Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 August 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 Beare, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

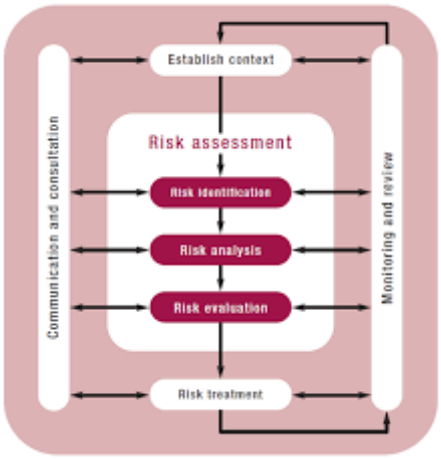
ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The 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.

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 16 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.

Changes Since Previous Report

Total Number of Risks	3	
New risks	1	*See Note 1*
De-escalated/Closed	1	*See Note 2*
Increase in risk score →	0	
No change in risk score →	2	*See Note 3*
Reduction in risk score →	0	

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					
MAJOR 4				1352 (→)	1432 (NEW)
MODERATE 3				1335 (→)	
MINOR 2					
NEGLIGIBLE 1					

Note 1 - New Risks:
Since the previous report, one risk (1371) has been closed and now superseded by a new one.

Risk Reference & Title	Lead Director	New/ Escalated	Date	Rationale for Current Risk Score (Extracted from Datix)
1432 - Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23	Director of Finance	New	05/08/22	This risk was approved by Chair's action on 05/08/2022 to replace corporate risk 1371 (Risk to the delivery of UHB's Draft Interim Financial Plan for 2022/23). 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. Welsh Government 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 however 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.

Note 2 –Closed/De-escalated Risks

Since the previous report, the following one corporate risk has been closed/de-escalated:

Risk Reference & Title	Lead Director	Closed/De-escalated	Date of Closure	Reason
1371 - Risk to the delivery of UHB's Draft Interim	Director of Finance	Closed	13/06/22	This risk was closed via Chair's Action on 05/08/2022 as the risk has completely changed since it was articulated in April 2022 which

Financial Plan for 2022/23				reflected the risk to delivering a £25m deficit position by year end. The risk to the health board now relates to the revised forecast of £62m not being approved by Welsh Government (WG).

Note 3- No changes in risk score

Since the previous report, there have been changes to the following 2 risks.

Risk Reference & Title	Executive Director	Previous Risk Score (Jun-22)	Current Risk Score	Date of Review	Update (Extracted from Datix)
1352 - Risk of business disruption and delays in patient care due to a cyber attack	Director of Finance	**4×4=16**	**4×4=16**	04/08/22	There are daily threats to systems which are managed by Digital Health Care Wales and UHB. Cyber-attacks are becoming more prevalent, and previously hackers were not targeting health bodies, but the recent attack in Ireland, means that the possibility of an attack is ever present. 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**	02/08/22	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.

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 Termau: 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

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Aug-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	N/A	**5×4=20**	New risk	**2×4=8**	3
1352	Risk of business disruption and delays in patient care due to a cyber attack	Thomas, Huw	Statutory duty/inspections	8	**4×4=16**	**4×4=16**	→	**3×4=12**	6
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**	9

RISK SCORING MATRIX

Likelihood x Impact = Risk Score

Likelihood	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days.	Increase in length of hospital stay by >15 days.	An event which impacts on a large number of patients.
			Agency reportable incident.	Mismanagement of patient care with long-term effects.	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
		Reduced performance if unresolved.			
Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.

Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Inequalities/ Equity	Minimal or no impact on our attempts to reduce health inequalities/improve health equity	Minor impact on our attempts to reduce health inequalities or lack of clarity on the impact we are having on health equity	Moderate impact on our attempts to reduce health inequalities or lack of sufficient information that would demonstrate that we are not widening the gap. Indications that we are having no positive impact on health improvement or health equity	Major impact on our attempts to reduce health inequalities. Validated data suggesting we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity

RISK MATRIX

	LIKELIHOOD →				
IMPACT ↓	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	**Extreme**	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	**High**	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	**Moderate**	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	**Low**	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Ma	Tends to be detailed
2nd Line	Corporate O	Less detailed but slightly
3rd Line	Independent	Often less detail but truly

Key - Assurance Required	
	Detailed review of relevant in
	Medium level review
	Cursory or narrow scope of re

NB Assurance Map will tell you if

Key - Control RAG rating	
LOW	Significant concerns over
MEDIUM	Some areas of concern ov
HIGH	Controls in place assessed
INSUFFICIENT	Insufficient information a

Date Risk Identified:	Aug-22	**Executive Director Owner:**	Thomas, Huw	**Date of**	Aug-22
Strategic Objective:		**Lead Committee:**	Sustainable Resources Committee	**Date of**	Sep-22

Risk ID:	**1432**	**Principal Risk Description:**	There is a risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23. The draft financial plan for 2022/23 was re-submitted in July 2022, and based on a revised forecast of £62m which is currently not approved by Welsh Government (WG). This is caused by the re-submitted draft financial plan as at July 2022, based on a revised forecast of £62m not being approved by Welsh Government, with initial feedback being that the plan is unsupportable and unacceptable. The draft financial plan includes WG funding assumptions which have yet to be confirmed, namely: • the Plan currently assumes WG funding to meet the planned costs of addressing our continued local COVID-19 activities, however this funding has not yet been secured centrally by WG; and • the Plan currently assumes WG funding to meet the planned costs of addressing specific exceptional costs from FY23, namely energy costs, the impact of the increase in National Insurance (Health and Social Care Levy) and the increased cost in commissioned services driven by the Real Living Wage. However, this funding has not yet been secured centrally by WG and therefore poses a risk to the position if funding is not fully available. This could lead to an impact/affect on the Health Board's cashflow requirements and its ability to meet its 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, whilst maintaining patient services.	**Risk Rating:(Likelihood x Impact)**		**No trend information available.**
				Domain:	Finance inc. claims
				Inherent Risk Score (L x I):	5×4=20
				Current Risk Score (L x I):	5×4=20
				Target Risk Score (L x I):	2×4=8
				Tolerable Risk:	6
			Does this risk link to any Directorate (operational) risks?	**Trend:**	*New risk*

Rationale for CURRENT Risk Score:	**Rationale for TARGET Risk Score:**
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. 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.	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. 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.

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** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
1. Modelling of anticipated patient flows, and the resultant workforce, equipment and operational requirements is managed through operational teams. 2. Financial modelling and forecasting is co-ordinated on a regular basis. 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. 4. Oversight arrangements in place at Board level and through the Executive Team structure.	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	Feedback/clarity from WG as to levels of additional revenue and capital funding available	Thomas, Huw	31/08/2022	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	31/08/2022	Letter to Director General requesting support has been sent.

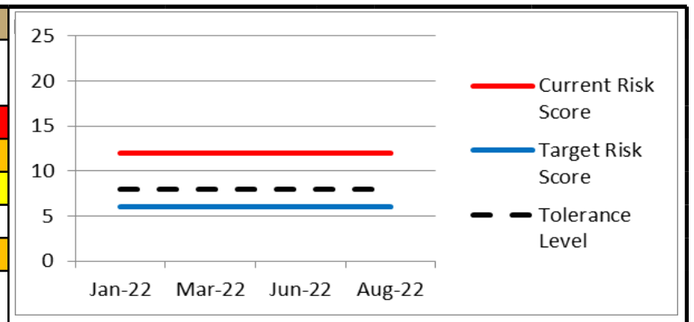
5. Exploration of a number of funding streams, including: Local Health Board funding arrangements; Funding arrangements through the Regional Partnership Board and Local Authority partners. Funding from WG's own sources or from HM Treasury via WG. 6. Opportunities Framework and Roadmap to Financial Sustainability, 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 WalesÃ¢â‚¬Â¨, and align to the design assumptions set out in that. 7. Accountability statements in relation to the Opening Directorate Budgets underpinning the draft interim Financial Plan for 2022/23 will 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.	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.	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	31/08/2022	Letter to Director General requesting support has been sent.
		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	31/08/2022	Letter to Director General requesting support has been sent.
		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	31/08/2022	In progress - series of meetings are being established
		The weekly Executive Team meeting chaired by the CEO will be the internal group that monitors and drives progress, focusing on: a) delivery of our Planning Objectives and the subsequent financial benefits; b) efficiency and productivity opportunities (based on our Opportunities Framework); c) corrective actions identified through our regular Executive-led Directorate Use of Resources meetings to reduce current expenditure trajectories.	Moore, Steve	31/08/2022	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 / 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 In-month financial monitoring	Performance against plan monitored through Use of Resources Meetings.	1st			* Mth 2 Finance Report - Sustainable Resources Committee, June 2022 * Mth 3 Finance Report - Board, July 2022	None	Shift in financial reporting to Board and SRC so that it is clearly aligned to core cost drivers.	Thomas, Huw	31/08/2022	On track
	Sustainable Resources Committee oversight of current performance	2nd					New weekly pack developed for ET to support rapid decision making.	Thomas, Huw	31/08/2022	On track
	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	31/08/2022	On track
	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	**Executive Director Owner:**	Carruthers, Andrew	**Date of Review:**	Aug-22
Strategic Objective:	5. Safe and sustainable and accessible and kind care	**Lead Committee:**	Sustainable Resources Committee	**Date of Next Review:**	Oct-22

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-

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	8



Does this risk link to any Directorate (operational) risks?	
Trend:	⟷

Rationale for CURRENT Risk Score:	**Rationale for TARGET 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.	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** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Health Board Information Asset Register Identified Information Asset Owners (IAOs) Health Records Policies, Procedures and SOPs Some digitalisation projects commenced, eg, physiotherapy, A&E cards Health Board e-nursing documentation implementation 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 Acquired additional storage facilities to both accommodate excess paper records and establishing a scanning bureau 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. Acquisition of a electronic document management system (EDMS). Lease of a second storage facility Scanning of 227,500 non active patient records	An absence of a sustainable long term solution for records management and storage 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. 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.	Acquisition of a electronic document management system (EDMS) suited to receive the management document retrieval on an searchable basis.	Tracey, Anthony	Completed	Complete - Civica Cito has been selected as the Health Boards EMDS supplier.
		Develop and implement scanned health record solution over the next 5-7 years depending on the split between determination of scanning and deep storage (DHR).	Carruthers, Andrew	31/03/2028	£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	Draft proposal has been completed and ready for submission to the Executive Team. Some minor alterations are required and the Health Records Manger has been on leave for a sustained period of time. The paper will be updated and ready for submission in August 2022.

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 / 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)		Agree formal reporting arrangements with Head of Corporate Governance	Rees, Gareth	Completed	Following Mar22 Board where the 3 year Annual Plan 2022/25 was agreed, the planning objectives are in the process of being aligned to Committee Workplans for 2022/23. 5M has been aligned to SDODC.
	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								