



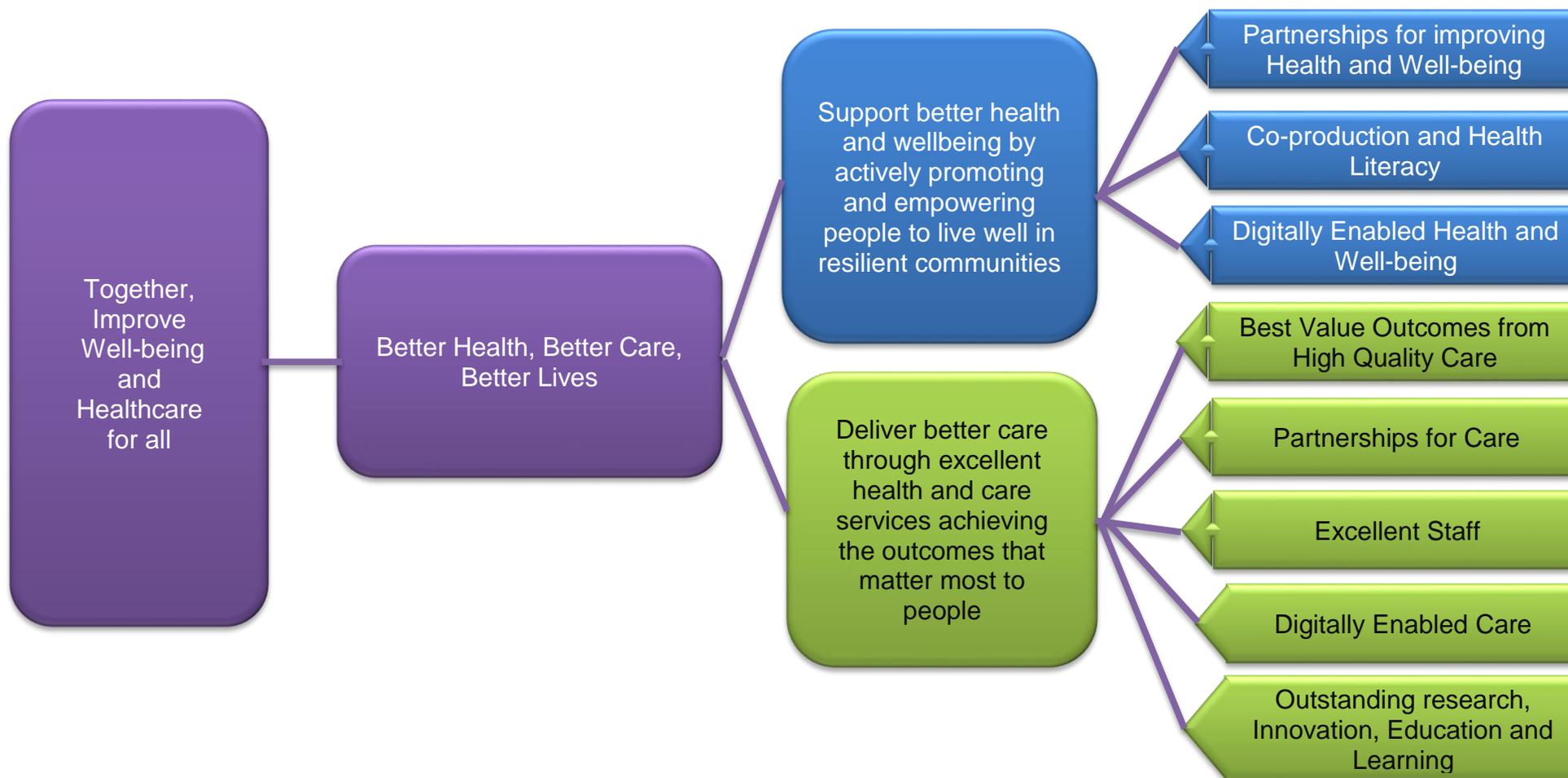
Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# COVID-19 RISK REGISTER GOLD COMMAND OCTOBER 2020



## Aligning Risk with Swansea Bay University Health Board (SBUHB) Strategy

The Swansea Bay University Health Board (SBUHB) strategy is outlined in the figure below and all risks identified for inclusion on the Health Board Risk Register are mapped to our enabling objectives.



**COVID-19 RISK REGISTER  
DASHBOARD OF ASSESSED RISKS – GOLD COMMAND**

<b>Impact/Consequences</b>	5					
	4				R_COV_008: Capacity R_COV_012: Partnership Working	R_COV_005: Care Homes R_COV_010: Delivery of Essential Care R_COV_015: Mass Vaccination
	3				R_COV_016: Bed Spacing	R_COV_001: Shortage of Critical Care drugs R_COV_002: Shortage of Palliative Care drugs R_COV_003: Inadequate supply of PPE R_COV_009: Workforce – Field Hospitals R_COV_013: Test, Trace and Protect R_COV_014: Keyworker Support from Schools - CLOSED
	2					R_COV_004: Workforce Shortages – Self Isolation R_COV_006: Equipment Shortages - CLOSED R_COV_007: Oxygen Provision - CLOSED R_COV_011: BAME Workforce Risks
	1					
<b>C X L</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
				<b>Likelihood</b>		

## COVID 19 Risk Register Dashboard

Risk Reference	Datix ID	Description of risk identified	Initial Score	Current Score	Trend	Controls	Last Reviewed	Scrutiny Committee
R_COV_001	2367	<b>Shortage of critical care drugs</b> Global shortages which is affecting the UK of a number of drugs/ fluids to manage patients cared for in critical care areas could restrict number of people able to be supported in critical care unit and restrict capacity to enact full COVID critical care response plan	25	15	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_002	2368	<b>Shortage of Palliative Care Drugs</b> National shortage of palliative care drugs and access to syringe drivers which could impact on ability to provide timely care for patients at home or in hospital; causing pain for patients and distress for patients and their families. Inability to access drugs for patients at home could impact on hospital sector if these patients subsequently require hospital admission. Distress for patients in families in not being able to die in their place of choice.	25	15	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_003	2378	<b>Inadequate Supply of PPE</b> Inadequate supply of PPE could place staff at risk of harm and an increase in the number of staff infected will increase absence rates, resulting in difficulties in staffing core capacity.	25	15	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_004	2369	<b>Workforce Shortages</b> Number of staff who are absent from work through self-isolation or family illness will impact on ability to deliver safe care for patients; and will impact on ability to keep capacity open and to staff surge and super surge capacity	25	10	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_005	2370	<b>Care Homes</b> Potential failure in local care home sector to manage staff absences could result in emergency closure of care home which will place undue pressure and therefore on community health and social services to support and/or lead to an increase in patient admission to hospital. Risk of patient harm if care homes are not adequately covered.	25	20	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_006	2371	<b>Equipment Shortages</b> (Currently closed) Inability to secure adequate supply of equipment to support phases of capacity plan which may restrict ability of Board to respond to peaks in pandemic if not mitigated. This includes availability of ventilators, CPAP, suppliers, syringe drivers	25	10	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_007	2372	<b>Oxygen Provision</b> (Currently closed) Capacity constraints on oxygen provision at Morriston will limit number of ventilator, CPAP and high flow oxygen beds. Lack of ability to secure direct suppliers via BOC will hamper plans for oxygen provision within field hospital	25	10	↓	↑	22.10.2020	Gold Command COVID-19

R_COV_008	2373	<b>Capacity</b> Capacity requirements against national modelling mean that the HB capacity may be either insufficient to cope with demand, resulting in an inability to care for patients as well as an increased risk of excess death. Alternatively, if demand is lower than predicted by the modelling we could develop capacity where it not needed resulting in avoidable expenditure.	25	16	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_009	2374	<b>Workforce</b> Inability to recruit sufficient workforce to fulfil requirements for super surge capacity in field hospitals leading which leads to impact on ability to provide additional capacity and therefore impact on delivery of patient care.	25	15	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_010	2375	<b>Delivery of Essential Care</b> Following the guidance to step down routine activity issued by Welsh Government and the pandemic Health and Social Care Response Plan. There is a risk that the HB's normal business will not be given sufficient focus and that this could lead to a negative impact on patient outcomes and experience , and cause delays to patient treatment resulting in harm	20	20	→	→	22.10.2020	Gold Command COVID-19
R_COV_011	2376	<b><u>BAME Workforce Risks (Closed 22.10.20)</u></b> There is growing evidence that COVID-19 is having a disproportionate impact on individuals from BAME backgrounds. The evidence continues to evolve but the UK Intensive Care National Audit and Research Centre findings on critical care published on 24th April 2020 and the data on BAME deaths published in the Health Service Journal on 22nd April provided sufficient evidence to indicate that individuals from BAME backgrounds may be at disproportionate risk from poorer outcomes from COVID-19.	25	10	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_012	2377	<b>Partnership Working</b> There are growing tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the workforce and hamper an effective response to COVID-19.	20	15	↓	↑	22.10.2020	Gold Command COVID-19
R_COV_013	2388	<b>Test, Trace and Protect</b> Clarity over testing cell responsibility from a HB point of view and how this fits with the multi-agency TTP plan. Need to establish clear position on retesting. Staffing for expansion of Testing & establishment of Trace & Protect being identified from LAs and HB. Identifying sufficient trained / experienced staff for "clinical roles" in local and regional teams is being sourced from shielded staff. As core services are reintroduced there will be the need to recruit additional staff, which may be external and so incur costs. To date no funding from WG has been confirmed for this. Lack of availability of a digital platform from go live date for TTP of 1st June will limit capacity for Trace & Protect activities.	20	15	↓	↑	22.10.2020	Gold Command COVID-19

R_COV_014	2456	<b>Key worker support from schools</b> (Currently closed) Both Swansea and NT Local Authorities have indicated they do not have plans to provide key worker support over the 6 week summer break. As some staff may not be able to access the support they would have normally have relied upon during this period due to Covid restriction, these staff may have no options but to remain at home to care for their children. Existing policy during the pandemic was that we did support staff in these circumstances by providing basic pay only.	15	15	→	→	22.10.2020	Gold Command COVID-19
R_COV_015	2457	<b>Mass Vaccination</b> The Health Board will need to plan a mass vaccination programme for COVID-19 vaccine alongside management of the annual influenza programme. This will present a number of challenges, including workforce availability, logistics and supply, parallel delivery with the influenza programme and the constraints around co-administration, as well as administrative and information management considerations. Further detail is expected from WG shortly.	20	20	→	→	22.10.2020	Gold Command COVID-19
R_COV_016	2491	<b>Bed Spacing</b> Guidance was issued by WG in July setting out minimum requirements in respect of bed spacing between hospital beds. As a result of a detailed risk assessment carried out at Board level, the Board will not be able to fully comply with this guidance in respect of a minimum 3.6m mid to mid bed, and 3.7m between from bed head to middle of space across to opposite bed.	16	12	→	↑	22.10.2020	Gold Command COVID-19

- Please note that some risks are deemed closed but may re-open if 2<sup>nd</sup> or 3<sup>rd</sup> wave occurs.

<b>Datix ID Number:</b> 2367	<b>R_COV_Strategic_001</b>								
<b>Risk: Shortage of critical care drugs</b> Global shortages which is affecting the UK of a number of drugs/ fluids to manage patients cared for in critical care areas could restrict number of people able to be supported in critical care unit and restrict capacity to enact full COVID critical care response plan. Drugs used to manage the critical care of these patients are required in much higher doses than standard care.	<b>Director Lead:</b> Richard Evans, Medical Director <b>Assuring Committee:</b> Gold Command COVID-19								
	<b>Date last reviewed:</b> 22 October 2020								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>Monitoring mechanism in place for critical care drugs.</li> <li>Lack of hemofiltration fluids across the UK escalated to ECCW on 18/04/20.</li> <li>Assessment of further local contingency plan to be undertaken week beg 20th April 20</li> </ul>	<b>Action</b>		<b>Lead</b>						
	<i>Escalate to WG via critical care network to seek mutual aid in event of drug shortages; ongoing liaison with WG and suppliers.</i>	<i>Clinical Director Pharmacy</i>	<b>Deadline</b> <i>Weekly ongoing</i>						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<p style="text-align: center;"><b>Current Risk Rating</b> 5 x 3 = 15</p> <table border="1" data-bbox="107 740 365 866"> <tr> <td><b>Initial Risk</b></td> <td>25</td> </tr> <tr> <td><b>Current</b></td> <td>15</td> </tr> <tr> <td><b>Target</b></td> <td>10</td> </tr> </table>	<b>Initial Risk</b>	25	<b>Current</b>	15	<b>Target</b>	10	<p style="text-align: center;"><b>Additional Comments</b></p> Monitoring mechanism in place for critical care drugs. Access to priority medicines dashboard with a formalised mutual aid agreements between HBs supported by Health Courier Wales. Situation improving due to UK government working to create new supply routes alongside ongoing work to reduce waste, increase production of ready to administer medicines and the availability of unlicensed medicines. Anxiety remains about the potential of further peaks alongside the recommencing of routine care. National guidance on the essential role of medicines in recommencing routine care is expected and will reiterate the importance of organisations ensuring that any procedure which requires an anaesthetic, sedative, analgesic or neuromuscular blocker has assessed that the Medicines are available and can be replenished, if not that there are readily available substitutes and that stocks are sufficient to manage any emergency requirement for these drugs such as in the case of Covid 19. SBU pharmacy team have a four day buffer stock which will be kept to manage any emergency situation. There are ongoing discussions between DOH and pharmaceutical manufacturers to develop a 6 week buffer stock for the UK in anticipation of no deal Brexit, thus risk remains Amber currently. Discussion at Gold 28.08.20: No alteration to post-MA risk score required currently. National procurement exercise ongoing to stockpile supplies. Deadline for completion was 10.08.20. Consider revision of score once assessment is available to consider. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently. 16.10.20 - Remdesivir availability: manufacturer have signed a joint procurement agreement with EU to ensure improved availability for at least the next six months. The		
<b>Initial Risk</b>	25								
<b>Current</b>	15								
<b>Target</b>	10								

manufacturer has indicated that they expect to be in a position to meet global demand by the end of Oct 2020. The position of UK and the JPA with EU will also be monitored in the event that there is an impact resulting from Brexit arrangements in 2021. There are ongoing discussions between DOH and pharmaceutical manufacturers to develop a 6 week buffer stock for the UK in anticipation of no deal Brexit, thus risk remains Amber currently.

<b>Datix ID Number:</b> 2368	<b>R_COV_Strategic_002</b>								
<p><b>Risk: Shortage of Palliative Care Drugs</b> National shortage of palliative care drugs and access to syringe drivers which could impact on ability to provide timely care for patients at home or in hospital; causing pain for patients and distress for patients and their families. Inability to access drugs for patients at home could impact on hospital sector if these patients subsequently require hospital admission. Distress for patients in families in not being able to die in their place of choice. The standard process of the just in case needs to be managed via a just in time approach.</p>	<p><b>Director Lead:</b> Richard Evans, Medical Director <b>Assuring Committee:</b> Gold Command COVID-19</p>								
	<p><b>Date last reviewed:</b> 22 October 2020</p>								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>Local distribution plan now refined to be able to supply drugs at home quickly as required whilst preserving central stock.</li> <li>The Health Board has adopted Welsh Government guidance on the potential for re-using critical supplies in nursing homes and will follow the all Wales Standard Operating Procedure in adopting this flexibility and will put in place a review and audit mechanism</li> </ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Ongoing liaison with suppliers and WG to identify further supplies.	Clinical Director Pharmacy	Weekly ongoing						
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b> The need to deliver sustained service.</p>								
<p><b>Current Risk Rating</b> 5 x 3 = 15</p> <table border="1" data-bbox="107 975 365 1102"> <tr> <td><b>Initial Risk</b></td> <td>25</td> </tr> <tr> <td><b>Current</b></td> <td>15</td> </tr> <tr> <td><b>Target</b></td> <td>10</td> </tr> </table>	<b>Initial Risk</b>	25	<b>Current</b>	15	<b>Target</b>	10	<p style="text-align: center;"><b>Additional Comments</b></p> <p>Increased agility to supply limited stocks through the following access routes 1st line - Community Pharmacies (including those holding additional palliative medicines stocks) • 2nd line – The Palliative Hub at Morriston Hospital Pharmacy Department • 3rd line – The national COVID-19 end of life medicine service (available 24/7) • 4th Line – repurposing of medication at the care home in accordance with the attached SOP</p> <p>Potential no deal Brexit – DOH discussion with suppliers for 6 week buffer. Brexit risk being discussed in EPRR group. Discussion at Gold 28.08.20: No alteration to post-MA risk score required currently. National procurement exercise ongoing to stockpile supplies. Deadline for completion was 10.08.20. Consider revision of score once assessment is available to consider. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently.</p>		
<b>Initial Risk</b>	25								
<b>Current</b>	15								
<b>Target</b>	10								

<b>Datix ID Number:</b> 2378	<b>R_COV_Strategic_003</b>								
<b>Risk: Inadequate Supply of PPE</b> Inadequate supply of PPE could place staff at risk of harm and an increase in the number of staff infected will increase absence rates, resulting in difficulties in staffing core capacity.	<b>Director Lead:</b> Christine Williams, Interim Director of Nursing <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 October 2020								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>Alternative decontamination options being worked through for some items to enable re-use. Military assistance in place in Morriston from 20/04/20 to support improvement in logistics operation</li> </ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Strengthened central distribution of PPE in place with electronic feed of supply requirements from individual units. Stock levels monitoring via dashboard. Pursue of local supply options underway for PPE with large supply anticipated in 01/05/20 and further quantities on order.	Director of Nursing	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	The need to deliver sustained service.								
<b>Current Risk Rating</b> 5 x 3 = 15	<b>Additional Comments</b>								
<table border="1"> <tr> <td><b>Initial Risk</b></td> <td>25</td> </tr> <tr> <td><b>Current</b></td> <td>15</td> </tr> <tr> <td><b>Target</b></td> <td>10</td> </tr> </table>	<b>Initial Risk</b>	25	<b>Current</b>	15	<b>Target</b>	10	<p>Alternative decontamination options being worked through for some items to enable re-use. Military assistance in place in Morriston from 20/04/20 to support improvement in logistics operation. 12.05.20 - Supplies have increased with regular reporting from units of a minimum of 24hrs in unit stores, most PPE items 48hrs plus, with a further 48hrs held in HQ central store. Confirmation of current and new suppliers providing steady supply of PPE to the Health Board.</p> <p>Discussion at Gold 28.08.20: No alteration to post-MA risk score required currently. Issues ongoing re 9332+ and 8833 masks given that the flight containing supplies didn't arrive on 09.08.20, as expected. All-Wales PPE Executive meeting to be held next week. Hoods and alternative masks on order. Reconsideration of score to occur next week.</p> <p>Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently.</p>		
<b>Initial Risk</b>	25								
<b>Current</b>	15								
<b>Target</b>	10								

<b>Datix ID Number:</b> 2369	<b>R_COV_Strategic_004</b>								
<b>Risk: Workforce Shortages</b> Number of staff who are absent from work through self-isolation or family illness will impact on ability to deliver safe care for patients; and will impact on ability to keep capacity open and to staff surge and super surge capacity	<b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce <b>Assuring Committee:</b> Gold Command COVID-19								
	<b>Date last reviewed:</b> 22 October 2020								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>Operational deployment group now operational to balance staff workforce across current capacity.</li> <li>Field hospital staffing model identified; and will be triggered on basis of move to super surge with deployment in line with agreed minimum staffing requirements</li> </ul>	<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Workforce silver is leading a recruitment drive to secure additional workforce; robust occupational health service in place to identify and test staff quickly and get them back to work;</td> <td>Director of Workforce</td> <td>Weekly ongoing</td> </tr> </tbody> </table>	Action	Lead	Deadline	Workforce silver is leading a recruitment drive to secure additional workforce; robust occupational health service in place to identify and test staff quickly and get them back to work;	Director of Workforce	Weekly ongoing		
Action	Lead	Deadline							
Workforce silver is leading a recruitment drive to secure additional workforce; robust occupational health service in place to identify and test staff quickly and get them back to work;	Director of Workforce	Weekly ongoing							
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	The need to deliver sustained service.								
<p style="text-align: center;"><b>Current Risk Rating</b> 5 x 2 = 10</p> <table border="1"> <tr> <td><b>Initial Risk</b></td> <td>25</td> </tr> <tr> <td><b>Current</b></td> <td>10</td> </tr> <tr> <td><b>Target</b></td> <td>8</td> </tr> </table>	<b>Initial Risk</b>	25	<b>Current</b>	10	<b>Target</b>	8	<p style="text-align: center;"><b>Additional Comments</b></p> <p>Staff absent for covid reasons self-isolation/shielding or symptomatic continues to reduce to less than a third of the peak levels. Workforce continue to review shielding staff with a view to possible use in priority work that can be undertaken at home. Announcement on paused shielding and changes wb 16th August likely to see some shielding staff able to return in some capacity.</p> <p>Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Watching brief in place due to issues beginning to surface.</p> <p>Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently. Watching brief in place due to increase in numbers over last 10 days. 40 asymptomatic and 47 symptomatic staff, included. Units seeing rise in staff self-isolating with children who are sent home from school ill. This is not currently causing operational issues.</p> <p>22.10.20 - Symptomatic absence has increased to levels last seen in June 2020. Asymptomatic absence is fluctuating as there has been significant success in reviewing shielding staff and bringing them back into some role. This is balanced by an increase in asymptomatic absence due to self isolation.</p>		
<b>Initial Risk</b>	25								
<b>Current</b>	10								
<b>Target</b>	8								

<b>Datix ID Number:</b> 2370	<b>R_COV_Strategic_005</b>								
<b>Risk: Care Homes</b> Potential failure in local care home sector to manage staff absences could result in emergency closure of care home which will place undue pressure and therefore on community health and social services to support and/or lead to an increase in patient admission to hospital. Risk of patient harm if care homes are not adequately covered.	<b>Director Lead:</b> Hilary Dover, Director of Primary and Community Services <b>Assuring Committee:</b> Gold Command COVID-19								
	<b>Date last reviewed:</b> 22 October 2020								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>• HB has provided temporary support to one care home and working closely with social services. Emergency care home procedure in place enacted via CSSIW.</li> <li>• Escalated to WG on 16/04/20 with strong view from WG that HB should not step in unless in extremis.</li> <li>• Patients in vulnerable care homes being assessed and actions put in place on individual clinical basis to admit if required.</li> </ul> <p>Since April 2020 the Unit has:</p> <ul style="list-style-type: none"> <li>• Increased our monitoring of care homes;</li> <li>• Established weekly reporting of care homes;</li> <li>• Manage our hotspots with our partners;</li> <li>• Testing of residents and staff has been completed and pathways to testing remain in place.</li> <li>• When needed we have stepped in and physically supported the homes.</li> <li>• The risk is being mitigated and has reduced from 25 to 20.</li> </ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> <li>• Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<b>Current Risk Rating</b> <b>5 x 4 = 20</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: red; color: white;"><b>Initial Risk</b></td> <td style="background-color: red; color: white;">25</td> </tr> <tr> <td style="background-color: red; color: white;"><b>Current</b></td> <td style="background-color: red; color: white;">20</td> </tr> <tr> <td style="background-color: red; color: white;"><b>Target</b></td> <td style="background-color: red; color: white;">15</td> </tr> </table>	<b>Initial Risk</b>	25	<b>Current</b>	20	<b>Target</b>	15	<b>Additional Comments</b> The risk is being mitigated by close monitoring of care home capacity and issues reviewed at the Externally Commissioned Care Group which reports weekly to Community Silver. Also, enhanced multi agency support has been put in to most vulnerable homes to provide short term support which has enabled the risk score to be reduced from 25 to 20. Discussion at Gold 04.09.20: No alteration to post-MA risk score required currently. General risk in sector re capacity. Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Increasing concern re cases in sector, however, which are to be monitored closely. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently.		
<b>Initial Risk</b>	25								
<b>Current</b>	20								
<b>Target</b>	15								

Datix ID Number: 2371	<b>R_COV_Strategic_006</b>								
<b>Risk: Equipment Shortages</b> Inability to secure adequate supply of equipment to support phases of capacity plan which may restrict ability of Board to respond to peaks in pandemic if not mitigated. This includes availability of ventilators, CPAP, suppliers, syringe drivers	<b>Director Lead:</b> Darren Griffiths, Interim Director of Finance <b>Assuring Committee:</b> Gold Command COVID-19								
	<b>Date last reviewed:</b> 22 October 2020								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>Detailed equipment schedule prepared.</li> </ul> <div style="font-size: 2em; color: red; font-weight: bold; margin-top: 20px;">CLOSED</div>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Infrastructure Silver reviewing equipment provision to ensure that all requests are being pursued via national and local supply chains. For update on 23/04/20	Head of Capital Finance	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<div style="text-align: center;"> <b>Current Risk Rating</b>  <math>5 \times 2 = 10</math> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="background-color: #FFD700;"><b>Initial Risk</b></td> <td style="background-color: #FFD700;">25</td> </tr> <tr> <td style="background-color: #FFD700;"><b>Current</b></td> <td style="background-color: #FFD700;">10</td> </tr> <tr> <td style="background-color: #FFD700;"><b>Target</b></td> <td style="background-color: #FFD700;">5</td> </tr> </table>	<b>Initial Risk</b>	25	<b>Current</b>	10	<b>Target</b>	5	<div style="text-align: center;"><b>Additional Comments</b></div> <p>Ventilators to come through critical care network - all other items either ordered or in place.</p> <p>Llandarcy and Bay (phases 1, 2 and 3A equipped) - hold on equipping final phase to assess demand,</p> <p>Risk likelihood reduced to reflect progress made.</p> <p>Update 27.07.20 - based on revised modelling figures from WG (24.06.20) the equipping group has now covered all capacity requirements. This risk to be closed and re-opened if modelling requirements change adversely from current plans.</p>		
<b>Initial Risk</b>	25								
<b>Current</b>	10								
<b>Target</b>	5								

<b>Datix ID Number:</b> 2372	<b>R_COV_Strategic_007</b>								
<b>Risk: Oxygen Provision</b> Capacity constraints on oxygen provision at Morriston will limit number of ventilator, CPAP and high flow oxygen beds. Lack of ability to secure direct suppliers via BOC will hamper plans for oxygen provision within field hospital	<b>Director Lead:</b> Darren Griffiths, Director of Finance								
	<b>Assuring Committee:</b> Gold Command COVID-19								
	<b>Date last reviewed:</b> 22 October 2020								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>Detailed risk assessment completed and mitigating actions in place to balance the oxygen usage across Morriston across the 2 VIE systems.</li> <li>Alternative source of supply being sourced to provide oxygen at field hospital.</li> </ul> <p style="text-align: center; color: red; font-size: 24px;"><b>CLOSED</b></p>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Further request submitted to WG to support prioritisation of Morriston for upgrade in flow rates at one VIE at Morriston to boost oxygen flow rate.	Head of Capital Finance	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	The need to deliver sustained service.								
<b>Current Risk Rating</b> 5 x 2 = 10	<b>Additional Comments</b>								
<table border="1" style="width: 100%;"> <tr> <td><b>Initial Risk</b></td> <td style="text-align: center;">25</td> </tr> <tr> <td><b>Current</b></td> <td style="text-align: center;">10</td> </tr> <tr> <td><b>Target</b></td> <td style="text-align: center;">3</td> </tr> </table>	<b>Initial Risk</b>	25	<b>Current</b>	10	<b>Target</b>	3	BOC solution agreed for Llandarcy - risk reduced to reflect this. Risk will reduce further when in situ. 19.06.20: Concrete base complete for Oxygen facility at Llandarcy, building under construction. BOC due to attend site end of week commencing 22nd June and MES piping to complete installation week commencing 29th June. Recently closed but being monitored in relation to provision at Bay Hospital.		
<b>Initial Risk</b>	25								
<b>Current</b>	10								
<b>Target</b>	3								

<b>Datix ID Number:</b> 2373	<b>R_COV_Strategic_008</b>								
<b>Risk: Capacity</b> Capacity requirements against national modelling mean that the HB capacity may be either insufficient to cope with demand of 2nd surge, resulting in an inability to care for patients as well as an increased risk of excess death.	<b>Director Lead:</b> Chris White, Chief Operating Officer <b>Assuring Committee:</b> Gold Command COVID-19								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Date last reviewed:</b> 22 October 2020								
<ul style="list-style-type: none"> <li></li> </ul>	<b>Mitigating actions (What more should we do?)</b>								
	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Create flexible capacity plans that can be stepped up or down depending on demand and in line with other factors such as workforce, or medicines constraints	Chief Operating Officer	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	The need to deliver sustained service.								
<p style="text-align: center;"><b>Current Risk Rating</b> 4 x 4 = 16</p> <table border="1" data-bbox="107 874 365 1002"> <tr> <td><b>Initial Risk</b></td> <td>25</td> </tr> <tr> <td><b>Current</b></td> <td>16</td> </tr> <tr> <td><b>Target</b></td> <td>8</td> </tr> </table>	<b>Initial Risk</b>	25	<b>Current</b>	16	<b>Target</b>	8	<p style="text-align: center;"><b>Additional Comments</b></p> <p>Reduce to 16 due to localised planning and modelling. 31.07.20: Localised planning and modelling in place allowing sufficient mitigation for the reduction of the risk score. Discussion at Gold 21.08.20: No alteration to post-MA risk score required currently. Ongoing updates to modelling work provide reassurance. Discussion at Gold 04.09.20: No alteration to post-MA risk score required currently. Requires ability to step up/down in line with competing demands. Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Scope to review post-completion of capacity and Q3&amp;4 planning. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently.</p>		
<b>Initial Risk</b>	25								
<b>Current</b>	16								
<b>Target</b>	8								

<b>Datix ID Number:</b> 2374	<b>R_COV_Strategic_009</b>												
<b>Risk: Workforce</b> Inability to recruit sufficient workforce to fulfil requirements across all functions including TTP, testing, vaccination surge and super surge capacity including field hospitals leading which leads to impact on ability to provide additional capacity and therefore impact on delivery of patient care. Risk incorporates staffing requirements for TTP.	<b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 October 2020												
	<b>Controls (What are we currently doing about the risk?)</b>												
<ul style="list-style-type: none"> <li></li> </ul>	<b>Mitigating actions (What more should we do?)</b>												
		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Additional workforce are being recruited through national and local campaigns including the return of retired NHS professionals</td> <td>Clinical Director Pharmacy</td> <td>Weekly ongoing</td> </tr> </tbody> </table>	Action	Lead	Deadline	Additional workforce are being recruited through national and local campaigns including the return of retired NHS professionals	Clinical Director Pharmacy	Weekly ongoing					
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<table border="1"> <thead> <tr> <th colspan="2">Current Risk Rating</th> </tr> </thead> <tbody> <tr> <td colspan="2">5 x 3 = 15</td> </tr> <tr> <td>Initial Risk</td> <td>25</td> </tr> <tr> <td>Current</td> <td>15</td> </tr> <tr> <td>Target</td> <td>10</td> </tr> </tbody> </table>	Current Risk Rating		5 x 3 = 15		Initial Risk	25	Current	15	Target	10	<b>Additional Comments</b> Both Medical and Nursing student now deployed within the HB. Plans for recruitment and deployment under regular review to meet service planning as it evolves. Additional recruitment to be undertaken as required. Issues remain with drop-out rates and staff returning to pre Covid roles affected TTP deployment. Due to low activity the TTP workforce requirements on an all Wales basis the requirements have been reduced by 50% for the time being easing the concerns over recruitment in the short term whilst the substantive recruitment continues. Discussion at Gold 21.08.20: No alteration to post-MA risk score required currently. Future consideration required for possible revision upwards. Discussion at Gold 04.09.20: No alteration to post-MA risk score required currently. Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Monitoring pressures on TTP and testing workforce. Possible need for review next week. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently. Concerns ongoing; resolution dependent on success of ongoing recruitment.		
Current Risk Rating													
5 x 3 = 15													
Initial Risk	25												
Current	15												
Target	10												

<b>Datix ID Number:</b> 2375	<b>R_COV_Strategic_010</b>								
<b>Risk: Delivery of Essential Care</b> Following the guidance to step down routine activity issued by Welsh Government and the pandemic Health and Social Care Response Plan. There is a risk that the delivery of essential and routine services will be disrupted through a 2nd peak in COVID admissions.	<b>Director Lead:</b> Chris White, Chief Operating Officer <b>Assuring Committee:</b> Gold Command COVID-19								
	<b>Date last reviewed:</b> 22 October 2020								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>Urgent OP work will continue utilising digital solutions wherever possible.</li> <li>Agreed list of exceptions in place; urgent cancer work is being preserved as far as practicable given other constraints.</li> <li>Use of Sancta to provide some urgent cancer treatment.</li> <li>Discussions on regional footprint to identify potential solutions for urgent work where appropriate.</li> <li>Morrison remains open to the Burns network.</li> </ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Development of recovery framework to support return to delivery of core services	Chief Operating Officer	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	The need to deliver sustained service.								
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<b>Initial Risk</b>	20								
<b>Current</b>	20								
<b>Target</b>	8								

<b>Datix ID Number:</b> 2376	<b>R_COV_Strategic_011</b>								
<p><b>Risk: Workforce Risk Assessment Tool</b></p> <p>There is growing evidence that COVID-19 is having a disproportionate impact on individuals from BAME backgrounds. A national risk assessment tool has been developed to support the Board in managing risks including for staff who have been in a shielded category. There is also a further risk that if shielding is reintroduced in Wales that this will exacerbate staffing difficulties in critical services</p> <p>There is a risk that staff members will not feel comfortable or safe in returning to the workplace which will have a negative impact on staffing levels.</p>	<p><b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce  <b>Assuring Committee:</b> Gold Command COVID-19  <b>Date last reviewed:</b> 22 October 2020</p>								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>A risk assessment tool has been made available by Welsh Government to support the identification of health care workers who are at risk and to support the a risk assessment is to identify those individuals who may fit into this additional vulnerable group in order to prevent insofar as is possible, a worsening of the existing racial disparities in our communities. This tool was adapted and utilised for staff who have returned from shielding.</li> <li>BAME individuals will need to have a discussion with their line managers and a risk assessment undertaken on an individual basis giving due recognition to their profession or role in the organisation and their likely risk of current exposure to COVID-19.</li> <li>It is recognised that it is not possible to assess for all possible risk factors in this current environment.</li> <li>Factors such as genetics, socioeconomic factors, geographical and above all cultural factors will have an effect on risk – however they cannot be assessed here in this context and will need to form part of the risk assessment tool.</li> <li>Currently no reported service impact from the use of the tool.</li> </ul> <p style="text-align: center; color: red; font-size: 24px;"><b>CLOSED</b></p>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	The impact on services will be reassessed after the initial risk assessment process has concluded.	Director of Workforce	Weekly ongoing						
<p><b>Assurances</b>  (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	<p><b>Gaps in assurance</b>  (What additional assurances should we seek?)</p> <p>The need to deliver sustained service.</p>								
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<b>Initial Risk</b>	25								
<b>Current</b>	10								
<b>Target</b>	8								

Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently.  
Discussion at Gold 18.09.20: Dealt with issues arising with LNC. No significant reduction in shielding noted, possibly due to those affected being patient-facing. KR wondered whether the title of the risk ought to be changed as it now has a more general application. Potential for all-Wales reinstating of shielding in light of increase in cases seen. KR pointed out that the shielding cohort could include different people who have developed eligibility going forward. This could affect mission-critical individuals with the biggest impact likely to be seen in areas which have already successfully returned shielders. JRQ to review score and title.

To date, a number of staff have successfully returned to the workplace. There is no current plan to return to a national shielding programme.

22.10.20 - No issues reported with the use of the risk tool for some time now - risk can be closed.

<b>Datix ID Number:</b> 2377	<b>R_COV_Strategic_012</b>								
<b>Risk: Partnership Working</b> There are growing tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the workforce and hamper an effective response to COVID-19.	<b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 October 2020								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>Frequent meetings will continue to take place, supplemented by local discussions when required.</li> <li>Employees will be encouraged to raise concerns via existing mechanisms and directly to the Chief Executive.</li> <li>We will continue to utilise the daily briefings to be transparent about issues such as PPE to improve confidence in the supply and availability.</li> <li>Chief Executive and other Executive Directors will attend HB Partnership Forum on a regular basis. Partnership principles and ways of working will be emphasised as the most effective approach to secure progress.</li> </ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.	Director of Workforce	Weekly ongoing						
<b>Assurances (How do we know if the things we are doing are having an impact?)</b>	<b>Gaps in assurance (What additional assurances should we seek?)</b>								
<ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	The need to deliver sustained service.								
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<b>Initial Risk</b>	20								
<b>Current</b>	16								
<b>Target</b>	8								

<b>Datix ID Number:</b> 2388	<b>R_COV_Strategic_013</b>								
<p><b>Risk: <u>Test, Trace and Protect</u></b>  The TTP programme is operational and staff have been recruited to both regional and local teams. There is a risk that there will be insufficient capacity locally to contend with significant or prolonged outbreaks and the sustainability of the service is a concern given the temporary nature of deploying people from core roles. There is also a risk that testing capacity may not be sufficient to deal with sudden upsurges in demand.</p>	<p><b>Director Lead:</b> Sian Harrop-Griffiths, Director of Strategy  <b>Assuring Committee:</b> Gold Command COVID-19</p>								
	<p><b>Date last reviewed:</b> 22 October 2020</p>								
<p><b>Controls (What are we currently doing about the risk?)</b></p>	<p><b>Mitigating actions (What more should we do?)</b></p>								
<ul style="list-style-type: none"> <li>Public Health Protection and Response Plan in place and submitted to WG. TTP teams are operational and decisions made to recruit staff into roles on a longer term basis to provide continuity. Additional support requested in light of upsurge of cases in September and recruitment/deployment plans being reassessed. Discussion around release of additional clinical leads from Health Board.</li> <li>Review of testing capacity has taken place and additional slots created at both CTU's. Mobile Testing Units operational from 28th September. Additional walk in site scoped and will be operational during October. Additional Laboratory capacity has been confirmed through national TTP programme.</li> </ul>	<p><b>Action</b></p>	<p><b>Lead</b></p>	<p><b>Deadline</b></p>						
<p><b>Assurances</b>  (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> <li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li> </ul>	<p>Need to establish clear position on retesting.</p> <p>Director of Strategy</p> <p>Weekly ongoing</p>								
<p><b>Current Risk Rating</b>  5 x 3 = 15</p>	<p><b>Gaps in assurance</b>  (What additional assurances should we seek?)</p>								
<table border="1" data-bbox="114 943 367 1066"> <tr> <td><b>Risk</b></td> <td>20</td> </tr> <tr> <td><b>Current</b></td> <td>15</td> </tr> <tr> <td><b>Target</b></td> <td>8</td> </tr> </table>	<b>Risk</b>	20	<b>Current</b>	15	<b>Target</b>	8	<p><b>Additional Comments</b></p> <p>Discussion with WG planned over funding w/c 25.06.20 with potential for follow up letter - TBA at Chairs/Leaders/CEOs Call on 02.07.20.</p> <p>Amber 15 - appropriate at the moment. Still significant uncertainty.</p> <p>Discussion at Gold 28.08.20: No alteration to post-MA risk score required currently, however, increasing concern re ability to scale-up TPP operations in light of increased cases seen in Cardiff.</p> <p>Discussion at Gold 04.09.20: No alteration to post-MA risk score required currently. Remains under review; situation currently stable.</p> <p>Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 18.09.20: For review in light of national concerns. Locally, the system is strained but continues to operate.</p> <p>22.10.20 - Confirmed release of clinical leads within Health Board to support TTP. Capacity of TTP to deliver as required escalated nationally due to shortage of specialist health protection staff on a national level</p>		
<b>Risk</b>	20								
<b>Current</b>	15								
<b>Target</b>	8								

<b>Datix ID Number:</b> 2456	<b>R_COV_Strategic_014</b>								
<p><b>Risk: Key worker support from schools</b> Both Swansea and NT Local Authorities have indicated they do not have plans to provide key worker support over the 6 week summer break. As some staff may not be able to access the support they would have normally have relied upon during this period due to Covid restriction, these staff may have no options but to remain at home to care for their children. Existing policy during the pandemic was that we did support staff in these circumstances by providing basic pay only.</p>	<p><b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce <b>Assuring Committee:</b> Gold Command COVID-19</p>								
	<p><b>Date last reviewed:</b> 22 October 2020</p>								
<p align="center"><b>Controls (What are we currently doing about the risk?)</b></p> <ul style="list-style-type: none"> <li>Workforce considering how to assess the numbers of staff this may affect. Issue raised on all-Wales basis. LA offering to provide details of available child care and financial support available but it is yet unclear the scale of options available. The net effect would be an increase to the numbers of staff off work but asymptomatic.</li> </ul> <p align="center"><b>CLOSED</b></p>	<p align="center"><b>Mitigating actions (What more should we do?)</b></p> <table border="1"> <thead> <tr> <th data-bbox="1153 438 1749 478">Action</th> <th data-bbox="1749 438 1960 478">Lead</th> <th data-bbox="1960 438 2134 478">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1153 478 1749 802">TBC</td> <td data-bbox="1749 478 1960 802">Interim Director of Workforce</td> <td data-bbox="1960 478 2134 802">Weekly ongoing</td> </tr> </tbody> </table>			Action	Lead	Deadline	TBC	Interim Director of Workforce	Weekly ongoing
Action	Lead	Deadline							
TBC	Interim Director of Workforce	Weekly ongoing							
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<b>Initial Risk</b>	15								
<b>Current</b>	15								
<b>Target</b>	8								

Datix ID Number: 2457	R_COV_Strategic_015								
<p><b>Risk: Mass Vaccination</b></p> <p>The Health Board will need to plan a mass vaccination programme for COVID-19 vaccine alongside management of the annual influenza programme. This will present a number of challenges, including workforce availability, logistics and supply, parallel delivery with the influenza programme and the constraints around co-administration, as well as administrative and information management considerations. Planning parameters have been released by Welsh Government. The most significant risk in the delivery of the programme is in securing sufficient workforce.</p>	<p><b>Director Lead:</b> Keith Reid, Director of Public Health  <b>Assuring Committee:</b> Gold Command COVID-19</p>								
	<p><b>Date last reviewed:</b> 22 October 2020</p>								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"> <li>A Silver immunisation cell has been mobilised and work cells identified to establish detailed plans within known parameters. Influenza planning is proceeding at pace and this will be prioritised for early delivery in Sept/Oct ahead of COVID-19 vaccine. Exercise to test mass vaccination planning set up for 20th August and further risks will be quantified at this point. Initial plan presented to WG and feedback received. Presentation to National COVID Vaccination Board scheduled for 29th September. Critical path under development.</li> </ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	TBC	Director of Public Health	Weekly ongoing						
<p><b>Assurances</b> (How do we know if the things we are doing are having an impact?)</p>	<p><b>Gaps in assurance</b> (What additional assurances should we seek?)</p>								
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Initial Risk	20								
Current	20								
Target	10								

<b>Datix ID Number:</b> 2491	<b>R_COV_Strategic_016</b>								
<p><b>Risk: Bed Spacing</b>  Guidance was issued by WG in July setting out minimum requirements in respect of bed spacing between hospital beds. As a result of a detailed risk assessment carried out at Board level, the Board will not be able to fully comply with this guidance in respect of a minimum 3.6m mid to mid bed, and 3.7m between from bed head to middle of space across to opposite bed. This increases the potential risk of nosocomial transmission. If beds are withdrawn from use due to non-compliance with the minimum standards, then this introduces risk around the loss of capacity and potential for patient harm to be caused across the system due to flow issues.</p>	<p><b>Director Lead:</b> Chris White, Chief Operating Officer  <b>Assuring Committee:</b> Gold Command COVID-19</p>								
<p><b>Controls (What are we currently doing about the risk?)</b></p> <ul style="list-style-type: none"> <li>A detailed risk assessment has taken place and all inpatient areas have been reviewed for compliance with the guidance. A Red /Amber/Green rating has been deployed which means that Green = fully compliant; Amber - between 2m and 3.6m; Red = below 2metres. All Red bed areas have been removed. Mitigating action is being deployed and will be in place by end October. This includes the erection of Perspex curtains or screens between.</li> </ul>	<p><b>Date last reviewed:</b> 22 October 2020</p>								
<p><b>Assurances</b>  (How do we know if the things we are doing are having an impact?)</p>	<p><b>Mitigating actions (What more should we do?)</b></p> <table border="1"> <thead> <tr> <th data-bbox="1155 475 1749 507">Action</th> <th data-bbox="1749 475 1960 507">Lead</th> <th data-bbox="1960 475 2136 507">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1155 507 1749 836">TBC</td> <td data-bbox="1749 507 1960 836">Chief Operating Officer</td> <td data-bbox="1960 507 2136 836">Weekly ongoing</td> </tr> </tbody> </table>			Action	Lead	Deadline	TBC	Chief Operating Officer	Weekly ongoing
Action	Lead	Deadline							
TBC	Chief Operating Officer	Weekly ongoing							
<p><b>Current Risk Rating</b>  4 x 3 = 12</p> <table border="1"> <tr> <td><b>Initial Risk</b></td> <td>20</td> </tr> <tr> <td><b>Current</b></td> <td>12</td> </tr> <tr> <td><b>Target</b></td> <td>10</td> </tr> </table>	<b>Initial Risk</b>	20	<b>Current</b>	12	<b>Target</b>	10	<p><b>Gaps in assurance</b>  (What additional assurances should we seek?)</p> <p><b>Additional Comments</b></p>		
<b>Initial Risk</b>	20								
<b>Current</b>	12								
<b>Target</b>	10								

## Risk Score Calculation

For each risk identified, the LIKELIHOOD & CONSEQUENCE mechanism will be utilised. Essentially this examines each of the risks and attempts to assess the likelihood of the event occurring (PROBABILITY) and the effect it could have on the Health Board (IMPACT). This process ensures that the Health Board will be focusing on those risks which require immediate attention rather than spending time on areas which are, relatively, a lower priority.

Risk Matrix	LIKELIHOOD (*)				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25