



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 December 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director, Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

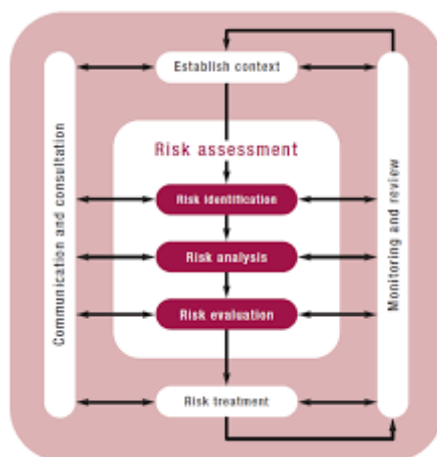
SBAR REPORT

Sefyllfa / Situation

The Sustainable Resources Committee is asked to request assurance from the identified Executive Director 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 corporate risks included in the 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.

Each risk on the CRR has been mapped to a Board-level Committee to ensure that 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 consider 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, in addition to ensuring a sound basis for decision-making. It is the role of Committees to provide challenge where missing or inadequate assurances are identified and to escalate any gaps in assurance to the Board (Appendix 1).

Asesiad / Assessment

The Sustainable Resources Committee Terms of Reference state that it will:

- 2.7 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.
- 2.8 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 2.9 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

There are 3 risks assigned to the Committee from the 17 risks currently identified on the CRR. The principal risks to the Health Board's strategic objectives have been reported to the Board from September 2021.

The 3 corporate 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. Due to the sensitive nature of risk 1352 – Risk of business disruption and delays in patient care due to a cyber-attack, the detail is being reported to in-committee to provide discussion and assurance. Detail on the 2 remaining corporate risks assigned to SRC are included in Appendix 2.

Changes Since Previous Report

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

See Note 1

The 'heat map' below includes the risks currently aligned to the Sustainable Resources Committee.

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					1432 (→)
MAJOR 4				1352 (→)	
MODERATE 3				1335 (→)	
MINOR 2					
NEGLIGIBLE 1					

Note 1 - No change in risk score

Since the previous report, there have been no changes to the following 3 risks.

Risk Reference & Title	Executive Director	Previous Risk Score (Oct-22)	Current Risk Score	Date of Review	Update (Extracted from Datix)
1432 - Risk to the delivery of the Health Board's draft	Director of Finance	5×5=25	5×5=25	28/11/22	Financial planning assumptions have been assessed assuming up to 12 months of "Low" COVID-19 prevalence

interim Financial Plan for 2022/23					<p>(defined as COVID-19 circulating in the community, perhaps at levels of Summer 2021, but lower severity (equivalent to Omicron variant)). Whilst the operational responses and corresponding financial impact of the pandemic during 2020-2022 has provided a sound basis for modelling scenarios, it should be acknowledged that this "Low" scenario may not be the case throughout the year, which may have resource implications. Welsh Government (WG) funding streams are partly confirmed, however there will be a reliance on the success of bids for specific funding to support the specific exceptional costs, transitional COVID-19 support in response to the pandemic and in the acceleration of the Health Board's Strategy. A strategic transformation of our operating model is required to make the shift in services that are required to deliver workforce and finance sustainability - this is a medium term outlook, but will impact the in-year position. Through our revised planning process, operational plans to address the financial savings gap and operational variation have not provided sufficient assurance to mitigate the current financial trajectory.</p>
1352 - Risk of business disruption	Director of Finance	4×4=16	4×4=16	29/11/22	There are daily threats to systems which are managed by the Health

and delays in patient care due to a cyber-attack					Board and Digital Health and Care Wales (DHCW). Cyber-attacks against the healthcare sector have become more prevalent. The recent attack on Health and Safety Executive (HSE) Ireland highlighted the real possibility of NHS Wales being attacked and given the similarity in infrastructure, a demonstration of what a cyber-attack could look like and the challenges it would present to service operations, clinicians and digital staff. 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.
1335 - Risk of being unable to access paper patient records at the correct time and place in order to make the right clinical decisions	Director of Operations	4×3=12	4×3=12	14/11/22	Currently across the Health Board there is a considerable variance in both practice and process, operationally when utilising and dealing with the various types of records in use throughout directorates, services and departments. The current records management methodology, results in a non-standardised approach to delivering effective records management arrangements with a lack of agreed criteria in terms of managing the record during its life cycle from creation, during retention and to disposable. There is a requirement for an investment in a modern day solution and an alteration to culture and attitude that will embrace change and technology associated with a digital health record (DHR), to manage the risk. The Health Board has selected

				its electronic document management system (EDMS) supplier.
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The Committee is requested not to devolve its responsibility for seeking assurances on corporate risks; however, it can reassign risks to another Board level Committee if it is agreed that it fits better within their remit.

Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to:

- Seek assurance that all identified controls are in place and working effectively;
- Seek assurance that 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.

Subsequently, this will enable the Committee to provide the necessary onward assurance to the Board, through its Committee Update Report, that HDdUHB is managing these risks effectively.

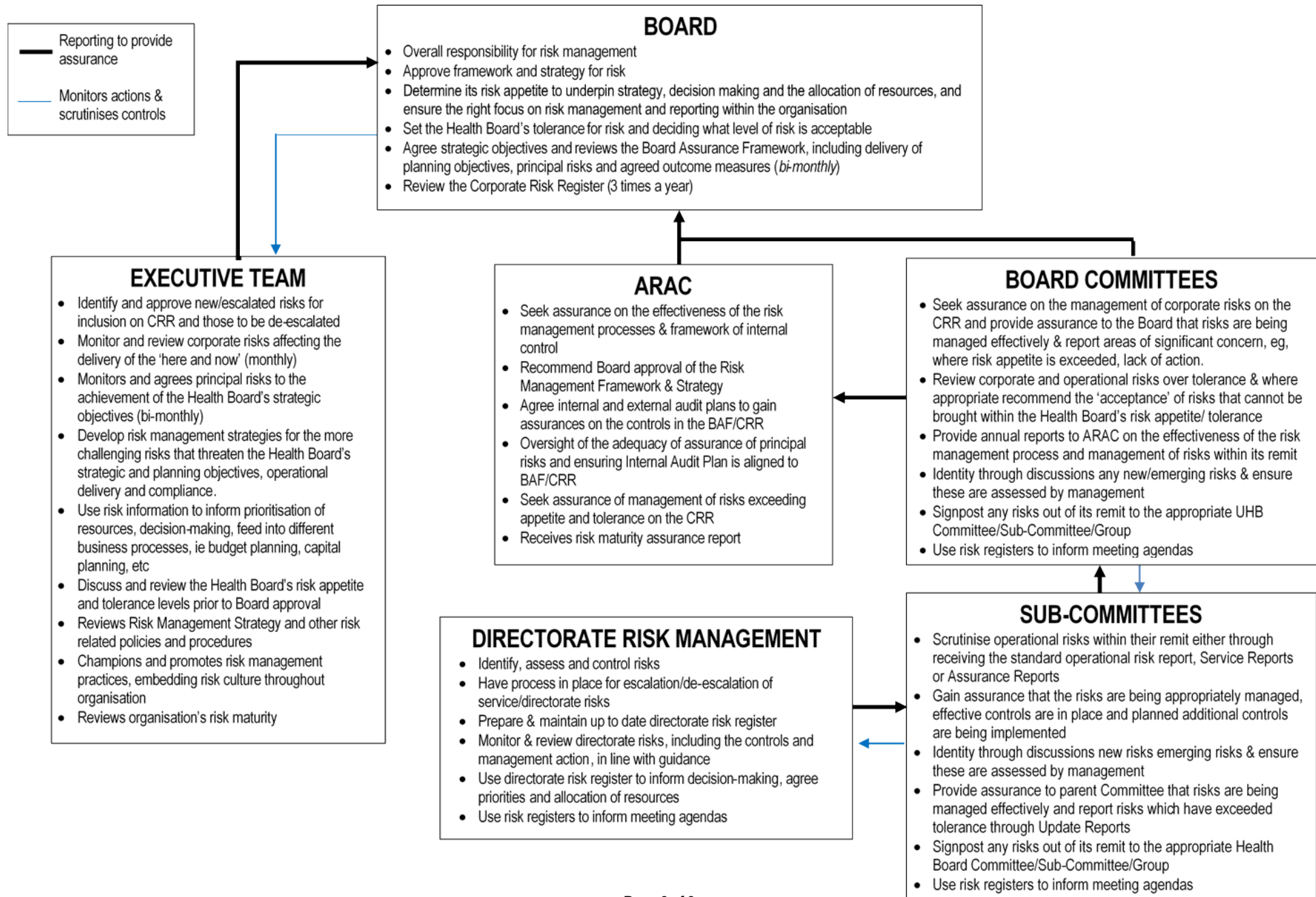
Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Contained within the report
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	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 Termiau: Glossary of Terms:	Explanation of terms is included in the main body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources 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

Appendix 1 – Committee Reporting Structure






CORPORATE RISK REGISTER SUMMARY NOVEMBER 2022

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Nov-22	Trend	Target Risk Score	Risk on page no...
1432	Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23	Thomas, Huw	Finance inc. claims	6	5×5=25	5×5=25	→	2×4=8	3
1335	Risk of being unable to access paper patient records at the correct time and place in order to make the right clinical decisions	Carruthers, Andrew	Quality/Complaints/Audit	8	4×3=12	4×3=12	→	2×3=6	7

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Aug-22
Strategic Objective:	

Risk ID:	1432	Principal Risk Description:	<p>There is a risk to the sustainability of the Health Board's financial position, which will result in a material deterioration of the Health Board's outturn financial position for 2022/23 when compared with the initial draft plan. This is caused by three key drivers:</p> <ol style="list-style-type: none"> 1. Savings which can not be delivered during the year because of continued operational and clinical challenges across our services, in particular within urgent and emergency care; 2. Costs which were previously assessed as Covid-related, which upon review within the context of the current year could not be reduced given the operational pressures, largely again within urgent and emergency care; and 3. Further in-year operational cost deterioration. <p>The Health Board was placed in WG's Targeted Intervention level of escalation on 29 September, partly relating to our financial position.Latest discussions between WG and Directors of Finance confirmed that a revenue deficit position in excess of £25m will not be supported with revenue resource or cash resource. There remain some risks within the forecast position, mainly around remaining funding assumptions. The forecast assumes funding for a reduced level of continued Covid costs, but funding has not been fully secured centrally. There are also agreed funding streams for exceptional costs within the year, the funding for which is currently assumed but not fully secured. The UK Government's recent announcements surrounding energy and the reversal of the National Insurance increase mitigates some of these pressures.</p> <p>This could lead to an impact/affect on the Health Board's cashflow requirements and our ability to meet our payments as they fall due, currently expected to impact in March 2023. Urgent mitigating actions are required to significantly reduce the Health Board's current expenditure trajectory and mitigate the impact on our cash position whilst maintaining patient services.</p>
Does this risk link to any Directorate (operational) risks?			980, 968, 964, 966, 975, 983, 971, 965

Executive Director Owner:	Thomas, Huw	Date of Review:	Nov-22
Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Dec-22

Risk Rating:(Likelihood x Impact)		
Domain:	Finance inc. claims	
Inherent Risk Score (L x I):	5×5=25	
Current Risk Score (L x I):	5×5=25	
Target Risk Score (L x I):	2×4=8	
Tolerable Risk:	6	
Trend:		

Rationale for CURRENT Risk Score:
<p>Financial planning assumptions have been assessed assuming up to 12 months of "Low" COVID-19 prevalence (defined as COVID-19 circulating in the community, perhaps at levels of Summer 2021, but lower severity (equivalent to Omicron variant)). Whilst the operational responses and corresponding financial impact of the pandemic during 2020-2022 has provided a sound basis for modelling scenarios, it should be acknowledged that this "Low" scenario may not be the case throughout the year, which may have resource implications. WG funding streams are partly confirmed, however there will be a reliance on the success of bids for specific funding to support the specific exceptional costs, transitional COVID-19 support in response to the pandemic and in the acceleration of the Health Board's Strategy. A strategic transformation of our operating model is required to make the shift in services that are required to deliver workforce and finance sustainability - this is a medium term outlook, but will impact the in-year position.</p> <p>Through our revised planning process, operational plans to address the financial savings gap and operational variation have not provided sufficient assurance to mitigate the current financial trajectory.</p>

Rationale for TARGET Risk Score:
<p>The Health Board needs to demonstrate that it is able to manage its financial position effectively, cognisant of the risks which are inherent in the delivery of safe and timely care. The current draft Financial Plan does not provide sufficient assurance of this and urgent management actions are required to address this.</p> <p>Given the challenge in delivering the financial position this year, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.</p>

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>1. Modelling of anticipated patient flows, and the resultant workforce, equipment and operational requirements is managed through operational teams.</p> <p>2. Financial modelling and forecasting is co-ordinated on a regular basis.</p> <p>3. Timely financial reporting to Directorates, Finance Committee, Board and Welsh Government on local costs incurred as a result of Covid-19 to inform central and local scrutiny, feedback and decision-making.</p> <p>4. Oversight arrangements in place at Board level and through the Executive Team structure.</p> <p>5. Exploration of a number of funding streams, including: Local Health Board funding arrangements; Funding arrangements through the Regional Partnership Board and Local Authority partners. Funding from WG's own sources or from HM Treasury via WG.</p> <p>6. Opportunities Framework and Roadmap to Financial Sustainability, refreshed to identify alternative ways of working in response to COVID-19 that may result in cost reductions/formal savings schemes identified. Linked to Target Operating Model (TOM) workplan, which will be shaped by the Health Board's strategy, "A Healthier Mid and West Wales", and align to the design assumptions set out in that.</p> <p>7. Accountability statements in relation to the Opening Directorate</p> <p>Budgets underpinning the draft interim Financial Plan for 2022/23 will</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
The costs of addressing the Health Board's local needs may exceed available funding or the organisation my fail to deliver the required level of transformational change during the year through which the opening cost base is expected to be rationalised. This is in relation to the continuation of core and other services, the direct and transitional response to COVID-19, specific exceptional costs and the delivery of Recovery and Sustainability Plans.	Feedback/clarity from WG as to levels of additional revenue and capital funding available	Thomas, Huw	25/11/2022	WG feedback is awaited
	Finance Delivery Unit have been invited in to work closely with the Finance and Performance team to translate the Planning Objectives that relate to our Target Operating Model into the financial and performance impacts we should expect to see.	Thomas, Huw	11/11/2022	Letter to Director General requesting support has been sent. The inception Targeted Intervention meeting with WG colleagues is due to take place on 27th October 2022, at which point we will understand the approach, and support available, to be taken forward.
	The Delivery Unit and Improvement Cymru have been invited to undertake a desk top review with our Planning Team of all the Planning Objectives we are progressing this year in relation to implementing our Target Operating Model (including a review of the underpinning plans for each) to provide the Board and Welsh Government with assurance that the actions we are taking are sufficient in their scope and ambition to achieve what we have set out in our plan and that the underlining action plans are sufficiently robust.	Davies, Lee	11/11/2022 15/12/2022	Letter to Director General requesting support was sent. The inception Targeted Intervention meeting with WG colleagues took place on 27th October 2022, allowing us to understand the approach, and support available, to be taken forward; from this meeting the actions required in order to exit a Targeted Intervention escalation status are clearly defined. Clarity is awaited following the meeting on the next steps.

Budgets underpinning the draft Interim Financial Plan for 2022/23 will be issued to all budget holders in April 2022. The letters clarify that it is expected that all budget holders manage their services within their allocated budgetary envelope; that it is incumbent on all to ensure that expenditure, including the operational response to COVID-19, represents best value; and, that there is the expectation that these operational needs can be clearly demonstrated and that additional costs will reduce as and when decisions are made.

8. Performance against plan monitored through System Engagement Meetings with Services, including Performance, Quality and Financial information. To be improved through Improving Together.

9. Implementation of systems for efficiency (Malinko, WellSky, Nurse Documentation system) are driving financial systems for control (Symbiotics, Caf M in Facilities and Estates, Allocate), alongside the Digital Strategy improving grip and control.

10. Weekly financial reporting to Executive Team, tracking week-on-week progress against key metrics.

11. Tactical TI Group and Steering TI Group established internally

We will establish a monthly meeting with the Welsh Government Planning, Performance, Quality and Finance Teams to review and challenge our progress on delivery that will involve me and all appropriate members of the Executive Team here. I will be guided by you on the relationship between this meeting and the more routine IQPD meetings although it may be sensible to merge them or have a two-part agenda.	Moore, Steve	Completed	Complete - meeting structure with WG agreed. Internally, Tactical TI Group and Steering TI Groups created and meetings being undertaken.
Our normal scrutiny and assurance arrangements as a Health Board will continue and Chair’s agreement will be sought to re-establish regular informal update meetings with the Health Board’s Independent Members to keep them informed of progress.	Thomas, Huw	11/11/2022 15/12/2022	In progress - series of meetings are being established
A Tactical Targeted Intervention weekly meeting is chaired by the CEO where specific executive leads meet to discuss, agree and implement corrective actions to respond to the escalated Targeted Intervention status that Welsh Government placed the Health Board in during October 2022.	Moore, Steve	16/12/2022	The process is in place, however the cycles are yet to identify corrective actions leading to an in-year financial improvement.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance against planned response to COVID-19	Performance against plan monitored through Use of Resources Meetings.	1st			* Mth 6 Finance Report Sustainable Resources Committee, November 2022 * Mth 7 Finance Report Board, November 2022	None	Shift in financial reporting to Board and SRC so that it is clearly aligned to core cost drivers.	Thomas, Huw	Completed	Complete, with additional inefficiency activity drivers included in November SRC and Board reports
In-month financial monitoring	Sustainable Resources Committee oversight of current performance	2nd					New weekly pack developed for ET to support rapid decision making.	Thomas, Huw	Completed	Weekly dashboard has been established and run through the Executive Team the start of July 2022.
	Transformation & Financial Report to Board & SRC	2nd					Cash management strategy and forecast cashflows to be developed and reported to ET, SRC and Board	Thomas, Huw	Completed	Complete, with November SRC IC and Board receiving the proposed strategy and the various modelling scenarios, which do allow for a mitigation plan to be finalised.
	WG scrutiny through monthly monitoring returns	3rd								
	WG scrutiny through revised monthly Monitoring Returns (specific COVID-19 template) and through Finance Delivery Unit	3rd								
	Audit Wales Structured Assessment process	3rd								

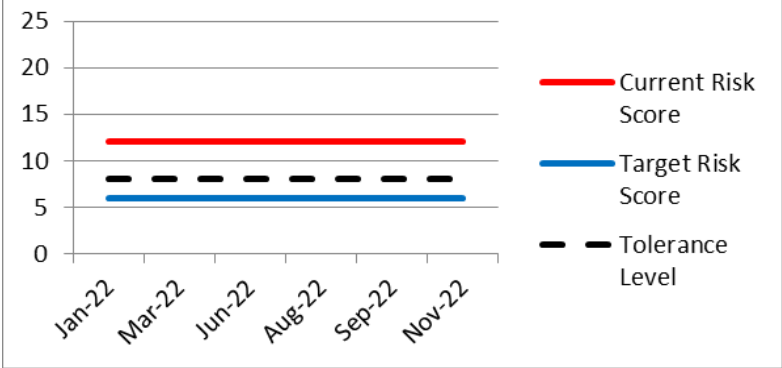
Date Risk Identified:	Oct-21
Strategic Objective:	5. Safe and sustainable and accessible and kind care

Risk ID:	1335	Principal Risk Description:	There is a risk of clinical services being unable to access paper patient records, at the correct time and place in order to make the right clinical decisions and provide effective patient care. This is caused by not having a fit for purpose records management infrastructure along with organisational management arrangements which are insufficient in capacity and scope. This could lead to an impact/affect on the interruption to clinical services, ability to provide effective patient care including compliance with and attainment of nationally agreed Cancer, RTT and Stroke targets, review and fine by the ICO (<£17.5m - £35m fine per episode), increased litigation and negligence claims, complaints and possible redress, non-compliance with GDPR in regards access to patient information, underutilisation of clinical staff, outpatient facilities and day case areas and theatres, inappropriate disclosure of confidential information, missing patient information and confidential documentation, and non-compliance with nationally agreed retention timescales.
Does this risk link to any Directorate (operational) risks?			1434, 1427, 1369, 939,1247, 1419

Rationale for CURRENT Risk Score:
Currently across the Health Board there is a considerable variance in both practice and process, operationally when utilising and dealing with the various types of records in use throughout directorates, services and departments. The current records management methodology, results in a non-standardised approach to delivering effective records management arrangements. With a lack of agreed criteria in terms of managing the record during its life cycle from creation, during retention and to disposable. There is a requirement for an investment in a modern day solution and an alteration to culture and attitude that will embrace change and technology associated with a digital health record (DHR), to manage the risk. The Health Board has selected its electronic document management system (EDMS) supplier.

Executive Director Owner:	Carruthers, Andrew	Date of Review:	Nov-22
Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Jan-23

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	4x4=16
Current Risk Score (L x I):	4x3=12
Target Risk Score (L x I):	2x3=6
Tolerable Risk:	
8	
Trend:	
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Rationale for TARGET Risk Score:
The implementation of a full DHR will support and resolve a number of issues currently being experienced across the Health Board. Prior to making a record digital all services and identified IAO’s will have to undertake a full review of their records management arrangements and work in conjunction with a robust criteria to ensure processes follow a standardised approach. A DHR resolves any issues we may currently be experiencing with regards the lack of storage capacity, provision of records in line with GDPR requirements, the ability to facilitate additional clinical requests, the transition to a virtual world, cost benefits, as well as many others. To assist implementation a requirement for adaptation to working practice and a considerable change in culture for future success.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Health Board Information Asset Register</p> <p>Identified Information Asset Owners (IAOs)</p> <p>Health Records Policies, Procedures and SOPs</p> <p>Some digitalisation projects commenced, eg, physiotherapy, A&E cards</p> <p>Health Board e-nursing documentation implementation</p> <p>Planning Objective 5M aligned to SDODC for reporting</p> <p>Electronic systems including: WPAS (Welsh Patient Administration System), WCP (Welsh Clinical Portal), PACS (Radiology), LIMS (Pathology), WAP e-referrals (Welsh Admin Portal), CANIS (Cancer), Diabetes 3, Selma</p> <p>Acquired additional storage facilities to both accommodate excess paper records and establishing a scanning bureau</p> <p>Reduced understanding or records types (across various services) and those appropriate for scanning, long term storage or destruction, leading to a non-consistent criteria for records management during the records life cycle from creation, to retention and ultimate destruction. With the requirement to implement and standardise health records protocols across all services.</p> <p>Acquisition of a electronic document management system (EDMS).</p> <p>Lease of a second storage facility</p> <p>Scanning of 227,500 non active patient records</p>	<p>An absence of a sustainable long term solution for records management and storage</p> <p>In its paper form, the health record is not under the accountability of any one Executive and hence the degree of influence is potentially compromised.</p> <p>Reduced understanding or records types (across various services) and those appropriate for scanning, long term storage or destruction, leading to a non-consistent criteria for records management during the records life cycle from creation, to retention and ultimate destruction. With the requirement to implement and standardise health records protocols across all services.</p>	Develop and implement scanned health record solution over the next 12 years depending on the split between determination of scanning and deep storage (DHR).	Carruthers, Andrew	31/03/2033	£300k per annum for three years made available to prime the project to include acquiring premises to facilitate a scanning bureau along with appointment of a project manager. A paper outlining the direction of travel and key steps to be taken was presented to executive team 28 July 2021 and this was broadly supported. A project implementation plan along with specification for acquiring scanners is being progressed.
		Review current records management arrangements for records that are not within the scope and responsibility of the Central Health Records function. This will require agreement on future record management arrangements, required resources and project support going forward as an essential precursor to the delivering the scanning phase of the project plan. This will be largely driven by individual information asset owners providing comprehensive schedules of information assets under their responsibility.	Carruthers, Andrew	30/04/2022 30/06/2022 30/09/2022 31/10/2022 31/12/2022	SBAR submitted to Executive Team in October 2022 outlining the plan for future records management arrangements. Further discussions are now required to fully implement the transition and move records to one centralised locality.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance <div></div> Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Information Asset Owner Registers Group	1st			Records Storage SBAR - Executive Team (Jul21)					
	Digital Health Records Project Group to oversee delivery of enabling work	2nd								
	SDODC overseeing delivery of Planning Objective 5M	2nd								
	IA Records Management Report (limited - follow up (reasonable) in Health Records only	3rd								