






BOARD ASSURANCE FRAMEWORK 2020/21 – JANUARY 2021



It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing.



Strategic Objectives	Key Risks Mapped to Delivery of Strategic Objective
1. Reduce health inequalities	<ul style="list-style-type: none"> • Financial Sustainability • Sustainable Primary and Community Care • Sustainable Cultural Change • Planned Care Capacity • Delivery of IMTP
2. Deliver outcomes that matter	<ul style="list-style-type: none"> • Sustainable Primary and Community Care • Patient Safety • Sustainable Cultural Change • Financial Sustainability • Delivery of IMTP
3. Ensure that all take responsibility for improving our health and wellbeing	<ul style="list-style-type: none"> • Sustainable Primary and Community Care • Sustainable Cultural Change • Delivery of IMTP
4. Offer services that deliver the population health our citizens are entitled to expect	<ul style="list-style-type: none"> • Sustainable Primary and Community Care • Delivery of IMTP • Planned Care Capacity • Workforce • Financial Sustainability
5. Have an unplanned care system that provides the right care, in the right place, first time.	<ul style="list-style-type: none"> • Financial Sustainability • Sustainable Primary and Community Care • Patient Safety • Delivery of IMTP
6. Have a planned care system where demand and capacity are in balance	<ul style="list-style-type: none"> • Planned Care Capacity • Financial Sustainability • Workforce • Sustainable Primary and Community Care • Delivery of IMTP
7. Reduce harm, waste and variation sustainably so that we live within the resource available	<ul style="list-style-type: none"> • Patient Safety • Financial Sustainability
8. Be a great place to work and learn	<ul style="list-style-type: none"> • Workforce • Financial Sustainability • Sustainable Cultural Change
9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology	<ul style="list-style-type: none"> • Workforce • Financial Sustainability • Sustainable Primary and Community Care • Delivery of IMTP
10. Excel at teaching, research, innovation and improvement.	<ul style="list-style-type: none"> • Workforce • Financial Sustainability • Sustainable Cultural Change

Key Risks

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Change from Nov 20	Target Risk	Context	Executive Lead	Committee
1. Workforce	5,11,16	25	15		10	<p>Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.</p>	Deputy CEO & Executive Director of Workforce and OD	Strategy and Delivery Committee
2. Financial Sustainability	31,32,33	25	10		8	<p>Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future. Covid 19 has had a significant impact on the finances of Healthcare in Wales and the UHB has significant financial pressures to now deal with.</p>	Executive Director of Finance	Finance Committee
3. Sustainable Primary and	12,14	20	15		10	<p>The strategy of "Care closer to home" is built on the</p>	Chief Operating Officer	Strategy and Delivery Committee

Community Care						assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.		
4. Patient Safety	2,7,8,9,15,17,18,19,20,21,25,26,29,40,41,42	25	20		10	Patient safety should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science	Quality, Safety and Experience
5. Sustainable Culture Change		16	8		4	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to	Executive Director of Workforce and OD	Strategy and Delivery Committee

						transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.		
6. Capital Assets	3,4,18,19,21	25	20		10	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Finance Committee
7. Test, Trace and Protect	13	20	15		10	The Welsh Test, Trace, Protect strategy is to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so. Test, Trace, Protect will mean asking people to report symptoms, testing anyone in the community who is showing symptoms of COVID-19, and tracing those they have come into close contact with. Contacts will be advised to self-isolate in order to stop further spread among	Executive Director of Public Health	Strategy and Delivery Committee

						family, friends and the community. Contact tracing is a long established public health approach to containing the spread of many infections and has proven effective in controlling coronavirus in other countries.		
8.Planned Care Capacity	9,11,15, 26,42	20	16		12	The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks. This is due to the need to ensure that there is available capacity should there be a further peak in COVID 19 patients requiring hospital treatment.	Chief Operating Officer	Strategy and Delivery
9.Delivery of IMTP		20	15		10	The Integrated Medium Term Plan is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.	Executive Director of Strategic Planning	Strategy and Delivery Committee

1. Workforce – Lead Executive Martin Driscoll

Across Wales there are increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. This has been further exacerbated with COVID 19, winter and the Mass Immunisation Programme.

<p>Risk Date added: 2.7.2020</p>	<p>There is a risk that the organisation will not be able to recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale. This may be further exacerbated by the demand to simultaneously stretch our workforce capacity to cover Covid-19 pandemic, Mass Immunisation Programme as well as business as usual.</p>		
<p>Cause</p>	<p>Increased vacancies in substantive clinical workforce – to cover MTC specialist skill requirement and CAV 24/7. Winter Wards temporary bed expansion and COVID-19 – temporary bed expansion, community testing, mass vaccine immunisation, high staff absence due to covid-19 , increased demands on step up and step down demand for GP and CRT requirements of the Nurse Staffing Act and BAPM Standards. Ageing workforce Insufficient supply of registered Nurses at UK national level. High nurse turnover in Medicine, Surgery and Specialist Services Clinical Boards Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery, GP) Changes to Junior Doctor Training Rotations (Deanery). Brexit. Further extension of Government CMO shielding letters from 22 December – 7 February 2021. High prevalence of COVID-19 within community which is affecting our own staff absence levels.</p>		
<p>Impact</p>	<p>Impact on quality of care provided to the population. Inability to meet demands of both pandemic and business as usual. Potentially inadequate levels of staffing. Increase in agency and locum usage and increased workforce costs. Rates above Welsh Government Cap (Medical staff). Low Staff moral and higher sickness absence. Poor attendance at statutory and mandatory Training.</p>		
<p>Impact Score: 5</p>	<p>Likelihood Score: 5</p>	<p>Gross Risk Score:</p>	<p>25 (Extreme)</p>
<p>Current Controls</p>	<p>Recruitment campaign through social media with strong branding Job of the week, Skype Interviews. Social Media Campaign Open Days Nurse-led leadership embedded within recruitment drive. Values based recruitment. Comprehensive Retention Plan introduced from October 2018 – Internal Career. Development Scheme launched in September for band 5 nurses. Nurse Adaptation Programme commenced October 2018 (in house OSCE programme) – over 75 UK based nurses have qualified to date (100% pass rate). Returners Programme in conjunction with Cardiff University. Student Nurse clinical placement and on-going nurturing of talent. International Nurse Recruitment in place – international supply plentiful, local support mechanism to support new recruits in place – 67 international nurses have joined us to date. A further 75 have been commissioned and 11 of these join on 28 January; mainly in critical care. The Framework remains open to us going forward. Medical international recruitment strategies. Programme of talent management and succession planning. Medical Training Initiative (MTI) 2 year placement scheme. Collaboration with Medics to fill hard to fill roles, search and selection methods, CV scanning by speciality.</p>		

Link with Welsh Government Campaign *Train, Work, Live* to attract for Wales - GP, Doctors, Nursing and Therapies .

Operationally, the development of Green Zones etc. which help stratify the workforce and maximise availability.

Review of staff shielding to maximise home working, track and tracing etc.

Central workforce hub **meets daily** to meet demand of recruiting temporary workforce. This has now been expanded to co-ordinate all Hubs, chaired by the Executive Director of Workforce & OD. **CNS and nursing staff from elective, outpatient and corporate areas being deployed to support urgent need.**

Ceasing of non-urgent surgery and planned care during January will ensure clinical workforce capacity in place.

On-going review of medical rotas to flex and increase medical cover capacity.

Appointment of 9 Physician Associates to supplement MDT in a number of Clinical Boards – **further commissioning being explored with CB's.**

Temporary recruitment of medical, nursing and therapy students.

Retirement returners – **noting positive change to the NMC register being expanded to support temporary workers.**

New initiatives on-going e.g., working with St Johns Ambulance.

Enhanced overtime provisions for substantive nursing and HCSW staff to encourage take up of additional hours.

Current Assurances

Daily COVID LCC Sitrep incorporates workforce status and escalation requirement – currently amber in most areas.

Daily absence monitoring undertaken by Clinical Boards and compiled centrally.

Workforce metrics reported to COVID-19 Operation Meetings, HSMB and Strategy and Delivery Committee

High level temporary recruitment achieved at pace since March 2020. **(454 currently being recruited to with 309 offered to date and further phasing in place).**

Mass Immunisation Workforce Plan in place to increase recruitment on a phased basis to meet demand. Ratio of registered to non-registered reviewed nationally to ensure HCSW role utilised fully.

High conversion rates from media campaign and Open Day (some virtual ongoing). Again, this summer, student streamlining produced the biggest intake at C&V in Wales due to the way we engage, attract and support students.

Nurse vacancy monitoring at meetings with CB's.

Trajectory showing next vacancies in nursing.

Majority of MTC posts filled successfully and high engagement.

As at 31.10.2020 94% substantive posts filled at Bands 5 & 6 (combined). Predicted to be at 95% by December 2020 with some outliers in Surgery and Specialist CBs.

Deep dive monitoring at Clinical Board and operational level being undertaken monthly to ensure nursing capacity to meet BAU, Covid-19 and winter pressures.

Medical monitoring at Medical Workforce Advisory Group (MWAG)

Paediatric Surgery now fully established

A & E fully established since February 2019

Medical rotas being monitored by COVID-19 Operations team to ensure flexibility in place (RAG rated system)

Medicine 2% gap (98% fully established) - on permanent nursing lowest it's been for 3 years

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15(High)
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Gap in Controls

Ability to retain flexible recruitment methods as level of permanent recruitment resumes and further temporary requirement for COVID-19 **and Mass Immunisation** remains unpredictable.

Further extension of Government CMO shielding letters from **22 December – 7 February 2021.**

High absence levels due to staff having COVID-19.

Gap in Assurances

Actions	Lead	By when	Update since November 20
1. Internal Nurse Career Development Scheme	RW	Relaunched in April 2020 and continuing	This scheme started in September 2019 but was re-launched in September 2020
2. Nurse recovery plan for Medicine and Surgery as part of financial recovery plan and business case for international recruitment	SC	31/03/21	<p>Complete - Plan in place with 2nd part of International Nurse Recruitment approved.</p> <p>Financial Savings still being monitored and actions include Switch Off Sunday to help manage costs.</p> <p>Some international nurses delayed due to worldwide travel restrictions. Resumed</p>
3. To consider how resources are used going forward in nursing	SC	31/03/2021	Resources being considered alongside bed occupancy plans – action ongoing
4. Local Social Media and Virtual Interview Campaigns to resume to support permanent nurse recruitment	MD	From 31/10/2020	Campaign took place July and October. New social media plan in place. Virtual recruitment on-going to support social distancing with some face to face happening at CB level.
5. Virtual Recruitment Panels established up to recruit to Consultant posts	SW/MD	From 30.9.2020	On-going permanent recruitment plan in place to ensure posts are not held up during COVID-19
6. Implementation of a new Medical and Dental Bank through a Managed Service	SW/MD	1.4.2021	New initiative currently being procured and implemented to create a Managed Medical and Dental Bank. This will increase supply and improve skills availability through a new bank system; dedicated central team; improved technology and a launched locum recruitment campaign.

2. Financial Sustainability – Lead Executive Chris Lewis

Across Wales, Health Boards and Trusts set out plans to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent and Value Based Healthcare. The planning process in NHS Wales has been paused this year to allow organisations to focus their attention on managing the COVID 19 pandemic. The costs of which are significant and above previously planned levels. **Confirmation has now been received of the level of funds available to support the UHB response to the pandemic. The funding is adequate to meet the additional costs and the UHB is now reporting a year end break even position.**

Risk Date added: 7.09.2020	There is a risk that the organisation will not be able to manage the impact of COVID 19 and other operational issues within the financial resources available.		
Cause	The UHB has incurred significant additional costs arising from managing the COVID 19 pandemic, this includes the non-delivery of savings plans. It also has to manage its operational budget. All additional costs need to be managed within the additional resources made available by Welsh Government to manage the pandemic.		
Impact	Unable to deliver a year end balanced financial position. Reputational loss. Increase in the underlying financial position which is dependent upon recurrent funding provided		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Additional expenditure in Managing COVID 19 is being authorised within the governance structure that has specifically been put in place which is reported to Management Executives on a weekly basis. This aligns with the UHB Scheme of Delegation. The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board. Financial performance is a standing agenda item monthly on Management Executives Meeting.		
Current Assurances	The UHB is now assuming an additional funding to help manage the COVID 19 pandemic in line with Welsh Government Resource assumptions. Based upon this assumed additional funding, the financial forecast is now an in year break even position at year end. The in year reported position at month 9 is an under spend of £0.3m. Financial performance is monitored by the Management Executive. Finance report presented to every Finance Committee Meeting highlighting progress against mitigating financial risks.		
Impact Score: 5	Likelihood Score: 2	Net Risk Score:	10 (high)
Gap in Controls	No gaps currently identified.		
Gap in Assurances	To confirm COVID 19 funding assumptions with Welsh Government in a couple of specific areas. Certainty of COVID 19 expenditure and the management of non COVID 19 operational pressures		
Actions	Lead	By when	Update since November 20
1. Continue to work with Welsh Government to confirm additional funding to manage our response to Covid 19.	CL	31/03/2021	No further updates current status remains
2. To monitor and control additional expenditure and financial performance to ensure that the year-end forecast is within the resources available.	CL	31/03/2021	No further updates current status remains
Impact Score: 4	Likelihood Score:2	Target Risk Score:	8 (High)

3. Sustainable Primary and Community Care – Lead Executive Steve Curry

The strategy of “Care closer to home” is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of Primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements. **Although the underlying actions continue to be progressed it should be acknowledged that the focus has changed due to responding to Covid 19 this will inevitably cause implications for the speed of ongoing action and implementation.**

Risk Date added: 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services.		
Cause	<p>Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket.</p> <p>GP’s being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team.</p> <p>Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care.</p> <p>Poor consistency in referral pathways, and in care in the community leading to significant variation in practice.</p> <p>Practice closures and satellite practice closures reducing access for patients.</p> <p>Lack of development of a multidisciplinary response to Primary Care need.</p> <p>Significant increase in housing provision</p>		
Impact	<p>Long waiting times for patients to access a GP</p> <p>Referrals to hospital because there are no other options</p> <p>Patients turning up in ED because they cannot get the care they need in Primary or Community care.</p> <p>Poor morale of Primary and Community staff leading to poor uptake of innovative solutions</p> <p>Stand offs between Clinical Board and Primary care about what can be safely done in the community</p> <p>Impact reinforces cause by effecting ability to recruit</p>		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (red)
Current Controls	<p>Me, My Home , My Community</p> <p>Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care.</p> <p>Development of Primary Care Support Team</p> <p>Contractual negotiations allowing GP Practices to close to new patients</p> <p>Care Pathways</p> <p>Roll out of MSK and MH First Point of Contact Services by Cluster</p> <p>Implement new urgent care Phone First helpline at Primary Care Level (CAV24/7)</p> <p>Implement nationally supported digital supported enablers (Consultant Connect and Attend Anywhere)</p>		
Current Assurances	<p>Improved access and response to GP out of hours service</p> <p>Sustainability and assurance summary developed to RAG rate practices and inform action</p> <p>Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented.</p> <p>Second peer review of PCOOH Services undertaken with commendations and exemplars referred to in WG reports</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)
Gap in Controls	Actively scale up multidisciplinary teams to ensure capacity		

Achieving scale in developing joint Primary/Secondary Care patient pathways
 Recruitment strategies to sustain and improve GP availability and develop
 multidisciplinary solutions

Gap in Assurances No gaps currently identified.

Actions	Lead	By when	Update since November 20
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.	SE SW/JG	31/03/2021	Health pathways launched on 14/02/2019. As at 07/05/2019 32 pathways were live. Pathways will continue to be developed until the end of the financial year. 65 pathways are now active. Chief Operating Officer has met with partners in New Zealand who are rolling it out. This continues to be rolled out.
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's	SC	From 28 August 2020	GMS Sustainability Implementation Board continues to see roll out of First Contact MDTs within all 9 clusters being covered for MSK and 7 out of 9 clusters being covered for MH services. However, all 9 clusters have access to an MH service as cross cover arrangements are in place CAV24/7 services implemented as at 5 August 2020 Attend Anywhere digital enabler in 56 of 61 practices as at July 2020 Consultant Connect available to all practices as at July 2020
3. Roll out digital solutions for smart working	DT	31/03/2021	Platform procured- phased roll out plan to be implemented with completion due by end of the financial year
4. Other digital platforms being considered e.g. Primary Care CAHMS Assessment platform being deployed	SC	31/03/2021	Digital Platform now been agreed for CAHMS. Contract has now been agreed and is currently being rolled out. Digital platform deployed and CAHMS assessment against Part 1 to be reached in Feb/Mar 2020 NB Digital platform successful in contributing to CAMHS access targets. Currently under review in terms of the FM

			New platforms being considered – Attend Anywhere and Consultant Connect
5. Development of recruitment strategies for GP and non GP service solutions	MD	Ongoing	GP Support Unit helps with recruitment and finding GP alternatives action also lined to No 2 above. As an indicator of in hour's resilience GP fill rates for PC out of hour's service have improved leading to a lower escalation status. The focus on a multi-disciplinary solution continues.
6. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs	AH	Ongoing	These are being developed through the Public Service Board and Transformation work and progressing well
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

4. Patient Safety - Lead Executives Stuart Walker, Ruth Walker and Fiona Jenkins

Risk	<p>Patient safety may be compromised because of:</p> <p>Future national shortage of COVID treatment capacity (Beds, critical care, drugs, workforce, oxygen, other equipment – ventilators/renal replacement/CPAP) in the event of a second COVID surge</p> <p>Or because some elective services are not currently available for non-COVID patients</p> <p>Or because of sub-optimal workforce skill mix or staffing ratios, related to reduced availability of specific expert workforce groups, or related to the need to provide care to a larger number of patients in relation to a further COVID surge, alongside increasing demand for non-COVID unscheduled care and urgent scheduled care and winter pressures and activity.</p> <p>Or because patients are choosing not to ask for medical help, despite genuine illness, related to PH messaging and awareness of the COVID crisis</p> <p>Or because patients are contracting COVID 19 whilst in a hospital setting.</p>		
Date added:	March 23.03.2020		
Cause	<p>Patients not able to access the appropriate care because demand is outstripping supply, or patients fail to seek appropriate care in a timely way.</p> <p>Presentation of COVID 19 virus in inpatient settings due to patients presenting who are asymptomatic but are positive</p> <p>Possible lack of PPE, poor IPC or inappropriate management</p>		
Impact	Worsening of patient outcomes and experience, higher death rate.		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25
Current Controls	<ul style="list-style-type: none"> • Plans developed to continue with expanded critical care and COVID bed capacity within footprint of hospitals, taken alongside patient cohorting in ‘non-COVID’ areas. • Plans developed and deployed to optimise internal acute and critical care capacity with external options having been utilised for significant internal and external surge/field hospital capacity. • Internal estates and facilities team deployed to provide infrastructure enhancements to enable internal capacity plan • Principality stadium no longer available with further surge capacity available in Lakeside facility from late November • National/local procurement processes for under-supplied resources • Maintaining Training/Education of all staff groups in relation to delivery of care to COVID patients • Use of Spire Hospital as a dedicated facility for urgent cancer work - ongoing • Ongoing training and simulations for staff working in unfamiliar areas. • Recruitment of additional staff • Cancer patients treatment being reviewed and prioritised where appropriate • Restrictive visiting arrangements • Outbreak management plans and delivery 		
Current Assurances	<ul style="list-style-type: none"> • Internal capacity expansion plans commissioned and reviewed regularly at Operational and Strategic Group to ensure right phasing • Operational Group meeting daily to ensure clinical staff remain engaged in managing phased expansion/area utilisation. 		

<ul style="list-style-type: none"> • Establishment of workforce hubs to ensure that staff are deployed on a competency basis • Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives • Audit of IPC and Audit outcomes • Reporting of IPC Outbreak meetings into ME • IPC Daily Cell Meeting & Weekly PPE Cell Meeting • Expert and independent advice in outbreak meetings 			
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20
Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes		
Gap in Assurances	Discharging patients is out of the Health Boards control		

Actions	Lead	By when	Update since November 20
1. Reconfiguration of COVID/Non-COVID capacity delivery in light of new pandemic modelling projections – ongoing process.	Steve Curry	31.03.21	Ongoing discussion currently and gearing plans developed. Plan in place which is continually been reviewed in relation to demand and capacity – see separate risk on BAF: the risk of inadequate capacity to manage future COVID 19 peaks and planned work safety
2. Reconfiguration of COVID/Non-COVID workforce skill mix and staffing numbers in light of new pandemic modelling projections	Workforce groups	31.03.21	Discussions continuing staffing mix being reviewed in line with action 1 above.
3. Internal COVID 19 outbreaks being reported to Quality, Safety and Experience Committee with lessons learnt been fed back into the organisation.	Ruth Walker	24.09.20	Complete & ongoing
4. Learning from COVID 19 outbreaks at CTM and AB Health Boards and being utilised in management of outbreaks	Ruth Walker	From mid October	Complete and embedded in improvement plans for each outbreak
5. Genotype testing which shows whether outbreaks are linked and core case	Ruth Walker	From mid October	Requests now in place being delivered as capacity allows
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)

5. Leading Sustainable Culture Change – Lead Executive Martin Driscoll

In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	<p>There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust.</p> <p>Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition.</p> <p>Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.</p>		
Impact	<p>Staff morale may decrease</p> <p>Increase in absenteeism</p> <p>Difficulty in retaining and recruiting staff</p> <p>Potential decrease in staff engagement</p> <p>Transformation of services may not happen due to staff reluctance to drive the change through improvement work.</p> <p>Patient experience ultimately affected.</p> <p>UHB credibility as an employee of choice may decrease</p>		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	<p>Values and behaviours Framework in place</p> <p>Task and Finish Group weekly meeting</p> <p>Cardiff and Vale Transformation story and narrative</p> <p>Leadership Development Programme</p> <p>Management Programmes</p> <p>Talent management and succession planning cascaded through the UHB</p> <p>Values based recruitment</p> <p>Staff survey results and actions taken – led by an Executive (WOD)</p> <p>Patient experience score cards</p> <p>CEO and Executive Director of WOD sponsors for culture and leadership</p> <p>Raising concerns relaunched in October 2018</p> <p>“Neyber” launched to support staffs financial wellbeing with an emphasis on education</p> <p>Conducted interviews with senior leaders regarding learnings and feedback from Covid 19</p> <p>Lessons learnt document to be completed by September 30th 2020 looking at the whole system</p>		
Current Assurances	<p>Engagement of staff side through the Local partnership Forum (LPF)</p> <p>Matrix of measurement now in place which will be presented in the form of a highlight report</p>		
Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)
Gap in Controls			
Gap in Assurances			

Actions	Lead	By when	Update since November 20
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent)	MD	01.04.2021	Currently all the leadership programmes are on hold due to the recovery phase of covid. Awaiting Intensive learning academy bid if successful large leadership development. Programmes to restart 2021
2. Showcase	MD	31.03.21	Proposal for a virtual showcase now being considered and linking with the Clinical Service Redesign and exploring catering for bigger numbers
3. Welsh Language Standard being implemented.	MD	From 14.12.20	Equality Strategy Welsh Language Group commencing and will take place on a monthly basis with senior leaders across the organisation. Two Welsh Language translators now recruited. - complete
4. Proactive Wellbeing intervention	MD	Immediate	Wellbeing Group commencing and will be Chaired by Executive Director for Workforce and OD - happening and second bid in place so implementation now happening
5. CAV Convention	MD	From 12.11.20	The CAV Convention is clinically-led and is based on the values of the Health Board. It makes it easier for clinicians to do their jobs through rapid and agile change, flexible working, unlocking resources such as budgets and staff, and more productive relationships between staff members with the needs of the patient at the heart of everything. Proposal being presented to Management Executive 12.11.20 – Complete – proposing CAV convention conference in the Spring to showcase clinical group progression
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4(Moderate)

6. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Lead Executive Abigail Harris

The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner. **There have also been a number of recent failures in relation to the estate which means that this risk needs to remain at its current net risk score of 20.**

Risk Date added: 12.11.2018	There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB.		
Cause	<p>Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B.</p> <p>Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised.</p> <p>Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule.</p> <p>Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement</p>		
Impact	<p>The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs.</p> <p>Service provision is regularly interrupted by estates issues and failures.</p> <p>Patient safety and experience is sometimes adversely impacted.</p> <p>IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk</p> <p>Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating.</p> <p>Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions.</p> <p>The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure.</p> <p>IT SOP sets out priorities for next 5 years, to be reviewed in early 2019</p> <p>Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks</p> <p>The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP, with regular oversight of the programme of discretionary and major capital programmes.</p> <p>Medical Equipment prioritisation is managed through the Medical Equipment Group</p>		

<p>Additional discretionary capital £0.5m for IT and £1.0m for equipment which enabled purchasing of equipment urgently needing replacement.</p> <p>Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months.</p>																			
<p>Current Assurances</p> <p>The estates and capital team has a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. Work is starting on the business case to secure funding to enable a UHW replacement to be build.</p> <p>The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised.</p> <p>The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks.</p> <p>Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee</p> <p>IT risk register regularly updated and shared with NWIS. Health Care Standard completed annually</p> <p>Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.</p>																			
Impact Score: 5		Likelihood Score: 4	Net Risk Score: 20 (Extreme)																
<p>Gap in Controls</p> <p>The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the 3 services. In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly.</p> <p>Traceability of Medical Equipment</p> <p>The Welsh Government current capital position is very compromised due to COVID 19 expenditure which will impact significantly on the Capital Programme of the UHB.</p>																			
<p>Gap in Assurances</p> <p>The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used.</p> <p>Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year</p>																			
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7. Risk that Test Trace and Protect Service and the Mass Vaccination Programme will fail to deliver effectively in Cardiff and the Vale of Glamorgan - Lead Executive – Fiona Kinghorn

Risk	The Cardiff and Vale Test, Trace and Protect (TTP) Service fails to deliver effective mass population contact tracing and vaccination		
Date added:	18.5.20		
Cause	<p>Delivering TTP Services has been a complex and substantial partnership endeavour, delivered to a challenging timetable; Cardiff Council is hosting the TTP Service and the University Health Board is leading the delivery of mass vaccination. Risks to effective delivery include:</p> <ol style="list-style-type: none"> 6. Upgrades to the national CRM (Customer Relationship Management) system are not sufficiently timely to support local delivery 7. Failure to maintain sufficient staff (either via redeployment or new appointment) at all levels to meet demand 8. Insufficient telephony/IT equipment to support home working model 9. Non coordinated working between partner organisations 10. Lack of engagement with the local population and settings in promote compliance with contact tracing, as well as maintain adherence to infection control and preventative advice (including physical distancing, wearing masks and frequent hand washing) 11. Increased demand created by influx of students to the City with reopening of universities 12. Increased demand due to co-circulation of flu during the winter months 13. Surveillance system unable to detect local disease activity 14. Insufficient funding to support longer term service delivery 15. Inability to maintain service for up to a year 16. Vaccine development and delivery: failure to develop an effective vaccine; delayed development of an effective vaccine; limited supply of vaccine; failure to vaccinate at sufficient scale and/or pace once a vaccine is available 17. Emergence of a new variant of Covid-19 with increased infectivity 		
Impact	TTP Services would not run effectively with the result that there would be sub-optimal control of disease activity in Cardiff and the Vale of Glamorgan. This could result in avoidable cases of COVID-19 and an increased R value, meaning that community transmission could escalate, with the consequent risk to population health and demand on health and social care services. It may also necessitate reinstatement of restrictions and controls.		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score: 20	20 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Governance structures in place with partnership representation. Strategic and operational boards meet regularly. Work streams identified and leads named. Cardiff and Vale Prevention and Response Plan submitted to Welsh Government. • Cardiff and Vale representatives identified for all key national groups. Links established at a National level with Welsh Government, NWIS and PHW to optimise communication and influence service design and digital solution • Partnership communications plan in place, informed by both national and regional insight work, and taking in to account local population characteristics. • Regular, multidisciplinary and multi-agency regional team meetings to review cases and incidents. Regional SOP developed. Proactive engagement with settings e.g. schools, healthcare settings and universities • Links established at a National level with Welsh Government, NWIS and PHW to optimise communication and influence service design and digital solution • In response to local increase in cases a Regional Incident Management Team was established on 22nd September 2020, chaired by the Director of Public Health, which has met twice weekly and provided advice on the actions to be taken. These have been signed off by a Regional Leadership team and recommendations for national action escalated to Welsh Government 		

<ul style="list-style-type: none"> Regional and local surveillance systems in place and providing timely information to inform the local response at all levels. Partner organisations committed to offering staff for at least the first 6 months of contact tracing operational delivery, using a secondment arrangement. Service model based on home working, allowing shielded staff to contribute and increase the pool of available staff. Student workforce identified through links with HEIW and Environmental Health. Significant new recruitment by Cardiff Council has continued, on behalf of the partnership, and has ensured that tracing capacity is able to meet demand. Welsh Government has agreed funding to support TTP delivery Comprehensive Covid-19 immunisation plan and project team in place. One mass vaccination centre (MVC) is operational, offering immunisation to health and social care workers; two further MVCs are due to open within the next month. The licencing of the Oxford Astra Zenica vaccine, with its more routine storage and transportation requirements, allows vaccination to be offered in primary and community care venues; vaccination has begun to be offered in care home settings and to those aged 80+ (as per the JCVI prioritisation categories). Planning is progressing at pace to scale up delivery to meet national targets, subject to the availability of sufficient vaccine. 			
Current Assurances	<ul style="list-style-type: none"> Strengthened and functioning governance and operational arrangements in place 		
Impact Score: 5	Likelihood Score: 3	Net Risk Score: 15	15 (Extreme)
Gap in Controls	<ul style="list-style-type: none"> Timely availability of sufficient vaccine to meet national targets Issues with compliance with Covid-19 prevention measures for a variety of reasons, including 'fatigue', confusion at complexity of messages, as well as some active resistance 		
Gap in Assurances	<ul style="list-style-type: none"> Longer term funding Ability to recruit staff at sufficient scale and pace to meet demand 		
Actions	Lead	By when	Update since November 20
1. Development and delivery of mass vaccination plan	Fiona Kinghorn	31/12/20	Complete
2. Deliver a mass vaccination programme to meet nationally agreed targets	Fiona Kinghorn	31/3/20	New action
Impact Score: 5	Likelihood Score: 2	Target Risk Score: 10	10 (High)

8. Inadequate Planned Care Capacity - Lead Executive - Steve Curry

The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks of the pandemic. **There has been significant disruption to planned care and disruption to the progress which was being made after the first wave of Covid 19. There has now been a second cessation of elective activity and despite progress been made planned care has been significantly compounded by the second wave.**

Risk	There is a risk that there will be inadequate capacity due to constraints of being 'covid ready' resulting in reduced access to planned care and potential associated risks		
Date added:			
Cause	Covid pandemic resulting in a cessation of elective activity Our operating models assumes we will remain 'covid ready' resulting in reduced capacity and efficiency		
Impact	A growing waiting list for planned care An ageing waiting list Potential clinical risk associated with delayed access		
Impact Score: 4	Likelihood Score: 5	Gross Risk Score:	20 (Extreme)
Current Controls	Clinical risk assessments by specialty to prioritise access Following risk stratifications where available i.e. Royal College of Surgeons L1 to L4 classifications Development of 'green zones' to provide confidence for low risk operating environments Increase the use of virtual consultation to avoid person to person contact Securing additional capacity within the private sector		
Current Assurances	Growth in 'green zone' activity Surgical audit to provide assurance on outcomes Growth in virtual outpatients activity Growth in diagnostics activity		
Impact Score: 4	Likelihood Score: 4	Net Risk Score:	16 (Extreme)
Gap in Controls	Roll out Health Board-wide risk stratification Maximise use of green pathways whilst balancing risk and outcome Virtual platforms need to be rolled out across the Health Board and clinical teams persuaded to make use Contractual arrangements are still under review – need to negotiate a contract to prolong access		
Gap in Assurances	Able to meet the highest priority caseloads – essential services Surgical audit needs to be supported to continue to provide evidence of safe and effective surgery Digital platforms need to roll out further and clinical engagement needs to result in their use		
Actions	Lead	By when	Update since November 20
1. Roll out virtual consultation platforms	Information	July onwards	1/3 of outpatient activity now taking place virtually.
2. Establish private sector pathways for in-patients, outpatients and diagnostics	COO	April onwards	Private sector pathways in negotiation to continue beyond the end of the year. There has been a presentation to Management Executives and reflected in Board Reporting
Impact Score: 4	Likelihood Score: 3	Target Risk Score:	12 (High)

10. Risk of Delivery of IMTP - Lead Executive – Abigail Harris

The requirement for a three year IMTP remains suspended by Welsh Government due to the Covid 19 pandemic. However, the Health Board are still required to produce an Annual Plan for 21/22 which will reference the last approved IMTP.

Risk	There is a risk that the Health Board will not deliver the objectives set out in the Annual Plan out due to the challenge around recovering the backlog of planned activity (see separate risk), not taking the opportunity to do things differently and the potential risk associated with the Medium Term Financial position all of which could impact upon delivery of the Annual Plan or future IMTP.		
Date added:	April 20		
Cause	The focus of executive and operational efforts is on directing the organisational response creating the operational capacity to meet the immediate acute demand generated by the COVID-19 pandemic.		
Impact	<p>The UHB may not be appropriately prepared to manage the consequences of a protracted and disruptive emergency response particularly in terms of:</p> <ul style="list-style-type: none"> workforce (e.g. many will be exhausted and many will have built up leave) Infrastructure Planned care Unplanned care Financial delivery <p>The benefits of emergency changes may not be adequately captured. There may be learning opportunities missed.</p>		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20
Current Controls	<ul style="list-style-type: none"> • Welsh Government has suspended the IMTP process and Health Boards are working to quarterly operational plans that reflect the current COVID29 situation and the need to re-establish as much of our non-COVID19 activity as possible, recognising the need to continue to provide services in different ways in light of the service transformation that took place in the emergency response phase and the ongoing requirement for social distancing and infection prevention and control measures. • Q2 plan developed and submitted to WG by the deadline required. • ‘Recovery planning’ with roadmap presented to Board for discussion on 29th June – planning underway with partners to reflect impact of COVID19 on communities and the need to accelerate delivery of Shaping Our Future Wellbeing and the Area Plan. 		
Current Assurances	<p>Recovery presentation to Board Development 30.04.20 Q2 plan received by the Board in July. WG review meeting on Q2 plan completed with regular meetings with key officials and planning and operations teams.</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15
Gap in Controls	Timeliness of planning requirements for Q3/4 plan issued by WG. Risk of request for multiple overlapping plans – agreement with Local Authority Directors of Social Services – to pull this into one coherent plan with more detailed specific action plans where needed.		
Gap in Assurances	RPB required to sign off Winter Protection Plan – no clear guidance but work progressing in line with framework suggested by WG.		
Actions	Lead	By when	Update since November 20
Monitor implementation of Annual Plan and continue to report through Strategy and Delivery Committee	AH	31/03/22	New action
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10

Key:

1 -3 Low Risk

4-6 Moderate Risk

8-12 High Risk

15 – 25 Extreme Risk