



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 July 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Corporate Risk Register
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Board Secretary Charlotte Beare, Head of Risk and Assurance

### 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 Corporate Risk Register (CRR) is presented to the Board to advise of the corporate risks of Hywel Dda University Health Board (HDdUHB) and provide assurance that these risks are being assessed, reviewed and managed appropriately/effectively.

#### Cefndir / Background

Risk management is a key component of the governance framework, and should underpin organisational strategy, decision-making and the allocation of resources; as such the organisation is required to have effective risk management arrangements in place. The Board should receive sufficient and timely assurance information on the management of risk to enable it to exercise good oversight.

The Board agreed the approach, format and content of the Corporate Risk Register (CRR) and Board Assurance Framework (BAF) at its meeting on 27<sup>th</sup> September 2018, and that it should receive the CRR and the BAF twice a year. The in-depth scrutiny and monitoring of corporate risks was delegated to Board Committees in order that they could provide assurance to the Board, through their Committee Update Reports, on the management of its principal risks.

The Health Board is in unprecedented times, and its primary focus at present is responding to the COVID-19 global pandemic and recovery planning, and is being directed by a Quarterly Operating Framework by Welsh Government. At its Board Meeting in Public on 16<sup>th</sup> April 2020, the Board agreed that there needed to be a proportionate response to risk balanced with the current capacity pressures and challenges presented by COVID-19.

Following the Board Meeting in Public in April 2020, the Executive Directors have:

- Reviewed existing risks and updated them to reflect the impact of COVID-19 on them and reflect, where appropriate, any changes in risk score.
- De-escalated/closed existing corporate risks if they did not reflect the current priorities of the Health Board.
- Identified and assessed new and emerging risks relating to the potential impact of COVID-19 planning and management.

- Considered the risks from their Directorate risk registers as to whether they should be considered for escalation to CRR, recognising further work is required in this area.

The BAF should set out strategic objectives, the risks in relation to each strategic objective, together with controls in place and assurance on their operation, and should support the Board in assessing progress against its strategic objectives and strategic risks to inform operational planning and delivery and shape future Board agendas. The BAF will be informed by the planning objectives that are being developed through the Transformation Steering Group.

The Executive Directors are responsible for reviewing and discussing their corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). Effective management of these risks enables the organisation to improve its chances of success and reduce the likelihood of failure.

### Asesiad / Assessment

There are 30 principal risks on the CRR at present.

Since the CRR was previously presented to the Board in March 2020, the principal risks have been reviewed by Executive Directors to take into account COVID-19 and framework in which the Board is operating within. Risks have also been discussed in detail at its Board Committees in May and June 2020, and reported to the Board via the Committee Update Reports. Where assurance has not been received that principal risks are being managed effectively, the Committees can request a more in-depth report at a subsequent meeting. 5 new corporate risks have also been identified from the Health Board's Quarter 2 Delivery Plan which have been entered onto Datix, however a further review is still required in accordance with the risk management procedure.

Attached to this report to provide the Board with assurance on the management of its principal risks are:

Appendix 1 - CRR Summary

Appendix 2 - Each risk detailing the strategic objective, controls, assurances, performance indicators and action plans to address any gaps in controls and assurances.

The following changes have taken place since the CRR was previously presented to the Board in March 2020.

Total Number of Risks	30	
New risks	9	<i>See note 1</i>
De-escalated/Closed	5	<i>See note 2</i>
Increase in risk score ↑	1	<i>See note 3</i>
No change in risk score →	13	
Reduction in risk score ↓	7	<i>See note 3</i>

The 30 corporate risks are detailed on the below heat map:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	853	634 117	813 893	856	
MAJOR 4		718	451 91 750 646 632 733 810 855 892 894	628 371 291 686 684 890 891	624
MODERATE 3		854	633 627	129	
MINOR 2				635	
NEGLIGIBLE 1					

**Note 1 – New Risks**

Since the previous report in March 2020, nine new risks have been added to the CRR:

Risk Reference and Title	Executive Lead	New/ Escalated	Date	Reason
853 - Risk that Hywel Dda's Response to COVID-19 will be Insufficient to Manage Demand	Chief Executive Officer	New	01/04/20	This risk was entered on the CRR to reflect the risk that the Health Board would not be able to manage an increase in demand in terms of bed space, workforce and equipment/consumables and to reflect the potential quality and safety impacts. This risk has been reduced from 15 to 5 (within the Health Board tolerance) as based on estimated COVID-19 demand and the planning undertaken to respond to COVID-19, the likelihood of this risk has been reduced from 3 to 1.
854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand	Chief Executive Officer	New	01/04/20	This risk has reduced from 12 to 9 since it was first identified and was included in the CEO's report to the Board on the UHB's response to COVID-19. Likelihood recognises that limits to our ability to grow our bed base reduce the risk of

				over- capacity and our modelling is informing the scale of gap.
855 - Risk that UHB's normal business will not be given sufficient focus	Chief Executive Officer	New	01/04/20	This risk was entered to reflect the risk to patients who will be affected by services being scaled back or suspended as part of the response to COVID-19. The Health Board has submitted its response to the NHS Wales Operating Framework for Quarter 2, which outlines the need to maintain essential services and retain flexibility to respond to changes of transmission rates of COVID-19 in the community.
Risk 856 - Risk to delivery of the Financial Plan for 2020/21	Executive Director of Finance	New	20/05/20	This risk replaces the previous corporate risk (735) relating to the delivery of the Financial Plan 2019/20. This new risk reflects the risk to deliver the new financial plan in 2020/21.
Risk 890- Delivery of QTR 2 Operating Plan Corporate Workforce risk demand, capacity and capability.	Director of Workforce & OD	New	14/07/20	This risk was identified in the Health Board's Quarter 2 Delivery Plan and was entered to reflect that the UHB may be unable to respond effectively and swiftly to changes in workforce demand (capacity and capability) as the pandemic progresses.
Risk 891-Delivery of QTR 2 Operating Plan Corporate risk Delayed Discharges affecting whole HB - COVID-19.	Director of Operations	New	15/07/20	This risk was identified in the Health Board's Quarter 2 Delivery Plan and was entered to reflect the risk to patients not being discharged in a timely manner.
Risk 892-Delivery of QTR 2 Operating Plan - Inability to recruit sufficient Registered Nurses affecting the whole HB.	Chief Executive Officer	New	15/07/20	This risk was identified in the Health Board's Quarter 2 Delivery Plan and was entered to reflect the risk to patients who will be affected by the significant reduction in the range of services that can be provided and the ability to open surge capacity, as a result of insufficient Registered Nurses.

Risk 893-Delivery of Q2 Operating Plan- Estate Capacity/ Social Distancing measures COVID-19 risk.	Director of Nursing, Quality and Patient Experience	New	15/07/20	This risk was identified in the Health Board's Quarter 2 Delivery Plan and was entered to reflect the risk to patients due to the significant increase in estate requirements to respond to COVID-19.
Risk 894- Delivery of QTR 2 Operating Plan - Depleted workforce due to COVID-19 risk to specific BAME staff.	Director of Workforce & OD	New	17/07/20	This risk was identified in the Health Board's Quarter 2 Delivery Plan and was entered to reflect the risk of a depleted workforce as a result of COVID-19.

### **Note 2 - De-escalated/Closed Risks**

Since the previous report to Board in March 2020, the following 5 corporate risks have been closed/de-escalated:

<b>Risk</b>	<b>Lead Director</b>	<b>Close/De-escalated</b>	<b>Date</b>	<b>Reason</b>
Risk 44 - Ability to manage patients awaiting follow up appointments	Executive Director of Operations	Closed	01/06/20	Following discussions with the Scheduled Care Directorate Senior Management Team, this risk will be replaced by a new risk in relation to outpatient management. The Directorate are in the process of developing plans in respect of outpatient services and this risk will be assessed when these are finalised.
Risk 245 - Inadequate facilities to store patient records and investment in electronic solution for sustainable solution.	Executive Director of Operations	De-escalated to Central Operations (Health Records)	05/05/20	Whilst records storage remains a significant risk, the planned work will continue, however the Director of Operations de-escalated the risk to Directorate level during COVID-19.
Risk 295 - Inability to maintain routine & emergency services in the event of a severe pandemic influenza event - Risk being updated to reflect the pandemic planning currently being undertaken for High	Executive Director of Public Health	Closed	15/06/20	Under the current circumstances, this risk was closed by the Director of Public Health. This risk has been superseded by COVID-19 as the Health Board is currently operating in a pandemic, granted the pandemic is coronavirus rather than influenza. The risk of a pandemic event will

Consequence Infectious Diseases such as COVID-19 and Influenza				need to be assessed when learning from this emerges.
Risk 730 - Failure to realise all the efficiencies and opportunities from the Turnaround Programme in 2019/20	Executive Director of Finance	Closed	20/05/20	Risk was closed as it relates to 2019/20 Turnaround Programme. A new risk re delivery of the 2020/21 Financial Plan has assessed (Risk 856) which incorporates delivery of savings plans as part of the risk statement.
Risk 735 - Ability to deliver the Financial Plan for 2019/20 affecting the whole Health Board.	Executive Director of Finance	Closed	20/05/20	Risk was closed as it relates to 2019/20 financial plan. A new risk re delivery of the 2020/21 Financial Plan has assessed (Risk 856).

### **Note 3 – Increase/decreases in Current Risk Score**

Since the previous report to Board in March 2020, the following risks have been reduced.

<b>Risk</b>	<b>Risk Owner</b>	<b>Previous risk Score</b>	<b>Risk Score Jul-20</b>	<b>Date</b>	<b>Reason</b>
624 - Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives.	Executive director of Planning, Performance and Commissioning	4x4=16	5x4=20 ↑	08/07/20	This risk has increased due to the use of All Wales Capital Programme (AWCP) resources in the management of COVID-19 response. Although there are a number of controls in place, the risk cannot be managed within the current capital allocation and the risk to that allocation due to the capital resources needed in the management of COVID 19. Any All Wales Capital schemes intended for funding in 2020/21 but not yet approved, are now unlikely to be funded in 2020/21.

Risk 810 - Poor quality of care within the unscheduled care pathway	Executive Director of Operations	4x5=20	3x4=12 ↓	01/06/20	<p>This risk was entered on the CRR prior to COVID-19 and reflected the risk within the unscheduled care system. Whilst the current risk has reduced during COVID-19 from 20 to 12, potentially influenced by reduced demand for emergency care at our Emergency Department facilities and ambulance delays have reduced to their lowest recorded level since July 2017. Where delays occur at the present time, these predominantly relate to the challenges of ensuring patients with known / suspected COVID-19 symptoms are cared for in the most appropriate environment for their (and other patients') needs. The risk is not completely resolved as pressure on non-COVID-19 GREEN capacity continues on some sites and the situation remains under review. Work to implement the planned actions continues to ensure the Health Board is prepared for Winter 2020/21 and to help prevent the return of extreme pressures in the post COVID-19 period.</p>
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Risk 129 - Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients	Executive Director of Operations	5x3=15	4x3=12 ↓	18/05/20	<p>The risk was reduced as the COVID-19 pandemic combined with the temporary overnight service changes (reduction of 5 to 3 bases with a new OOH/MIU GP pathway in PPH) has brought some respite to the fragility of the service. However, any lifting of lock down measures as well as possible impacts on in-hours provision is likely to result in a fragile workforce position once again. The rationale that was placed around the need for service improvement and modernisation needs to be progressed. Significant sickness levels amongst salaried GP workforce has been resolved however, in the event of a second wave of COVID-19, there are a number of staff who may become unavailable to work due to health-related vulnerabilities. The APP model continues to provide significant resilience (when available) in terms of supplementary resource. Discussions to assess potential for expansion of this model have now commenced but no decision has yet been reached.</p>
Risk 632 - Ability to fully implement WG Eye Care Measures (ECM).	Executive Director of Operations	4x4=16	3x4=12 ↓	16/06/20	<p>The response to COVID-19 has resulted in the prioritisation of urgent treatment whereby the Ophthalmology Service is providing treatment for sight threatening conditions only (risk factor 1 (R1)). This has seen a reduction in the number of overall patients waiting for treatment as the clinicians have been triaging all patients, those who have been waiting over 25% of their target date have been offered an appointment first through clinical prioritisation.</p>



<p>Risk 117 - Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery</p>	<p>Executive Director of Operations</p>	<p><b>3x5=15</b></p>	<p><b>2x5=10</b> ↓</p>	<p>08/06/20</p>	<p>The Health Board has previously experienced delays in transferring patients to Swansea Bay UHB (SBUHB) tertiary service for a range of cardiac investigations, treatments and surgery. The historic risk specifically associated with transfer delays for N-STEMI patients (NICE: 'within 72 hours' reduced on development of the NSTEMI Treat and Repatriate service. The risk has been reduced given a reduced level of demand (reduced acute hospital presentation, reduced referrals from primary care, reduced cardiology outpatient activity) on account of COVID-19. The Cardiology Service has identified 'reduced patient presentation/ primary care referral' and 'reduced Cardiology Outpatient activity' as two separate risks to manage this change.</p>
<p>Risk 627 - Ability to implement the UHB Digital Strategy within current resources to support the UHB's long term strategy</p>	<p>Executive Director of Planning, Performance and Commissioning</p>	<p><b>4x4=16</b></p>	<p><b>3x4=12</b> ↓</p>	<p>06/07/20</p>	<p>This risk has been reduced due to the provision of additional funding. The new funding will be focused on accelerating the digital plan, whilst ensuring that the fundamentals of cyber security, and a robust infrastructure are maintained.</p>

Risk 718 - Failure to undertake proactive health and safety (H&S) management	Executive Director of Nursing, Quality and Patient Experience	4x4=16	3x3=9 ↓	15/06/20	<p>Significant amount of work has progressed since the last review of this risk in February 2020. The Health Board received 8 improvement notices and 13 material breaches following a HSE inspection in July 2019. In response, the Health Board developed a number of action plans covering each of the improvement notices and material breaches. The work completed and outstanding actions are to be presented to the HASAC June 2020. The Health and Safety and Security Team now have additional staff in place to assist with compliance against the HSE enforcement action. Improvements in violence and aggression management and the ability to audit departments is now being achieved. In March 2020, Internal Audit undertook a review of health and safety and awarded a rating of 'Reasonable Assurance'.</p> <p>The additional staff and the focused work have reduced this risk to the target risk level of 2x4=8.</p>
Risk 635 - No deal Brexit affecting continuity of patient care	Executive Director of Public Health	4x3=12	4x2=8 ↓	26/05/20	<p>The risk score has reduced to reflect on-going work, and plans at local, regional and national levels, and recent resilience measures adopted by the organisation in response to COVID-19. The compounding effect of a Brexit no-deal scenario with winter plans, maintaining the COVID-19 response and the increasing concern regarding the fragility of the independent social care sector requires the likelihood to remain at 4 however the impact score has been reduced to 2 to reflect the additional resilience at a national, regional and local level due to COVID-19.</p>

### Argymhelliad / Recommendation

The Board is asked to

- Consider whether they have sufficient assurance that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these (with the exception of the 5 new risks relating to the operating framework quarter two) have been reviewed by Board level Committees.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Corporate Risk Register
Rhestr Termiau: Glossary of Terms:	<p>Current risk score – Existing level of risk taking into account controls in place.</p> <p>Target risk score - The ultimate level of risk that is desired by the organisation when planned controls (or actions) have been implemented.</p> <p>Risk appetite can be defined as <i>'the amount of risk that an organisation is willing to pursue or retain'</i> (ISO Guide 73, 2009).</p> <p>ISO (2009) define risk tolerance as <i>'the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives'</i>, however it can be simpler to see it as a series of limits such as lines in the sand beyond which the organisation does not wish to proceed.</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

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

<b>Gweithlu: Workforce:</b>	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
<b>Risg: Risk:</b>	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
<b>Cyfreithiol: Legal:</b>	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
<b>Enw Da: Reputational:</b>	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.
<b>Cydraddoldeb: Equality:</b>	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.