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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	13 July 2021	Agenda Item	3.6
Report Title	Risk Management Report		
Report Author	Neil Thomas, Assistant Head of Risk & Assurance Elaine Woodrow, Senior Risk & Assurance Analytical Officer		
Report Sponsor	Pam Wenger, Director of Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
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	<ul style="list-style-type: none"> The Health Board Risk Register was last presented to the Board in March 2021, and subsequently following further review and revision, to the Management Board and Audit Committee in May 2021. Since these meetings, at the request of the Chief Executive, Executive Directors have been reviewing and refreshing register entries further, with a particular focus on actions and timescales assigned to address risks. This process is continuing – the Register attached reflects revisions made up to and including 28th June 2021. The HBRR currently contains 39 risks, of which 22 have risk scores at, or above, the health board's current appetite of 20. Arrangements have been made for the Director of Nursing & Patient Experience, supported by the Director of Corporate Governance, to meet individually with Executive Director colleagues to discuss the Health Board risks and action being taken to mitigate them. These meetings have been arranged for July 2021. Due to their timing (following the deadline for papers for this meeting) the outcome of those meetings will be reflected in the next update report. The Covid-19 Gold Command risk register has been updated and risks of longer term risk of COVID recovery, and the transfer risk where appropriate are included in the overall Health Board Risk Register. The register has not been included as operational risks are rated as 15 or lower and are below the Boards appetite. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the updated Health Board Risk Register and process ongoing to enhance and refresh its content; 		

	<ul style="list-style-type: none"> • CONSIDER whether further assurance is required on action to address risks identified or to enhance the register entries; • ENDORSE the continuation of the risk appetite limit of 20, ahead of further consideration and approval by the Board.
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AUDIT COMMITTEE 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 overseeing the overall operation of the risk management framework and providing assurance 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, with the intention that committee work programmes be aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Health Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility.

Risk Register management is supported by a Risk Management Group (RMG) which 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 meets quarterly and it last met in May 2021.

Additionally, a Risk Scrutiny Panel meets monthly, and is responsible for moderating new risks and escalated risks to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF), engaging and advising Executive Directors as appropriate regarding the escalation and de-escalation of risks.

2.2 Risk Appetite

Risk appetite and tolerance set out how risk and reward are to be balanced, as well as providing clarification on the level of risk the Board is prepared to accept.

Prior to the Covid-19 Pandemic, the Board's risk appetite required 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 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.

2.3 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the key 'live' extreme risks facing the Health Board and the actions being taken to mitigate them.

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.

2.4 Covid-19 Risk Register

In recognition that Covid-19 is an 'issue' which the health board is managing, a separate risk register was established to capture the key risks associated with managing the response to the Pandemic. Risks on this register are overseen by Gold Command and reviewed weekly. As part of the review undertaken at Gold Command and risks of longer term risk of Covid recovery, and the transfer risk where appropriate are included in the overall Health Board Risk Register. The register has not been included as operational risks are rated as 15 or lower and are below the Boards appetite.

3. MANAGEMENT OF HEALTH BOARD RISK REGISTER (HBRR)

3.1 Action to Update the HBRR

Since the HBRR was received by the Management Board and Audit Committee in May 2021, Executive Directors have been reviewing and refreshing register entries, with a particular focus on actions and timescales assigned to address risks. This process is continuing – the Register attached at **Appendix 1** reflects revisions made up to and including 28th June 2021.

Arrangements have been made for the Director of Nursing & Patient Experience, supported by the Director of Corporate Governance, to meet individually with Executive Director colleagues to discuss the Health Board risks exceeding the Board's appetite and action being taken to mitigate them. These meetings have been arranged for July 2021. Due to their timing (following the deadline for papers for this meeting) the outcome of those meetings will be reflected in the next update report:

Executive Team	
Sian Harrop-Griffiths, Director of Strategy	5 th July 2021
Matt John, Director of Digital	5 th July 2021
Darren Griffiths, Finance & Performance	7 th July 2021
Kate Jones, Workforce & OD	8 th July 2021
Keith Reid, Director of Public Health	9 th July 2021
Rab McEwan, Chief Operating Officer	12 th July 2021
Christine Morrell, Therapies & Health Science	13 th July 2021
Richard Evans, Medical Director	13 th July 2021

Separate arrangements have been made to meet with Service Group Directors also.

3.2 Risk Summary

The June 2021 HBRR attached at **Appendix 1** 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 Audit Committee meeting, and an indication of those committees allocated to oversee individual risks in depth;
- Individual risk register scorecards.

Table 1 below stratifies the HBRR risks recorded in April and June 2021 respectively:

Table 1: Summary of Risk Assessment Scores

Risk Analysis	Number of Risks (Apr 2021)	Number of Risks (Jun 2021)
High Risk (\geq appetite): Risk Score of 20-25 (Red)	19	22
High Risk ($<$ appetite): Risk Score of 16-19 (Red)	8	9
Moderate Risk: Risk Score 9-15 (Amber)	5	8
Manageable Risk: Risk Score of 5-8 (Yellow)	0	0
Acceptable Risk: Risk Score of 1-4 (Green)	0	0
Total	32	39

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

3.3 New Risks, Increasing & Decreasing Risks

There are seven new risks added to the HBRR, some of which originated in the Covid-19 Risk Register but have been transferred to the HBRR:

Table 2: New Risks

Risk Ref	Risk	Source	Lead Exec Director	Current Score
74	Induction of Labour	New Risk	Director of Nursing & PE	20
75	Whole Service Closure	From Covid-19 Register	Chief Operating Officer	20
76	Partnership Working	From Covid-19 Register	Director of Workforce & OD	20
77	Workforce Resilience	From Covid-19 Register	Director of Workforce & OD	25
78	Nosocomial Transmission	From Covid-19 Register	Exec Medical Director	12
79	Resources for Recovery of Access Times	New Risk	Director of Finance	15
80	Inability to Transfer Patients	New Risk	Chief Operating Officer	20

There are no risks with increased scores since the April HBRR was received by the Management Board and Audit Committee in May 2021.

Four register entries have been indicated to have decreased levels of risk:

Table 3: Risks with Decreased Scores

Risk Ref	Risk	Lead Exec Director	HBRR Score Apr 2021	HBRR Score Jun 2021
39	Approved IMTP: Statutory Requirement Compliance	Director of Strategy	20	16
41	Fire Safety Compliance	Director of Nursing & PE	20	16
49	Trans-catheter Aortic Valve Implementation (TAVI)	Exec Medical Director	16	12
78	Nosocomial Transmission	Exec Medical Director	16	12

Further detail on each of the above risks can be found at **Appendix 1**.

3.4 Action on Highest Risks (Score=25)

There are six HIGH risks with a score of 25. Key updates to note in respect of these are as follows:

Table 4: Action on Risks with Score=25

Risk Ref	Risk, Key Update & Action	Lead Executive Director
16	<p>Access & Planned Care <i>There is a risk of harm to patients if we fail to diagnose and treat them in a timely way.</i></p> <p>The target date for action to address this risk is the development of a range of treat-while-you-wait interventions at specialty level. <i>Target 30/09/2021.</i></p>	Chief Operating Officer
50	<p>Access to Cancer Services <i>There is a risk of harm to patients with cancer due to delayed presentation, referral, diagnosis or treatment.</i></p> <p>The HBRR entry has been reviewed and refreshed. Action agreed previously to introduce COVID testing for Oncology and Haematology patients and staff involved in service delivery in line with national guidelines, has been completed. Targets for further actions have been reviewed and revised.</p> <p>Actions:</p> <ul style="list-style-type: none"> Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer 	Chief Operating Officer

Risk Ref	Risk, Key Update & Action	Lead Executive Director
	<p>backlog and future cancer diagnostic demand on Endoscopy Services. Harm review process to be implemented. <i>Target 01/11/2021</i></p> <ul style="list-style-type: none"> To explore the possibility of offering SBAR RT for high risk lung cancer patients in SWWCC. <i>Target 30/06/2021</i> 	
64	<p>Health & Safety Infrastructure <i>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.</i></p> <p>Actions:</p> <ul style="list-style-type: none"> Health and safety department structure to be reviewed and produce proposals, business case. <i>Target 30/06/2021</i> Health and safety structure review to be presented to the H&S Committee. <i>Target 30/06/2021</i> <p>The health and safety team has been allocated temporary resource to assist in addressing the overdue fire risk assessments, with a plan in place to reduce the number of overdue fire risk assessment.</p> <p>Actions include completion of the health & safety team resource business case to address resource issues within the H&S team to enable the HB to address its legal obligations. The additional resources required have been included in the HB annual plan. Resources when approved will be phased in over 2021/22 and 2022/23 financial years, this will enable the risk level to be reduced when implemented. The business case has been submitted and awaiting confirmation on resource allocation as outlined within it. There is no change to the current risk score.</p>	Director of Nursing & Patient Experience
66	<p>Access to Cancer Services <i>Unacceptable delays in access to Systemic Anti-Cancer Treatment in Chemotherapy Day Unit</i></p> <p>The action identified to address this risk is the expansion of home care delivery and additional chair capacity - SACT group tasked. <i>Target 31/07/2021.</i></p> <p>A paper on home care expansion has been rewritten following consideration by CEO. Final costings are awaited, following which it will be submitted for decision on next steps.</p>	Executive Medical Director

Risk Ref	Risk, Key Update & Action	Lead Executive Director
67	<p>Radiotherapy Target Breach Risk <i>Due to capacity and demand issues the department is experiencing target breaches in the provision of radical radiotherapy treatment to patients.</i></p> <p>Action:</p> <ul style="list-style-type: none"> Additional RT capacity plan. <i>Target 30/07/2021</i> <p>A business case for prostate hypo fractionation has been developed for decision on next steps.</p>	Executive Medical Director
77	<p>Workforce Resilience <i>Culmination of the pressure and impact on staff wellbeing – both physical and mental relating to Covid-19 Pandemic.</i></p> <p>This risk was discussed at the Management Board on 19/05/2021. Recognising that the anticipated critical impact of this risk had not been experienced, it was agreed that it be discussed further at the Risk Management Board to explore whether the score could be reduced.</p> <p>This risk is on the agenda for the meeting between the Director of Nursing & Patient Experience and Director of Workforce & OD on 08/07/2021.</p>	Director of Workforce & OD

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 six risks have been assigned to the Audit Committee for deeper scrutiny and assurance on action taken to address them:

Risk Reference	Description of risk identified	Current Score	Trend ¹
37 (1217)	Information Led Decisions Operational and strategic decisions are not data informed.	12	→
57 (1799)	Controlled Drugs Non-compliance with Home Office Controlled Drug Licensing requirements.	16	→
27 (1035)	Sustained Clinical Services Inability to deliver sustainable clinical services due to lack of digital transformation.	16	→

¹ This trend reflects the change in risk score since the Apr 2021 HBRR that was received by the Management Board and Audit Committee in May 2021.

Risk Reference	Description of risk identified	Current Score	Trend ¹
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.	16	→
60 (2003)	Cyber Security The level of cyber security incidents is at an unprecedented level and health is a known target.	20	→
70 (2245)	National Data Centre Outages The failure of national systems causes severe disruption across NHS Wales, affecting Primary and secondary care services.	20	→

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

3.6 Key Updates to Health Board Risks are provided in the table below:

Risk Ref	Key updates	Lead Executive Director
76	<p>Partnership Working</p> <p>Rationale for current score: From the beginning of the Covid outbreak staff side including the BMA have been extremely critical of the HB position and demanded that the HB operate outside of national guidance. Demanding widespread use of higher levels of PPE than the all Wales position allows. They have engaged with external media and voiced their concerns in very direct and critical terms, threatening to involve the Minister. Their position has not changed and this issue is raised at every LPF meeting. The risk score has reduced in line with the prevalence of Covid and thus the likely actions of staff although staff side have recently been involved in a local campaign actively encouraging their members to raise retrospective Datix incident for any staff who had a positive Covid test. This has generated circa 1600 Datix entries.</p> <p>Rationale for target score: Ideally staff side would support the HB position re PPE in line with PHW guidance. In doing so they would reassure staff and reduce their levels of general concern and anxiety regarding Covid Protection.</p> <p>Assurances: Monitored through range of contact points with staff side organisation mainly LPF and other routine meetings interaction with staff side.</p>	Director of Workforce & OD

	<p>Reduction in direct action by staff side and the issue of PPE not being consistently raised through formal channels media etc.</p> <p>Action deadline: 31st March 2022</p>	
77	<p>Workforce Resilience</p> <p>Controls: Staff Psychological Wellbeing Cell established – partnership working with MH Psychology, Chaplaincy, Comms and L&D. Staff WB and OH – 7 day services to support staff. 30 staff deployed to OH and resource to support WB service. Trained 140+ ‘Taking Care Giving Care’ facilitators to support team wellbeing. 240+ TRiM ‘React MH’ LM’s to support staff MH & trauma. Trauma/bereavement pathways for staff developed. OH Long Covid service developed. Supporting HB wide Wellbeing/Resilience days with Senior Nursing colleagues. 400+ Wellbeing Champions supporting teams and services. ESF funded ‘In Work Support’ team supported local SME employee’s/teams. SBU ‘double winners’ in UK OH&WB Awards for Covid response.</p> <p>Rationale for current score: Whilst direct Covid related absence has reduced in recent months the HB still has a significant number of staff who either caught Covid or were directly impacted either due to self-isolation and or the impact of being Clinically Extremely Vulnerable (CEV). Some 350 staff are still not yet back into a substantive role. Although sick absence levels have reduced the proportion of that % relating to stress has increased. It is still too early to be sure that long term impacts of the pandemic will have already manifested itself. The health board has a number of staff with long Covid whose return to work is not certain and whose sick pay protection will end later this year.</p> <p>Rationale for target score: All organisations would wish for their staff to be resilient to the impact of working within their organisation. The significant ongoing impact of Covid would never be zero but through a range of interventions in place we would hope to minimise the impact on staff to an acceptable level.</p> <p>Assurances: Monitoring of Sick absence (long, short term and Covid related), staff impacted by CEV and</p>	<p>Director of Workforce & OD</p>

	the numbers of staff seeking to access the supporting mechanisms already in place. Action deadline: 31 st March 2022	
41	Fire Safety Compliance Update 28.06.21: The flank walls were completed in 2019, it is the main façade of the tower block that is being replaced and is programmed to be completed in October 2023. There are no additional risks identified. Regular site and project updates taking place. Update 01/07.21: The main façade (cladding) to the tower block will be replaced with fully compliant cladding on a phased programme. The scaffolding for phase1 & 2 was completed in March 2021, with actual removal works commenced in April 2021. The target programme completion date is October 2023. The risk will be managed throughout the programme with regular site visits and project meetings.	Interim Director of Nursing
15	Population Health Targets Risk originally raised during measles outbreak and is now outdated. Risk closed 1 st July 2021. New risk to be raised which would relate to present climate.	Director of Public Health
39	IMTP Statutory Responsibility Action Closed: IMTP development for 2020/23 to test approvability with Performance Finance committee. Action Closed: Develop Annual Plan. New actions will be included in the next update.	Director of Strategy

4. GOVERNANCE AND RISK

4.1 Risk Appetite & Tolerance Levels

As noted earlier, members of the Board agreed that the risk appetite, whilst dealing with Covid-19, would increase to 20 and above for an initial period of 3 months. While it has been subject to ongoing review, the risk appetite limit of 20 and above has remained in place since the start of the pandemic.

The Board will need to decide whether the risk appetite limit should remain at 20 for the next Quarter (indicating risks assessed at a score of 20 or above should be addressed as a priority).

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. RECOMMENDATION

Members are asked to:

- **NOTE** the Health Board Risk Register and process ongoing to enhance and refresh its content;
- **CONSIDER** whether further assurance is required on action to address risks identified or to enhance the register entries;
- **ENDORSE** the continuation of the risk appetite limit of 20, ahead of further consideration and approval by the Board.

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	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
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	<ul style="list-style-type: none"> Quarterly to Audit Committee, Management Board and Board. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) 	