	New	12/11/20	This risk has been added following the submission of the Quarter 3/4 Operating Plan and reflects the associated workforce demands and challenges. Given the workforce starting position in terms of gaps within our registered nursing workforce, and increasing demands to open surge facilities, the current risk score is considered to be "likely" and has the potential to have a "major" impact. The result of an outbreak would see a significant number of key staff

				unavailable which would impact on service delivery and stretch service provision.
1027 - Delivery of the Quarter 3/4 Operating Plan - Delivery of integrated community and acute unscheduled care services	Director of Operations	New	09/12/20	This risk has been added following the submission of the Quarter 3/4 Operating Plan and reflects the pressures and gaps of control within the unscheduled care system, both at the front door and the back door, which could affect delivery of essential services as per the plan submitted to Welsh Government. As the second wave of the pandemic has progressed, the risk has increased due to reduced availability of bed and staffing resources across community and acute sectors as a consequence of COVID-19 incidence and outbreaks. This has reduced staffed bed availability across both sectors and has led to increasing delays in the discharge pathway and increasing delays for patients accessing unscheduled care services due to reduced capacity at Emergency Departments.
1028 - Delivery of Q3/4 Operating Plan - Risk that Primary Care contractors may not be able to operate	Director of Primary Care, Community and Long Term Care	New	10/12/20	This risk has been added following the submission of the Quarter 3/4 Operating Plan and reflects the risk associated with primary care contractors not being able to open. With current community transmission rates increasing, the likelihood of staff infection rates or contact traceability has increased. Despite ongoing sharing of IP&C guidance, social distancing rules etc. it is impossible to manage the impact on an individual contractor basis.
1030 - Reputational risk if the Health Board is perceived to not deliver the mass vaccination programme	Director of Public Health	New	15/12/20	This risk has been added to reflect the high level of uncertainty, and rapidly changing advice and guidance as the programme commences and knowledge of

these novel vaccines evolves. Unknown and rapidly emerging expectations from staff, stakeholders and the public requiring appropriate management.

One further risk is pending in respect of Planned Care following discussion at the Risk Executive Session on 17th November 2020. Operational pressures have delayed this being ready for the Committee.

Note 2 – Closed/De-escalated Risks

Since the previous report, eight corporate risks aligned to this Committee have been closed or de-escalated.

Risk Ref & Title	Exec Lead	Closed/ De-escalated	Date	Reason
291 - Lack of 24 hour access to Thrombectomy services	Director of Operations	N/A	07/09/20	This risk was realigned to QSEAC following discussion at the PPPAC on 27/08/20 as the impact of the risk was primarily related to patient outcomes.
632 - Ability to fully implement WG Eye Care Measures (ECM).	Director of Operations	De-escalated	11/11/20	The Executive Team agreed to de-escalate the risk as the Health Board is not currently being performance managed by WG and is currently clinically prioritising patients in line with the ECM in line with the WG quarterly framework.
686 - Delivering the Transforming Mental Health (TMH) Programme by 2023	Director of Operations	De-escalated	05/11/20	The Executive Team agreed to de-escalate this risk as the business case for capital funding has been submitted to WG and is awaiting decision. The Directorate has managed to make a number of service changes during COVID-19 in line with TMH. If the Business Case is not supported, the Health Board will need to review the TMH programme.
890 - Delivery of Quarter 2 Operating Plan – Ability to respond effectively and swiftly to changes in workforce demand	Director of Workforce and OD	Closed	11/11/20	The Executive Team agreed to close this risk as it relates to delivery of the Q2 plan. A new risk 1018 has been assessed in respect of workforce challenges across the organisation to deliver the Q3/Q4 Plan.

as COVID-19 progresses				
891 - Delivery of Q2 Operating Plan – Delayed Discharges affecting whole Health Board - COVID-19	Director of Operations	Closed	11/11/20	The Executive Team agreed to close this risk as it relates to delivery of the Q2 plan and risk associated with delayed discharges needed to be incorporated in a wider unscheduled care system risk. A new risk 1027 (included in the report) has been assessed in respect of the pressures across the unscheduled care system and its impact on the delivery of essential services during Quarter 3/4, which reflects the issues relating to timely discharge.
892 - Delivery of Q2 Operating Plan - Inability to recruit sufficient registered nurses affecting the whole Health Board.	Director of Operations	Closed	11/11/20	The Executive Team agreed to close this risk as it relates to delivery of the Q2 plan and this risk needed to be incorporated in a wider unscheduled care system risk. A new risk 1027 has been assessed in respect of pressures across the unscheduled care system and its impact on the delivery of essential services during Quarter 3/4, which includes the challenges in respect of registered nurse staffing availability.
893 - Delivery of Q2 Operating Plan - Estate Capacity required for Social Distancing Measures	Director of Nursing, Quality and Patient Experience	Closed	11/11/20	The Executive Team agreed to close this risk as it relates to delivery of the Q2 plan and was no longer relevant as screens were used to minimise closure of beds on hospital sites. A new risk 1016 has been assessed in respect of poor adherence social distancing across the organisation to the delivery of the Q3/Q4 Plan. This new risk has been aligned to the Health and Safety Assurance Committee for monitoring.
894 - Delivery of Q2 Operating Plan – Reduced clinical workforce due to	Director of Workforce and OD	New	30/11/20	This risk has been de-escalated as there is overlap with the new workforce risk 1018.

underlying medical condition, pregnancy or Black, Asian and Minority Ethnic (BAME)				
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Note 3 – Increase/Decrease in Current Risk Score

Since the previous report, there has been the following change to the current risk score of the following corporate risk.

Risk Reference & Title	Previous Risk Report Jun-20 (Lxl)	Risk Score Jun-20 (Lxl)	Date of Review	Update
371 - Inability to meet WG target for clinical coding and decision-making will be based on inaccurate/incomplete information	3x4=12	3x3=9 ↓	06/11/20	This risk has been further reduced since the previous meeting to reflect that the 4.5 WTE clinical coders and 2 WTE clerking staff have been appointed and are now in post. Alongside this, further work will be undertaken with Betsi Cadwaladr University Health Board and Capita to ascertain the ability to automate some high volume cases, to reduce the pressure upon the clinical coding team.

Note 4 - No change in risk score

There have been no changes in the following risk scores since they were reported to the previous meeting.

Risk Reference, Title & Risk Owner	Previous Risk Report Jun-20 (Lxl)	Risk Score Jun-20 (Lxl)	Date of Review	Update
624 - Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives (Director of Finance)	5x4=20	5x4=20	11/11/20	This risk score had previously increased due to the use of All Wales Capital resources in the management of COVID-19 response. Although there are a number of controls in place, the risk cannot be managed within the current capital allocation and the risk to that allocation due to the capital resources needed in the management of COVID-19. Any all Wales capital schemes intended for funding in

				2020/21 not yet approved, are now unlikely to be funded in 2020/21.
451 - Cyber Security Breach (Director of Finance)	3x4=12	3x4=12	06/11/20	Whilst additional funding has been provided, the service has been unable to recruit suitable candidates into posts. There are daily threats to systems which are managed by NHS Wales Informatics Service (NWIS) and HDdUHB. Current patching levels within the HDdUHB is on average 91% for desktop/laptops and 89% for the server infrastructure (November 20). The patching levels fluctuate during the month depending on the number of updates released by the 3rd party vendor. Alongside the fluctuations, there is lack of capacity to undertake this continuous work at the pace required. Impact score is 4 as a cyber-attack has the potential to severely disrupt service provision across all sites for a significant amount of time, however the processes and controls in place have reduced the likelihood due to the improvements in patching.
633 - Ability to meet the 1% improvement target per month for waiting times for 2020/21 for the new Single Cancer Pathway (Director of Operations)	3x3=9	3x3=9	04/08/20	The impact of COVID-19 may increase the risk of being unable to meet the target due to recommendations from the Royal Colleges to suspend diagnostics and some surgery that are aerosol generating. During the pandemic, endoscopy was centralised in Glangwili General Hospital. Endoscopy services have now been reinstated on all 4 hospital sites, however due to only having 50% of the pre-COVID-19 lists, and lists only having 30% of the usual capacity, this may still cause delays to investigations being carried out. High acuity elective cancer surgery with

				green pathway and green ITU/HDU commenced in Prince Phillip Hospital and Bronglais General Hospital on 6 July 2020 with Wthybush General Hospital due to commence surgery on 10 August 2020. A full COVID-19 cancer escalation plan is in place and is updated when new guidance is issued.
854 - Risk that HDdUHB's Response to COVID-19 will be larger than required for actual demand (Chief Executive Officer)	2x3=6	2x3=6	28/10/20	Likelihood recognises that limits to our ability to grow our bed base reduce the risk of overcapacity and our modelling is informing the scale of gap. It also reflects revised planning assumptions from Welsh Government (WG) for winter COVID-19 demand which will be close to available Field Hospital capacity. The WG funding process for COVID-19 has been clarified and our current forecast outturn is in line with pre-COVID-19 plans at £25m.

Argymhelliad / Recommendation

PPPAC 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.

and to challenge where assurances are inadequate.

This in turn will enable PPPAC to provide the necessary assurance (or otherwise) to the Board that HDdUHB is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Included in the report
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Included in 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 Objectives Annual Report 2019-19	10. 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 Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 - Risk Appetite Statement attached to Operational Risks Report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Relevant Executive Directors

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
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure

