| Meeting Date | 17 November 2022 | Agenda Item | 2.3 |
|---|---|---|---|
| **Report Title** | **Risk Management Report** | | |
| **Report Author** | Neil Thomas, Assistant Head of Risk & Assurance | | |
| **Report Sponsor** | Hazel Lloyd, Interim Director of Corporate Governance<br>Gareth Howells, Executive Director of Nursing | | |
| **Presented by** | Neil Thomas, Assistant Head of Risk & Assurance | | |
| **Freedom of Information** | Open | | |
| **Purpose of the Report** | The purpose of this report is to present the Health Board Risk Register (HBRR) to the Audit Committee for review and assurance. | | |
| **Key Issues** | • The Audit Committee last received the Health Board Risk Register (HBRR) in July 2022.<br>• Since then entries have been refreshed by Board Directors as part of the monthly review cycle. This report presents the October 2022 HBRR and indicates the most recent changes made. It has been discussed at Management Board. Additional adjustments may be made to reflect further Executive review prior to receipt at Board later in November.<br>• Risk Scrutiny Panel meetings continue to receive & consider escalated risks from service groups and directorates, and review the entries in the HBRR for the management of risks scored 20+.<br>• The October 2022 HBRR contains 37 risks, of which 18 have risk scores at, or above, the Health Board's current appetite of 20. Four of these have risk scores of 25.<br>• The delivery of risk management training workshops for managers is complete in three service groups. Workshops & training sessions have commenced in Morrison at the most senior management tier, clinical cabinet and matrons group. Further sessions are being arranged for November to complete all service group training by the end of December. | | |

| **Specific Action Required** *(please choose one only)* | **Information** | **Discussion** | **Assurance** | **Approval** |
|---|---|---|---|---|
| | ☐ | ☐ | ☒ | ☐ |

| **Recommendations** | Members are asked to:<br><br>• **NOTE** the update on risk matters, the work to develop a risk appetite statement, and development of an inspection schedule;<br><br>• **ENDORSE** the updated Health Board Risk Register and changes to the risks outlined in this report; |
|---|---|

| | • **CONSIDER** whether further assurance is required in respect of risk register entries or the action taken to address risks identified; |
| --- | --- |
| | • **ENDORSE** the continuance, in light of current financial challenges, of a risk appetite that requires strategic risks at or above the level of 20 to be reported to the committees of the Board, as a minimum, on a quarterly basis. |

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**HEALTH BOARD RISK REPORT**

## 1. INTRODUCTION

The purpose of this report is to present the Health Board Risk Register (HBRR) to the Audit Committee for review and assurance.


## 2. BACKGROUND

### 2.1 Risk Management Framework

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of risk management and providing assurance to the Board in that respect. While this is the case, individual risks have been assigned to other Board committees for more detailed scrutiny and assurance. The intention is that committee work programmes are aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility. The Management Board, chaired by the Chief Executive, oversees the overall operation of the risk management framework and the management of risks within the health board risk register.

Risk Register management is supported by a Risk Management Group (RMG) which meets quarterly and is responsible for overseeing the operational management of risk, ensuring local systems and processes are in place and are operating effectively to ensure appropriate reporting and escalation. The Group last met in June 2022 – the next meeting is November 2022.

Additionally, a Risk Scrutiny Panel is responsible for ensuring there is an appropriate and robust risk management system in place and working throughout the organisation. It is responsible for moderating new risks and risks escalated to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF) and recommending and advising the Management Board on the escalation and de-escalation of risks. The Panel last met in October 2022.


### 2.2 Risk Appetite

Risk appetite and tolerance provide clarification on the level of risk the Board is prepared to accept.

Prior to the Covid-19 Pandemic, the Board's risk appetite required that action should be taken as a priority to address risks scored at 16 and above. There is a low tolerance to taking risk where it would have a high impact on the quality and safety of care being delivered to patients.

Following the onset of the Covid-19 pandemic, members of the Board agreed that the risk appetite score would increase to 20 and above for an initial period of 3 months.

The risk appetite level of 20 and above has remained in place since the start of the pandemic. These arrangements are reviewed regularly by the Executive Team, Audit Committee and the Board. In accordance with Board wishes, a more nuanced approach to the expression of risk appetite is being developed.

Work has been undertaken to develop a risk appetite statement – this has been reviewed and revised by the Executive Directors. At present with the financial challenges facing the Health Board it is proposed that a risk appetite be adopted across all risk types, requiring all strategic risks at or above a risk rating of 20 being overseen by the committees of the Board as a minimum on a quarterly basis.

**2.3 Health Board Risk Register (HBRR)**

The Health Board Risk Register (HBRR) is intended to summarise the greatest organisational risks facing the Health Board and the actions being taken to mitigate them. A copy of the most up to date HBRR is attached at **Appendix 1**.

Each Health Board risk has a lead Executive Director who is responsible for ensuring there are mechanisms in place for identifying, managing and alerting the Board to significant risks within their areas of responsibility through regular, timely and accurate reports to the Management Board/Executive Team, relevant Board Committees and the Board.

## 3. MANAGEMENT OF HEALTH BOARD RISK REGISTER (HBRR)

**3.1 Action to Update the HBRR**

The Risk Scrutiny Panel (RSP) has continued to meet regularly to consider risks escalated by service groups and corporate directorates. Risks were received from:

- Morriston Service Group
- Neath Port Talbot & Singleton Service Group (Maternity)
- Primary Community & Therapies Service Group

Feedback following meetings is provided to service groups. The Panel also continues to receive and review HBRR entries for risks scored 20+. Feedback is provided to risk owners to inform subsequent updates.

This report indicates the changes made during the period since the last meeting. The most recent changes made in preparing the HBRR are highlighted within the register itself in red. The October 2022 HBRR is attached at **Appendix 1**.

**3.2 Risk Register Summary**

The Health Board Risk Register presents:
- A summary 'heat map' of risks;
- A dashboard of risks impacting upon particular Health Board objectives, together with trend arrows indicating changes in risk score following the last

edition of the HBRR, and an indication of those committees allocated to oversee individual risks in depth;

- Individual risk register scorecards.

Table 1 below stratifies the risks recorded within the HBRR as it has been received at the most recent meetings (inclusive of this meeting):

Table 1: Summary of Risk Assessment Scores

| Risk Analysis | Number of Risks | | | | | |
|---|---|---|---|---|---|---|
| | Feb 2022 | Apr 2022 | May 2022 | July 2022 | Aug 2022 | Sep 2022 |
| High Risk (>= appetite): Risk Score of 20-25 (Red) | 24 | 21 | 20 | 19 | 18 | 18 |
| High Risk (< appetite): Risk Score of 16-19 (Red) | 8 | 8 | 10 | 11 | 10 | 9 |
| Moderate Risk: Risk Score 9-15 (Amber) | 7 | 10 | 8 | 12 | 10 | 10 |
| Manageable Risk: Risk Score of 5-8 (Yellow) | 0 | 0 | 2 | 0 | 0 | 0 |
| Acceptable Risk: Risk Score of 1-4 (Green) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 39 | 39 | 40 | 42 | 38 | 37 |

Four risks are assessed to have scores of 25 currently.

Further detail on the above risks can be found within the Risk Register at **Appendix 1.** The following movements are noted in the registers over the period June – October 2022:

- **Two** new risks were added to the register:
  - *HBR 86 Storage Area Network (SAN)*
  - *HBR 88 Acute Medical Services Re-design (AMSR)*

- **One** risk has increased in score:
  - *HBR 81 Midwifery Critical Staffing Levels*

- **Five** risk scores have been reduced:
  - *HBR 48 Child & Adolescent Mental Health Services (CAMHS)*
  - *HBR 58 Ophthalmology (follow ups)*
  - *HBR 60 Cyber Risk*
  - *HBR 66 Access to Systemic Anti-Cancer Therapy (SACT)*
  - *HBR 78 Nosocomial Transmission*

- **Four** risks have been closed in the register:
  - *HBR 39 Integrated Medium Term Plan*
  - *HBR 76 Partnership Working (workforce risk)*
  - *HBR 77 Workforce Resilience*
  - *HBR 83 Release of Bed Capacity Savings*

Section 3.3 below expands on these and other changes.

## 3.3 New Risks, Increasing & Decreasing Risks

The new risk(s) added to the HBRR is/are:

Table 2: New Risks

| Risk Ref | New Risks | Lead Exec Director | Current Risk Score |
|---|---|---|---|
| 86 | **Storage Area Network (SAN)** Extended outages of locally hosted systems due to failure of the Health Board's Storage Area Network (SAN) which would impact delivery of clinical and non-clinical services. It has been agreed to replace the SAN. A reduction in the risk score is anticipated shortly. | Director of Digital | 20 |
| 88 | **Acute Medical Services Review (AMSR)** There is a risk that the Acute Medical Service Re-Design (AMSR) programme may not deliver the expected performance & financial benefits in a timely way. The principal potential causes of this risk are: workforce (organisational change policy and recruitment requirements), capacity constraints linked to significant number of clinically optimised patients (COP), financial affordability linked to 90 beds in Singleton hospital that are due to close in Q3 2023. | Chief Operating Officer | 20 |

The risk(s) with increased scores is/are:

Table 3: Risks with Increased Scores

| Risk Ref | Increased Risks | Lead Exec Director | Previous Risk Score | Current Risk Score |
|---|---|---|---|---|
| 81 | **Midwifery Critical Staffing Levels** Vacancies and unplanned absences resulting from Covid-19 related sickness, alongside other long term absences including maternity leave, have resulted in critical staffing levels, which undermine the ability to maintain the full range of expected services safely, increasing the potential for harm, poor patient outcomes and/or choice of birthplace. Poor service quality or reduction in services could impact on organisational reputation. | Executive Director of Nursing | 20 | 25 |

The risk(s) with reduced scores is/are:

Table 4: Risks with Reduced Scores

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| Risk Ref | Reduced Risks | Lead Exec Director | Previous Risk Score | Current Risk Score |
|---|---|---|---|---|
| 48 | **Child & Adolescent Mental Health Services (CAMHS)** Risk of failure to sustain Child and Adolescent Mental Health Services. | Director of Strategy | 16 | 12 |
| 58 | **Ophthalmology** Risk of failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty. | Chief Operating Officer | 20 | 16 |
| 60 | **Cyber Risk** The level of cyber security incidents is at an unprecedented level and health is a known target. | Director of Digital | 25 | 20 |
| 66 | **Access to Systemic Anti-Cancer Therapy (SACT)** Delays in access to SACT treatment in Chemotherapy Day Unit. | Executive Medical Director | 20 | 15 |
| 78 | **Nosocomial Transmission** Nosocomial transmission in hospitals could cause patient harm; increase staff absence and create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks. | Executive Medical Director | 20 | 12 |

The risk(s) closed within the HBRR is/are:

Table 5: Closed Risks

| Risk Ref | Closed Risks | Lead Exec Director | Commentary |
|---|---|---|---|
| 39 | **Integrated Medium Term Plan** Risk of failure to have an approvable IMTP for 2022/23 resulting in loss of public confidence and breach legislation. | Director of Strategy | The health board has received notice from Welsh Government that the Recovery and Sustainability Plan for 2022/23 has been approved by the Minister as an Integrated Medium Term Plan (IMTP). As a result this risk entry has been mitigated and the Director of Strategy has approved closure in the HBRR. |
| 76 | **Partnership Working** There are some remaining tensions between the Health | Director of Workforce & OD | The health board has moved beyond a targeted Covid response and the associated |

| Risk Ref | Closed Risks | Lead Exec Director | Commentary |
|---|---|---|---|
| | 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. | | issues with PPE have ceased to be an issue. It was PPE issues which generated the first iteration of this risk. Those issues no longer apply and are not being raised as a matter of concern any more. The Director of Workforce & OD has approved closure of this risk. |
| 77 | **Workforce Resilience** Culmination of the pressure and impact on staff wellbeing - both physical and mental relating to Covid Pandemic. Local prevalence of Covid infections increasing positive testing and the debilitating effect of the second wave impacting staff. Impact direct in terms of Covid / related sickness (symptomatic Absence) and self-isolation (Asymptomatic). Increased staff absence impact on the pressures for those still in work. | Director of Workforce & OD | Following implementation of further measures, the risk score was reduced to 10 and the Director of Workforce & OD confirmed that this could be closed as a corporate risk. |
| 83 | **Release of Bed Capacity Savings** There is a risk that the health board will not be able to release sufficient bed capacity to meet the requirements of savings schemes predicated on bed release. The main causes of this are: length of stay above benchmark; the unavailability of beds in the community to support discharge; the impact of COVID patients on the overall bed plan; clear ambition of the health board to reduce exceptionally high occupancy which affects flow The potential consequence is that savings plans will not be achieved, increasing the risk of failure to achieve overall financial outturn target. | Director of Finance & Performance | Savings plans have been revised to now only include minimal bed savings plans not the significant quantum which generated the risk. Plan is to maintain a general savings delivery risk but the Director Finance & Performance has indicated the risk associated with beds can be closed. |

Further detail on open risks above can be found at **Appendix 1**.

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**3.4 Action on the Highest Risks (Score=25)**

There are four risks with a score of 25 currently. The below table provides information on action being taken to address these risks:

Table 6: Action on Risks with Score=25

| Risk Ref | Risk & Mitigating Actions | Lead Executive Director |
|---|---|---|
| 1 | **Access to Unscheduled Care**<br>*If we fail to provide timely access to Unscheduled Care then this will have an impact on quality & safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the Health and Social care sectors.*<br><br>Actions recently completed and/or new controls introduced include:<br>• Band 6 navigator role introduced in ED for better streaming of patients.<br>• Five-day in-reach by virtual wards commenced.<br><br>Additional actions include:<br>• Morriston reviewing roles & service models in order to increase SDEC working hours and throughput of patients sustainably. [Target 01/12/2022]<br>• Morriston realigning wards to specialties including short stay unit on Ward D. [Target 31/12/2022]<br>• OPAS exploring internal & external funding options assess elderly patients at home. [Target 31/01/2023]<br>• Primary care group are looking at FNOF (fractured neck of femur) pathway and use of virtual wards to reduce length of stay. [Target 31/10/2022]<br>• Breaking the Cycle week planned for w/c 7th November 2022.<br>• Morriston are setting up a workstream to review SAFER discharge. [Target 30/11/2022]<br>• AMSR programme to be implemented in December. A Go/No Go gateway is scheduled for 16th November. | Chief Operating Officer<br><br>This risk is being reviewed to reflect the work being done in community to increase discharge |
| 50 | **Access to Cancer Services**<br>*A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.*<br><br>The following actions have been completed since last meeting:<br>• Cancer Backlog trajectories for top 6 tumour sites developed and presented to Management Board and Performance & Finance Committee with tumour site specific recovery plan.<br><br>Additional actions include:<br>• Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer backlog and future | Chief Operating Officer |

| Risk Ref | Risk & Mitigating Actions | Lead Executive Director |
|---|---|---|
| | cancer diagnostic demand on Endoscopy Services. [Target 31/03/2023]<br><br>Cancer will be part of the enhanced monitoring arrangements with Welsh Government. The health board awaits the template to agree remedial actions. | |
| 64 | **Health & Safety Infrastructure**<br>*Insufficient resource and capacity of the Health, safety and fire function within SBUHB to maintain legislative and regulatory compliance for the workforce and for the sites across SBUHB.*<br><br>Actions being taken:<br>• Recruitment process for health & safety and manual handling advisors underway via TRAC system is in final stages with commencement dates expected in Q4 2022/23. Once staff members are embedded (anticipated March 2023), risk scores will be reviewed with the aim of being able to reduce the risk from 25 to 20 initially. [Target 31/03/2023]<br>• It has been agreed to identify further posts to progress recruitment on a phased approach over the next 12/24 months. This will be dependent upon availability of funding. [Target 31/10/2024] | Director of Finance & Performance |
| 81 | **Critical staffing levels: Midwifery**<br>*Vacancies and unplanned absences resulting from Covid-19 related sickness, alongside other long term absences including maternity leave, have resulted in critical staffing levels, which undermine the ability to maintain the full range of expected services safely, increasing the potential for harm, poor patient outcomes and/or choice of birthplace. Poor service quality or reduction in services could impact on organisational reputation.*<br><br>Pressure on staffing increased at the end of June 2022 as a result of increasing short term sickness, particularly COVID-19 related. Vacancies exist within the service however and two rounds of recruitment for Band 6 midwives have failed to fully appoint to the vacancies available. Some aspects of service provision have been suspended in order to ensure resource is best directed to support safe provision. Recognising this position, the risk score was increased to 25.<br><br>Actions taken include:<br>• Management Board approved the suspension of home births until end September to support effective deployment of staff on open services. Currently Homebirth and FMU (Free-standing Midwife Unit) birth remain suspended, subject to fortnightly review. | Executive Director of Nursing |

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| Risk Ref | Risk & Mitigating Actions | Lead Executive Director |
|---|---|---|
| | • BirthRate+ Intrapartum acuity tool completed 4 hourly to guide safe service provision and escalation.<br>• Director-led escalation meeting now daily to review rotas and reallocate staff as required.<br>• Additional shifts offered via Bank, additional hours and overtime – targeted enhanced overtime rates offered (with Executive Director of Nursing authorisation) and enhanced bank rate offered to registered midwives.<br>• Utilisation of off-contract midwifery agency (with Executive Director of Nursing authorisation).<br>• Additional band 5 & band 6 midwives commenced / commenced induction in October 2022.<br>• Six of thirteen graduate midwives employed October 2022 are able to start immediately.<br>• Centralised community midwifery service in place.<br>• Open advert for recruitment on TRAC (recruitment system).<br>• On-Call Manager Rota in place.<br>• Medical team support used when required.<br>• International recruitment campaign initiated with Medacs.<br>• Absences in senior roles mitigated as follows: Head of Safeguarding supporting the governance team; Temporary extension of Interim Midwifery Matron post to support oversight of the governance team; Retired Head of Midwifery mentoring new Deputy Head; Intrapartum Lead Midwife (Cwm Taf) supporting development of future workforce requirements; Welsh Government offer of advice/support where required.<br><br>Further actions being taken:<br>• The Deputy Head of Midwifery is reviewing the role and capacity of the HCSW to maximise registered midwife capacity. [Target 31/10/2022]<br>• With support from Workforce, Finance and Cwm Taf colleagues, the Head of Midwifery is developing a workforce paper to establish vacancy position and develop vacancy tracker going forward. [Target 30/12/2022] | |

Further detail on the above risks can be found at **Appendix 1**, in addition to actions to address other risks above the Health Board's risk appetite.


### 3.5 Risks Assigned to the Audit Committee

The following five risks have been assigned to the Audit Committee for scrutiny and assurance on action taken to address them:

| Risk Reference | Description of risk identified | Current Score | Trend[1] |
|---|---|---|---|
| 27 (1035) | **Digital Transformation to Deliver Sustainable Clinical Services** *Inability to deliver sustainable clinical services due to lack of digital transformation.* Actions/Updates: To continue discussions with Finance on the identified requirement, both in-year for 2022/2023 and recurrent full year effect. [Target 31/03/2023] Continue to develop the 10yr investment plan that has been submitted to Welsh Government, which will inform the Health Board IMTP submission. [Target 31/03/2023] | 16 | → |
| 36 (1043) | **Storage of Paper Records** *Failure to provide adequate storage facilities for paper records then this will impact on the availability of patient records at the point of care. Quality of the paper record may also be reduced if there is poor records management in some wards. There is also an increased fire risk where medical records are stored outside of the medical record libraries.* Actions/Updates: Develop Business Case for the scanning of patients records. [Target 31/10/2022] Relocate health records to new site. [Target 30/09/2023] | 16 | → |
| 37 (1217) | **Information Led Decisions** *Operational and strategic decisions are not data informed.* Actions/Updates: Business Intelligence Partner roles updated to five and now fully established. Establishment of data literacy programme educating users on data concepts, skills and tools. [Target updated to 31/03/2023] Natural Language Process capability to allow users access to clinic letter/documents converted into meaningful analytics. [Target 31/12/2022] Establishment of certified training programme for trained users to create their own dashboards. [Target 31/03/2023] | 12 | → |
| 57 (1799) | **Controlled Drugs** *Non-compliance with Home Office Controlled Drug Licensing requirements.* Actions/Updates: | 16 | → |

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[1] This trend reflects the change in risk score since the HBRR that was received by the Audit Committee in July 2022.

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| Risk Reference | Description of risk identified | Current Score | Trend[1] |
|---|---|---|---|
| | We previously reported that the Director of Corporate Governance received a response from the Home Office regarding the Health Board's Home Office Controlled Drugs (CD) Licence Policy position in June 2022. This response indicated that the Home Office did not concur with several aspects of the Health Board's policy statements and indicated that the Health Board would require a number of additional Home Office Controlled Drug licences for activity currently undertaken. The Director of Corporate Governance and Controlled Drugs Accountable Officer are seeking a meeting with senior representatives from the Home Office to discuss this issue further. [Target 01/12/2022] Upon agreement of policy with the Home Office: Health board to undertake baseline assessment of current CD management (including any Home Office CD licences currently held) in line with agreed policy on requirements for Home Office CD licences. [Target 01/12/2022] Upon agreement of policy with the Home Office: HB to develop and implement a control system to ensure compliance with agreed policy on Home Office license requirements. [Target 01/12/2022] | | |
| 60 (2003) | **Cyber Security** *The level of cyber security incidents is at an unprecedented level and health is a known target.* Actions/Updates: Adopt mandatory Cyber training across the health board, or identify alternative options – Welsh Government procurement underway for national solution. [Target 01/12/2022] | 20 | → |
| 86 (3052) | **Storage Area Network** *Risk of extended outages of locally hosted systems due to failure of the Health Board's Storage Area Network (SAN) which would impact delivery of clinical and non-clinical services.* Actions/Updates: As noted earlier, it has been agreed to replace the SAN. A reduction in the risk score is anticipated shortly. Procurement target 31/01/2023. | 20 | New |

Further detail on the above risks can be found in **Appendix 1**.

## 4. GOVERNANCE AND RISK

### 4.1 Risk Management Workshop Training

Service Group risk management training workshops have been completed in:
- Neath Port Talbot & Singleton
- Primary Care & Therapies
- Mental Health & Learning Disabilities

At Morriston, training has been provided to the most senior management tier and sessions provided to its Clinical Cabinet and Matrons meeting. Workshops are being arranged to cascade training to managers within each of its Divisions in November, with a view to completing the programme by the end of December 2022.

Corporate Directorates will follow. The ongoing training for new staff and refresher training will continue to be provided via monthly sessions (already in place).

## 4.2 Datix Cymru – Risk Module

As previously reported, as part of the Once4Wales Concerns Management System Programme, a work stream group, supported by weekly meetings of a national task & finish group, meets to develop a new risk register module within Datix Cymru for use by organisations within NHS Wales.

A list of requests was submitted at the start of the calendar year for inclusion within the build of the risk register module at the start of the year. A new system build has been completed, incorporating some but not all of the requests – this is going to be reviewed by members of the task & finish group shortly.

## 4.3 Inspections Schedule

Regular reports on the planned an unannounced Healthcare Inspectorate Wales inspections are reported on to the Management Board and Quality & Safety Committee.  Work is being carried out to extend the report to all planned inspections regardless of the regulator/inspectorate and Table 6 sets out some early work to inform the members of this work and also to request notification form the Service Groups in relation to any planned inspections which they are made aware of.

Table 7: External Inspection Schedule (WIP)

| Date of Planned Inspection/Audit | Date of Previous Inspection/Audit | Service Group | Directorate/Service | Focus of Inspections |
|---|---|---|---|---|
| 25/05/2022 | No Previous | Morriston | Cardiology | Dan Danino Cardiac Ward |
| April/May 2023 | 01/04/2022 | NPTSSG | MPCE - Rehabilitation Engineering Unit | ISO 13485 Quality Management System. Auditor may give some general topics beforehand. |
| Approx Sept 2023 | 01/09/2022 | NPTSSG | Pharmacy | DGM (97)5 External Audit of Unlicensed Pharmacy Aseptic Preparation |
| | 30/04/2021 | NPTSSG | MPCE - Medical Equipment Management | The Management and Maintenance of Hospital Controlled Medical Equipment |
| | 17/09/2021 | NPTSSG | MPCE - Radiotherapy Physics | The provision of radiotherapy treatment planning, dosimetry, imaging, quality assurance and the governance of radiotherapy to treat patients. The commissioning of all radiotherapy connected appropriate treatment. |

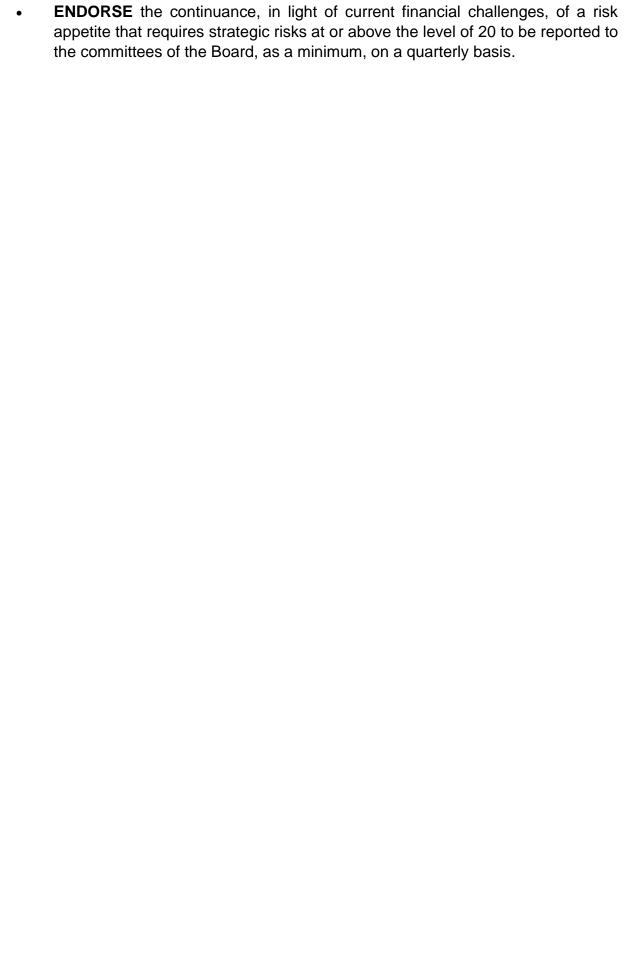| Date of Planned Inspection/Audit | Date of Previous Inspection/Audit | Service Group | Directorate/Service | Focus of Inspections |
|---|---|---|---|---|
| | 12/10/2021 28/09/2021 & 29/09/21 | NPTSSG | Radiotherapy | The delivery of radiotherapy treatment from new patient referral to patient discharge'. |
| | 18/01/2021 | NPTSSG | Laboratory Medicine | Blood compliance reported annually to MHRA and risk rating determines if inspection is triggered. |
| | 24/06/2020 | NPTSSG | WFI | HFEA Licence [both WFI sites with annual inspection] Cardiff and Neath Port Talbot UKAS ISO 15189 Laboratory Accreditation [both laboratories Cardiff and Singleton annual assessment] ISO 9001 QMS [annual assessment] |
| | Pre assessment Visit from JAG Assessor Nov 2019 | NPTSSG | Endoscopy | |
| | 2/3 March 2021 - Annual Surveillance Audit 24/09/21 - UKCA Transition Audit | Morriston Service Group | HSDU | |
| | December 2018 - PTS MHRA Inspection | NPTSSG | Pharmacy | |
| | 28/29 September 2021 | Morriston Service Group | Diagnostic Radiology | How the Service complied with the Ionising Radiation (Medical Exposure) Regulations 2017 and How the service met the Health & Care Standards 2015 |

## 5. FINANCIAL IMPLICATIONS

There are financial implications to minimising the risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health Board, Service Groups and Directorates. Capital monies will also be required in relation to supporting the improvements required to improve and further detail is provided in the individual entry on the HBRR.

## 6. RECOMMENDATIONS

Members are asked to:

- **NOTE** the update on risk matters, the work to develop a risk appetite statement, and development of an inspection schedule;

- **ENDORSE** the updated Health Board Risk Register and changes to the risks outlined in this report;

- **CONSIDER** whether further assurance is required in respect of risk register entries or the action taken to address risks identified;

- **ENDORSE** the continuance, in light of current financial challenges, of a risk appetite that requires strategic risks at or above the level of 20 to be reported to the committees of the Board, as a minimum, on a quarterly basis.

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| Governance and Assurance | | |
|---|---|---|
| **Link to Enabling Objectives** *(please choose)* | **Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities** | |
| | Partnerships for Improving Health and Wellbeing | ☐ |
| | Co-Production and Health Literacy | ☐ |
| | Digitally Enabled Health and Wellbeing | ☐ |
| | **Deliver better care through excellent health and care services achieving the outcomes that matter most to people** | |
| | Best Value Outcomes and High Quality Care | ☒ |
| | Partnerships for Care | ☒ |
| | Excellent Staff | ☒ |
| | Digitally Enabled Care | ☒ |
| | Outstanding Research, Innovation, Education and Learning | ☒ |
| **Health and Care Standards** | | |
| *(please choose)* | Staying Healthy | ☒ |
| | Safe Care | ☒ |
| | Effective  Care | ☒ |
| | Dignified Care | ☒ |
| | Timely Care | ☒ |
| | Individual Care | ☒ |
| | Staff and Resources | ☒ |

| Quality, Safety and Patient Experience |
|---|
| Ensuring the organisation has robust risk  management arrangements in place that ensure  organisational risks are captured, assessed and mitigating actions  are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in the UHB. |

| Financial Implications |
|---|
| The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken  into  consideration as  part  of  the  Board's IMTP processes. |

| Legal Implications (including equality and diversity assessment) |
|---|
| It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications  for the UHB. |

| Staffing Implications |
|---|
| All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/Unit Directors are requested to review their existing operational risks on Datix Risk Module to ensure SBUHB has an accurate and up to date risk profile. |

| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) |
|---|
| The HBRR and the Covid 19 risk register sets out the framework for how SBUHB will make an assessment of existing and future emerging risks, and how it will plan to manage and prepare for those risks. |

| **Report History** | • Based on report prepared for Management Board 02/11/2022 |
|---|---|
| **Appendices** | • Appendix 1 – Health Board Risk Register (HBRR) |