

## **A) The Governance Statement**

### **Scope of Responsibility**

As Accountable Officer, I am responsible for maintaining an adequate and effective system of internal control that supports compliance with the organisation's policies and promotes achievement of the organisation's aims and objectives, including those set by Scottish Ministers. Also, I am responsible for safeguarding the public funds and assets assigned to the organisation.

In accordance with IFRS 10 (Consolidated Financial Statements) the Annual Accounts consolidate the Dumfries and Galloway Health Board Endowment Funds and in accordance with IAS 28 consolidate the Integrated Joint Board. This statement includes any relevant disclosure in respect of these.

### **Purpose of Internal Control**

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the principal risks facing NHS Dumfries and Galloway. The system aims to evaluate the nature and extent of risks, and manage risks efficiently, effectively and economically.

The system of internal control is designed to manage rather than eliminate the risk of failure to achieve the organisation's aims and objectives. As such, it can only provide reasonable and not absolute assurance.

The process within NHS Dumfries and Galloway accords with guidance from Scottish Ministers in the Scottish Public Finance Manual (SPFM) and supplementary NHS guidance, and has been in place for the year up to the date of approval of the annual report and accounts. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

### **Governance Framework**

NHS Dumfries and Galloway Board operate as a Board of governance in line with Scottish Government legislation with its key focus to provide strategic leadership and direction for the local NHS system as a whole.

The overall purpose of the Board is to provide strategic leadership and direction, and ensure the efficient, effective and accountable governance of the local NHS system.

Specific roles of the Board include:

- improving and protecting the health of the local people;
- providing an improved health service for local people;
- focusing clearly on health outcomes and people's experience of their local NHS system;
- promoting integrated health and community planning by working closely with other local organisations; and
- providing a single focus of accountability for the performance of the local NHS system.

The work of the NHS Board includes:

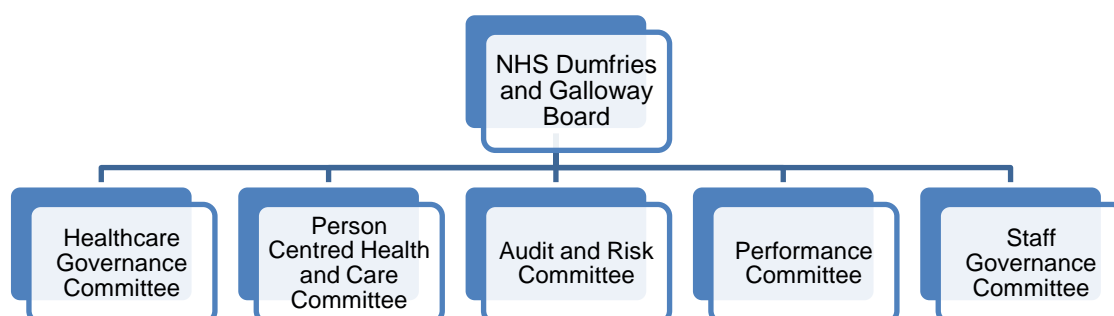
- strategy development - to develop a single Local Health Plan for the area;
- implementation of the Local Health Plan and Annual Operational Plan;
- resource allocation to address local priorities; and
- performance management of the local NHS system.
- knowledge relating to both risk assessment and risk management.

With the introduction of the Health and Social Care Partnership in 2016 the Board has been working to integrate health services with adult social care services through the IJB structure. Details of the IJB

delegated roles and responsibilities can be found within the IJB strategic plan on the website (<https://dghscp.co.uk/>).

The conduct and proceedings of the Board are set out in its Standing Orders which describe how the Board works and which matters the Board has reserved for its approval, it also includes the terms of reference for each of the standing governance committees. You can find the Standing Orders (and other key documents) on the Board's website under the About Us section ([www.nhsdg.co.uk](http://www.nhsdg.co.uk)).

The table below sets out the standing governance committees which were in operation for eleven months of 2019-20. In March 2020 the Board approved temporary amendments to the Code of Governance in response to the developing threat from COVID-19 which are described in greater detail on page 17.



Board members are appointed by Scottish Ministers and are selected on the basis of their position or the particular expertise which enables them to contribute to the decision making process at a strategic level. The Non-Executive members are then appointed to the five Standing Committees and have the opportunity to scrutinise and challenge the Board's executive management. The table below demonstrates the activity of the NHS Board and Standing Committees in 2019-20:

COMMITTEE	CHAIR	MEETINGS HELD
NHS Dumfries and Galloway Board	Mr N Morris	7
Healthcare Governance Committee	Mrs P Halliday	6
Person Centred Health and Care Committee	Mrs P Halliday	5
Audit and Risk Committee	Dr L Douglas	5
Performance Committee	Mr N Morris	4
Staff Governance Committee	Ms L Bryce	4

In addition to the above structure there are a number of Committees which report in to the Standing Committees. The Information Assurance Committee being one of them is responsible for ensuring the appropriate governance arrangements are in place for information sharing and security within the Board. This committee reports directly to the Audit and Risk Committee on its activity throughout the year. The group has met four times this year and have been assured in all areas of information governance over this period and have no areas of concern at this time. Work programmes have been developed throughout the year to prepare for a new National Audit under "Network and Information Systems" (NIS). This has focussed the Boards information assurance efforts and planning. The audit has now been undertaken and the work in 2020-21 will be to address some of the recommendations made.

The Remuneration Sub-Committee which reports directly to the Staff Governance Committee is responsible for ensuring the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board. Whilst pay arrangements for NHS staff are determined under national arrangements, the pay arrangements for the Board's senior managers whose posts are part of the Executive and Senior Management Cohorts are, subject to Scottish Government guidance, determined by the Remuneration Sub-Committee.

Non-Executive Directors have a supported orientation and induction to the organisation as well as a series of in depth development workshops identified during the year. Opportunities for development also exist, at a national level, for some specific non executive roles such as Chairman, Area Clinical Forum Chairs and Employee Directors.

All Board Executive Directors and senior managers undertake a review of their development needs as part of the annual performance management and development process. Access to external and national programmes in line with their development plans and career objectives is supported. The Chief Executive is accountable to the Board through the Chair of the Board. The Chairman agrees the Chief Executive's annual objectives in line with the Board's strategic and corporate plans.

NHS Dumfries and Galloway consult with all of its key stakeholders, this is continued focus for the year ahead, with further planned on community engagement and co-production. For 2019-20 we continued to communicate with stakeholders in a variety of ways. We routinely communicate with, and involve, the people and communities we serve, to inform them about our future plans of hospitals and services.

The Board has in place a well established complaints system, whereby members of the public can make a formal complaint to the Board regarding care or treatment provided by or through the NHS, or how services in their local area are organised if this has affected care or treatment; information on our complaints procedures is available on the website.

We engage with staff through various channels to ensure greater engagement and to encourage them to contribute to the decision making in the areas in which they work. We have well established methods of communication through the intranet, a range of newsletters and director and manager briefings.

The Board has a Whistleblowing policy in place for staff. The policy includes the disclosure internally or externally by staff who have concerns about patient safety, malpractice, misconduct, wrongdoing or serious risk and fully supports the national Whistleblowing Policy. During 2019-20 the Workforce Director was the Board's designated whistleblowing lead and Ms L Bryce, was the Non-Executive Champion. From 1<sup>st</sup> February 2020 the Non-Executive champion was appointed by the Cabinet Secretary and this changed to Ms M Caig. The whistleblowing lead also changed to the Medical Director for 2020-21. Operationally two senior managers are designated as Whistleblowing confidential contacts who are available to staff to raise appropriate concerns in a confidential manner. During 2019-20 the organisation received 3 Whistleblowing concerns. These were fully investigated and corrective action identified to address the issues raised. One case was not closed by the year end, due to the proximity of timing with the COVID-19 pandemic outbreak.

To ensure that the Board complies with relevant legislation, regulations, guidance and policies, a process is in place for identifying, reviewing, disseminating and implementing publications. A central register of circulars is maintained by the Board Corporate Business Manager listing reference, date issued, topic, distribution, date distributed within NHS Dumfries and Galloway and action confirmed by the lead director. Circulars are distributed as issued to the responsible Director and others as appropriate. The Director is responsible for ensuring that the required actions are taken and that circulars are disseminated. There is an obligation for Directors to respond to the Board Corporate Business Manager detailing action taken.

Internal policies are created in line with the Board's Policy Development Framework, which ensures that there is a consistent and clear approach to policy development, consultation, approval, dissemination/ communication, access to documents and review, and that NHS Dumfries and Galloway complies with relevant legislation, governance, audit and controls assurance requirements. All policies, strategies or procedures are planned for review every three years as a minimum, or sooner if there is a specific legislative or service requirement or change in guidance, law or practice.

The principles of best value are incorporated within the Board's planning, performance and delivery activities to foster a culture of continuous improvement. Best value is part of everyday business and integral to the Board's decision making in all key areas. The Board's governance committees are integral to the delivery of best value principles and their respective remits have been revised to evidence this responsibility. Directors and managers are encouraged to review, identify and improve the efficient and effective use of resources. I can confirm that arrangements have been made to secure Best Value as set out in the Scottish Public Finance Manual (SPFM) and this is reviewed annually.

## **Risk Management**

NHS Dumfries and Galloway are subject to the requirements of the Scottish Public Finance Manual (SPFM) and must operate a risk management strategy in accordance with relevant guidance issued

by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.

Risk Management is an essential feature of a modern healthcare organisation and although a risk free environment is impossible, much can be done to manage risk by having comprehensive policies and procedures that cover and permeate all areas of Board activities.

NHS Dumfries and Galloway have a risk management strategy in place which forms a key part of the systems of internal control which ensures that staff, patients, visitors, the Boards reputation and finances are protected through the process of risk identification, assessment, control and elimination or reduction.

The aims of the strategy are:

- To minimise risk and, in particular, the risk of harm to patients
- To create a culture of continuous improvement
- To enable a positive approach to risk management
- To develop and promote policies and procedures that support practitioners and managers in risk decisions
- To provide an educational framework that encourages the sharing of knowledge relating to both risk assessment and risk management.

During 2019-20 a short life working group (SLWG) was established to review and re-develop the risk management strategy and framework, this work will continue in 2020-21 and supports the work progressed through the governance blueprint and also the IJB structure and governance work.

The Risk Executive Group continues to provide the direction on risk for NHS Dumfries and Galloway. It reports on a quarterly basis to the Audit and Risk Committee to provide assurance on the effectiveness of the arrangements in place.

Audit and Risk Committee are not yet fully assured that Risk Management is fully embedded with the Board and continue to seek assurance that a robust strategy is in place, enabling systems are in place and working, and that key staff are appropriately trained to manage risk. Audit and Risk Committee also seek to see further advances in the work being taken forward in relation to Risk Appetite. Both strands of work will begin to be addressed in the coming year as part of the work of the SLWG.

Risk arrangements at a tactical level has been strengthened during 2019-20 with the introduction of the Tactical Health, Safety and Risk Group which reports directly to the Risk Executive Group. The work of this group is currently focused on a review of the key performance indicators to ensure they are more measurable and performance based.

Internal audit completed an audit on the Risk Management systems and processes in place within the Board which indicated only limited assurance could be provided. The SLWG will be responsible for developing the improvement plan to progress the issues identified with the Chief Internal Auditor being a key member of this group. This work has been delayed due to the COVID-19 crisis, a revised target date has been set for September 2020.

Corporate Risks continue to be managed through the Risk Executive Group and reported to Audit and Risk Committee, with clinical risk reporting through to Healthcare Governance Committee.

When identifying the risk level to the organisation both the likelihood and severity are scored and combined to produce an overall risk level rating of Low, Medium, High or Very High. Judgements about the acceptability or tolerability of a risk will depend on the context and the potential for the safe management of the risk, it also takes into consideration the present controls in place.

The score for likelihood is based on the likelihood of the event taking place at all or occurring or re-occurring and ranges from rare to its being almost certain. The score for severity is the potential scale and the impact of an event arising from the risk ranging from insignificant to a catastrophic event).

Further information on how the level of risk is assessed and what it means can be found on the Board website (<https://www.nhsdg.co.uk/publications/>).under health board policies section - risk register policy and procedure.

The table below shows the 17 corporate risks that the Board is currently managing along with the current risk level.

No	Risk Title	Risk Description	Current Risk Level
1.	Sustainable Workforce	Failure to recruit and retain essential and sustainable workforce poses a significant risk to service sustainability.	Very High
2.	Finance	Failure of the Board to meet financial target	High
3.	Infrastructure	Infrastructure is inadequate to meet both physical and technological service user needs in future.	High
4.	Health Inequalities	Failure to address inequalities resulting in poorer health outcomes for certain groups or parts of the population.	Medium
5.	Vulnerable Individuals	A person dies or comes to significant harm as a result of failure to protect vulnerable individuals / support families.	High
6.	Redesign	Unable to redesign quickly enough to meet the demands of the service. Services will need to be redesigned to address demographic / workforce / financial realities into 2020s.	High
No	Risk Title	Risk Description	Current Risk Level
7.	Health and Wellbeing of staff	Failure to realise optimal health and wellbeing of staff impacts adversely on service delivery and financial sustainability.	High
8.	Quality of care	Failure to assure and improve quality of care and services.	Medium
9.	Change Capacity	Loss of focus on operational delivery due to other significant change programmes, such as the Integration of Health and Social Care and the Primary Care Transformation Programme.	Medium
10.	Health and Wellbeing of our Population	Failure to take action on prevention and early intervention which impacts on future health and wellbeing of our population in medium to long term.	Medium
11.	Emergency Planning	Emergency Planning – failure to plan for major incidents and disasters. This could lead to harm to patients & staff (as well as reputational damage) through the failure of effective business continuity processes.	High
12.	Information Security	Failure to maintain information security standards leading to loss of reputation and severe financial penalty.	High
13.	Corporate Governance	Board breaches compliance with standards on Corporate Governance including risk of best value not being obtained.	Medium
14.	Strategic Planning	Strategic commissioning fails to identify and adequately plan for the health and care needs of the people of Dumfries and Galloway	Medium
15.	Information sharing with	Potential confusion exists around information sharing due to changes in legislation regarding information sharing across professional	High

	and across Children's Services	groups within Children's Services. This can allow practitioners and children potentially to be at risk due action or omission.	
16.	Organisational culture and development (staff experience)	Failure of the organisation to have a culture, systems and processes in which staff feel safe and confident to speak up and raise concerns and ideas for improvement, resulting in adverse impact on staff and/or patient safety, health, wellbeing and/or relationships and reputation of the Board.	High
17	Impact of Brexit	Exit from EU creates disruption to required availability of staff, goods and services necessary for the provision of safe care.	High

During 2019-20 two corporate risks have increased their risk level and two have been reduced which are detailed below:

The Sustainable Workforce risk continues to be held at Very High during the reporting period. This risk continues to reflect the complex local, regional and national workforce supply and demand equation across our workforce, especially of clinical staff. The Board, Performance Committee and Staff Governance Committee continue to receive regular updates on medical and wider workforce recruitment and retention work being undertaken throughout the year.

The Board have participated in national and regional initiatives, as well as undertaking a wide range of local recruitment and retention initiatives, in order to minimise and mitigate the service and financial impact of supply shortages in key disciplines across the workforce. The Board have tried a wide range of approaches to recruit new clinicians, with some success, however the national and international workforce supply challenges, coupled with the aging demographic of our workforce, has resulted in very limited net positive impact overall to date.

During the year NHS Dumfries and Galloway committed investment into a new Workforce Sustainability Team with a focus on both marketing and recruitment. Through their work the Board are maximising its reach into candidate pools both nationally and internationally who have the skills, experience and motivation for the roles we require. In addition a key role is marketing our Organisation and the region in a proactive way to attract candidates to the roles and lifestyle that we have to offer.

In Autumn 2019 a risk assessment toolkit was developed to support the recording of risks and to allow oversight of the links between the Corporate risks and those that feed into the risk from a tactical and operational level. This was presented to Audit and Risk Committee in November 2019. Whilst this model has been reviewed by the Risk Executive Group it hasn't been adopted Board wide and will be reviewed by the SLWG.

Corporate Risk 3 - Infrastructure risk was the first to be reviewed against this toolkit, which not only identified a number of additional control measures that were in place and future control measures that are being worked through, it also identified a number of hazards that had not been considered in previous reviews of the risk. As a result of the additional hazards around software changes specific to Office 365 and Windows 10 introduction and the changes to information security measures to accommodate the changes it was agreed to escalate this risk from medium to high.

Corporate Risk 11 - Emergency Planning was reviewed throughout the year and reviewed to be a medium risk to the Board as it recognised that the Board had in place a business continuity process to cover any emergency events such as a major incident. Subsequently in February 2020 the risk was reviewed as the COVID-19 Pandemic had been declared and was spreading across the world. At the time of the review reference to the emergence of a novel virus was included as a hazard to the Board. Although there is a Pandemic Flu plan in place, it does not cover the extended period that we believe the pandemic will run for. At this time the risk was escalated from medium to high until further control measures could be identified and put in place. A lessons learned exercise is already underway to ensure we gather learning from this recent experience.

During the year Corporate Risk 4 - Health Inequalities and Corporate Risk 10 - Health and Wellbeing of our Population have been de-escalated. The changes that have been made reflect the current challenges that are being faced by the Public Health Directorate in trying to mitigate each of the risks. The outcome of the change has meant that the risk scoring for each risk has been reduced, subsequently dropping their risk levels from high to medium. The changes that are described above in relation to Health Inequalities and Health and Wellbeing of our Population risks were implemented prior to the COVID-19 pandemic. Both risks are due to be fully reviewed again in line with the Risk Register Policy, however, all current risks associated with public health have been included in a specific COVID-19 related risk register, which is being regularly reviewed through the Command and Control structure.

Work is ongoing through the Tactical, Health, Safety and Risk Group to review all directorate risk registers as they are of differing quality. Risks are scrutinised at the relevant management team as well as being monitored in departmental performance reviews although work has been ongoing in year to both develop these risk registers and improve the quality and relevance of the information held.

In addition relevant sections of the risk register are reviewed periodically by each of standing committee, the corporate risk register is a standing item of the Audit and Risk Committee agenda. Business cases and project plans are also required to have a risk assessment to ensure relevant issues are identified and appropriately managed. Risk registers are held individually for each key development being progressed and are presented routinely to Audit and Risk Committee for scrutiny.

In respect of clinical governance risk we continue to have a strong commitment to clinical effectiveness and quality improvement across the organisation. This is managed through a sound cycle of annual clinical governance reporting arrangements for operational directorates and performance management framework that provides the context to support statistics with a high level of qualitative information.

There are training programmes available to all staff which depending on the area of work includes training on risk assessments, health and safety, hazardous substances, general awareness of safety and display screen equipment risks, moving and handling and violence and aggression.

### **Assessment of corporate governance performance**

In February 2019, Scottish Government issued the Corporate Governance Blueprint to all Boards in Scotland. The Blueprint is a self-assessment tool that Boards were asked to evaluate themselves against and share areas of best practice to try to implement a more consistent governance structure across all Boards.

During the year a survey was issued to all Board members to assess their collective understanding of the governance structure in place and identify any areas of improvement within the assurances they take around governance. A workshop was held to review the findings from the survey to help shape an action plan being developed, which was presented to NHS Board in October 2019.

The intention for 2020-21 is to review the action plan that has been drafted, which will focus on improving individual and collective skills and competencies through training; increasing knowledge and understanding of the business and that of the Board's multi agency partners and the wider community to develop, demonstrate and deliver leadership during these challenging times.

In addition particular reference can be made to the following actions taken during the year to reflect on the effectiveness of systems of governance:

- The terms of reference for Committees including the core function and membership have all been reviewed during the year.
- The IJB held an Annual Review in October 2019 for all of the services delegated to the Health and Social Care Partnership to allow for scrutiny and review of the performance, community engagement and all of the associated activities. The Board fully participated in this public review as a ministerial review for NHS Dumfries and Galloway was not required and this collaborative event was seen as innovative and supported by the Integration Team at Scottish Government.
- A number of workshops were facilitated during the year for Board members including an understanding of the annual accounts and the associated governance review. In addition the

Chair commissioned through NHS Education for Scotland (NES) a Board Development programme for all Directors and Non Executives, with two workshops facilitated during the year and further sessions planned for 2020/21.

- We continued the process of embedding our CORE values (Compassionate, Open, Respectful and Excellent) through corporate induction training, awareness sessions and targeted communication.
- Risk is a standing agenda item on Audit and Risk Committee and continues to be a key focus of the committee receiving assurances on the corporate risk register and local project specific risk registers. During the year the Tactical Health, Safety and Risk Group was established and a Short Life Working Group set up to progress the review of the risk management strategy. This work was temporarily paused due to the COVID-19 crisis but has now recommenced, with a full strategy review due during 2020/21.
- The Strategic Capital Programme Board continues to operate overseeing the delivery of the strategic capital plan as well as acting as a Programme Board for significant projects being taken forward including the Mountainhall Building Project.
- Leadership walk rounds continued to operate before COVID-19 on a monthly basis and had an open invitation to non-executive members to attend.
- Performance against Operational Plan trajectories is subject to external scrutiny through Mid Year Reviews and Annual Accountability Reviews with Scottish Government. Internally, progress is reviewed periodically with each of my Directors and, at least annually, directorate teams present to other Board Directors to ensure effective scrutiny of performance against all aspects of professional standards;
- An assessment of the Boards position in relation to demonstrating best value has been carried out and an action plan will be developed to progress the areas where improvement could be made.
- Quarterly updates are received at Audit and Risk Committee from the Information Assurance Committee to allow members to take assurance that the remit of the committee is being appropriately delivered and any Information Governance issues are being identified and actioned opportunity.
- The Chief Officer of the IJB has undertaken a review of the governance arrangements for the IJB and its relationships and interactions with the NHS Board and Local Authority. This revised structure was subsequently presented to the IJB, Local Authority Full Council and NHS Board in December 2019 for approval and implementation.

Further assurance is taken from the work carried out by Internal Audit. Regular reports are provided to Audit and Risk Committee which gives independent assurances on audit work undertaken. Audit and Risk Committee are responsible for ensuring progress is monitored on remedial action plans from previous Limited Assurance audits. There are currently two Limited Assurance audits from previous years with outstanding actions. Updates continue to be provided to the Audit and Risk Committee on these audits to ensure that they remain part of the agenda until all outstanding actions are closed. Management are asked to report back on the outcome of the audit and to highlight actions taken to address issues raised.

Two audits completed during the current year have been assessed as providing Limited Assurance; Risk Management and HR Systems – eESS.

The Chief Internal Auditor continue to report to Audit and Risk Committee on the length of time taken to close off outstanding audit actions and have noted an improvement in this area over the year.

The Chief Internal Audit have concluded that there were adequate and effective internal controls in place throughout the year and the Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

### **Review of Adequacy and Effectiveness**

As Accountable Officer, I am responsible for reviewing the adequacy and effectiveness of the system of internal control. My review during the year has been informed by:



- Regular review meetings with the executive and senior managers who are responsible for developing, implementing and maintaining internal controls across their areas. Each has provided me with certificates of assurance for the purposes of informing this Governance Statement;
- A review of key performance and risk indicators;
- The minutes and papers presented to the Board which demonstrate that the Board met regularly during 2019-20 to consider its plans and strategic direction, to allocate resources, to review the management of performance and to receive minutes and reports from its Standing Committees;
- Confirmation through the annual statements of the standing governance committees that they have worked effectively in 2019-20. All statements have been prepared by the lead Executive Director and Non Executive Chairperson and submitted to the Board for approval;
- The work of the internal auditors, who submit to the Audit and Risk Committee regular reports which include their independent and objective opinion on the effectiveness of risk management, control and governance processes, together with recommendations for improvement. Internal Audit deliver their work based on an approved risk based plan and are compliant with Public Sector Internal Audit Standards.
- Comments made by the external auditors in their attendance at Audit and Risk Committee, their management letters and other reports;
- A range of topics covered by the Board workshops which develop the knowledge and awareness of both Executive and Non Executive Directors;
- A review of any external inspection report received by the Board. During 2019-20 two were received from Healthcare Improvement Scotland (HIS) which the Board have developed an improvement action plan for.
- A review of Annual Service Audit Reports which are intended to provide assurance around the internal controls frameworks in place for a range of services provided on behalf of NHS Scotland. This includes Payments to Practitioners, IT Services and Finance Ledger Systems. This year both the Payments to Practitioners and IT Services service audits resulted in a qualified opinion. A qualification in a service audit report relates to the design or operating effectiveness of controls in order to meet the stated control objectives rather than indicating that the underlying transactions are necessarily incorrectly processed. An adverse opinion would occur where controls were absent or failed.

## COVID-19

NHS Dumfries and Galloway instigated the major incident command and control structure on the 16<sup>th</sup> March 2020 to deal with the impending emergency and to implement the service changes that were required to be put in place to minimise the spread, impact and mortality of the COVID-19 pandemic on the population of the region.

From this point revised governance arrangements were put in place to stand down all standing governance committees and to move the NHS Board to fortnightly meetings to ensure a robust scrutiny and decision making process continued to operate whilst minimising the impact on the Operational Directorates who were developing and implementing service changes to support the management of the crisis.

Over the weeks that followed changes were implemented in relation to the delivery of the services, specifically the suspension of the majority of elective work.

As highlighted above Corporate Risk 11 - Emergency Planning was escalated to a high risk at this time however the Board recognised that the management of COVID-19 required the development of a separate risk register which is provided below.

No	Risk Description	Target Risk Level	Current Risk Level

1	Increased admissions of patients with COVID-19 outstrip critical care and, or general ward capacity. Occupancy increases beyond the level where safe care can be provided.	Low	Medium
2	Staffing is inadequate to prevent harm and, or avoidable death.	Medium	High
3	Supplies of PPE, other essential equipment, drugs or other consumables are inadequate in context of increased demand.	Medium	High
4	Increase in COVID-19 infections in care homes creating harm and avoidable death. Inability to discharge to care homes causing harm in acute sector.	Medium	High
5	The Shielding Programme fails to protect vulnerable people from harm.	Low	Medium
6	Financial and other governance controls prove inadequate and poor decision making and resource utilisation results.	Low	Medium
7	Recovery planning and execution is sub optimal resulting in delayed reinstatement of comprehensive service model and, or, missed opportunities for strategic modernisation.	Medium	High
8	Patients requiring support and treatment for conditions other than COVID-19 come to harm as a result of focus on the pandemic.	Medium	High
9	Lockdown arrangements create conditions for harm to vulnerable adults and children.	Medium	High

The Covid-19 and Corporate Risk Registers are now in the process of being combined and any changes will be continuously reviewed and developed as the Board moves through the various stages of the pandemic.

### Disclosures

During the previous financial year, no significant control weaknesses or issues have arisen, and no significant failures have arisen in the expected standards for good governance, risk management and control.