Appendix 1

BOARD ASSURANCE FRAMEWORK 2021/2022 – MAY 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 and its Annual Plan for 2021/22.

Strategic Objectives	Key Risks Mapped to Delivery of Strategic Objective
1. **Reduce health inequalities**	• Financial Sustainability • Sustainable Primary and Community Care • Sustainable Cultural Change • Planned Care Capacity • Delivery of Annual Plan 21/22
2. **Deliver outcomes that matter**	• Sustainable Primary and Community Care • Patient Safety • Sustainable Cultural Change • Financial Sustainability • Delivery of Annual Plan 21/22
3. **Ensure that all take responsibility for improving our health and wellbeing**	• Sustainable Primary and Community Care • Sustainable Cultural Change • Delivery of IMTP • Wellbeing of staff
4. **Offer services that deliver the population health our citizens are entitled to expect**	• Sustainable Primary and Community Care • Delivery of Annual Plan 21/22 • Planned Care Capacity • Workforce • Financial Sustainability
5. **Have an unplanned care system that provides the right care, in the right place, first time.**	• Financial Sustainability • Sustainable Primary and Community Care • Patient Safety • Delivery of Annual Plan 21/22
6. **Have a planned care system where demand and capacity are in balance**	• Planned Care Capacity • Financial Sustainability • Workforce • Sustainable Primary and Community Care • Delivery of Annual Plan 21/22
7. **Reduce harm, waste and variation sustainably so that we live within the resource available**	• Patient Safety • Financial Sustainability
8. **Be a great place to work and learn**	• Workforce • Financial Sustainability • Sustainable Cultural Change • Wellbeing of staff
9. **Work better together with partners to deliver care and support across care sectors, making best use of people and technology**	• Workforce • Financial Sustainability • Sustainable Primary and Community Care • Delivery of Annual Plan 21/22
10. **Excel at teaching, research, innovation and improvement.**	• Workforce • Financial Sustainability • Sustainable Cultural Change

- Wellbeing of staff

Key Risks

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Change from Jan 21	Target Risk	Context	Executive Lead	Committee
1. Workforce	18,21,4	**25**	**15**		**10**	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.	Executive Director of People and Culture	Strategy and Delivery Committee
2. Financial Sustainability	16,27	**25**	**10**		**8**	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	Executive Director of Finance	Finance Committee

						pressures to now deal with.		
3. Sustainable Primary and Community Care	10,20	**20**	**15**		**10**	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.	Chief Operating Officer	Strategy and Delivery Committee
4. Patient Safety	1,2,3,5,6 ,7,8,9,12 ,13,14,1 5,19,22, 23,24,25	**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	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science	Quality, Safety and Experience

						incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.		
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 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.	Executive Director of People and Culture	Strategy and Delivery Committee
6. Capital Assets	16,17,6, 7,12	**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, Executive Director of Therapies and Health Science, Executive Director of Finance	Finance Committee & Strategy and Delivery Committee

7. Planned Care Capacity	3,4,5,14, 24	**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
8. Delivery of Annual Plan		**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
9. Staff Wellbeing		**20**	**15**	**New risk**	**6**	As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers	Executive Director of People and Culture	Strategy and Delivery Committee

						are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately		

1. **Workforce – Lead Executive Rachel Gidman**

Across the UK and in Wales there are increasing workforce challenges for 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 due to the pandemic, mass immunisation programme and urgent service recovery plans has lead for an increasing need in clinical staff. There is now a sense that our workforce capacity is being stretched thinly in an attempt to cover the number of competing and simultaneous operational requirements that could be with us for some years to come.

The size and complexity of the workforce challenge is such that addressing it will require holistic and sustained action across the system on leadership, culture, workforce planning, pay, education, well-being, retention and transforming ways of working (hybrid and flexible working). (see linkage to BAF: Leading Sustainable Culture Change and Employee Well-being).

Risk **Date added: 6.5.2021**	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.		
Cause	• Increased workforce capacity requirement to meet funded establishment and temporary requirements which support covid-19; temporary bed expansion, community testing, mass vaccine immunisation, staff absence, increased demands on step up and step down demand for GP and CRT • Requirements of the Nurse Staffing Act and BAPM Standards. • Requirements of medical rotas to flex across Recovery plans • Workforce demographics/ageing workforce • Insufficient supply of registered Nurses at UK national level. • High nurse turnover in Medicine, Surgery and Specialist Services Clinical Boards • Impact on staff resilience due to increasing service demand and work pressure • Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP) • Changes to Junior Doctor Training Rotations (Deanery). • Brexit/EU settlement scheme. • On-going management required of a small number of staff with former CMO shielding letters who remain clinically vulnerable and unable to work in front line roles		
Impact	Impact on quality of care provided to the population. Inability to meet on-going demands of both pandemic and recovery plans Potentially inadequate levels of staffing Increase in agency and locum usage and increased workforce costs Low morale and poor staff resilience especially in clinical areas Higher turnover and sickness absence Poor attendance at statutory and mandatory training		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**

Current Controls	• Clinical Boards are actively reviewing workforce plans • Workforce plans are integrated with phased clinical recovery plans • Staff Turnover and retention plans are now being reviewed at CB. • International Nurse Recruitment Campaign is on-going – 185 have now been commissioned. • Re-launched nursing recruitment campaign through social media with strong branding. Events happening in May and further being planned after summer period • Strong clinical engagement with Student Streamlining • Values based recruitment. • Internal Career Development Scheme for band 5 nurses. • Nurse Adaptation and Returners Programmes are now business as usual. • Programme of talent management and succession planning. • Ward Accreditation Programme being implemented • Medical international recruitment strategies reinforced with BAPIO. • 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. • On-going review of medical rotas to flex and increase medical cover capacity. • Appointment of Physician Associates to supplement MDT in a number of Clinical Boards • All Wales Single Lead Employer initiative for Junior Doctors to improve trainee experience and streamline hiring processes. • Link with Welsh Government Campaign *Train, Work, Live* to attract for Wales – GP, Doctors, Nursing and Therapies . • Enhanced overtime provisions for substantive nursing and HCSW staff to encourage take up of additional hours extended with a roadmap for phasing out by end May. • New All Wales Respect and Resolution Policy has been developed in partnership with trade union colleagues and will be launched in June, with the aim to prevent bullying and harassment and improve workplace culture
Current Assurances	The Workforce Hub Steering Group has refocused and now meets weekly to co-ordinate proactive work around workforce plans to support Recovery. Deep dive monitoring at Clinical Board and operational level being undertaken monthly to ensure nursing capacity. There are no registrant gaps in mass immunisation programme. The gaps are in administration roles due to all centres working at max capacity. Operational and workforce models being reviewed to maximise efficiencies – e.g., workforce less spread out 11 international nurses joined us in April and a further 18 are due to arrive in June, largely aimed at supporting Theatres extension and critical care. Nursing establishments are currently being reviewed now that covid has settled and this will provide for more accurate vacancy forecasting. Band 5 & 6 substantive nursing estimated to be at 91% in March. Estimate is due to nursing establishment changes not yet being verified. HCSW recruitment is going well, all permanent vacancies will be recruited to and some areas will be over recruited to where approved. Sickness absence has reduced to pre-covid trend – (5.14% March in month figure). Workforce metrics will now focus on deep dive analysis - currently being undertaken into reasons for staff turnover. Temporary recruitment remains active to support Mass Immunisation Programme. Student Streamlining engagement session recently held provided excellent feedback that students want to join C&V as an attractive place to work. Medical monitoring at Medical Workforce Advisory Group (MWAG). Medical rotas being monitored to ensure flexibility in place (RAG rated system)

Impact Score: 5	Likelihood Score: 3	**Net Risk Score:**	**15(Extreme)**
Gap in Controls	Ability to on-board international nurses more quickly due to Visa, isolation requirements and OSCE nurse facilitation capacity. National UK shortage of nurses remains which impacts on local campaigns Continuation of some staff shielding who remain very clinically vulnerable (although this has now reduced considerably).		
Gap in Assurances			

Actions	**Lead**	**By when**	**Update since March 21**
1. Recruitment Campaign in May with social media advertising	RG	From 30.9.2020	On-going permanent recruitment plan in place to underpin sustainable workforce
2. International Nurse Recruitment Campaign	RG	31.12.2021	Further commission recently confirmed for Peri-Operative and more being considered (185 total commissioned)
3. Implementation of a new Medical and Dental Bank through a Managed Service	SW/RG	From 1.4.2021	New initiative procured and being implemented imminently 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.
4. Clinical Board Workforce Plans being reviewed during first quarter of 2021/22	SC/RG	30.6.2021	Specific plans being developed to support Recovery
5. Nursing establishments being reviewed	RW	31.7.2021	On-going compliance with Nurse Staffing Act and will also re-set establishments
6. New Nurse E-Rostering System being implemented during 2021/22, including Safe-Care Module and improved Bank App. functionality	RG	31.3.2022	All Wales contract has been procured. C&V will now align to all other HB's using Allocate Software.

Impact Score: 5	Likelihood Score:2	**Target Risk Score:**	**10 (High)**

2. **Financial Sustainability – Lead Executive Catherine Phillips**

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 financial position. Reputational loss. Improvement 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 provisional year end position for Month 12 is a surplus of £0.090m 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 March 21**
1. Continue to work with Welsh Government to confirm additional funding to manage our recovery response to Covid 19.	CP	31/03/2022	This will continue for at least the first six months of the financial year.
2. To monitor and control additional expenditure and financial performance to ensure that the year-end forecast is within the resources available.	CP	31/03/2021	**Complete** – Year end position likely to be £0.090m surplus
3. To understand the impact of responding to the Covid 19 pandemic has had on the	CP	31/03/2022	Costs and consequences under constant review

organisations underlying position and that the costs and consequences are reflected within the 2021/22 plan.				and will be reflected in 21/22 plans and beyond.
Impact Score: 5	Likelihood Score:1	**Target Risk Score:**		**5 (Moderate)**

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	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. GP's being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team. 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. Poor consistency in referral pathways, and in care in the community leading to significant variation in practice. Practice closures and satellite practice closures reducing access for patients. Lack of development of a multidisciplinary response to Primary Care need. Significant increase in housing provision		
Impact	Long waiting times for patients to access a GP Referrals to hospital because there are no other options Patients turning up in ED because they cannot get the care they need in Primary or Community care. Poor morale of Primary and Community staff leading to poor uptake of innovative solutions Stand offs between Clinical Board and Primary care about what can be safely done in the community Impact reinforces cause by effecting ability to recruit		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (red)**
Current Controls	Me, My Home , My Community Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care. Development of Primary Care Support Team Contractual negotiations allowing GP Practices to close to new patients Care Pathways Roll out of MSK and MH First Point of Contact Services by Cluster Implement new urgent care Phone First helpline at Primary Care Level (CAV24/7) Implement nationally supported digital supported enablers (Consultant Connect and Attend Anywhere)		
Current Assurances	Improved access and response to GP out of hours service Sustainability and assurance summary developed to RAG rate practices and inform action 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. Second peer review of PCOOH Services undertaken with commendations and exemplars referred to in WG reports		

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 March 21**
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.	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. **Complete and continuing**
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's	SC	From 28 August 2020	**Complete – existing plans rolled out but continue to review effectiveness to look for opportunities for further expansion**
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. **Complete and continuing**
4. Other digital platforms being considered e.g. Primary Care CAHMS Assessment platform being deployed	SC	31/03/2021	**Complete**
5. Development of recruitment strategies for GP and non GP service solutions	RG	31/03/2022	GP Support Unit helps with recruitment and finding GP alternatives. 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	31/03/2022	These are being developed through the Public Service Board and Transformation work and progressing well updates will continue to be provided.

Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (high)**

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

Risk	There is a risk to patient safety: Due to post COVID 19 recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list. 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 post COVID 19 recovery.		
Date added:	April 2021		
Cause	Patients not able to access the appropriate levels of planned care during COVID 19 creating both longer and ageing waiting lists for planned care.		
Impact	Worsening of patient outcomes and experience, higher death rate.		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25**
Current Controls	• Recovery Plans being developed and implemented across all areas of Planned Care • Maintaining Training/Education of all staff groups in relation to delivery of care • Use of Spire Hospital • Inhouse and insources activity • Additional recurrent activity taking place • Recruitment of additional staff • Hire of additional mobile theatres		
Current Assurances	• Recovery Plans reported to Management Executive, Strategy and Delivery Committee and the Board. • CAHMS position reviewed at Strategy and Delivery Committee • Mental Health Committee aware of more people requiring support. • Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives		
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 March 21**
1. Recovery plan in place and constantly being reviewed	Steve Curry	31.03.22	Plan in place which is continually been reviewed in relation to demand and capacity – see separate risk on BAF: the risk of inadequate planned care capacity
2. Waiting list position plan to be presented to Quality, Safety and Experience Committee to see if harm has occurred to those on the waiting list and what we are doing to prevent it going forward.	Steve Curry	30.06.21	To be presented to QSE Committee
3. CAHMS impact to be presented to Board Development in June due to demand and support for children increasing	Steve Curry	30.06.21	To be presented to June Board Development session
4. Review of hospital acquired COVID 19 and COVID deaths being undertaken	Ruth Walker	30.09.21	Review has commenced and will be reported once complete
Impact Score: 5 **Likelihood Score: 2**	**Target Risk Score:**		**10 (High)**

5. Leading Sustainable Culture Change – Lead Executive Rachel Gidman

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	There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition. 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.		
Impact	Staff morale may decrease Increase in absenteeism Difficulty in retaining and recruiting staff Potential decrease in staff engagement Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected. UHB credibility as an employee of choice may decrease		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	Values and behaviours Framework in place Task and Finish Group weekly meeting Cardiff and Vale Transformation story and narrative Leadership Development Programme linked in with the launch of the Dragons Heart Institute (DHI) Management Programmes now including a virtual offering. The content will be management skills but will incorporate inclusive management skills. The additionality of data training will be offered by the Summer 2021 Talent management and succession planning cascaded through the UHB Values based recruitment / appraisal – Awareness campaign June 2021 Staff survey results and actions taken Patient experience score cards CEO and Executive Director of People and Culture sponsors for culture and leadership		

	Raising concerns relaunched in October 2018 "Neyber" launched to support staffs financial wellbeing with an emphasis on education – Awareness campaign and training to start in July 2021 Conducted interviews with senior leaders regarding learnings and feedback from Covid 19 Lessons learnt document to be completed by September 30th 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 Launch in 2021 to coincide with the DHI Proposal for Self-care leadership – Recovery for wellbeing and engagement of staff		
Current Assurances	Engagement of staff side through the Local partnership Forum (LPF) Matrix of measurement now in place which will be presented in the form of a highlight report		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**
Gap in Controls			
Gap in Assurances			

Actions	**Lead**	**By when**	**Update since March 21**
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) Compassionate and inclusive leadership principles will be at the core of all the programmes	RG	01.04.2021	Currently all the leadership programmes are on hold due to the recovery phase of covid. Intensive learning academy bid was successful. Part of the bid incorporates a 12-month leadership programme. The current leadership programmes will be reviewed and will complement the DHI ILA Programmes to restart 2021
2. Showcase	RG	~~31.03.21~~ From Sept 21	Virtual showcase now being considered and linking with the Clinical Service Redesign and exploring catering for bigger numbers Virtual showcase – Engagement for the case for change. The design of the showcase will be aligned with Shaping our clinical services. Approval agreed in ME in Feb 2021. Tender submitted March 2021 and completed May 2021 Launch of Virtual Showcase Sept 2021
3. Equality, Diversity and Inclusion Welsh Language Standard being implemented.	RG	From 14.12.20	Equality Strategy Welsh Language Group is taking place on a bi monthly basis with senior leaders across the organisation who can influence this agenda Two Welsh Language translators now recruited. – complete and fully operational All 9 protected characteristics including Welsh language are

Inclusion - Nine protected Characteristics			sponsored by an Executive and an independent member. An emphasis on engagement, leadership and recruitment with be prioritised in 2021 with an action plan / outcome to be achieved. The RACE network will be in place by July 2021, with further networks to be established The development and dialogue is happening regarding individuals with learning disabilities gaining work experience in a structure approach pl. In collaboration with project Search Aim Sept 2021 / Jan 2022 The successful bid to be a direct employer for KICKSTART a WG initiative to assist 16 – 24 year olds to gain employed work for 6 months. Initiative starts April 2021. By April 2021 100 applications received
4. CAV Convention	RG	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 Autumn in line with the virtual showcase. Illustrating the clinical groups progression and to formally launch the CAV convention into the health system.
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	Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B. Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. 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. Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement		
Impact	The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. Service provision is regularly interrupted by estates issues and failures. Patient safety and experience is sometimes adversely impacted. IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	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. Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions. The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. IT SOP sets out priorities for next 5 years, to be reviewed in early 2019 Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks 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. Medical Equipment prioritisation is managed through the Medical Equipment Group		

	Additional discretionary capital £0.5m for IT and £1.0m for equipment which enabled purchasing of equipment urgently needing replacement. Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months.
Current Assurances	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. The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised. 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. Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee IT risk register regularly updated and shared with NWIS. Health Care Standard completed annually Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.

Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**

Gap in Controls	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. Traceability of Medical Equipment 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.
Gap in Assurances	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. Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year

Actions	**Lead**	**By when**	**Update since March 21**
1. Had to give up discretionary capital £1m allocation reduced to £500k	FJ	31.03.21	**Complete** - Prioritisation of capital managed through capital management group but overall capital position worse than last year. £1m additional capital received from WG with £750k going to Digital and £250k going to Medical Equipment.
2. The Estates Strategy requires review and refresh	AH	30.09.21	This will be presented to S&D Committee prior to approval by the Board in September 2021

Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 high)**

7. 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. This was further exacerbated by the second cessation of elective activity and despite progress been made planned care has been significantly compounded. The Health Board is now moving into a recovery phase with recovery plans developing and immediate actions taking place.

Risk	There is a risk that there will be inadequate planned care capacity due to the impact of covid 19 resulting in longer and ageing waiting lists and the ability of the Health Board to manage planned care in a timely manner going forward.		
Date added:			
Cause	Covid pandemic resulting in a cessation of elective activity and result of longer and ageing waiting lists.		
Impact	A growing waiting list for planned care activity An ageing waiting list Potential clinical risk associated with delayed access – see risk in relation to patient safety.		
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 March 21
1. Roll out virtual consultation platforms	Information	July onwards	**Complete** 1/3 of outpatient activity now taking place virtually.
2. Establish private sector pathways for in-patients, outpatients and diagnostics	SC	April onwards	**Complete and continuing** 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
3. Full assessment of risk to be undertaken	SC	May 2021	Assessment undertaken and presentations given in relation to timescales to achieve activity against various scenarios. Key measure are set out within the Annual Plan

Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**	**12 (High)**

8. Risk of Delivery of Annual Plan 21/22 - 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	The UHB may not be appropriately prepared to manage the consequences of a protracted and disruptive emergency response particularly in terms of: workforce (e.g. many will be exhausted and many will have built up leave) Infrastructure Planned care Unplanned care Financial delivery The benefits of emergency changes may not be adequately captured. There may be learning opportunities missed.		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20**
Current Controls	• 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. • '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	Outline draft Annual Plan presented to Board 25.02.21		
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 March 21**
Monitor implementation of Annual Plan and continue to report through Strategy and Delivery Committee	AH	31/03/22	Development of Annual Plan almost finalised with approval at Board due the end of June prior to submission to WG
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10**

9. Impact of Covid19 Pandemic on Staff Wellbeing

As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

Evidence

Risk	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the pandemic. Which together with limited time to reflect and recover will increase the risk of burnout in staff.		
Date added:	6th May 2021		
Cause	• Redeployment with lack of communication / notice / consultation • Working in areas out of their clinical expertise • Being merged with new colleagues from different areas • Increased working to cover shifts for colleagues • Shielding / self-isolating / suffering from / recovering from COVID-19 • Build-up of grief / dealing with potentially traumatic experiences • Lack of integration and understanding of importance of wellbeing amongst managers • Conflict between service delivery and staff wellbeing		
Impact	• Values and behaviours of the UHB will not be displayed • Operating on minimal staff levels in clinical areas • Mental health of staff will decrease • Clinical errors will increase • Staff morale and productivity will decrease • Job satisfaction and happiness levels will decrease • Increase in sickness levels • Patient experience will decrease • UHB credibility as an employee of choice may decrease		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 - Extreme**
Current Controls	• Self-referral to wellbeing services • Managerial referrals to occupational health • External support – health for health professionals, recovery college, Mind, Samaritans • Wellbeing Q&As and drop ins (topical workshops) • Wellbeing Support and training for Line managers • Development of range of wellbeing resources for both staff and line manager • GP self-referral • Values Based Appraisals • Chaplaincy ward rounds • Appointment of new Health Intervention Team (HIT) – focus on both immediate reactive interventions and long term preventative • HIT exploring staff needs and gathering qualitative insight from staff • Increase number of wellbeing champion trained • Health and Wellbeing Strategic group • Development of rapid access to Dermatology		
Current Assurances	• Internal monitoring and KPIs within the EHWS • Wellbeing champions normalising wellbeing discussions • VBA focussing on individual wellbeing and development • Commitment from HIT staff to identify priority areas		

	• Trade unions insight and feedback from employees		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 - Extreme**
Gap in Controls	• Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working • Existing proactive interventions to wellbeing		
Gap in Assurances	• Organisational acceptance and approval of wellbeing as an integral part of staff's working life • Awareness and access of employee wellbeing services		

Actions	**Lead**	**By when**	**Update since March 21**
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID	NB	Immediate April 2021 – April 2022	Oversees COVID drop in support session 12th and 13th May UHW / UHL CAV a Coffee events on wards - Lakeside & Heulwyn Ward visits and support to staff Signposting of resources and support through EHWS
2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB	NB	Consultation by August 21 Interventions identified by Jan 22 Interventions proposed implementation April 22 - 2023	Consultation commenced across clinical boards Consultation proposed for May-July amongst all bandings of staff – clinical and non-clinical
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	NB	Commenced March 21 and continuing	Initial engagement with comms team Use of wellbeing champions to disperse messages Access to senior nurses and ward managers to disperse messages Key action: create Twitter account aimed at staff wellbeing and interaction for informal and accessible information
4. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers	NB	Post consultation phase	
Impact Score: 3	**Likelihood Score: 2**	**Target Risk Score:**	**6 - Moderate**

Key:

1 -3	**Low Risk**
4-6	**Moderate Risk**
8-12	**High Risk**
15 – 25	**Extreme Risk**