PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 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)

Ar Gyfer Trafodaeth/For Discussion

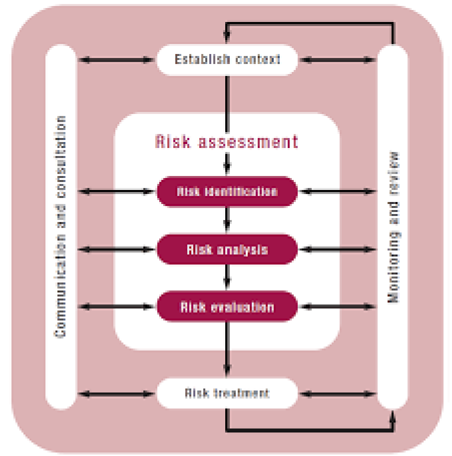
ADRODDIAD SCAA
SBAR REPORT

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 4 risks assigned to the Committee from the 18 risks currently identified on the CRR. The principal risks to the Health Board's strategic objectives were reported to the Board from November 2021.

The 4 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	5	
New risks	1	*See Note 1*
De-escalated/Closed	0	
Increase in risk score ↑	1	*See Note 2*
No change in risk score →	3	*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				1297 ↑	
MAJOR 4			451 1307	1296	
MODERATE 3				1335 (NEW)	
MINOR 2					
NEGLIGIBLE 1					

Note 1 – New Risks

Since the previous report in December 2021, 1 new risk has been added to the CRR:

Risk	Lead Director	New/ Escalated	Date	Reason
Risk 1335 - Risk of being unable to access patient records, at the correct time and place in order to make the right clinical decisions	Director of Operations	New	05/01/22	This corporate risk was approved by the Executive Risk Group on 05/01/22. 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 disposal. There is a requirement for an investment in a modern day solution and an alteration to culture and attitude, which will embrace change and technology associated with a digital health record (DHR), to manage the risk.

Note 2 - Changes in Current Risk Score

There has been the following change to the current risk score of the below risk since the previous report to the Committee in December 2021:

Risk Reference & Title	Previous Risk Report Dec-21 (LxI)	Risk Score Feb-22 (LxI)	Date of Review	Update
1297 - Risk that the Health Board's underlying deficit will increase to a level not addressed by additional medium term funding	4x4=16	**5x4=20** ↑	17/01/22	Issues have been raised regarding the ability of the Health Board to plan at a strategic and operational level for a number of years. The Health Board's performance over the last year has demonstrated a significant improvement in the ability to operationally plan and a developing maturity within the organisation. The Health Board's Roadmap to Sustainability is largely predicated on a reduction to, or repurposing of, acute bed capacity; however, in the current climate of unprecedented pressures within Unscheduled Care and the delivery of challenging Recovery Plans, the

				implementation of schemes to reduce the number of acute beds is exceptionally challenging alongside the workforce challenges. The medium term financial impact of COVID-19 on the underlying position is currently informed by modelling intelligence due to the fluid nature of the pandemic and the multitude of unknown variables inherent in such a situation. WG funding for the medium term impact of the Health Board's response to COVID-19 and Recovery has been confirmed, and there is currently a challenging gap between the level of funding, expenditure trends, and/or plans.

Note 3 - No change in Current Risk Score
There has been no change in the current risk score of the below risks.

Risk Reference & Title	Previous Risk Report Dec-21 (LxI)	Risk Score Feb-22 (LxI)	Date of Review	Update
1296 - Risk that the Health Board will not deliver a financial out-turn position in line with our original plan of £25m deficit	4x4=16	**4x4=16**	17/01/22	The levels of WG funding for the Health Board's response to the COVID-19 pandemic and Elective Recovery plans have been issued, largely at fixed values from Month 6 and 8, in line with the forecast continuation of costs incurred and Recovery bids.
1307 - Risk to achieving the Capital Resource Limit 2021/22	3x4=12	**3x4=12**	20/01/22	Significant uncertainty lies in the delivery of the Capital Programme in 2021/22 due to a number of factors which lie outside of the control of the Health Board. Whilst previous years have demonstrated that the Health Board has been able to meet its statutory duty to

				breakeven against the capital resource limit, there is an increased likelihood that this is not achievable in 2021/22. The Health Board has received capital funding for a demountable theatre at Prince Phillip Hospital totalling £19.937m in December 2021, with planned completion by 31st March 2021. Given the scale of spend required before the end of March 2022, any slippage in programme would likely be of significant financial value. Longer lead times for medical and digital equipment mean that opportunities to re-prioritise 2022/23 replacement programmes, as capital scheme slippages are identified, are reduced.
451 - Cyber Security Breach	3x4=12	**3x4=12**	30/11/21	This risk is under review following receipt of an external report on cyber security. A new risk will be presented to the next Executive Risk Group for approval.

The Committee is asked 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 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 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

CORPORATE RISK REGISTER SUMMARY FEBRUARY 2022

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Feb-22	Trend	Target Risk Score	Risk on page no...
1297	Risk that the Health Board's underlying deficit will increase to level not addressed by additional medium term funding	Thomas, Huw	Statutory duty/inspections	8	4x4=16	**5×4=20**	↑	**2×4=8**	6
1296	Risk that the Health Board will not deliver a financial out-turn position in line with our original plan of £25m deficit	Thomas, Huw	Statutory duty/inspections	8	4x4=16	**4×4=16**	→	**2×4=8**	10
451	Cyber Security Breach	Thomas, Huw	Service/Business interruption/disruption	6	3x4=12	**3×4=12**	→	**3×4=12 Accepted**	12
1307	Risk to achieving the Capital Resource Limit 2021/22	Thomas, Huw	Statutory duty/inspections	8	3x4=12	**3×4=12**	→	**2×4=8**	15
1335	Risk of being unable to access patient records, at the correct time and place in order to make the right clinical decisions	Carruthers, Andrew	Quality/Complaints/Audit	8	N/A	**4×3=12**	**New risk**	**2×3=6**	17

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	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 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	NB Assurance Map will tell you if you have
Detailed review of relevant in	
Medium level review	
Cursory or narrow scope of re	

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:	Nov-21	Executive Director Owner:	Thomas, Huw	Date of Review:	Jan-22
Strategic Objective:	6. Sustainable use of resources	Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Feb-22

Risk ID:	1297	Principal Risk Description:	There is a risk that the Health Board's underlying deficit will increase to a level which is not addressed by additional medium term funding. This is caused by insufficient data or intelligence driving theoretical opportunities which cannot be practically delivered by Operational Teams; change programmes are not sufficiently resourced or well-managed; or changes made to services or the acute bed base which are contrary to current unprecedented acute demand. This could lead to an impact/affect on our inability to deliver financial sustainability which could lead to a resumption of financial turnaround with consequences for retention of the workforce, staff morale, poor patient experience and poorer value healthcare with a reduction of confidence from our stakeholders.

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
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:	8
Trend:	↑

Does this risk link to any Directorate (operational) risks?	1296

Rationale for CURRENT Risk Score:

Issues have been raised over the ability of the Health Board to plan at a strategic and operational level for a number of years. The Health Board's performance over the last year has demonstrated a significant improvement in the ability to operationally plan and a developing maturity within the organisation. However, the Health Board's financial deficit has significantly deteriorated and significant workforce constraints remain. The Health Board's Roadmap to Sustainability is largely predicated on a reduction to, or repurposing of, acute bed capacity; however, in the current climate of unprecedented pressures within Unscheduled Care and delivery of challenging Recovery Plans, the implementation of schemes to reduce the number of acute beds is exceptionally challenging.

The medium term financial impact of COVID-19 on the underlying position is currently informed by modelling intelligence due to the fluid nature of the pandemic and the multitude of unknown variables inherent in such a situation. WG funding for the medium term impact of the Health Board's response to COVID-19 and Recovery has been confirmed, and there is currently a significant gap between the level of funding and expenditure trends and/or plans.

Rationale for TARGET Risk Score:

Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government.

Strategic and operational planning in an integrated Health Board is inherently complex leading to potential disconnections between demand, operational capacity planning; workforce planning and financial planning.

Given the challenge in delivering the savings required in FY21 of £32.4m, a further gap of £11.5m in FY22, and the implications of this in the medium term, further work is ongoing to manage this risk.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Understanding the underlying deficit and Opportunities Framework. A pre-COVID-19 assessment has been completed, which will need to be refined as part of the Roadmap to Sustainability. Very high level base-case long term financial model. A Planning Steering Group is in place to co-ordinate activities across key corporate functions. The Planning Team are embedded within the operational management structures across the organisation. A Strategic Enabling Group is in place to co-ordinate improvements to the Health Board's key systems to improve systems and processes across the organisation, including: Improving together - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation. Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate. Value Based Health and Care Group: which ensures that the Health Board's roll out and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.

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	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
It has now been confirmed that the Health Board will not receive funding from Welsh Government in response to the brought forward underlying position from FY21 (due to unidentified savings) of £32.4m for 2022/23. It has also been confirmed that WG funding for the direct response to the pandemic will not be received beyond 2021/22, with a need to balance Recovery and the COVID-19 response within the issued allocation. The Health Board's Roadmap to sustainability has been drafted at a strategic level, with further work needing to be undertaken from a detailed operational	WG validation review of the brought forward underlying position to be undertaken, as directed by the FDU.	Thomas, Huw	31/03/2022	Progress to be reported in next review.
	WG assessment of draft funding request in response to COVID-19 in the medium term to be concluded, with confirmation of the level of funding available to the Health Board. The Health Board will continue to refine the prioritisation of responses to determine the Value of each COVID-19 response workstream and if that resource could be better re-purposed.	Thomas, Huw	31/03/2022	WG level of funding now confirmed, with Executive led prioritisation now required to assess value of existing COVID-19 responses against Recovery and Other activities. This will be conducted as part of the financial planning workstreams.
	Further work to be undertaken on the Roadmap to Sustainability from a detailed operational planning perspective to provide assurance over deliverability to both the Board and Welsh Government.	Carruthers, Andrew	31/03/2022	Feedback had been received from WG regarding the level of operational detail and clarity required; further work is underway.
	Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level (PO 6D)	Thomas, Huw	31/03/2024	Core digital infrastructure in place and progress in roll out in multiple conditions has been achieved, with many more planned over next two years. First formal service reviews have taken place with Cardiology and Executive leads to determine next steps. Work underway to both support taking action from insights and the visualisation of the high volume of new data this will create to clinically and operationally inform

	planning perspective.	Implement a VBHC pathway costing programme for all clinical services that is capable of being completed within 3 years, and prioritised based on the likelihood of generating change.	Thomas, Huw	31/03/2024	Objective developed for year ahead as we move into next phase of this three year objective: - Through engagement at each project inception to offer a financial consideration of Value Based Healthcare to all potential projects. - Then prioritising and implementing costing projects with reference to furthering organisational strategy and the likelihood of producing intelligence and evidence that supports operational and clinical change. - Exploring further innovation and development in the application of this costing approach.
		By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in “A Healthier Mid and West Walesâ€ related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23 (PO 6K)	Thomas, Huw	31/03/2022	Progress to be reported at next review.
		To be completed by the end of 2021/22 undertake a full analysis of our supply chain in light of the COVID-19 pandemic to assess the following: - Length and degree of fragility - Opportunities for local sourcing in support of the foundational economy - Carbon footprint - Opportunities to eliminate single use plastics and waste The resulting insights will be used to take immediate, in-year action where appropriate and develop proposed Planning Objectives for 2022/23 implementation (PO 6H)	Thomas, Huw	31/03/2022	Resource has been allocated to begin this analysis and opportunities will be fed into the Opportunities Framework as they are identified.

							Rapid deployment of digital solutions to support with better intelligence allowing better local decision-making based on evidence.	Thomas, Huw	31/03/2022	Refer to the Digital Strategy for actions and delivery timelines.
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**
Operational agreement to underlying deficit assessment. Welsh Government	Reporting to Sustainable Resources Committee	2nd			Month 8 Finance Report - Sustainable Resource s	None				

Date Risk Identified:	Nov-21	Executive Director Owner:	Thomas, Huw	Date of Review:	Jan-22
Strategic Objective:	6. Sustainable use of resources	Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Feb-22

Risk ID:	1296	Principal Risk Description:	There is a risk that the Health Board will not deliver a financial out-turn position in line with our original plan of £25m deficit. This is caused by escalating pressures within Acute sites due to lack of access to Primary Care manifesting in A&E attendances and Domiciliary and Social Care fragility preventing the discharge of medically fit patients. This could lead to an impact/affect on a reduction in stakeholder confidence, reputational damage and increased scrutiny from WG.

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	↔

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

Rationale for CURRENT Risk Score:

The levels of WG funding for the Health Board's response to the COVID-19 pandemic and Elective Recovery plans have been issued, largely at fixed values from Month 6 and 8 in line with the forecast continuation of costs incurred and Recovery bids.

Rationale for TARGET Risk Score:

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.

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	**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	The costs of addressing the Health Board's local needs may differ from the allocated funding envelope. The impact of the Winter months within	Confirmation from WG following the Accountable Officer letter issued in November 2021 regarding the treatment of £10.1m of Elective Recovery funding.	Thomas, Huw	Completed	WG feedback has now been received, with confirmation of acceptance of the Accountable Office letter.

result of COVID-19 and Elective Recovery Plans 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. Accountability statements in relation to the Opening Directorate Budgets underpinning the draft interim Financial Plan for 2021/22 were issued to all budget holders in April 2021. 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 decision making through the command structure allows. 6. Performance against plan monitored through System Engagement Meetings with Services, including Performance, Quality and Financial information. To be improved through Improving Together. 7. Use of Resources group is an added governance mechanism, for increased oversight of investment and disinvestment decisions.	Unscheduled Care services may further exacerbate the ability of the Health Board to resource both core and Recovery activity plans.	Refined prioritisation plans for Recovery schemes, factoring in latest market conditions in respect of Private Provider capacity and internal Workforce plans.	Carruthers, Andrew	Completed	Further work has been undertaken to assess the risk profile of plans, with YTD delivery being broadly in line with plans.
		Refine assessment of the feasibility of resilience and broader expenditure plans to deploy an element of Recovery funding to support the wider operational effectiveness of the Health Board, whilst ensuring delivery of value.	Carruthers, Andrew	~~17/12/2021~~ 17/02/2022	Further work is being undertaken to assess the risk profile of plans. YTD delivery is not yet evidenced, however robust plans are in place.

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 Elective Recovery Plans Performance against planned direct response to COVID-19 In-month financial monitoring	Performance against plan monitored through System Engagement Meetings with Services	1st			Month 8 Finance Report - Sustainable Resources Committee, December 2021 Month 9 Finance Report -	None				
	Sustainable Resources Committee oversight of current performance	2nd								
	Transformation & Financial Report to Board & SRC	2nd								
	WG scrutiny through monthly monitoring return	3rd								
	Audit Wales Structured Assessment 2021	3rd								

Date Risk Identified:	May-17	Executive Director Owner:	Thomas, Huw	Date of Review:	Nov-21
Strategic Objective:	N/A - Operational Risk	Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Jan-22

Risk ID:	451	Principal Risk Description:	There is a risk the Health Board experiencing a cyber security breach. This is caused by a lack of defined patch management policy, lack of management on non-ICT managed equipment on network, end of life equipment no longer receiving security patching from the software vendor, lack of software tools to identify software vulnerabilities and staff awareness of cyber threats/entry points. This could lead to an impact/affect on a disruption in service to our users cause by the flooding of our networks of virus traffic, loss of access to data caused by virus activity and damage to server operating systems.

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	3×4=12
30/05/2019 - Board 'Accept' Target Risk	
Tolerable Risk:	6
Trend:	⟷

Does this risk link to any Directorate (operational) risks?	451, 356

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
There are daily threats to systems which are managed by NWIS and UHB. Current patching levels. The patching levels fluctuate during the month depending on the number of updates released by the 3rd party vendor. Alongside the fluctuations there is lack of capacity to undertake this continuous work at the pace required. Impact score is 4 as a cyber-attack has the potential to severely disrupt service provision across all sites for a significant amount of time, however the processes and controls in place have reduced the likelihood due to the improvements in patching.	Increased patching levels will help to reduce to impact of disruption from a cyber threat. However this work is continuous and is dependent on obtaining the appropriate level of resources to undertake the patching anti-virus work at pace.

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	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Controls have been identified as part of the national Cyber Security Task & Finish Group. Continued rollout of the patches supplied by third party companies, such as Microsoft, Citrix, etc. £1.4m national investment in national software to improve robustness of NWIS. Further Task and Finish Group established to review the future patching arrangements within NHS Wales - this will lead future work locally to implement recommendations. Capital funding has been made available by WG in 2018/19 to improve cyber security - this will be used to purchase required software/equipment for penetration testing. Additional UHB funding.	Lack of comprehensive patching across all systems used in UHB. Lack of staffing capacity to undertake continuous patching at pace. Lack of dedicated maintenance windows for updating critical clinical systems.	Work with system owners to arrange suitable system down-time or disruption.	Solloway, Paul	Completed	Patching policies are now in place for all clinical critical applications
		Continue to implement the recommendations of the Stratia report	Solloway, Paul	Ongoing	Additional resources for the establishment of a Cyber Resilience Team have been placed into the IMTP (2022/23) for consideration
		Implement the national products previously purchased (i.e. Security Information Event Management (SIEM)	Solloway, Paul	Ongoing	Additional resources for the establishment of a Cyber Resilience Team have been placed into the IMTP (2022/23) for consideration
		Hire agency staff until such time that a permanent resource can be appointed.	Tracey, Anthony	Completed	The first round of appointments did not provide suitable candidates so agency staff will be used to provide progression of the recommendations.
		Appoint a dedicated cyber resilience resource to take forward the recommendations outlined within the Stratia report, and the recent Audit Wales Report, presented to ARAC.	Tracey, Anthony	Completed	The New Cyber Resource began in May 2021, and is in the process of addressing the Stratia report, and developing a Cyber Resilience Plan. The Digital Team, have also contracted with a third party company to work with us to develop our Cyber Resilience Plan.

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
No of cyber incidents. Current patching levels in UHB. No of maintenance windows agreed with system owners. Removal of legacy equipment.	Department monitoring of KPIs	1st			External Security Assessment - IGSC - Jul 18 Update on WAO IT follow-up - ARAC - Oct19 Update Paper on Risk 451 - SRC - Oct 21 NISR (Cyber Assessment Framework) - IGSC - Nov 21	National accreditation.	Progress the attainment of certificates and assurances as outlined by the National Cyber Security Centre (NCSC)	Tracey, Anthony	Ongoing	Regular reports on progress on External assessment to IGSC
	IGSC monitoring of cyber security workplan addressing recent internal and external audits/assessments	2nd								
	IGSC monitoring of National External Security Assessment	2nd								
	Follow-up Information Backup, Disaster Recovery & Business Continuity and Data Quality: Update on Progress	3rd								
	NHS Wales External Security Assessment - Assessment Report and Security Improvement Plan for Hywel Dda University Health Board (HDUHB) Oct17	3rd								
	WAO IT risk assessment (part of Structured Assessment 2018	3rd								
	Internal Audit IM&T Security Policy & Procedures Follow-Up - Reasonable Assurance	3rd								
	IM&T Assurance - Follow Up - Reasonable Assurance - May20	3rd								
	Cyber Security (Stratia Report) - Reasonable Assurance - Feb20	3rd								

Date Risk Identified:	Dec-21	Executive Director Owner:	Thomas, Huw	Date of Review:	Jan-22
Strategic Objective:	6. Sustainable use of resources	Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Feb-22

Risk ID:	1307	Principal Risk Description:	There is a risk that the Health Board will not meet its statutory duty to breakeven against its Capital Resource Limit for 2021/22. This is caused by significant uncertainty in achieving the Capital Resource Limit exacerbated by the following: a) Supply Chain Issues; b) Global shortage of key components including glass and steel; c) Greater delivery lead time for digital and medical equipment; d) Impact of COVID 19 e.g. unable to complete programmes of work in live hospital environment, labour shortages due to self isolation; and e) Local supply issues of key construction materials such as concrete. This could lead to an impact/affect on the Health Board's Discretionary Capital Programme in 2022/23 and there would be a reputational risk to the Health Board.

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	↔

25
20
15
10
5
0
Dec-21
Jan-22
Current Risk Score
Target Risk Score
Tolerance Level

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

Rationale for CURRENT Risk Score:

Significant uncertainty lies in the delivery of the Capital Programme in 2021/22 due to a number of factors which lie outside of the control of the Health Board. Whilst previous years demonstrate that the Health Board has been able to meet its statutory duty to breakeven against the capital resource limit, there is an increased likelihood in 2021/22 that it will not be able to do so.

The Health Board has received capital funding for a Demountable theatre at Prince Phillip Hospital totalling £19.937m in December with planned completion by the 31st March. Given the scale of spend required before the end of March 2022, any slippage in programme would be likely to be a significant financial value. Longer lead times for medical and digital equipment mean that opportunities to re-prioritise 2022/23 replacement programmes as capital scheme slippages are identified, are reduced.

Rationale for TARGET Risk Score:

The Health Board needs to demonstrate that it is able to manage its capital position effectively, cognisant of the risks which are inherent in the delivery of safe and timely care. Given the challenge in delivering the capital position this year, the Health Board will achieve a risk which is in line with the tolerable risk for the year.

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	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
1. Timely financial reporting to Sustainable Resources Committee, Board and Welsh Government as key areas of concern emerge. 2. Bi-Monthly reporting to the Sustainable Resources Committee regarding the capital risk. 3. Prioritised replacement Medical and Digital equipment lists	Reporting of capital financial risks to relevant members of the Health Board Executive Team.	Monthly reporting to the Use of Resources Group to provide some additional controls / assurance with regards to the in year capital financial position.	Thomas, Huw	Completed	Report to be produced for a December Use of Resources Group meeting. Update - Report produced

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 the Capital Resources Limit	Performance against plan monitored through Capital Monitoring Group with key internal stakeholders	1st			N/A	None				
	Detailed prioritisation to be agreed through Capital Planning Group	1st								
	Performance reports through to Capital, Estates and IM&T Sub-Committee	1st								
	Sustainable Resources Committee oversight of current performance	2nd								
	Capital report to Strategic, Development and Operational Delivery Committee	2nd								
	WG Scrutiny through bi-monthly monitoring	3rd								

Date Risk Identified:	Oct-21	Executive Director Owner:	Carruthers, Andrew	Date of	Jan-22
Strategic Objective:	5. Safe and sustainable and accessible and kind care	Lead Committee:	Sustainable Resources Committee	Date of	Mar-22

Risk ID:	1335	Principal Risk Description:	There is a risk of clinical services being unable to access 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

Risk Rating:(Likelihood x Impact)		No trend information available.
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	
Trend:	*New risk*	

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

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 not fit for purpose 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 it increases ineffectiveness, reduces assurance in regards confidentiality and governance and also results in the ability to provide effective patient care. 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	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	**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	An absence of a sustainable long term solution for records management and storage In its paper form, the health record is not under teh 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	Acquisition of a electronic document management system (EDMS) suited to receive the management document retrieval on an searchable basis.	Tracey, Anthony	31/03/2022	Tenders have been issued and the award date is 23/02/22.
		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

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.	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.	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	A proposal will be submitted to Executive Team by 30/04/22.

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)	Assurance arrangements to Board Committee	Agree formal reporting arrangements with Head of Corporate Governance	Rees, Gareth	31/03/2022	3 new Planning Objectives developed and will
	Digital Health Records Project Group to oversee delivery of enabling work	2nd								
	IA Records Management Report (limited - follow up (reasonable) in Health Records only	3rd								