Meeting Date	10 March 2022	Agenda Item	3.4
Report Title	**Risk Management Report**		
Report Author	Neil Thomas, Assistant Head of Risk & Assurance		
Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance 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 Health Board Risk Register was last presented to the Audit Committee and Board in November 2021. The Board endorsed continuation of the risk appetite score level of 20. This will require further consideration and adjustment/endorsement at its meeting in March 2022. - Since then risk entries have been shared with Executive Directors for review during December, January and February. The register attached reflects revisions made up to 24th February 2022. This report indicates the changes made during that period. The most recent changes made in the February cycle of revisions are highlighted within the register itself. - The HBRR currently contains 39 risks, of which 24 have risk scores at, or above, the Health Board's current appetite of 20. Three of these have risk scores of 25. - Covid-19 Gold Command receives a risk log on a weekly basis. Two risks have increased to meet/exceed the health board appetite level of 20. - Following a period of engagement with members of the Risk Management Group (RMG) members, revised terms of reference for the RMG have been agreed with members and submitted for approval to the Management Board. - The delivery of risk management training workshops for managers in service groups is continuing. Delivery to the first service group is complete, a second is in progress and planning for the third underway. Additional support has been agreed following workshops in some services to clarify operational risk register processes. - A national task & finish group is building a new, national risk management system (within the Once4Wales Datix Cymru Concerns Management System) within which risk registers will be managed by each NHS organization.		

Specific Action Required *(please choose one only)*	Information ☐	Discussion ☐	Assurance ☒	Approval ☐
Recommendations	Members are asked to: • **NOTE** that the health board risk appetite will require further consideration and adjustment/endorsement in Q1 of 2022/23. • **NOTE** 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; • **NOTE** the ongoing provision of risk management training to operational management. • **NOTE** the development of the national risk management system module.			

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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 overseeing the overall operation of the risk management framework 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.

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 February 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 January 2022.

2.2 Risk Appetite

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

Following the onset of the Covid-19 pandemic, members of the Board agreed that the risk appetite threshold would be raised. This was agreed for an initial period of 3 months, but has remained raised throughout the pandemic to date, though additional narrative explanation has been provided to supplement the numeric threshold. The current risk appetite, as endorsed by the Board in November 2021 indicates that risks assessed at a threshold score of 20 or above should be addressed as a priority, and there is a low tolerance to risks with a high impact on the quality and safety of staff and patient care.

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 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.

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. Several of the longer term risks associated with Covid recovery have been transferred previously into the overall Health Board Risk Register. Risks remaining on the Covid-19 register are overseen by Gold Command and reviewed weekly. This report summarises the risks that are currently assessed as reaching or exceeding the risk appetite threshold.

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

3.1 Action to Update the HBRR

Since the last meeting, the Risk Scrutiny Panel (RSP) met in January and considered risks escalated by service groups and corporate directorates rated 20 and above (reflecting the Health Board's raised risk appetite of 20). Risks were received from:

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

Additional risks escalated via the Risk Scrutiny Panel have also been shared with Executive Directors for consideration. Feedback following meetings is provided to service groups directly or via Risk Management Group meetings.

Existing risk register entries were circulated to lead Executive Directors during December, January and February for review and the register updates accordingly. In addition to this, in response to comments made at Committee meetings in respect of out of date information, the *Additional Notes* section of the register has been cleansed by the Risk & Assurance Team to remove most of the historic notes, leaving those made in recent months.

This report indicates the changes made during the above period. The most recent changes made in the February cycle of revisions are highlighted within the register itself in red. The February 2022 HBRR is attached at **Appendix 1**.

3.2 Risk Register Summary

The Health Board Risk Register 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 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				
	Apr 2021	Jun 2021	Sep 2021	Jan 2022	Feb 2022
High Risk (>= appetite): Risk Score of 20-25 (Red)	19	20	21	25	24
High Risk (< appetite): Risk Score of 16-19 (Red)	8	9	8	7	8
Moderate Risk: Risk Score 9-15 (Amber)	5	8	9	8	7
Manageable Risk: Risk Score of 5-8 (Yellow)	0	1	1	1	0
Acceptable Risk: Risk Score of 1-4 (Green)	0	0	0	0	0
Total	**32**	**38**	**39**	**41**	**39**

Further detail on the above risks can be found within the Risk Register at **Appendix 1.** The following movements are noted:

- Three new risks have been added to the register:
  - HBR 72 *CRL & Capital Plan risk*
  - HBR 82 *Risk of Closure of Burns Service* [1]
  - HBR 83 *Release of Bed Capacity Savings risk*
- Two risks have increased in score:
  - HBR 20 *Access to Cancer Services*
  - HBR 78 *Nosocomial Transmission*
- Two risk scores have been reduced:
  - HBR 16 *Access & Planned Care*
  - HBR 81 *Midwifery Staffing Levels*
- One risk was increased in January and reduced in February:
  - HBR 51 *Nurse Staffing Act compliance*
- Two risks have been closed in the register
  - HBR 54 *Brexit (Feb)*
  - HBR 68 *Pandemic (Feb)*

  (This is in addition to HBR 49 *TAVI* which was closed previously)

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[1] The score for this risk has also reduced since its addition. The main register reflects this.

Section 3.3 below expands on these and other changes.

3.3 New Risks, Increasing & Decreasing Risks

The three <u>new</u> risks added to the HBRR are:

Table 2: New Risks

Risk Ref	Risk	Source	Lead Exec Director	Current Score
72	**CRL & Capital Plan Risk** Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2021-22.	New risk (Re-opened) (Corporate Finance)	Director of Finance & Performance	20
82	**Risk of closure of Burns service if Burns Anaesthetic Consultant cover not sustained** There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, resulting in closure to this regional service and the associated reputational damage. This is caused by: • Decreasing consultant numbers due to retirement • Anaesthetists not gaining CCT with appropriate ICM and Burns experience, despite attempts to encourage local development of staff Other UK burns units have ICU co-located with Burns ICU, removing the need for dual certified consultants.	New risk (Service Group)	Executive Medical Director	20
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.	New risk (Corporate Finance)	Director of Finance & Performance	20

The two risks with <u>increased</u> scores are:

Table 3: Risks with Increased Scores

Risk Ref	Risk	Lead Exec Director	HBBR Score Oct 2021	HBRR Score Jan 2022
50	Access to Cancer Services (Backlog of referrals exceeding capacity)	Chief Operating Officer	20	25
78	Nosocomial Transmission	Executive Medical Director	16	20

The two risks with <u>reduced</u> scores are:

Table 4: Risks with Reduced Scores

Risk Ref	Risk	Lead Exec Director	HBBR Score Oct 2021	HBRR Score Jan 2022
16	Access & Planned Care	Chief Operating Officer	25	20
81	Midwifery Staffing Levels	Executive Director of Nursing	25	20

The two <u>closed</u> risks are:

Table 5: Risks with Reduced Scores

Risk Ref	Risk	Lead Executive Director	Commentary
54	Brexit	Director of Strategy	The Head of Emergency Preparedness Resilience & Response has confirmed the Brexit risk log has now been closed as the risks have either been transferred into service risk groups if combined with other issues, or closed.
68	Pandemic	Director of Public Health	*Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020 leading to disruption to Health Board activities* has been proposed for closure as a risk by the Director of Public Health, recognising that this is now established as an ongoing issue. As an issue it presents further risks which are managed operationally via the Covid-19 Gold Command risk log, some of which have been escalated for inclusion in the HBRR. See later section on Covid Risk Register.

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

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3.4 Action on Highest Risks (Score=25)

There are three risks with a score of 25 currently (there were six previously). Risk descriptions have been updated in some cases by the lead Director. The below table provides information on action being taken to address these risks.

Table 5: Action on Risks with Score=25

Risk Ref	Risk & Mitigating Actions	Lead Executive Director

1	**Access to Unscheduled Care** *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.*
	
	The following actions have been completed since last meeting:
	• Joint working with WAS
	  o Policy of zero tolerance of over 6-hour handover delays, brought down to 4 hours
	  o Ambulance offload and cohorting area
	  o Identification of patient pathways that can bypass ED
	• Redesign of Acute Medical Services including Same Day Emergency Care
	• Commissioning of up to 100 care home beds.
	• Establishment of 4 virtual wards aligned to GP clusters
	• Business case to take virtual wards up to 8 submitted to Management Board.
	
	Additional actions in progress/planned:
	• Re-establish short stay unit on ward D at Morriston (end March 2022).
	• Increase SDEC working hours and throughput of patients (end March 2022).
	• Third phase of procurement to be undertaken to commission additional care home beds (end Mar 2022).
	
	Further notes:
	While zero tolerance target of 4 hours agreed and SOP in place, this is not currently being achieved due to Omicron surge and increased pressures at Morriston.
	Patient pathways that can bypass ED have been identified, but the EMD is working with WAST and SBU clinicians to maximise the number of patients receiving SDEC (Same Day Emergency Care).
	Acute hub relocated to TAWE as planned in December. Estates works have commenced in Enfys ward.
		Chief Operating Officer

50	**Access to Cancer Services** *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*	Chief Operating Officer

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets. The score associated with this risk was assessed as having increased as performance was off trajectory and the backlog was increasing. The following actions have been completed since last meeting: • A health board Cancer Performance Group has been established in November 2021. • A work programme for the group has been established Actions in progress/planned: • 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 cancer diagnostic demand on Endoscopy Services. The timescales for this are linked to the wider endoscopy plan (01/03/2022). • Implement process for clinical harm review (patient pathways completion date is noted 28/02/2022, but the health board is waiting on an All Wales decision on pathways reviews and framework). • Cancer Programme Board to be established (28/02/2022) Further notes: Funding was agreed for posts to support work (1 band 8a and 2wte band 6). The 1wte Band 8a started new role in November and 1wte band 6 started in January 2022. The other 1wte band 6 has gone back out to advert. Weekly operational tumour site meetings continue with top 7 sites. Challenge and review of data done by CIT and Cancer Associate Service Group Director for Cancer Division. PMO office to be engaged to support set up of programme and Cancer Programme Board. Draft TOR for this new Cancer Programme Board (PBD) have been completed. The newly established Cancer Programme Group chaired by Deputy COO will report into this Cancer Programme Board chaired by Executive Medical Director.	
64	**Health & Safety Infrastructure** *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.* The following progress has been made since last meeting: • Two fire safety advisors (SFA) were successfully appointed in December 2021. They are expected to commence in February 2022, increasing the number of FSA to 3 full time staff.	Director of Finance & Performance

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	Actions in progress/planned: • Health and safety department structure has been reviewed and proposals & business case produced. Discussion is ongoing to determine funding. (Refreshed 31/03/2022) • Health and safety structure review to be presented to the H&S Committee when funding has been agreed. (31/03/2022 in line with above) Further notes: Following commencement of the two fire safety advisors, further posts covering health & safety, manual handling, violence and aggression are awaiting a decision on funding to implement during 2022/23 financial year. It is not anticipated that a reduction in risk score can be made currently, but this will be continuously reviewed.	

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[2]
27 (1035)	**Sustained Clinical Services** *(reduced from 16)* *Inability to deliver sustainable clinical services due to lack of digital transformation.*	12	→
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	→
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	→

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[2] This trend reflects the change in risk score since the HBRR that was received by the Audit Committee in Nov 2021.

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Risk Reference	Description of risk identified	Current Score	Trend[2]
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 Covid-19 Risk Register – Highest Risks (21st February 2022)

Covid-19 Gold Command manages risks associated with the pandemic response. The below table highlights risks recorded within Gold Command's Covid-19 risk log with scores at or above the Health Board's risk appetite threshold of 20:

Table 6: Risks increased on Covid-19 register

Covid-19 Register Ref	Risk Detail	Current Risk Score
COV 017	**Nosocomial Transmission** Nosocomial transmission in hospitals due to the availability of single rooms and the inadequacy of ventilation systems (natural & mechanical) 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. *This risk is also captured on the HBRR.* Update from Gold 21.02.2022: While Omicron is much less severe clinically the need to separate out the COVID positive and COVID negative and COVID unknown patients is still one of the major factors in how challenging things are operationally, reflected in the escalation levels of the hospitals as well as WAST. Further review in March 2022 when further reduction in case numbers are likely and requirements for segregation may be eased.	20
COV 027	**COVID Testing Sites** <mark>New Risk</mark> The health board has been given notice on the Fabian Way Testing site with no alternative suitable option identified as yet. If no alternative option is identified, then the Swansea Bay Region will not have a designated Community Testing Unit for public and patient testing. Due to a significant issue with power supply to the Baglan Energy Park, the DHSC Baglan Regional Testing Centre may need to relocate to an alternative site. No fixed site has been secured as yet. If no alternative site is identified then the Swansea Bay region will not have a Regional Testing Centre for public testing.	25

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Covid-19 Register Ref	Risk Detail	Current Risk Score
	Notes on Action: Management are working with Swansea Council to identify alternative testing site for Fabian Way. Working with DHSC and MITIE to identify alternative testing site for Baglan RTS. Option appraisal for both sites currently being finalised. Local Authority and WG support is required for securing suitable alternative testing sites. Update from Gold Command 31.01.22: Discussed in C-19 Gold and due to ongoing issues with regard to testing strategy and uncertainty of re-location of Fabian Way testing site and some issues with regard to the Baglan Energy site, the risk remains very high.	

Risks remaining on the Covid-19 register are overseen by Gold Command and reviewed weekly. Where appropriate risks may be transferred or linked to risks within the Health Board risk register.

4. GOVERNANCE AND RISK

4.1 Risk Appetite & Tolerance Levels

As noted earlier, the current risk appetite, as endorsed by the Board in November 2021 indicates that risks assessed at a threshold score of 20 or above should be addressed as a priority, and there is a low tolerance to risks with a high impact on the quality and safety of staff and patient care.

The Board will need to review and confirm its risk appetite. A Board development session was held in February 2022 for Board members to consider how to develop the Board's risk appetite further. Further work on developing the organisations risk appetite statement and will be submitted to the Board in Q1 of 2022/23 for consideration.

4.2 Policy & Guidance

The Risk Management Group (RMG) in December received revised copies of the *Simple Guide to Risk Assessment & Management* and the health board *Risk Assessment Form*. The latter has been published on the Intranet. Following further comments, the Simple guide is being enhanced further and will follow.

Additionally, the RMG received the Risk Management Policy for consideration and feedback. The review will be completed following a Board review of risk appetite.

4.3 Risk Management Workshop Training

All services within Neath Port Talbot & Singleton have received the enhanced risk management workshop training. Additional support is planned to review processes for managing registers within Datix.

Training is well-progressed in Primary Community & Therapies Service Group also and will be competing shortly.

We are arranging training dates with Morriston service group to follow. Expressions of interest have been received to deliver the same in Mental Health & Learning Disabilities and a number of corporate directorates.

4.4 Risk Management Group Terms of Reference

At the December 2021 meeting of the Risk Management Group, revised terms of reference were discussed and agreed by members. These have been submitted for approval by the Management Board.

4.5 Datix Cymru Risk Module

The health board risk registers and processes are supported by a local implementation of DatixWeb. As part of the Once4Wales Concerns Management System Programme, a workstream group, supported by weekly meetings of a task & finish group, is meeting nationally to develop a new risk register module within Datix Cymru for use by organisations within NHS Wales. The development will require us to review the way we work and how we want the new module to support that.

Noting the agile nature of the development, key proposals emerging from weekly meetings will be shared with Risk Management Group members for comment. There may be some aspects of development that would necessitate adjustment to risk management policy. These will be reported via Risk Reports to the Management Board/Executive Team for endorsement and where they impact on health board policy, approval will be requested from the Board in due course.

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** that the health board risk appetite will require further consideration and adjustment/endorsement in Q1 of 2022/23.

- **NOTE** 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;

- **NOTE** the ongoing provision of risk management training to operational management.

- **NOTE** the development of the national risk management system module.

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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	• N/A
Appendices	• Appendix 1 – Health Board Risk Register (HBRR)