

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 OCTOBER 2019

Title:	RISK REPORT QUARTER 2 2019/20
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Berit Reglar, Deputy Foundation Secretary, ext. 14324 Peter Moon, Corporate Risk Lead, ext. 13708

Purpose:	To present an update to the Board of Directors with information and assurance relating to high level (strategic and operational) risks within the Trust.	
Confidentiality Level & Reason:	None	
Strategy Implementation Plan Ref:		
Key Issues Summary:	<p>The controls and assurance for each of the strategic risks have been reviewed with Executive Team Members and this is reflected in the Board Assurance Framework (Appendix A – BAF Q2 2019/20).</p> <p>The Corporate Risk Register Report (red risks from operational areas) is included for approval (Appendix B).</p> <p>The Board Risk Appetite Statement has been reviewed with minor amendments proposed (Appendix C).</p>	
Recommendations:	<p>The Board of Directors is asked:</p> <ol style="list-style-type: none"> 1. To note and approve the updates to the BAF (App A); 2. To approve the Corporate Risk Register Report (App B); 3. To approve the minor amendments to the Board Risk Appetite Statement (App C). 	
Approved by:	David Burbridge	Date: 24 October 2019

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 25 OCTOBER 2019

RISK REPORT QUARTER 2 2019/20

PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

1. Introduction

This report provides information and assurance to the Board of Directors in relation to the management of high level strategic and operational risks within the Trust. Information regarding strategic risk is provided through the Board Assurance Framework (BAF), information regarding operational risk is provided through the Corporate Risk Register report. Both of these documents are reviewed and updated on a quarterly basis with members of the Executive Team.

2. Strategic Risk - Board Assurance Framework

- 2.1 The resource of the Board of Directors is finite, members cannot be present at every meeting to oversee every transaction and therefore the responsibility for carrying out day to day activity falls to the Trust's management.
- 2.2 As a result of this approach the Board of Directors requires regular assurance that the Trust is progressing to achieve its strategic objectives in the expected way with the expected outcomes. This includes threats to achievement (risk), internal controls that have been put in place and actions that are planned.
- 2.3 The sum of assurances received by the Board of Directors constitutes the Board Assurance Framework, the purpose of which is to:
 - Describe the Trust's key strategic risks as identified by members of the Executive Team;
 - Confirm the initial, current and target level for each of these strategic risks;
 - Identify how each risk is being managed (the controls in place);
 - Confirm the type of assurance offered for each control and how it is reported;
 - Identify any further action required to reduce the risk to an acceptable level and when these actions will be complete.
- 2.4 The updated version of the BAF, which has been reviewed with members of the Executive Team, is included at Appendix A to this report.

3. Strategic Risk Register

The strategic risks for the Trust have been agreed by members of the Executive Team as follows (new owners and designations are identified in brackets):

Ref	Risk	Owner	Initial (LxC)	Current (LxC)	Target* (LxC)	Change in ¼
SR3/18	Prolonged and/or substantial failure to meet operational performance targets.	COO	25 (5x5)	20 (5x4)	9 (3x3)	↔
SR4/18	Increasing delays in transfer of care from UHB sites in excess of agreed targets	DoP	25 (5x5)	16 (4x4)	9 (3x3)	↔
SR12/18	Unable to maintain and improve quality and quantity of physical environment to support the required level of service	CTO	25 (5x5)	16 (4x4)	9 (3x3)	↔
SR5/18	Unable to recruit, control and retain adequate staffing to meet the needs of patients	CWIO	20 (5x4)	16 (4x4)	12 (3x4)	↔
SR13/18	Failure to realise the opportunities and benefits of merger	CWIO	20 (5x4)	16 (4x4)	8 (2x4)	↔
SR7/18	Failure of IT systems to support clinical service and business functions	MD	25 (5x5)	12 (3x4)	4 (2x2)	↔
SR2/19	Ability to deliver high quality of care if withdrawal from the EU continues with no agreement in place	DCA	25 (5x5)	12 (4x3)	8 (4x2)	↔
SR1/19	Prolonged and/or substantial failure to deliver standards of nursing care	CN	20 (5x4)	12 (3x4)	6 (3x2)	↔
SR1/18	Financial deficit in excess of planned levels	CFO	20 (5x4)	12 (4x3)	6 (2x3)	↔
SR8/18	Adverse impact of BREXIT on Trust innovation agenda	CIO	16 (4x4)	12 (4x3)	8 (4x2)	↔
SR2/18	Cash flow affects day to day operations of Trust	CFO	15 (5x3)	12 (4x3)	6 (2x3)	↔
SR6/18	Material breach of clinical and other legal standards leading to regulatory action	DCA	16 (4x4)	8 (2x4)	4 (1x4)	↔
SR10/18	Failure of commercial ventures	CWIO DCA CFO	20 (4x5)	6 (2x3)	6 (2x3)	↔

- **Initial Score** – The risk score with no controls (likelihood x consequence).
- **Current Score** – The risk score taking into account the controls that have been applied (likelihood x consequence).
- **Target Score** – The risk score that reflects an acceptable score for the risk (likelihood x consequence).

Indicator	Change in the Current Score of the risk
↔	The Current Score of the risk remains the same as the last quarter
↑	The Current Score of the risk has increased since the last quarter
↓	The Current Score of the risk has decreased since the last quarter

*This is a proposal by the risk owner and will be considered and agreed by the Board of Directors to reflect their risk appetite.

4. Strategic Risk Updates

4.1 Updates on progress in managing each risk are provided by the risk owners as follows:

SR1/18	Financial deficit in excess of planned levels
Owner – CFO	
<p>Update:</p> <p>The Trust delivered the agreed 2018/19 financial plan ((£38.0m deficit) and has a good track record of achieving its agreed financial plans. In recent years, this has partly relied on one-off savings and gains, which mean that the Trust faces further financial challenges in 2019/20, this has been reflected in the increase in the current score.</p> <p>The 2019/20 financial plan was agreed by the Board of Directors in May 2019 following length commissioner negotiations and eventual arbitration. The Trust has been offered up to £36.2m of central funding if it agrees to deliver the £0 breakeven “control total” set by NHSI. The most recent finance report to CEAG and the Board of Directors (April – August 2019) showed the Trust as being (£2.5m) worse than plan at the end of August. This is partly a result of under delivery against the annual CIP savings targets along with continued cost pressures relating to agency and bank staff. The roll out of initiatives to help identify further savings opportunities is continuing. The finance team are working to identify non-recurring gains and benefits to enable the Trust to report it is on plan at September (Q2), thus securing the next quarter of central sustainability funding.</p>	

SR2/18	Cash flow affects day to day operations of Trust
Owner – CFO	
<p>Update:</p> <ul style="list-style-type: none"> • This risk is being managed by a significant number of acute hospital providers on a daily basis. Over £14bn of working capital loans have been issued to providers in recent years. We are not aware of any Trusts being denied cash loans which has resulted in delays to staff pay. • At the end of August, Trust cash balances were reported as £58.0m, which was £6.0m below plan. Cash balances have steadily improved in recent months as the agreed commissioner, education and central funding has been paid to the Trust. • Sales ledger and treasury management teams and processes are aligned. • Cash management measures are discussed in fortnightly cash meetings. Measures are already in place to meet requirements for this as and when required. • The Trust continues to pay suppliers within the required 30 days where invoices are approved. • Failure to achieve the Trusts overall Income and Expenditure plan will result in a reduction in Trust cash balances. • Starting in September 2020, the Trust will potentially need to start repayment of the £31.8m of working capital loans taken out by HEFT in 2017/18. The CFO has started discussions with the relevant parties inc. NHSE&I regarding these loans. 	

SR3/18	Prolonged and/or substantial failure to meet operational performance targets.
Owner - COO	
<p>Update: All Specialties Improvement action plans for all specialties are actively monitored with targeted support in areas of concern.</p> <p>A&E 4 Hour QEHB performance against the four hour standard improved in August 2019 by 1.2pp to 63.2%, with attendances 7.5% higher than August 2018 but 1.8% lower than the previous month. Heartlands performance improved by 0.8pp to 68.9%. Performance across all sites improved, assisted by significantly reduced attendances compared to July 19 and increased number of patients being managed via ambulatory care.</p> <p>Cancer Targets 62 day and 31 day cancer targets deteriorated in July. The 2 week wait suspected cancer improved to 83.1%, slightly below the trajectory of 83.5%. Performance for the 2 week wait for breast symptoms improved by 21.2pp to 38.6% and was above the trajectory for July of 30.1%. The improved performance reflects the on-going efforts to address the breast 2ww backlog. Radiology consultant capacity constraints remain on the service. Capacity continues to be added through the use of agency locums with existing capacity prioritised for the highest risk patients. Daily monitoring is in place to ensure all available capacity is utilised and clinics are also being overbooked to further accommodate the longest waiting patients. Plans are now on track with the expected improvements being realised.</p> <p>RTT 18 Week Incomplete Pathways, 52 Week Waits and Waiting List In July, overall performance for 18 week incomplete pathways deteriorated to 85.2%. Performance was below the trajectory for July of 86.9%. The drop in performance is mainly contributed to by the continuing growth in the backlog for Neurology, Neurosurgery and ENT. The waiting list size grew by 866 in month, with half of the growth in T&O. Further work is being undertaken in T&O, to understand and address the reasons for the growth. Three 52 week breaches were reported, with two of the breaches in General Surgery and one in Neurology. Two of the breaches were due to incorrect outcomes from clinic resulting in the patients being lost to follow-up and one breach was an internal consultant to consultant referral. RCAs of the breaches have been completed.</p> <p>6 Week Diagnostics The Trust performance of 98.6% in July is slightly below the national standard and mainly due to an increase in the number of breaches in Endoscopy. The modality continues to experience demand and capacity pressures across the sites.</p>	

The diagnostic waiting list continues to grow with a 20% increase since December. The growth in diagnostic imaging is likely to translate into significant breach numbers in the coming months, with potential knock on implications for cancer and RTT. Additional capacity is being identified to try and return towards compliance with the standard and ensure patients are scanned within 6 weeks.

SR4/18	Increasing delays in the transfer of care from UHB sites in excess of agreed targets
Owner – DoP	
<p>Update:</p> <p>The availability of additional social care funding via the iBCF and joint working between social care, health commissioners and providers has supported an improvement in social care DTOC performance with the overall DTOC for the Trust in April close to the NHSE target of 5.2%.</p> <p>Work continues on the BSOL STP Early Intervention work stream to deliver longer term sustainable benefits to outcomes for older people who require access to urgent treatment and care. This work involves all system partners and is supported by Newton-Europe. Between January and June 2019 the programme has focused on developing a number of pilot test beds in the South of the city looking at:</p> <ul style="list-style-type: none"> • Development of a more integrated urgent/emergency care service at the QEHB front door including colleagues from BCC and Birmingham Community Healthcare NHS Foundation Trust (BCHC). • The piloting of a new intermediate care bedded facility at the Norman Power Centre. A first phase involving the transfer of Enhanced Assessment Bed (EAB) capacity currently used by UHB and BCHC out of the independent care home sector into the Norman Power Centre occurred in November 18. This facility is owned by BCC. The service is run by UHB and a design team will be established with Newton-Europe and our system partners to design an intermediate care bedded service and pathways. • The development of a home based community team that has been piloted in Edgbaston. This will be primarily led by BCC and BCHC but the design team will incorporate UHB representatives to ensure their experience and knowledge of community based delivery is included. <p>Testing is now close to completion and partners are presently working through plans for rollout across the city commencing towards the end of Q2 2019.</p> <p>In parallel existing specific Birmingham City Council (BCC) DTOC reduction initiatives will continue across the rest of Birmingham and are overseen at a system level by the A&E Delivery Board.</p> <p>Whilst health delays have reduced in recent months they remain a significant and growing proportion of DTOCs. A weekly Systems Working Group has been established to review current processes and the CCG have recently appointed, on an interim basis a new Commissioning Support Unit to reduce delays relating to Continuing healthcare assessment, funding approvals and care home placements. Whilst the new CSU has delivered some benefit further improvements are required and these will be monitored by the working group. The working group is chaired by a UHB representative and this level of focus has already contributed to a reduction in NHS delays. The BSOL CCG is shortly to go out to procurement for a provider to</p>	

manage the Continuing Healthcare process and they are expected to be in place by the end of 2019. The model proposed by the CCG would see CHC assessments wherever possible no longer taking place in either hospital or intermediate care bed settings. A significant number of delays relate to the time taken to complete this process in these settings so it is envisaged that this new approach will deliver a material reduction in health related delays.

Work has also started on reducing delays with inpatient repatriations to other acute and specialist centres i.e. neurosciences, major trauma, stroke et al to support improved flow in and out of UHBs specialist bed base.

This is being led by Division 5 with the aim of reducing current delays experienced closer to the 48 hour rule as outlined by the Inter Hospital Transfer Concordat for acute to acute transfers.

NHSI, CCGs and other specialist providers are being involved as necessary to support revised escalation protocols as well as alternative capacity options over a longer time period.

SR5/18	Unable to recruit, control and retain adequate staffing to meet needs of patients
Owner – CWIO	
<p>Update:</p> <ul style="list-style-type: none"> • A national advert for Trainee Nursing programme has been published to expand the programme. • The Trust staff turnover continues to remain consistent. The EU workforce continues to grow despite Brexit uncertainties. • ‘Time to Hire’ rates are within and better than national standards set. • The overarching Employee Relations Policy was approved by the Board of Directors and is scheduled to be published on 1 October 2019 together with the associated procedures. • A plan is in place and on track to align all other HR policies and procedures. • The 2 First Contact teams are being aligned to ensure a more consistent approach to advice given to staff. • The Trust is waiting for IBM to confirm a date for the technical merger of the existing two ESR systems. Discussions with IBM continue. • A paper will be presented to CEAG in October in relation to the implementation of a single ESR system. • The review of recruitment management systems has been completed. A decision and potential commission of a new system will need to be made. This will need to factor in the compatibility with existing systems. • The implementation of the Action Plan following the KPMG audit relating to Tier 2 Visa’s has been completed. 	

SR6/18	Material breach of clinical and other legal standards leading to regulatory action
Owner - DCA	
<p>Update:</p> <ul style="list-style-type: none"> • The Trust is planning for the next CQC inspection which is anticipated shortly. In readiness for the inspection, a review of previous data requests has been undertaken to prepare areas not previously inspected. • The required improvements from the last CQC inspection are being implemented. • 73% of decision making staff (Band 8d, plus Consultant grades) have made a conflict of interest declaration by end Q2 19/20. The Corporate Compliance team continue to support staff in completing these mandatory returns. • A report following the review carried out by GGI will be presented to the Board of Directors in November 2019. • Legacy contracts are being reviewed. • The Improvement Plan for the Data Security and Protection Toolkit is ongoing. Progress is monitored through Information Governance Group and assurance provided to Audit Committee. 	

SR7/18	Failure of IT systems to support clinical services and business
Owner - MD	
<p>Update:</p> <ul style="list-style-type: none"> • A paper regarding Data Centres was approved at CEAG. A project is now in flight and a Project Manager assigned. • ICT are continuing to support the PAS project board and DHG in the ongoing transformation of services. • Discussions continue regarding the accelerated EPR rollout across Heartlands, Good Hope and Solihull sites. • Informatics ISO9001 accreditation action plan has been agreed. Work has begun on the implementation plan. • The new infrastructure to replacement equipment at Heartlands, Good Hope and Solihull sites has commenced and will be complete by May 2020. • A Table Top exercise to test IT Disaster Recovery Plans was conducted. An Action Plan has been agreed. 	

SR8/18	Adverse impact of BREXIT on Trust's innovation agenda
Owner – CIO	
Update: <ul style="list-style-type: none"> • Access to research drugs is a major concern and logistical solutions for time limited drugs may be especially vulnerable. • Current staffing levels have seen no adverse effect at this time locally. • Regulations for the approval of new drugs and access to them remain unclear, as is the future role of the MHRA. • Potential impact on quality control at borders and the ability to rely on the timely supply of drugs is unknown. • The supply of fluids in areas such as Renal Dialysis is of particular concern. • Funding agreements for research until the end of Horizon 2020 will be honoured in full, the situation beyond this time remains uncertain. • MHRA are in discussions with the European Drugs Authority (EDA) to look into a consistent approach in the event of a no-deal Brexit. 	

SR10/18	Failure of commercial ventures
Owner – CWIO/DCA/CFO	
Update: <ul style="list-style-type: none"> • The rerouting of 2 data cables from the Wolfson Building has been successful. • There are currently some issues with underground cables which had led to temporary problems with on-site car parks. These are currently being resolved. 	

SR12/18	Unable to maintain and improve the quality and quantity of physical environment to support required level of service
Owner – CTO	
Update: <ul style="list-style-type: none"> • ACAD full business case submitted to DoH and NHSI. We are informed that the business case has been approved, we now await formal funding approval. • HGS fire compartment project is aligned with works for WIFI project and is due to be completed in Q1 20/21 • QE Fire survey has been completed. • Planned preventative maintenance survey of QE Estates is being discussed with Archus Consulting. • 6 Facet Survey to be undertaken by external consultants (NIFES Consulting Ltd) in Q4 19/20 	

SR13/18	Failure to realise the opportunities and benefits of merger
Owner – CWIO	
<p>Update:</p> <ul style="list-style-type: none"> • 45 Specialties have currently been identified for merging. • All Specialties now have a single management structure. The new Divisional structure has helped to accelerate the pace of clinical integration. • 40 Specialties have commenced their service integration work with support from the CWIO. • An additional 5 Specialties are also in-train. • New single CSL appointments have been made in 30 Specialties. • 4 Specialties have now been fully integrated. • A further 2 Specialties have project plans handed back to the Divisions. These will be reviewed at 3 and 6 months. 	

SR1/19	Prolonged and/or substantial failure to deliver standards of nursing care
Owner – CN	
<p>Update:</p> <p><u>Governance Structures and Reporting</u></p> <p>A monthly Clinical Dashboard Indicator review group chaired by the Deputy Chief Nurse and Director of Quality Development has now been established.</p> <p>The size of the datasets included in the Nursing metric on the BHH, GHH and SHH sites have been increased to improve oversight and assurance.</p> <p><u>Infection Prevention</u></p> <p>There has been 1 case of MRSA Bacteraemia at Heartlands Hospital. Action focuses on MRSA acquisitions in high risk areas, compliance with universal precautions, environmental risks, and the management of surgical site infection.</p> <p>24 Trust apportioned cases of Clostridium difficile Infection (CDI); this continues to be over trajectory. The reduction plan has now been signed off at Infection Prevention and Control (IPC) Steering Group and is being implementation.</p> <p>A recent NHSI inspection at Heartlands, Good Hope and Solihull sites identified issues with IPC policy, IPC standards, practice and environmental cleanliness. Changes are being made to leadership; engagement with staff, training and audit, a follow up inspection in December is planned. Currently the areas have been given a red RAG rating.</p> <p><u>Falls</u></p> <p>Prioritising development of Falls reduction plans with Clinical Leads in wards/departments that are experiencing falls. The actions plans are focused and appropriate to patient demographics and environment. The Falls admission risk assessment was updated the 1st July outlining that a falls risk assessment must be performed on all inpatients across the Trust. The falls procedure has been updated</p>	

and is now out for wider review before going for sign off. It is scheduled to be presented at the Operational Quality Assurance Meeting on 1st October 2019 for final approval.

Tissue Viability

Trust wide risk assessment tool has been aligned; a new skin inspection tool is under construction for PICS. Paper documents will be aligned to reflect PICS changes. The repositioning tool is being revised on PICs which will influence the paper based version in the interim.

Workshops aimed at ward managers and matrons have been completed on all sites to update on the NHSi consensus changes and to educate on the new concise RCA document which must be completed and uploaded to Datix for all category 2 Trust acquired pressure ulcers.

Safeguarding

A new Safeguarding Strategy was presented and accepted at Safeguarding Board.

A revised Domestic Abuse Procedure has been approved and released.

A cross site audit to identify and understand the variation in DOLS submission rates has been completed and presented at Safeguarding Board in September.

New Liberty Protection Standards are under development.

Nutrition and Hydration

New guidelines for the insertion of NG tubes have been developed and agreed at CQMG and are due to be implemented by November 2019. A review of all Nutrition and Hydration standards is underway and a new hydration assessment tool will be launched in October.

In response to a Coroner's Regulation 28 Report; a task and finish group (which will report into the Nutrition and Hydration steering group) has been established to review Nil by Mouth and Dysphasia procedures and develop an education framework.

End of Life Care

A new End of Life Care Strategy has been developed in accordance with national and local standards. The Strategy is undergoing consultation and is due to be published in Q3 2019.

Patient Experience

A revised complaints procedure has been implemented across the Trust. The new procedure will support the timely response to concerns raised by patients and their families.

Learning Disability

A new Learning Disability Strategy has been developed and presented to the Executive Team for their review and approval. The strategy is supported by an operational plan to ensure implementation at local levels. A bespoke Nursing Associate Learning Disability Program has also been started.

Workforce

Commencement of Nursing Associate Training Programme.

All 2nd year nurses have now been offered a UHB position which supports the placements for the 3rd year of their training.

An electronic staffing tool has been implemented on the Heartlands, Goodhope and Solihull sites to provide real time data on daily staffing levels.

A new Future Leaders program for nurses has been rolled out to support any UHB staff nurses who want to take the next steps in their career and develop their skills, knowledge and behaviours.

SR2/19	Ability to deliver high quality of care if withdrawal from the EU continues with no agreement in place
Owner – DCA	
Update: <ul style="list-style-type: none">• Pending a BREXIT decision, all actions are ongoing.• The timing of a no-deal situation may be exacerbated by winter pressures.• As per national guidance published in December 2018 and in readiness for both the initial March 2019 exit date and the October 2019 exit date, the Trust has put in place a short life working group to look at the risks and contingency plans required in the event of a no deal exit from the EQ. This group is chaired by the Trust Accountable Emergency Officer.• Seven key areas were initially identified within the national guidance and senior leads within these areas have led on their relevant impact risk assessments and plans. The seven key areas are:<ul style="list-style-type: none">○ Supply of medicines and vaccines○ Supply of medical devices and clinical consumables○ Supply of non-clinical consumables, goods and services○ Workforce○ Reciprocal healthcare○ Research and clinical trials○ Data sharing, processing and access.• Estates and Facilities have now also been added as a key area.• The Trust is working in close liaison with NHSE, CCGs and Health Resilience Partnerships to share information raise risks and understand the wider local impacts of a no deal exit.	

5. Corporate Risk Register Report

- 5.1 The Corporate Risk Register contains all approved risks with a Current Score of 15 and above that have been identified in the operational (both clinical and non-clinical) areas of the Trust. The Board of Directors requires assurance that these risks are being managed according to their expectations. Assurance regarding the management of risks on the Corporate Risk Register is provided to the Board of Directors by a member of the Executive Team.
- 5.2 Assurance is provided according to the following:
- the number of red risks held by each member of the Executive Team.
 - the Current Score of each risk on the Corporate Risk Register according to the likelihood and consequence.
 - details of each risk held (Initial, Current and Target Score and months open as red) and assurance as to whether the risk is on track or not.
 - an explanation is provided for each red risk that is off track.
- 5.3 The report (Appendix B) shows that there are currently 13 open red risks, 3 of which are reported as “off track”.
- 5.4 Assurance regarding risks reported from the clinical specialties and divisions is provided by the Chief Operating Officer. In line with the Trust’s Risk Management Policy and Procedure, the governance facilitation teams have been working with all clinical areas to support the management of risk across the Trust and ensure practice in the new operational structures is aligned to the policy standards.
- 5.5 The governance facilitation teams are now supporting and advising the nominated risk leads to review all risks identified at specialty and divisional level, to ensure appropriate scrutiny is applied and assurance can be provided in the future.

6. Board of Director’s Risk Appetite Statement

- 6.1 The Board of Director’s Risk Appetite Statement makes clear the Board of Directors’ expectations in relation to the category of risks they expect the Trust’s management to identify and the level of such risk that is acceptable.
- 6.2 The Risk Appetite Statement should be reviewed on an annual basis and to facilitate this it has been included in discussion with members of the Executive Team as a part of their quarterly risk review meetings.
- 6.3 Appendix C to this report shows the suggested minor amendments to the Risk Appetite Statement via *Tracked Changes*.

7. Recommendations

The Board of Directors is asked:

- To note and approve the updates to the BAF (Appendix A);
- To review and approve the Corporate Risk Register Report (Appendix B);
and
- To review and approve the amended Board Risk Appetite Statement 2019
(appendix C).

David Burbridge
Director of Corporate Affairs
15 October 2019