

PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 February 2024
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 of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

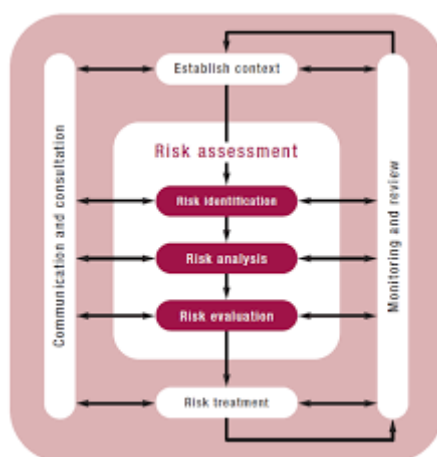
ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Sustainable Resources Committee (SRC) 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 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;
- 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 19 risks currently identified on the CRR.

The 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. Details on 2 corporate risks

assigned to SRC are included in Appendix 1. 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.

Changes Since Previous Report

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

Note 1 – De-escalated/Closed risks

Since the previous report, the following risk has been removed:

Risk Reference & Title	Lead Director	Closed / de-escalated	Reason
1719 - Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of Radiology Information Systems Procurement (RISP)	Director of Operations	De-escalated	<p>The risk was agreed for de-escalation at Executive Risk Group in December 2023 due to the progress made with contract negotiations.</p> <p>Detail on this risk can be found in the Operational Risk Report being presented to SRC in February 2024.</p>

Note 2 - No change in risk score

Since the previous report, there have been no changes in the risk scores of the following 3 risks:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1642 - Risk of Health Board not meeting statutory requirement to break even 23/24 due to significant deficit position	13/04/23	Director of Finance	5x5=25 (Reviewed 21/12/23)	<p>The draft Annual Plan for 2023/24 of £112.9m is unacceptable to Welsh Government (WG) and has led to a further deterioration in an already unsupportable underlying deficit position which will impact future years.</p> <p>The Board have been involved in the discussions and decisions in the development of the</p>	3x4=12

				<p>2023/24 Plan both through our Committees of the Board, Board Seminar sessions, and Public Board meetings. As a consequence of these on-going discussions and decisions, the Board, at its meeting on the 30 March 2023, approved the annual plan for 2023/24, recognising the forecast financial outturn remains unacceptable and in breach of the Health Board's statutory requirement to achieve financial balance; further work will be required during 2023/24 to improve the position.</p> <p>At the Board meeting on the 30 March 2023 it was also noted that without further support, at this stage, the Health Board will require further cash-backed support from WG as the extent of our cash allocation will be insufficient to continue to service our liabilities as they fall due from the end of February 2024.</p> <p>The Health Board was placed in WG's Targeted Intervention level of escalation on 29 September 2022, partly relating to our financial position; the 2023/24 Plan presents a deterioration in both the in-year and underlying financial position since 2022/23.</p> <p>Through our 2023/24 planning process, operational plans to address the recurrent financial savings gap and</p>	
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				<p>operational variation have not provided sufficient assurance to mitigate the current financial trajectory. Actual delivery also falls short of submitted plans, adding further assurance concerns.</p> <p>In October 2023, WG confirmed conditional recurrent and non-recurrent funding to increase core allocations recognising the impact of the macro-economic inflationary pressures and COVID-19 legacy costs. This has given rise to a Target Control Total requirement of £44.8m, which includes a further £11.3m of savings requirement. This has superseded the £112.9m Annual Plan. At this stage, the Health Board will require further cash-backed support from WG as the extent of our cash allocation will be insufficient to continue to service our liabilities as they fall due after early February 2024. If this support is unavailable, which is a risk given the national financial position, then this could affect patient services and our key stakeholders.</p>	
1352 - Risk of business disruption and delays in patient care due to a cyber-attack	27/01/22	Director of Finance	4x4=16 (Reviewed 14/12/23)	<i>Details of this risk provided to SRC In-Committee.</i>	3x4=12

1335 - Risk to the ability to access paper patient records in a timely manner due to existing records management infrastructure	05/10/21	Director of Operations	3x3=9 (Reviewed 21/11/23)	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, and work has commenced on scanning legacy documents into a development environment.	2x3=6
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The 'heat map' below includes the risks currently aligned to SRC:

HYWEL DDA RISK HEAT MAP

	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					1642 (→)
MAJOR 4				1352 (→)	
MODERATE 3			1335 (→)		
MINOR 2					
NEGLIGIBLE 1					

Argymhelliad / Recommendation

SRC 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 the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:		Contained within the report
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6.	All Apply

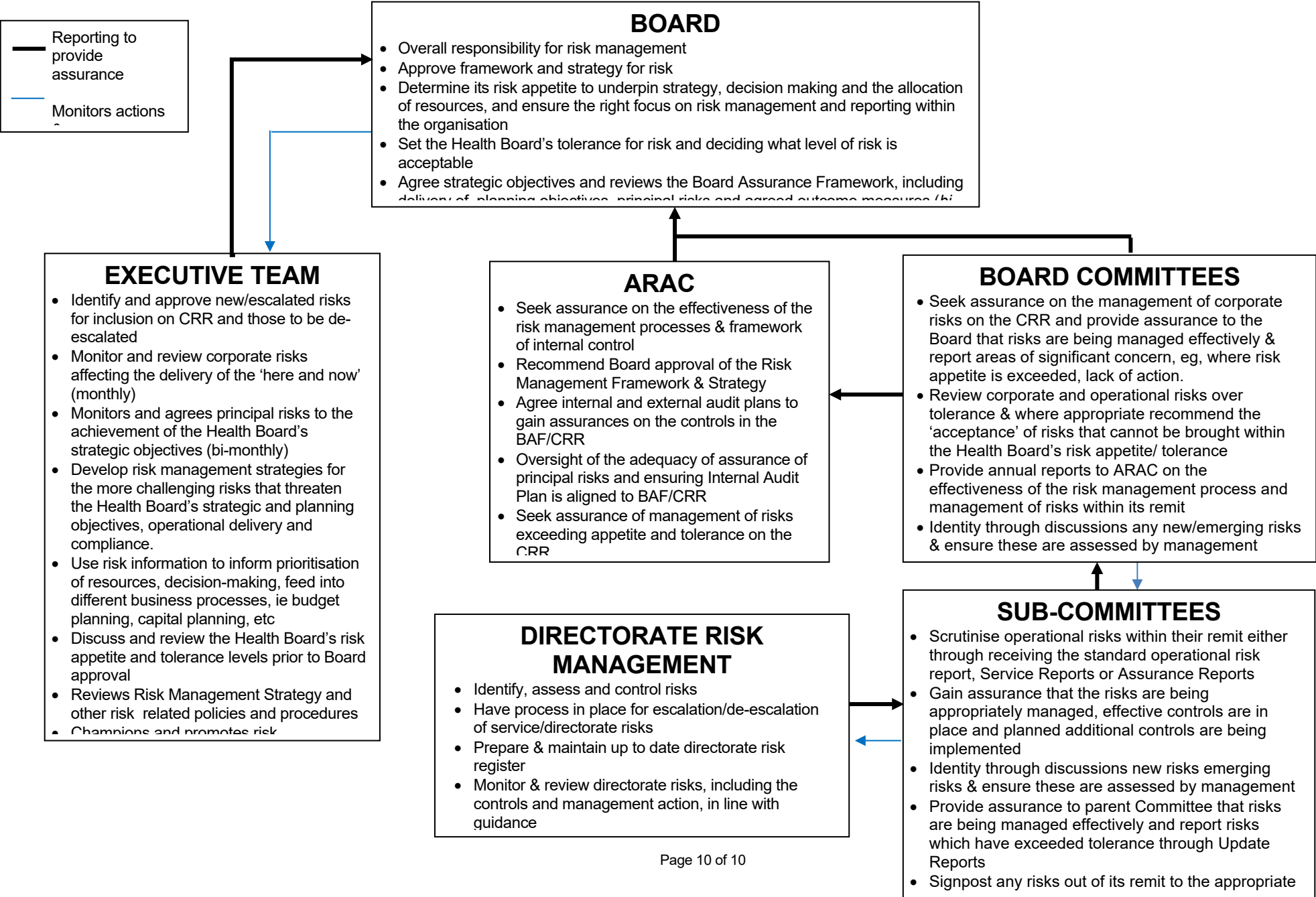
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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

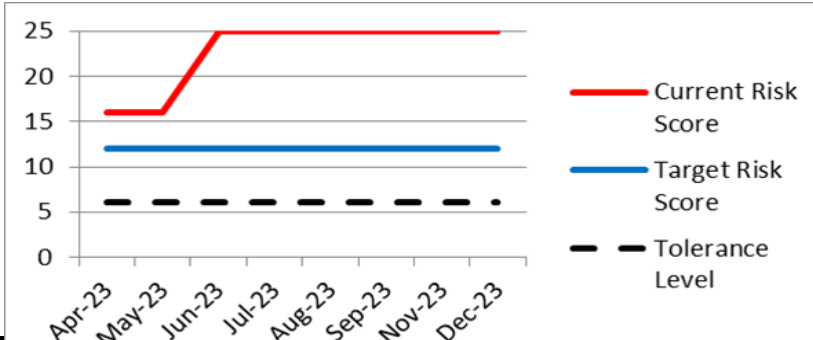
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report, however, impacts of each risk 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

Annex 1 – Committee Reporting Structure



Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Feb-24	Trend	Target Risk Score	Risk on page no...
1642	Risk of Health Board not meeting statutory requirement to break even 23/24 due to significant deficit position	Thomas, Huw	Finance inc. claims	6	5×5=25	5×5=25	→	3×4=12	<u>2</u>
1335	Risk to the ability to access paper patient records in a timely manner due to existing records management infrastructure	Carruthers, Andrew	Quality/Complaints/Audit	8	3×3=9	3×3=9	→	2×3=6	<u>8</u>

Date Risk Identified:		apr-23		Executive Director Owner:		Thomas, Huw		Date of Review:		des-23	
Strategic Objective:				Lead Committee:		Sustainable Resources Committee		Date of Next Review:		jan-24	
Risk ID:	1642	Principal Risk Description:	There is a risk that the Health Board deficit is unaffordable for Welsh Government. This is caused by the Financial Plan for 2023/24 presenting a significant deficit position, which reflects the significant step-change in expenditure during COVID-19. This has persisted, as operational pressures have remained; and a further step-change in expenditure is expected into next year, arising, largely, from inflationary pressures. Additional causes include:	Risk Rating:(Likelihood x Impact)							
				Domain:		Finance inc. claims					
				Inherent Risk Score (L x I):		5x5=25					
				Current Risk Score (L x I):		5x5=25					
				Target Risk Score (L x I):		3x4=12					
				Tolerable Risk:		6					
Does this risk link to any Directorate (operational) risks?			980, 968, 964, 966, 975, 983, 971, 965, 1644, 1646		Trend:						

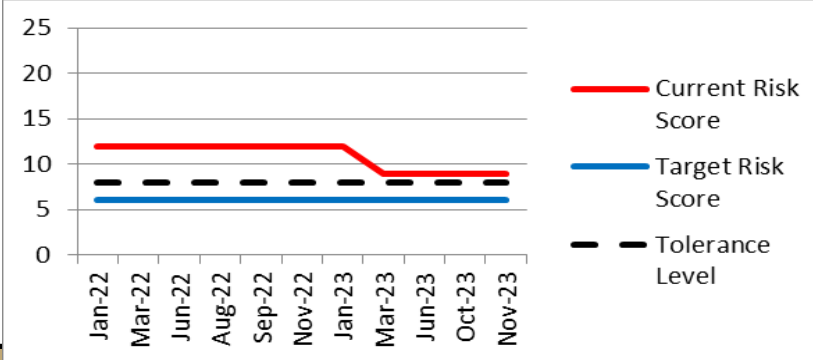
Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
<p>The draft Annual Plan for 2023/24 of £112.9m is unacceptable to Welsh Government (WG) and has led to a further deterioration in an already unsupportable underlying deficit position which will impact future years.</p> <p>The Board have been involved in the discussions and decisions in the development of the 2023/24 Plan both through our Committees of the Board, Board Seminar sessions, and Public Board meetings. As a consequence of these on-going discussions and decisions, the Board, at its meeting on the 30th March 2023, approved the annual plan for 2023/24, recognising the forecast financial outturn remains unacceptable and in breach of the Health Board's statutory requirement to achieve financial balance; further work will be required during 2023/24 to improve the position. At the Board meeting on the 30th March 2023 it was also noted that without further support, at this stage, the Health Board will require further cash-backed support from Welsh Government as the extent of our cash allocation will be insufficient to continue to service our liabilities as they fall due from the end of February 2024.</p> <p>The Health Board was placed in WG's Targeted Intervention level of escalation on 29 September 2022, partly relating to our financial position; the 2023/24 Plan presents a deterioration in both the in-year and underlying financial position since 2022/23.</p> <p>Through our 2023/24 planning process, operational plans to address the recurrent financial savings gap and operational variation have not provided sufficient assurance to mitigate the current financial trajectory. Actual delivery also falls short of submitted plans, adding further assurance concerns.</p> <p>In October 2023, WG confirmed conditional recurrent and non-recurrent funding to increase core allocations recognising the impact of the macro-economic inflationary pressures and COVID-19 legacy costs. This has given rise to a Target Control Total requirement of £44.8m, which includes a further £11.3m of savings requirement. This has superseded the £112.9m Annual Plan. At this stage, the Health Board will require further cash-backed support from WG as the extent of our cash allocation</p>	<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 an acceptable financial position this year, it is unlikely that the Health Board will achieve a risk which is in line with the existing tolerable risk of 8 for the year. Consequently, it has been requested of the Board to increase the tolerable risk score to 12 in line with the Target.</p>

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	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, Sustainable Resources Committee, Board and Welsh Government on local costs incurred as a result of Operational Drivers to inform central and local scrutiny, feedback and decision-making. 4. Oversight arrangements in place at Board level and through the Executive Team structure. 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 refreshed with the expectation that identified areas of waste will present deliverable cost reductions/formal savings schemes. Linked to Planning Objectives 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. 7. Accountability statements in relation to the Opening Directorate Budgets underpinning the draft interim Financial Plan for 2023/24 will	The costs of addressing the Health Board's local needs may exceed available revenue and cash funding. The organisation may 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 (programme) response to COVID-19, specific exceptional costs and the delivery of Recovery and Sustainability Plans.	Targeted Intervention working group and escalation Steering Group to discuss, agree and implement corrective actions to respond to Targeted Intervention status.	Moore, Steve	30/06/2023 31/08/2023 10/12/2023 29/02/2024	Through the approval of the Annual Plan the Board has accepted the validity of the current operational drivers and accepted the choices and identified opportunities available to mitigate the current trajectory. The process is in place, however the cycles are yet to identify corrective actions leading to an in-year or future year financial improvement. As these corrective actions are identified, these will be added to the risk Action Plan. A meeting was held with WG week the week of 19th June 2023 where final deadlines and actions were agreed. The September Quarterly TI meeting was held with WG on 19th September, and WG were not yet satisfied with the organisations response to the financial improvements required to demonstrate a significant improvement in the current forecast

<p>issued to the Executive Team in May 2023. 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 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.</p> <p>8. Performance against Plan monitored through Improving Together Meetings with Services, including Performance, Quality and Financial information.</p> <p>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.</p> <p>10. Weekly financial reporting to Executive Team, tracking week-on-week progress against key metrics.</p> <p>11. The Core Delivery Group (CDG) and Financial Control Group (FCG) meet on a weekly basis, led by the Director of Workforce and OD (CDG) and Director of Finance (FCG) as SROs. This reports into the Executive Team weekly, and the Escalation Steering Group (ESG) for TI, which meets on a monthly basis, 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 during October 2022. The weekly Executive Team meeting chaired by the CEO will be the internal group that monitors and drives progress, focusing on:</p> <p>a) delivery of our Planning Objectives and the subsequent financial benefits;</p> <p>b) efficiency and productivity opportunities (based on our Opportunities Framework);</p> <p>c) corrective actions identified through our regular Executive-led Directorate Use of Resources meetings to reduce current expenditure trajectories.</p>
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<p>Develop a revised roadmap to financial sustainability based on the Board's agreed key priorities and revised Planning Objectives in line with our Strategy.</p>	<p>Thomas, Huw</p>	<p>30/06/2023 31/08/2023 31/11/2023 31/01/2024</p>	<p>A focused Executive Team Away Day considered mitigating actions and their delivery; a six week action timetable has commenced. This is the first step towards developing a roadmap and will link to the clinical services plan.</p> <p>The current priority areas have identified a clear route to achieve a significant reduction in the planned deficit, with further work submitted and reviewed in the November 2023 Public Board meeting.</p> <p>In December 2023, a presentation focusing on financial roadmap to recovery was presented to Board seminar.</p>
<p>Following the July meeting between the Ministers and Chief Executives, the organisation is required to develop mitigation plans to address the forecast in-year deviation from plans in addition to achieving a 10-20-30% improvement against the submitted financial plan.</p>	<p>Moore, Steve</p>	<p>31/03/2024</p>	<p>A recovery workshop was held on the 26 July 2023 with Executives, service and Finance leads to discuss and agree urgent actions to address the financial position. The meeting focussed on the key driver of high cost agency and locum expenditure across professional groups. Action plans were submitted to Board on the 10 August 2023 for consideration/decision ahead of the Welsh Government (WG) meeting on 11 August 2023, which were agreed and submitted. Board had endorsed the work to be delivered at pace, requesting further updates at each future meeting.</p> <p>Progress was reported to September Board, with the latest assurance levels of delivery not yet recovering the original planned deficit.</p>

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 operational plans and targets through Performance KPIs In-month financial monitoring	Performance against plan monitored through Improving Together Meetings.	1st			* Mth 2 Finance Report - Sustainable Resources Committee June 2023	None				
	Sustainable Resources Committee oversight of current performance	2nd			* Mth 3 Finance Report - Board July 2023					
	Transformation & Financial Report to Board & SRC	2nd			* Mth 4 Finance Report - Sustainable Resources Committee August 2023					
	WG scrutiny through monthly monitoring returns	3rd			* Mth 5 Finance report - Board September 2023					
	WG scrutiny through revised monthly Monitoring Returns (specific supplementary templates) and through Finance Delivery Unit	3rd			* Mth 6 Finance report - Sustainable Resources Committee October 2023					
	Audit Wales Structured Assessment process	3rd			* Mth 7					

Date Risk Identified:		okt-21		Executive Director Owner:		Carruthers, Andrew		Date of Review:		nov-23	
Strategic Objective:		5. Safe and sustainable and accessible and kind care		Lead Committee:		Sustainable Resources Committee		Date of Next Review:		jan-24	
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		Risk Rating:(Likelihood x Impact)						
				Domain:	Quality/Complaints/Audit						
				Inherent Risk Score (L x I):	4x4=16						
				Current Risk Score (L x I):	3x3=9						
				Target Risk Score (L x I):	2x3=6						
				Tolerable Risk:	8						
Does this risk link to any Directorate (operational) risks?			1434, 1427, 1369, 939,1247, 1419,1445,1627, 708, 1282, 1627		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, and work has commenced on scanning legacy documents in to a development environment.					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	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 Welsh Nursing Care record e-nursing documentation implementation Planning Objective 5M aligned to SDODC for reporting 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 Acquisition of a electronic document records management system (EDRMS) Civica. Lease of a second storage facility Scanning of 308,000 non active patient records DPIAs undertaken on the three contractors for scanning providers, with an additional DPIA being undertaken in June 2023 in relation to RICOH Local Project Steering Group, which meets fortnightly and chaired by Deputy Director of Operations and attended by the Digital Director Programme risk register reviewed at Local Project Steering Group Cataloguing exercise undertaken for the sub-contractor with RICOH	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.	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	Completed	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.
		Director of Operations to meet with Executive Leads with professional responsibility for clinical records to determine agreement on future record management arrangements, required resources and project support. This will be largely driven by individual information asset owners providing comprehensive schedules of information assets under their responsibility.	Carruthers, Andrew	31/03/2023 31/10/2023 31/01/2024	Meeting to be arranged.

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)					
	Digital Health Records Project Group to oversee delivery of enabling work	2nd								
	SRC overseeing delivery of Planning Objective 5C	2nd								
	IA Records Management Report (limited - follow up (reasonable) in Health Records only	3rd								