

Corporate Risk Register February 2023

CORPORATE RISK HEAT MAP: February 2023

There is a risk that...

In-Committee Risks (Private)		A cyber-attack results in significant disruption to services and quality of patient care					
Impact	Catastrophic	5				<ul style="list-style-type: none">the health board fails to manage its financial resources in line with statutory requirementsthe urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	
	Major	4			<ul style="list-style-type: none">a significant public health event/emergency impacts on provision, continuity and sustainability of services	<ul style="list-style-type: none">the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalitiescitizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providersfailure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality servicesthe care provided in some areas is compromised due to the health board's estate being not fit for purpose	<ul style="list-style-type: none">inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizensthe demand and capacity pressures in the primary care system lead to services becoming unsustainable
	Moderate	3			<ul style="list-style-type: none">ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		
	Minor	2					
	Negligible	1					
		1	2	3	4	5	

	Rare	Unlikely	Possible	Likely	Almost Certain
	Likelihood				

CORPORATE RISK DASHBOARD – February 2023

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DFIIT	CRR 001	Financial Sustainability	The health board fails to manage its financial resources in line with statutory requirements	4 x 5 = 20	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DFIIT	CRR 002	Financial Sustainability	The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities	4 x 4 = 16	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DoNM/MD	CRR 003	Quality	Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers	4 x 4 = 16	Minimal	6	✗	Patient Experience, Quality and Safety	Organisational Priorities Underpinning WBO 1 to 4

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DoO	CRR 004	Safety	The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	4 x 5 = 20	Averse	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPC	CRR 005	Quality	Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens	5 x 4 = 20	Minimal	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 006	Quality	Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	4 x 4 = 16	Minimal	8	✗	Workforce and Culture Committee	Organisational Priorities Underpinning all WBOs
DSPC&P	CRR 007	Partnerships	Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys	3 x 3 = 9	Open	6	✗	Planning, Partnerships and Population Health	Organisational Priorities underpinning WBO 8
DSPC&P	CRR 008	Safety	The demand and capacity pressures in the primary care system lead to services becoming unsustainable	5 x 4 = 20	Averse	8	✗	Planning, Partnerships and Population Health	Organisational Priorities WBO 4

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DFIT	CRR 009		A cyber-attack results in significant disruption to services and quality of patient care	RISK CONSIDERED IN COMMITTEE				Delivery and Performance	
DSPC&P	CRR 010	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose	4 x 4 = 16	Minimal	9	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPH	CRR 011	Performance and Service Sustainability	A significant public health event/emergency impacts on provision, continuity and sustainability of services	3 x 4 = 12	Cautious	12	✓	Delivery and Performance	Health and wellbeing of the population

KEY

Risk Appetite Descriptors and Categories

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

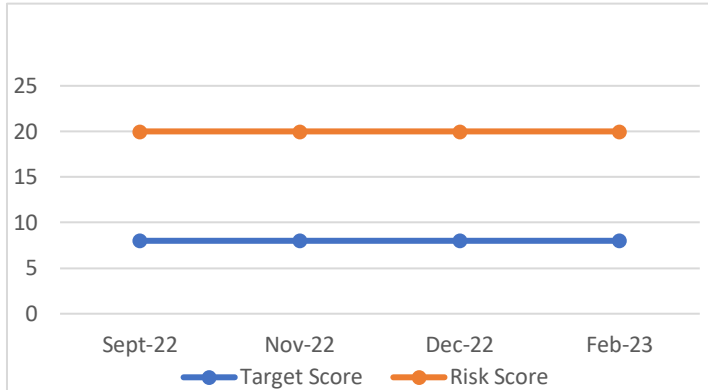
Executive Lead:	
CEO	Chief Executive
DPCCMH	Director of Primary, Community Care and Mental Health
DoNM	Director of Nursing and Midwifery
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director Public Health
DWOD	Director of Workforce and OD
DoTHS	Director of Therapies and Health Sciences
DPP	Director of Planning and Performance
BS	Board Secretary
DoE	Director of Environment

Risk Scoring

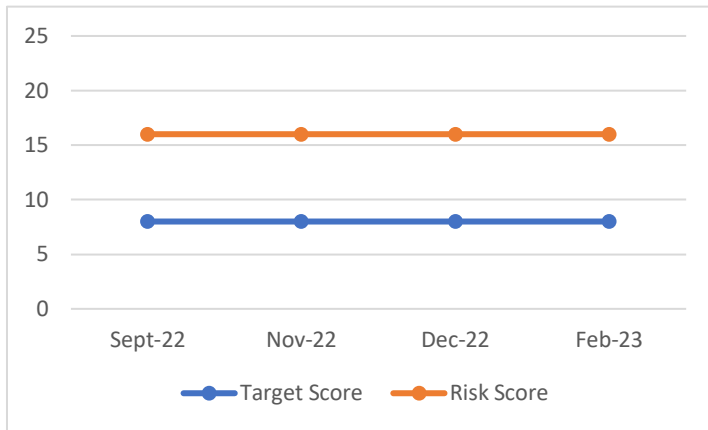
LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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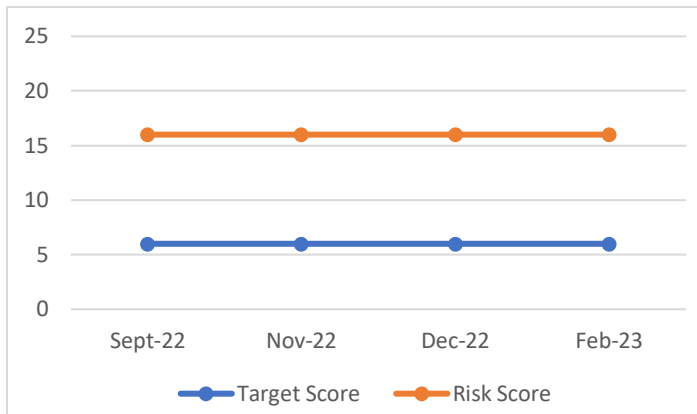
RISK APPETITE	
Category	Appetite for Risk
Safety	Averse
Quality	Minimal
Regulation and Compliance	Cautious
Reputation and Public Confidence	Cautious
Performance and Service Sustainability	Cautious
Financial Sustainability	Cautious
Workforce	Cautious
Partnerships	Open
Innovation and Strategic Change	Open

CRR 001		Executive Lead: Director of Finance, Information and IT																
Risk that: the health board fails to manage its financial resources in line with statutory requirements		Assuring Committee: Delivery and Performance																
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: February 2023																
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8	 <table><caption>Risk Rating Data</caption><thead><tr><th>Period</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>20</td></tr><tr><td>Nov-22</td><td>8</td><td>20</td></tr><tr><td>Dec-22</td><td>8</td><td>20</td></tr><tr><td>Feb-23</td><td>8</td><td>20</td></tr></tbody></table>	Period	Target Score	Risk Score	Sept-22	8	20	Nov-22	8	20	Dec-22	8	20	Feb-23	8	20	Rationale for current score: <ul style="list-style-type: none">▪ The IMTP included a balanced core financial plan including a balanced recurrent position.▪ Non recurrent Funding assumed at risk for local COVID response costs and exceptional national pressures in year. This will impact on the underlying position.▪ Deficit forecast of £7.5m for 2022/23 and an underlying deficit of £18.6m reported at month 10.▪ Financial planning for 2023/24 has identified that the THB will have a significant deficit.▪ The THB forecasts that it can manage its capital expenditure within the capital allocation.	
Period	Target Score	Risk Score																
Sept-22	8	20																
Nov-22	8	20																
Dec-22	8	20																
Feb-23	8	20																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Balanced Financial Plan included in IMTP Submission.▪ Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.▪ Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks▪ Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making).▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/23 and going forward▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>Structure realignment completed</td></tr><tr><td>Financial Plan for 2023/24 being developed, including robust assessment of cost pressures and establishment of saving schemes.</td><td>DFIIT</td><td>Underway</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency</td><td>DFIIT / MD</td><td>Established</td></tr></tbody></table>		Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	Structure realignment completed	Financial Plan for 2023/24 being developed, including robust assessment of cost pressures and establishment of saving schemes.	DFIIT	Underway	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency	DFIIT / MD	Established			
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Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency	DFIIT / MD	Established																

<ul style="list-style-type: none"> ▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. ▪ Additional control - Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities. 	<p>Framework approved and live and Value Based Healthcare Board established.</p>		
<p>Current Risk Rating</p>	<p>Update including impact of actions to date on current risk score</p>		
<p>4 x 5 = 20</p>	<p>Finance and Performance Group in place from September 2022 focussing on opportunities in each Directorate to be developed in addition to continuing focus on key areas such as CHC, variable pay and contracting.</p>		

CRR 002 Risk that: the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities		Executive Lead: Director of Finance, Information and IT																
Risk Impacts on: Organisational Priorities underpinning all WBOs		Assuring Committee: Delivery and Performance																
		Date last reviewed: February 2023																
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 4 = 8	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Dec-22</td><td>8</td><td>16</td></tr><tr><td>Feb-23</td><td>8</td><td>16</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Dec-22	8	16	Feb-23	8	16	Rationale for current score: <ul style="list-style-type: none">Forecast deficit of £7.5m for 2022/23 and overspend of £ 6.4m at month 10 indicates that resources are being consumed above planned and allocated levels (IMTP Financial Plan).Lack of data re Patient Outcome and Experience to support understanding.Value Based Healthcare approach introduced, but not yet fully embedded into financial plan and budget allocation fully.Value Board established and key action is to develop the Health Board approach to PROMs and PREMs (to measure patient experience and outcomes) to inform future resource allocation.PTHB is working with national groups to ensure that dashboards show a resident health board position, including English flows, rather than a Welsh provider position, so that they are reliable for corporate decision making in Powys.Nationally the PROMS and PREMS electronic platforms have been procured separately. The platform for patient experience is in place, but does not have all the necessary functionality for PROMS collection and analysis.	
Month	Target Score	Risk Score																
Sept-22	8	16																
Nov-22	8	16																
Dec-22	8	16																
Feb-23	8	16																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Value Board established (report via Transformation and Value Group) and reporting into Executive Committee.Value approach embedded in IMTP focused on outcome, experience and cost.Organisational position in relation to PROMs-and PREMs (to inform resource allocation and actions) approved in principle by Executive Committee, based on EQ5DL for PROMS, overlaid with condition specific outcomes.CIVICA in place for the collection of patient experience.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.</td><td>AD T&V</td><td>Ongoing.</td></tr><tr><td>Ongoing Action as per the Value Group Workplan.</td><td>AD T&V</td><td>Ongoing.</td></tr><tr><td>Continue to progress work on the Accelerated Sustainable Model including Design and Delivery phases.</td><td>Execs and</td><td>23/24</td></tr></tbody></table>		Action	Lead	Deadline	Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.	AD T&V	Ongoing.	Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.	Continue to progress work on the Accelerated Sustainable Model including Design and Delivery phases.	Execs and	23/24			
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Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.	AD T&V	Ongoing.																
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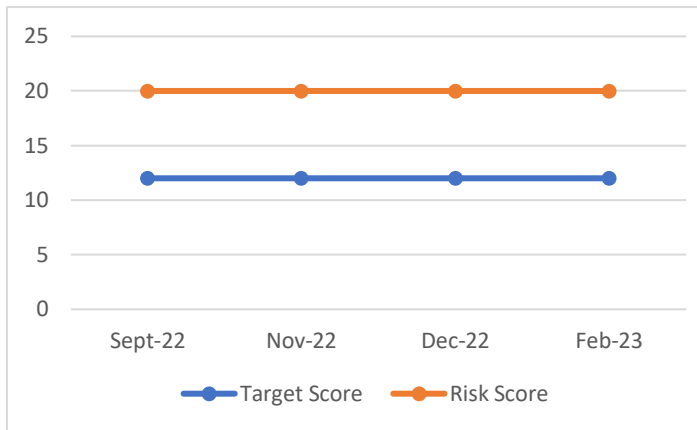
<ul style="list-style-type: none"> ▪ PROMS Group established to assist with technical implementation of PROMS. Value Opportunities Group established. ▪ Interventions Not Normally Undertaken Group established. ▪ Information and Data Dashboards under development to inform reporting re outcomes and experiences, with work undertaken to ensure national dashboards are amended to show resident health board position including English patient flows. ▪ Accelerated Sustainable Model Programme in place with Discovery Report completed, embedding value approach, to help guide prioritisation and resource allocation for maximum value impact. ▪ Approach agreed with WOAD and Programme Board to develop and embed organisational understanding of value from induction through to leadership development. ▪ Series of Getting It Right First Time Reviews completed with implementation underway. ▪ Full Board involvement in development of priorities and financial plans for 2023/24. 		ADTV	
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	N/A		

CRR 003 Risk that: citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers		Executive Lead: Director of Nursing and Midwifery, Medical Director Assuring Committee: Patient Experience, Quality and Safety																				
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: February 2023																				
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 3 = 6 Date added to the risk register Risk Updated September 2022	 <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>6</td><td>16</td></tr><tr><td>Nov-22</td><td>6</td><td>16</td></tr><tr><td>Dec-22</td><td>6</td><td>16</td></tr><tr><td>Feb-23</td><td>6</td><td>16</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	6	16	Nov-22	6	16	Dec-22	6	16	Feb-23	6	16	Rationale for current score: <ul style="list-style-type: none">▪ Intelligence from incidents, concerns and complaints▪ Intelligence from patient engagement▪ Intelligence and communication from all stakeholders and partners▪ Increased pressure on the NHS as a result of multiple factors (aging population, winter pressures, post Covid-19 pandemic)					
Month	Target Score	Risk Score																				
Sept-22	6	16																				
Nov-22	6	16																				
Dec-22	6	16																				
Feb-23	6	16																				
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Integrated Performance Framework▪ Powys Clinical Audit plan▪ Internal Audit annual plan of audits▪ NHS Wales collaborative management groups and associated peer groups▪ Collaboration with the Delivery Unit (NHS Wales)▪ Review of CQC and HIW reports for all providers where Powys residents receive care▪ Triangulation of concerns, complaints (PTR) and incidents▪ Operational arrangements for operational delivery (e.g DCG)▪ Partnership with PCC▪ Communication and engagement with the public and stakeholders		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Improve and refine the Integrated Performance Framework</td><td>DoPP</td><td>Sept 2022</td></tr><tr><td>Monitor fundamentals of care (provider services)</td><td>DoNM</td><td>Ongoing</td></tr><tr><td>Mortality Reviews</td><td>MD</td><td>Ongoing</td></tr><tr><td>Address inequalities of access</td><td>DoPP/ DOMHP PC DoTH</td><td>Ongoing</td></tr><tr><td>Implement Patient experience system (Civica)</td><td></td><td>Dec 2022</td></tr></tbody></table>			Action	Lead	Deadline	Improve and refine the Integrated Performance Framework	DoPP	Sept 2022	Monitor fundamentals of care (provider services)	DoNM	Ongoing	Mortality Reviews	MD	Ongoing	Address inequalities of access	DoPP/ DOMHP PC DoTH	Ongoing	Implement Patient experience system (Civica)		Dec 2022
Action	Lead	Deadline																				
Improve and refine the Integrated Performance Framework	DoPP	Sept 2022																				
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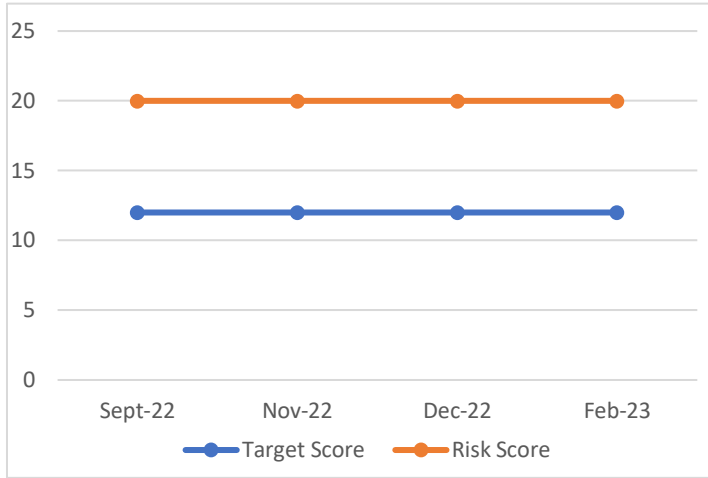
4 x 4 = 16

This risk will continue to be reviewed at PEQs. The integrated Quality Report informs the Committee of triangulated data. Key matters at February meeting include an update of Maternity Services (Powys Provider), preparation for the implementation of the Duty of Quality and Duty of Candour and progress with the National Nosocomial Framework. Focus on concerns/ complaints will now focus on themes and trends identifying priorities for learning, now that process matters have been addressed.

Integrated Performance framework - Approved by the Board in September 2022, implementation to be reported through Delivery and Performance Committee. A project group has been established, chaired by the AD Performance and Commissioning, with representatives from commissioning, performance, finance, nursing, workforce and service group colleagues. Duty of Quality and the implementation of a Total Quality Management System as part of the IPF will be Powys THB vehicle for quality control and quality planning.

CRR 004 Risk that: the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens		Executive Lead: Director of Primary Care, Community and Mental Health Services Assuring Committee: Delivery and Performance Committee																	
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: February 2023																	
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current:4 x 5 = 20 Target: 3 x 4 = 12	 <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>12</td><td>20</td></tr><tr><td>Nov-22</td><td>12</td><td>20</td></tr><tr><td>Dec-22</td><td>12</td><td>20</td></tr><tr><td>Feb-23</td><td>12</td><td>20</td></tr></tbody></table>		Month	Target Score	Risk Score	Sept-22	12	20	Nov-22	12	20	Dec-22	12	20	Feb-23	12	20	Rationale for current score: <ul style="list-style-type: none">▪ Fragility and rising demand on the unscheduled care system, including 111, GP In and Out of Hours, WAST response times, delays and pressures within the acute system. This includes delays in discharges and flow from acute and community hospital settings. This leads to an impact/effect on the quality of timely care provided to patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to handover delays at the Emergency departments front door and delayed ambulance response to community emergency calls, increasing pressure on adverse patient experience, reduction in stakeholder confidence and increased scrutiny from regulators.▪ Planned industrial action and potential impact on the urgent and emergency health system capacity to meet demand and timely response for care.▪ Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds.▪ Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.	
Month	Target Score	Risk Score																	
Sept-22	12	20																	
Nov-22	12	20																	
Dec-22	12	20																	
Feb-23	12	20																	
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Daily management system in place to manage patient flow including multiple daily local and national calls.▪ Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos.▪ Regular reviews of long stay patients in community hospitals to reduce average length of stay.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>▪ Operational delivery of Winter Plan</td><td>DPCCMH</td><td>Ongoing</td></tr><tr><td>▪ Daily operational management of patient flow</td><td rowspan="2">DPCCMH</td><td rowspan="2">Ongoing</td></tr><tr><td>▪ Delivery Coordination Group in place to improve performance and delivery at a system level.</td></tr></tbody></table>			Action	Lead	Deadline	▪ Operational delivery of Winter Plan	DPCCMH	Ongoing	▪ Daily operational management of patient flow	DPCCMH	Ongoing	▪ Delivery Coordination Group in place to improve performance and delivery at a system level.					
Action	Lead	Deadline																	
▪ Operational delivery of Winter Plan	DPCCMH	Ongoing																	
▪ Daily operational management of patient flow	DPCCMH	Ongoing																	
▪ Delivery Coordination Group in place to improve performance and delivery at a system level.																			

<ul style="list-style-type: none"> ▪ Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team. ▪ Review of urgent care team arrangements, with exploration of a business case to advance capacity of Discharge Liaison officers. ▪ Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys. ▪ Bed escalation plans activated to support the national programme of 1000 extra community care beds across Wales by end of October 2022 (within limits of staffing availability). ▪ Care Home risk and escalation plans to support care home capacity. ▪ Social care fragility and delays – regular attendance at Head of Service level to Delivery Coordination Group and escalated discussions at Director and CEO level. ▪ Delivery Coordination Group in place to manage operational delivery across whole system. ▪ Winter Plan developed to manage whole system pressures. Urgent review of escalation options in development between health and social care to increase community care capacity and to reduce delays. ▪ Industrial action command and control structure in place to manage service impact and to minimise disruption to services. 	<ul style="list-style-type: none"> ▪ System escalation including senior officer daily review and weekly Gold level oversight. ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays. ▪ Transformational development of urgent care system (6 Goals) including 1000 beds and focus on handover delays ▪ Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow. ▪ Industrial action management plans in place, coordinated and reporting at bronze, silver and gold levels. 		December 2022
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	N/a - new risk September 2022		

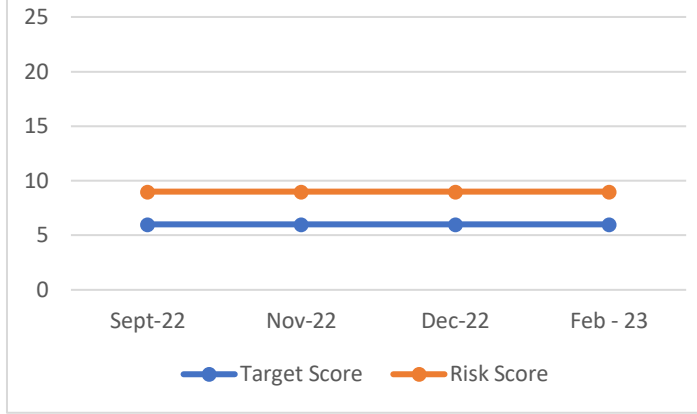
CRR 005 Risk that: inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens		Executive Lead: Director of Planning and Performance																	
		Assuring Committee: Delivery and Performance																	
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: February 2023																	
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Month	Target Score	Risk Score																	
Sept-22	12	20																	
Nov-22	12	20																	
Dec-22	12	20																	
Feb-23	12	20																	
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)																	
<ul style="list-style-type: none">Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand both year end position 2022/23 and for 2023/24 (latter with reference to NHS Wales Planning Framework 2023-26 access target requirements by June 2023; and NHSE access target requirements by March 2024).		Action	Lead	Deadline															
		Secure performance improvement trajectories from providers.	DPP	Jan 2023															
		Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers	DPP/DOF	Jan 2023															

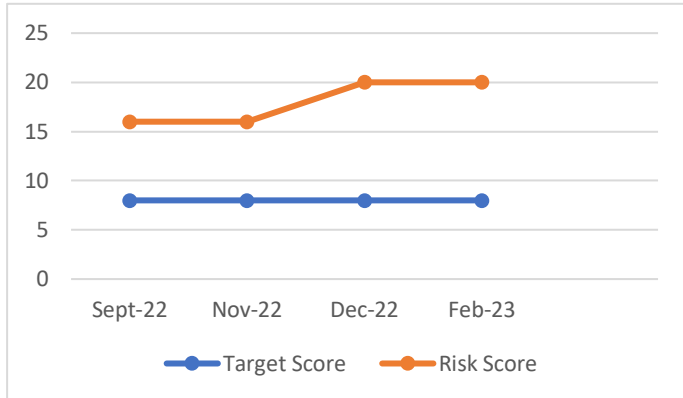
<ul style="list-style-type: none"> Medinet contract extended – proposals being developed to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Identify key priorities to deliver elective treatments within ministerial access targets. Implementation of Integrated Performance Framework. Ongoing scrutiny and oversight through CQPR meetings utilising Commissioning Assurance Framework with escalation through monthly ICAM meetings and through Integrated Performance Report. Provider issue summary and fragile services log. Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers. Ensure Powys residents are included in the activity being sourced through the West Midlands Mutual Aid hub. 	<p>now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery.</p>		
<p>Current Risk Rating</p>	<p>Update including impact of actions to date on current risk score</p>		
<p>5 x 4 = 20</p>	<p>Improved performance experienced within NHS England commissioned service providers; improvement not being experienced in NHS Wales commissioned service providers creating inequity of access for Powys residents.</p>		

CRR 006 Risk that: failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services		Executive Lead: Director of Workforce and Organisational Development Assuring Committee: Workforce and Culture																
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: February 2023																
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8	<table border="1"><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Dec-22</td><td>8</td><td>16</td></tr><tr><td>Feb-23</td><td>8</td><td>16</td></tr></tbody></table>			Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Dec-22	8	16	Feb-23	8	16
Month	Target Score	Risk Score																
Sept-22	8	16																
Nov-22	8	16																
Dec-22	8	16																
Feb-23	8	16																
Date added to the risk register September 2022	Rationale for current score: <ul style="list-style-type: none">• The Temporary Staffing Unit is continuing to provide support to meet the health board staffing deficits. However, this has resulted in a significant and increasing reliance on agency staffing-to meet this demand. For the month of January 2023, RN bank was 15.9 WTE and 30.2 WTE from agency. For Bank HCSW it was 13.9 WTE and 21.3 WTE from agency.• The health board currently has 12.5 WTE medical vacancies of which 10 WTE are being covered via Locums.• The Health Board continues to experience a particularly challenging position in respect of registered nurse vacancies, with an overall vacancy deficit of 39%. The greatest proportion of these vacancies are seen in our community ward settings. Recent workforce projection data indicates an overall worsening picture for our workforce vacancy levels over the next 10 years.																	

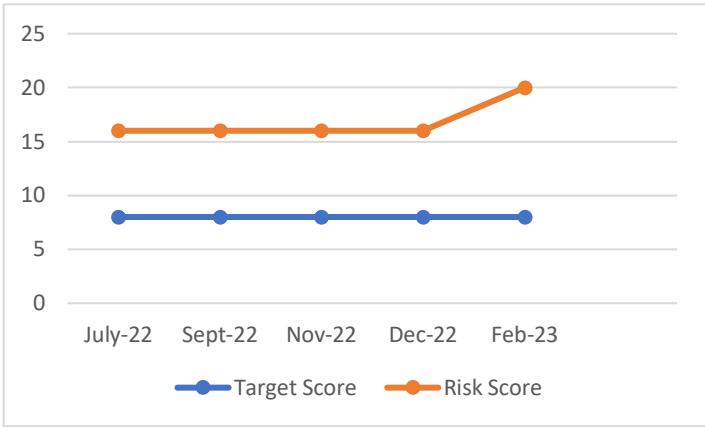
Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)		
<ul style="list-style-type: none"> A calendar for a rolling programme of recruitment events has been developed which includes student streamlining, department for working pensions and open days across the county. All roles on trac are monitored to improve the time to hire. Services continue to ensure all key vacant posts are being processed in a timely manner. Rolling adverts for all substantive and bank nurse vacancies remain open across all sites. Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were successful. Offers have been issued and accepted with a target in country date of 11th April 2023 (this is subject to changes with visa applications) Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were successful. Offers have been issued and accepted with a target in country date of 11th April 2023 (this is subject to changes with visa applications) Weekly reports on temporary staffing are produced and shared with Head of Nursing. The Executive Director of Nursing and Midwifery has undertaken a formal review of community ward establishments to ensure there are recommended minimum safe staffing levels that align with the current service delivery model. Further work has commenced on the development of an Accelerated Sustainable Model By the end of Q1 we will have undertaken a wellbeing roadshow at each of the main hospital sites across the county 	Action	Lead	Dead line
	<ul style="list-style-type: none"> Working with partners a joint recruitment event across Health and Social Care is being explored. 	DWO D	Q1 23/24
	<ul style="list-style-type: none"> Develop a proposition for the candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey. 	DWO D	Q1 23/24
	<ul style="list-style-type: none"> Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans. 	ADO D	Q1 23/24
	<ul style="list-style-type: none"> Undertaken a wellbeing roadshow at each of the main hospital sites across the county 	ADO D	Q1 23/24

Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	A Workforce Steering Group has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP.		

CRR 007 Risk that: ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		Executive Lead: Director of Planning and Performance Assuring Committee: Planning, Partnerships and Population Health																
Risk Impacts on: Organisational Priorities underpinning WBO 8		Date last reviewed: February 2023																
Risk Rating (likelihood x impact): Inherent: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6	 <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>6</td><td>9</td></tr><tr><td>Nov-22</td><td>6</td><td>9</td></tr><tr><td>Dec-22</td><td>6</td><td>9</td></tr><tr><td>Feb - 23</td><td>6</td><td>9</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	6	9	Nov-22	6	9	Dec-22	6	9	Feb - 23	6	9	Rationale for current score: <ul style="list-style-type: none">Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance.Further, achievement of the health board’s Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.	
Month	Target Score	Risk Score																
Sept-22	6	9																
Nov-22	6	9																
Dec-22	6	9																
Feb - 23	6	9																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVOActive engagement with Mid Wales Joint CommitteeEngaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Identify all existing partnerships and collaborations to inform development of a Framework</td><td>BS / DPP</td><td>31/03/2023</td></tr><tr><td>Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes</td><td>BS / DPP</td><td>28/02/2023</td></tr><tr><td>Development and population of a Partnership Register</td><td>BS</td><td>31/03/2023</td></tr><tr><td>Development of the Partnership Governance Framework for presentation to Board in December 2022</td><td>BS / DPP</td><td>31/03/2023</td></tr></tbody></table>		Action	Lead	Deadline	Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/03/2023	Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	28/02/2023	Development and population of a Partnership Register	BS	31/03/2023	Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/03/2023
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Current Risk Rating		Update including impact of actions to date on current risk score																

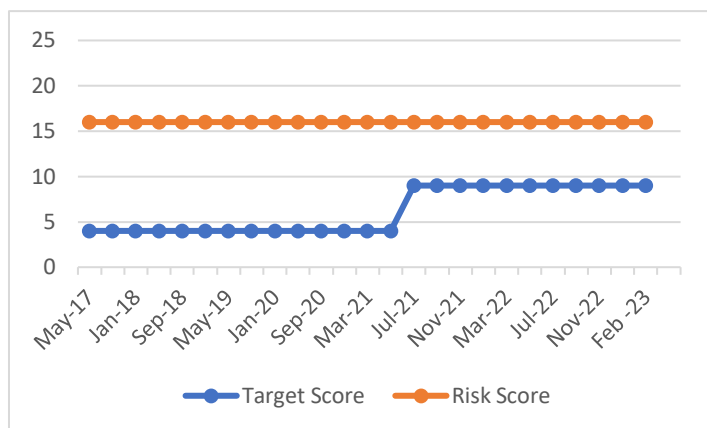
3 x 3 = 9		No further update																
CRR 008 Risk that: the demand and capacity pressures in the primary care system lead to services becoming unsustainable		Executive Lead: Director of Primary Care, Community and Mental Health Services Assuring Committee: Planning, Partnerships and Population Health																
Risk Impacts on: Organisational Priorities underpinning WBO 4		Date last reviewed: February 2023																
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 5x4 = 20 Target: 2 x 4 = 8 Date added to the risk register Risk Updated September 2022	 <table><caption>Risk Score Trend</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Dec-22</td><td>8</td><td>20</td></tr><tr><td>Feb-23</td><td>8</td><td>20</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Dec-22	8	20	Feb-23	8	20	Rationale for current score: <ul style="list-style-type: none">▪ Sustainability assessment and escalation tool of GP Practices identifying several high risk practices across Powys. Practices may not be able to provide sustainable GMS services.▪ Increasing demand during in and out of hours particularly relating to paediatric demand resulting in impact on routine care.▪ Cybersecurity incident caused by ransomware affecting Adastra system across all NHS (England and Wales). Impact on 111 and Out of Hours Services including access to clinical records available to support consultations. Adastra now up and running however CAS system still not yet operational▪ Dental access gaps across Powys with demand for access currently greater than capacity. Routine and urgent General Dental Services compromised.	
Month	Target Score	Risk Score																
Sept-22	8	16																
Nov-22	8	16																
Dec-22	8	20																
Feb-23	8	20																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Close monitoring and liaison with practices to offer support including regular review of the sustainability matrix to monitor changes and sustainability funding application process.▪ Implementation of Accelerated Cluster Development Programme.▪ Health Board management of practices if contracts are handed back until tendering process is successful.▪ Adastra – Continued daily participation in national BCI calls with 111 to manage situation. Following successfully testing Shropdoc Adastra was reinstated on 19/10/22 albeit with limited functionality. System being used for the patient contact/record. Manual admin process still required at the front end. Reactivation of GP OOH report messaging and special patient notes now in place. Fully operational		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td><ul style="list-style-type: none">▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool▪ Weekly discussions with Cluster Leads to discuss ongoing demands and additional actions to manage peaks▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.▪ Following the Adastra Cyber incident on the 4th August, that as of today a fully functioning Adastra system is now operational across Wales and</td><td>DPCC MH</td><td>Ongoing</td></tr></tbody></table>		Action	Lead	Deadline	<ul style="list-style-type: none">▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool▪ Weekly discussions with Cluster Leads to discuss ongoing demands and additional actions to manage peaks▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.▪ Following the Adastra Cyber incident on the 4th August, that as of today a fully functioning Adastra system is now operational across Wales and	DPCC MH	Ongoing									
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<p>Adastra and CAS system hoped to be in place before the 4 day Christmas BH period. 111 and Shropdoc remain in BCI</p> <ul style="list-style-type: none"> Commissioning of urgent access slots across Powys and new contract in place for Llandrindod. Implementation of the new Dental contract 22/23 metrics should increase provision and access. Community Dental Service clinics support urgent access to mitigate against gaps in provision. Mid Year Review meetings completed and in year contract adjustments being considered. Awaiting national guidance to support year end. 	<p>Shropdoc. Therefore 111, Shropdoc and SBUHB will be no longer working under BCI arrangements. The national twice weekly Business Continuity & Incident calls have therefore also been stood down as of 16/02/2023</p>		
	<ul style="list-style-type: none"> Dental – Urgent access slots commissioned across Powys. Dental contract reform to improve access. Community Dental Service clinics in place to support urgent access to mitigate gaps until procurement processes successful. New contract currently out to tender for Newtown. 	DPCC MH	Ongoing
Current Risk Rating	Update including impact of actions to date on current risk score		
5x4 = 20	Mitigating actions continue to manage the risks		

CRR 009 Risk that: a cyber-attack results in significant disruption to services and quality of patient care		Executive Lead: Director of Finance, Information and IT Assuring Committee: Delivery and Performance Date last reviewed: February 2023																			
RISK CONSIDERED IN-COMMITTEE (to be removed from main register prior to reporting to public Board)																					
Risk Rating (likelihood x impact): Inherent: 5 x 5 = 25 Current: 5 x 4 =20 Target: 2 x 4 = 8 Date added to the risk register May 2022	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>July-22</td><td>8</td><td>16</td></tr><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Dec-22</td><td>8</td><td>16</td></tr><tr><td>Feb-23</td><td>8</td><td>20</td></tr></tbody></table>	Month	Target Score	Risk Score	July-22	8	16	Sept-22	8	16	Nov-22	8	16	Dec-22	8	16	Feb-23	8	20	Rationale for current score: <ul style="list-style-type: none">Increased risk of potential Cyber-attack due to current climate and world events-Several reports have highlighted potential areas for improvement.Recent cyber events on health sector in the UK and associated suppliers have demonstrated the impact of a serious compromise. As a result of the impact of these cyber-attacks the impact score has been raised as there are no current controls in place to mitigate a similar sized and type of attack if this were to occur in NHS Wales. Whilst the risk relates specifically to PTHB Cyber controls for PTHB systems and services, the increase is to emphasise the impact if PTHB were compromised by a primary and secondary vector.	
Month	Target Score	Risk Score																			
July-22	8	16																			
Sept-22	8	16																			
Nov-22	8	16																			
Dec-22	8	16																			
Feb-23	8	20																			
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Recruited a Cyber Security and Compliance Manager lead for the HB.Recruited a Senior Cyber Security Officer who will be responsible for IT operational controls and monitoring of the HB systems and Infrastructure.Cyber Improvement Plan in place linked to National Digital Health Care Wales (DHCW) and Local Actions.Controls and action in place to strengthen the monitoring of the network, improve anti-virus and Windows defender protection, enhanced end user license to increase protection to mitigate the risk and impact of any attack.Further action to be taken to test Business Continuity and recovery plans across service areas.		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Review identity controls to reduce attack surface.</td><td>DFIIT</td><td>May 23</td></tr><tr><td>Deploy air-gapped system backups on supported infrastructure. This is the ultimate mitigation to minimise the impact of such an incident and the Head of Infrastructure and Cyber has sought funding for this even before a more detailed plan can be formulated.</td><td></td><td>June 23 (Pending DPIF Agreement)</td></tr><tr><td></td><td></td><td>May 23</td></tr></tbody></table>		Action	Lead	Deadline	Review identity controls to reduce attack surface.	DFIIT	May 23	Deploy air-gapped system backups on supported infrastructure. This is the ultimate mitigation to minimise the impact of such an incident and the Head of Infrastructure and Cyber has sought funding for this even before a more detailed plan can be formulated.		June 23 (Pending DPIF Agreement)			May 23						
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		May 23																			

<ul style="list-style-type: none">▪ Monthly Reporting via Governance Structure includes progress / delivery against Cyber Assurance Framework (CAF), this monitors performance and alignment to Security of Network and Information System regulations (NIS) Framework.▪ Procurement and implementation of Solar Winds network monitoring.▪ Windows Defender deployed and Phishing Campaign in place to increase awareness.▪ Annual penetration testing programme in place.▪ Upgraded O365 license to include enhanced E5 Security.▪ Internal Audit report on NIS rated as Reasonable Assurance.• Improve perimeter security with implementation of local area network Firewalls	<ul style="list-style-type: none">• Increase reporting capabilities to identify gaps.• Increase deployment of Defender for Endpoint• Start utilising unused Defender for endpoint protection features.<ul style="list-style-type: none">○ Attack Surface Reduction○ Endpoint Detection & Response• Develop a regular cyber phishing campaign, reporting and targeted advice for users.• Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.		April 23
			April 23
			June 23
		Review May 23 IG & Cyber Training to be merged near April.	
	Develop a Cyber Recovery Response plan in conjunction with Assistant Directors and Heads of Service.	DFIIT	Ongoing
	Equipment replacement plan and migration from on premise to Cloud.		Ongoing
Current Risk Rating		Update including impact of actions to date on current risk score	
5 x 4 = 20			

CRR 010 Risk that: the care provided in some areas is compromised due to the health board's estate being not fit for purpose		Executive Lead: Director of Environment Assuring Committee: Delivery and Performance	
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Date last reviewed: February 2023	
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 3 x 3 = 9	Date added to the risk register January 2017	Rationale for current score: <ul style="list-style-type: none"> ▪ Estates Compliance: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required. ▪ Capital: the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk. ▪ Environment & Sustainability: NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 with challenging targets with limited resource. 	
Controls (What are we currently doing about the risk?) ESTATES		Mitigating actions (What more will we do?)	
		Action	Lead Deadline



<ul style="list-style-type: none"> Specialist sub-groups for each compliance discipline Risk-based improvement plans introduced Specialist leads identified Estates Compliance Group and Capital Control Group established Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up. Capital Programme developed for compliance and approved Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan Address (on an ongoing basis) maintenance and compliance issues Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards <p><u>CAPITAL</u></p> <ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority <p><u>ENVIRONMENT</u></p> <ul style="list-style-type: none"> ISO 14001 routine external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice to identify and fund decarbonisation project initiatives 	Implement the Capital Programme and develop the long-term capital programme.	AD Estates & Property	In line with Annual Plan for 2022-23
	Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage in latter part of financial year cycle. Additional funding from Welsh Government being provided for 2022/23 (i.e. year end slippage). Monies will be spent across equipment, ICT and estate. Formal notification also imminent for final allocation Estates Funding Advisory Board (EFAB) for 2023/24 onward	AD Estates & Property	In line with Annual Plan for 2022-23
	Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2022-23
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address limited establishment staff numbers in Works Team and recruitment challenges. Initial resource review undertaken by IEG in June 2022 with financial constraints necessitating more detailed analysis. This has been further discussed in IEG in October and a more detailed paper will be brought to IEG in December including demand levels and performance around Planned and Preventative Maintenance (PPMs) this will be further discussed at IEG in March 2023	AD Estates & Property	March 2023
Current Risk Rating	Update including impact of actions to date on current risk score		

4 x 4 = 16

Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group.

Fire: Work to improve operational fire structure in 2021 has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented to address dependant on funding.

Property: COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach.

Finance: significant escalation for cost pressures related to fuel and inflation which are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Example of Estates related pressure is resultant electrical defects with tendered cost of £59K following 5 statutory 5 year Fixed Wire Testing on sites – this carries a risk and is part of a £500K compliance defect cost pressure which carries a risk if not completed.

CRR 011 Risk that: a significant public health event/emergency impacts on provision, continuity and sustainability of services		Executive Lead: Director of Public Health Assuring Committee: Delivery and Performance																																													
Risk Impacts on: the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.		Date last reviewed: February 2023																																													
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Date	Target Score	Risk Score																																													
Sep-20	12	16																																													
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Feb-23	12	12																																													
Date added to the risk register February 2020																																															

	NHS is already operating at near maximum capacity, and large numbers of staff isolating due to illnesses may impact on some services. The risk score will therefore need to be kept under regular review. Impact: 'Major'. COVID-19 presents four harms to the population: - 1. The direct harm arising from the disease itself; 2. The harm caused by an overwhelmed NHS; 3. The harm caused by stopping other non-COVID activity; and 4. The wider harm to wellbeing caused by population level measures in response to COVID-19.		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)		
1. Delivery of Autumn (2022) Booster Programme commenced on 1 st September 2022 to eligible groups as identified by JCVI with the primary objective to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023. Walk-ins available at all MVCs and since January 2023 offer of flu vaccine to eligible population, and non-attendees offered reappointments. 2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group, which has widening remit to include oversight of other health protection areas e.g. MPox, Ukrainian refugees. 3. Test, Trace Protect programme transitioned in line with ' <i>Together for a Safer Wales</i> ' with very small team in place to carry out testing, contact tracing for covid-19 'stable situation' in line with WG guidance: • PCR testing remains in place for target/eligible population via Powys CTUs; • Contact tracing service operating; • Care home cell meeting regularly and as required; • Regional response cell meetings stood down but to reconvene if required. 4. Working as part of the wider system in Wales through participation in national planning and response arrangements as these evolve to respond to stage of pandemic and wider health protection issues. 5. Continued delivery of ' <i>Together for a Safer Future</i> ' transition in line with WG policy decisions and national health protection review.	Action	Lead	Deadline
	• Plan for delivery of COVID-19 vaccination for 2023/24 in line with WG funding.	MB/SB	31/03/23
	• Exercise surge vaccination plan and review in response to learning	MB/DB	30/06/23
	• Continue to deliver flu vaccination programme with monthly review	MB/NB	31/02/23

<p>6. Staff testing and protective behaviours (PPE/Social distancing etc) guidance updated regularly in line with WG guidance and local circumstance, overseen by HB Infection Prevention Advisory Group.</p> <p>7. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.</p> <p>8. Staff testing guidance and IPC policies kept under review.</p> <p>9. Surge vaccination plan developed and submitted to WG in January 2023.</p> <p>10. Delivery of 2022/23 flu vaccination programme delivered by GP Practices & Pharmacies commenced in September, and expended via MVCs to eligible population from January 2023.</p> <p>11. Reviewing vaccination plan (workforce and venues) in line with reduced WG funding.</p> <p>12. Scoping health protection response in line with WG funding and requirements for 2023/24.</p>			
Current Risk Rating	Update including impact of actions to date on current risk score		
3 x 4 = 12			