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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 August 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Corporate Risk Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Steve Moore, Chief Executive Karen Miles, Director of Planning, Performance and Commissioning Andrew Carruthers, Director of Operations Lisa Gostling, Director of Workforce and OD Mandy Rayani, Director of Nursing, Quality and Patient Experience
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.
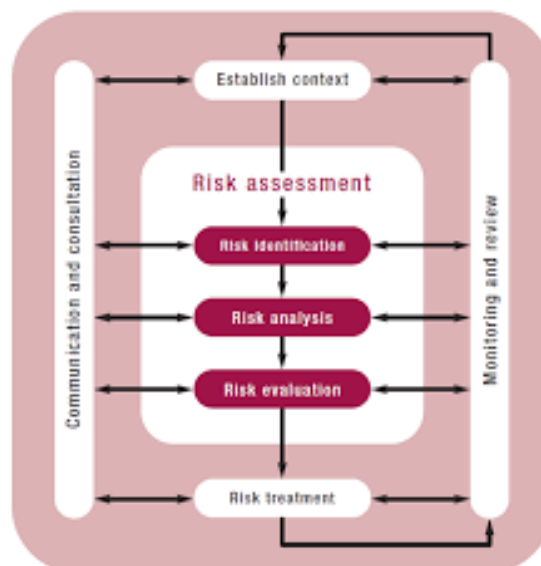
The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- 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.

Following the Board meeting in April 2020, Executive Directors were asked to consider their existing corporate risks in light of the COVID-19 pandemic. They were asked to:

- Reflect the impact of COVID-19 on existing risks and how this may reduce/increase the level of risk facing HDdUHB.
- De-escalate risks that do not reflect the current priorities of HDdUHB.
- Assess new and emerging risks relating to the potential impact of COVID-19 planning and management.
- Consider risks from their Directorate risk registers as to whether they should be considered for escalation to CRR.

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 13 corporate risks that have been aligned to PPPAC. A summary of these risks can be found in Appendix 2, with individual risks found at 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 June 2020:

Total number of risks	13	
New risks	5	See Note 1
De-escalated/Closed risks	1	See Note 2
Increase in risk score ↑	1	See Note 3
No change in risk score →	4	See Note 4
Reduction in risk score ↓	3	See Note 3

Note 1 – New Risks
Since the previous report, five new risks have been added to the CRR and aligned to PPPAC. These are risks that threaten the delivery of the Quarter 2 (Q2) Operating Plan.

Risk Reference and Title	Executive Lead	New/ Escalated	Date	Reason
890 - Delivery of Quarter 2 Operating Plan – Ability to respond effectively and swiftly to changes in workforce demand	Director of Workforce and OD	New	30/06/20	This risk was added following submission of the Q2 Operating Plan to reflect the need to have agile and responsive workforce that can respond quickly to the changes across the HDdUHB

as COVID-19 progresses				system as it adapts and responds to the pandemic. The COVID-19 pandemic has highlighted the need for an agile and responsive workforce. Workforce planning is a key component in identifying any workforce gaps and putting in place actions to mitigate any workforce deficits which would ultimately impact on patient care. Given that the scale of the possible pandemic and the short time lines that are being worked to, activity is compressed into smaller sequences, which means the likelihood and severity of the risk is increased.
891 - Delivery of Q2 Operating Plan – Delayed Discharges affecting whole Health Board - COVID-19.	Director of Operations	New	30/06/20	This risk was added following submission of the Q2 Operating Plan and has been decreased from 16 to 12 since it was initially identified and assessed. Currently, there is good flow through the hospitals and no significant issues relating to hospital transfers, assessments and care capacity. However, the reintroduction of more planned admissions in the hospitals could lead to higher demand and pressure across the system.
892 - Delivery of Q2 Operating Plan - Inability to recruit sufficient registered nurses affecting the whole Health Board.	Director of Operations	New	30/06/20	This risk was added following submission of the Q2 Operating Plan and reflects the Health Board's inability to recruit sufficient registered nurses to fill all existing vacancies due to a national shortage of qualified nurses.
893 - Delivery of Q2 Operating Plan - Estate Capacity required for Social Distancing Measures	Director of Nursing, Quality and Patient Experience	New	30/06/20	This risk was added following submission of the Q2 Operating Plan and has been decreased from 15 to 10 since it was initially identified and assessed to reflect the work undertaken to implement social distancing requirements across the HDdUHB estate in

				order that services can be restarted and operate safely for patients and staff.
894 - Delivery of Q2 Operating Plan – Reduced clinical workforce due to underlying medical condition, pregnancy or Black, Asian and Minority Ethnic (BAME)	Director of Workforce and OD	New	30/06/20	Due to the pandemic, there is a risk that staff within the BAME categories in particular will be at greater risk. This will result in the possibility of not enough staff being available to cover staff rotas, inpatient beds and will affect HDdUHB's ability to surge capacity into field hospitals, if required.

Note 2 – Closed/De-escalated Risks

Since the previous report, one corporate risk aligned to this Committee has been closed or de-escalated.

Risk Ref & Title	Exec Lead	Closed/ De-escalated	Date	Reason
627 - Ability to implement the HDdUHB Digital Strategy within current resources to support HDdUHB's long term strategy	Director of Operations	De-escalated	05/08/20	This risk has been de-escalated to reflect the additional funding that has been provided by HDdUHB to support taking forward the digital plan and ensuring that the fundamentals of cyber security, and a robust infrastructure are maintained.

Note 3 – Increase/Decrease in Current Risk Score

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

Risk Reference & Title	Previous Risk Report Jun-20 (LxI)	Risk Score Jun-20 (LxI)	Date of Review	Update
624 - Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives	4x4=16	5x4=20 ↑	13/08/20	This risk score has 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

	<td style="background:red"> </td>	<td style="background:red"> </td>		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.
371 - Inability to meet WG target for clinical coding and decision-making will be based on inaccurate/incomplete information	<td style="background:red">4x4=16</td>	<td style="background:orange">**3x4=12** ⬇</td>	05/08/20	Due to COVID-19, the coding backlog has reduced to 15,692 due to the reduced activity, however the team are only operating at 80% capacity. The backlog increases by 2,000 per month and therefore requires a number of actions to be taken, one of which is significant investment in contract coders at the end of the year. This affects the clinical information available for audit/research and the year-end costing returns for HDdUHB. Funding has been secured for the additional 4.5 WTE clinical coders and 2 WTE clerking staff; appointments are to be made in August 2020 with a structured training plan in place to ensure compliance with the target within 18 months.
291 - Lack of 24 hour access to Thrombectomy services	<td style="background:red">4x4=16</td>	<td style="background:orange">**3x4=12** ⬇</td>	10/08/20	Mechanical intervention for Stroke is available at North Bristol NHS Trust (NBT) (and Walton Centre NHS Foundation Trust for Bronglais Hospital). However, this service is only available Monday to Friday 9 a.m. – 5 p.m. therefore this remains a risk during out of hours. During the COVID-19 situation there have been no significant changes to the pathway. All 4 sites have been able to transfer patients when required. Some HDdUHB sites still have delays in 24/7 CT Angiography. All 4 sites have Monday - Sunday 9 a.m. – 5 p.m. CT angiography.

				It is planned for the NBT to be available 7 days a week from 9 a.m. – 5 p.m. from September 2020.
854 - Risk that HDdUHB's Response to COVID-19 will be larger than required for actual demand	3x3=9	2x3=6 ↓	02/07/20	This risk score has decreased from 9 to 6. Likelihood recognises that limits to our ability to grow our bed base reduce the risk of over capacity and our modelling is informing the scale of the gap. It also reflects revised planning assumptions for Welsh Government for winter COVID-19 demand which will be close to available Field Hospital capacity.

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	Previous Risk Report Jun-20 (LxI)	Risk Score Jun-20 (LxI)	Date of Review	Update
686 - Delivering the Transforming Mental Health Programme by 2023	4x4=16	4x4=16	31/07/20	HDdUHB has received feedback from WG on the Business Case submitted earlier in the year and is currently coordinating a response.
451 - Cyber Security Breach	3×4=12	3×4=12	12/08/20	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 NWIS and HDdUHB. Current patching levels within the HDdUHB is on average 91% for desktop/laptops and 88% for the server infrastructure (April 2020). 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.
632 - Ability to fully implement WG Eye Care Measures (ECM).	3x4=12	**3x4=12**	31/07/20	The response to COVID-19 has resulted in the prioritisation of urgent treatment whereby the Ophthalmology Service is providing treatment for sight threatening conditions only (risk factor 1 (R1)). This has seen a reduction in the number of overall patients waiting for treatment (February 2020 - 18716, March 2020 - 18334, April 2020 - 16756, May 2020 - 16083) and the overall cohort number for R1s is also reducing (February 2020 - 13671, March 2020 - 13170, April 2020 - 11660, May 2020 - 11261) as the clinicians have been triaging all patients; those who have been waiting over 25% of their target date have been offered an appointment first through clinical prioritisation.
633 - Ability to meet the 1% improvement target per month for waiting times for 2020/21 for the new Single Cancer Pathway	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 lists, and lists only having 30% of the usual capacity, this may still cause

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<td>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 Withybush 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.</td>
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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 through its Update Report, 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 planned 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)
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

Legend:
- **Reporting to provide assurance** (bold black line)
- Monitors actions & scrutinises controls (blue line)

BOARD

- Overall responsibility for risk management
- Approve framework and strategy for risk
- Determine its risk appetite to underpin strategy, decision making and the allocation of resources, and ensure the right focus on risk management and reporting within the organisation
- Set the Health Boards tolerance for risk and deciding what level of risk is acceptable
- Agree strategic objectives and reviews the Board Assurance Framework (*6 monthly*)
- Review the Corporate Risk Register (6 monthly)

EXECUTIVE TEAM (every formal ET)

- Discuss and agree risks for inclusion on CRR and those to be de-escalated
- Consider risks escalated from Performance Reviews which could affect achieving the UHB's corporate/annual objectives for inclusion on CRR
- Develop risk management strategies for the more challenging risks that threaten the Health Board's corporate/annual objectives/operations.
- Use risk information from performance reviews to inform prioritisation of resources, decision-making, feed into different business processes, ie budget planning, capital planning, etc
- Use CRR to inform meeting agenda

ARAC

- Seek assurance on the effectiveness of the risk management processes & framework of internal control
- Recommend Board approval of the Risk Management Framework & Strategy
- Agree internal and external audit plans to gain assurances on the controls in the BAF/CRR
- Oversight of the adequacy of assurance of principal risks and ensuring Internal Audit Plan is aligned to BAF/CRR
- Seek assurance of management of risks exceeding appetite and tolerance on the CRR

BOARD COMMITTEES

- Seek assurance on the management of principal risks on the BAF/CRR and provide assurance to the Board that risks are being managed effectively & report areas of significant concern, eg, where risk appetite is exceeded, lack of action.
- Review principal and operational risks over tolerance & where appropriate recommend the 'acceptance' of risks that cannot be brought within the UHB's risk appetite/ tolerance
- Provide annual reports to ARAC on the effectiveness of the risk management process and management of risks within its remit
- Identity through discussions any new/emerging risks & ensure these are assessed by management
- Signpost any risks out of its remit to the appropriate UHB Committee/Sub-Committee/Group
- Use risk registers to inform meeting agendas

PERFORMANCE REVIEWS

- Enable Executive oversight of risks in respect of corporate/annual objectives, strategic objectives & operational delivery and compliance
- Provide a conduit of escalation for risks that cannot be managed within directorate resources
- Identity through discussions any new/emerging risks & ensure these are assessed by management

DIRECTORATE RISK MANAGEMENT

- Identify, assess and control risks
- Have process in place for escalation/de-escalation of service/directorate risks
- Prepare & maintain up to date directorate risk register
- Monitor & review directorate risks, including the controls and management action, in line with guidance
- Use directorate risk register to inform decision-making, agree priorities and allocation of resources

SUB-COMMITTEES

- Scrutinise operational risks within their remit either through receiving the standard operational risk report, Service Reports or Assurance Reports
- Gain assurance that the risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented
- Identity through discussions new risks emerging risks & ensure these are assessed by management
- Provide assurance to parent Committee that risks are being managed effectively and report risks which have exceeded tolerance through Update Reports
- Signpost any risks out of its remit to the appropriate UHB Committee/Sub-Committee/Group
- Use risk registers to inform meeting agendas