



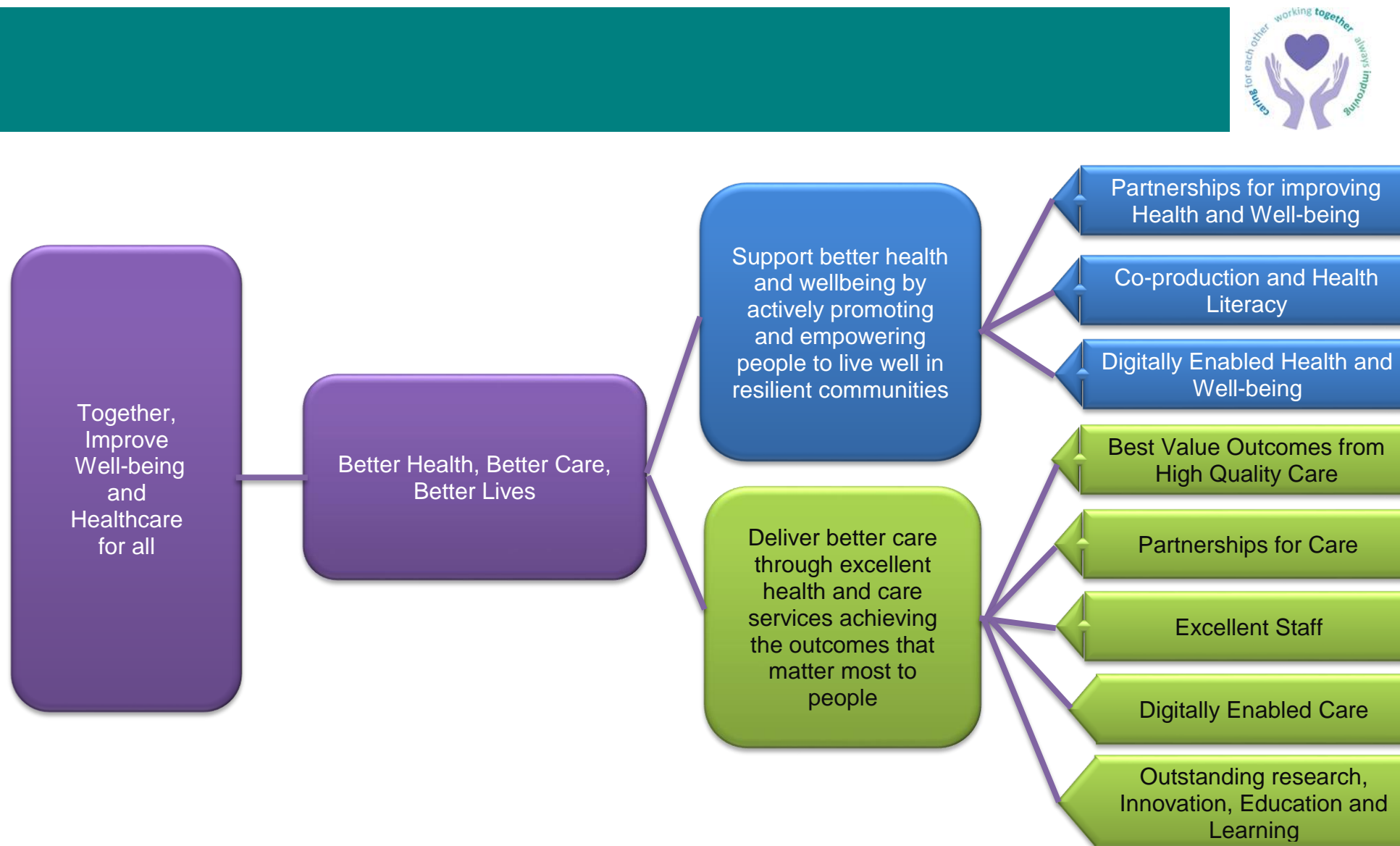
Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

COVID-19 RISK REGISTER GOLD COMMAND 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**

Impact/Consequences	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_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
	2					R_COV_004: Workforce Shortages – Self Isolation R_COV_006: Equipment Shortages R_COV_007: Oxygen Provision - CLOSED R_COV_011: BAME Workforce Risks
	1					
	C X L	1	2	3	4	5
Likelihood						

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	<u>Shortage of critical care drugs</u> 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_002	2368	<u>Shortage of Palliative Care Drugs</u> 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_003	2378	<u>Inadequate Supply of PPE</u> 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_004	2369	<u>Workforce Shortages</u> 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_005	2370	<u>Care Homes</u> 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_006	2371	<u>Equipment Shortages</u> 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_007	2372	<u>Oxygen Provision - CLOSED</u> 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	↓	↓	05.08.2020	Gold Command COVID-19

R_COV_008	2373	Capacity 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_009	2374	Workforce 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	20	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_010	2375	Delivery of Essential Care 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	→	→	05.08.2020	Gold Command COVID-19
R_COV_011	2376	BAME Workforce Risks 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_012	2377	Partnership Working 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_013	2388	Test, Trace and Protect 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	↓	↓	05.08.2020	Gold Command COVID-19

R_COV_014	2456	Key worker support from schools 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	↓	↓	05.08.2020	Gold Command COVID-19
R_COV_015	2457	Mass Vaccination 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	→	→	05.08.2020	Gold Command COVID-19

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

Datix ID Number: 2367	R_COV_Strategic_001								
Risk: <u>Shortage of critical care drugs</u> 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	Director Lead: Richard Evans, Medical Director Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)								
<ul style="list-style-type: none">Monitoring mechanism in place for critical care drugs.Lack of hemofiltration fluids across the UK escalated to ECCW on 18/04/20.Assessment of further local contingency plan to be undertaken week beg 20th April 20	Action	Lead	Deadline						
	Escalate to WG via critical care network to seek mutual aid in event of drug shortages; ongoing liaison with WG and suppliers.	Clinical Director Pharmacy	Weekly ongoing						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
Current Risk Rating 5 x 3 = 15 <table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>10</td></tr></table>	Risk	25	Current	15	Target	10	Additional Comments 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. Potential no deal Brexit – DOH discussion with suppliers for 6 week buffer. Brexit risk being discussed in EPRR group.		
Risk	25								
Current	15								
Target	10								

Datix ID Number: 2368	R_COV_Strategic_002								
Risk: <u>Shortage of Palliative Care Drugs</u> 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.	Director Lead: Richard Evans, Medical Director Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Local distribution plan now refined to be able to supply drugs at home quickly as required whilst preserving central stock.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	Mitigating actions (What more should we do?) <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Ongoing liaison with suppliers and WG to identify further supplies.</td><td>Clinical Director Pharmacy</td><td>Weekly ongoing</td></tr></table>			Action	Lead	Deadline	Ongoing liaison with suppliers and WG to identify further supplies.	Clinical Director Pharmacy	Weekly ongoing
Action	Lead	Deadline							
Ongoing liaison with suppliers and WG to identify further supplies.	Clinical Director Pharmacy	Weekly ongoing							
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
Current Risk Rating 5 x 3 = 15 <table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>10</td></tr></table>	Risk	25	Current	15	Target	10	Additional Comments Increased agility to supply limited stocks through the following access routes1st line - Community Pharmacies (including those holding additional palliative medicines stocks) <ul style="list-style-type: none">• 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 Potential no deal Brexit – DOH discussion with suppliers for 6 week buffer. Brexit risk being discussed in EPRR group.		
Risk	25								
Current	15								
Target	10								

Datix ID Number: 2378	R_COV_Strategic_003								
Risk: <u>Inadequate Supply of PPE</u> 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.	Director Lead: Christine Williams, Interim Director of Nursing Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">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	Mitigating actions (What more should we do?)								
	Action	Lead	Deadline						
	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						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
Current Risk Rating 5 x 3 = 15 <table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>10</td></tr></table>	Risk	25	Current	15	Target	10	Additional Comments 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. Paper for discussion in SLT regarding winter plans.		
Risk	25								
Current	15								
Target	10								

Datix ID Number: 2369	R_COV_Strategic_004								
Risk: Workforce Shortages 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	Director Lead: Kathryn Jones, Interim Director of Workforce Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)								
<ul style="list-style-type: none">Operational deployment group now operational to balance staff workforce across current capacity.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	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						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
Current Risk Rating 5 x 2 = 10 <table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>10</td></tr><tr><td>Target</td><td>8</td></tr></table>	Risk	25	Current	10	Target	8	Additional Comments 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.		
Risk	25								
Current	10								
Target	8								

Datix ID Number: 2370	R_COV_Strategic_005								
Risk: Care Homes 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.	Director Lead: Hilary Dover, Director of Primary and Community Services Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)								
<ul style="list-style-type: none">HB has provided temporary support to one care home and working closely with social services. Emergency care home procedure in place enacted via CSSIW.Escalated to WG on 16/04/20 with strong view from WG that HB should not step in unless in extremis.Patients in vulnerable care homes being assessed and actions put in place on individual clinical basis to admit if required. <p>Since April 2020 the Unit has:</p> <ul style="list-style-type: none">Increased our monitoring of care homes;Established weekly reporting of care homes;Manage our hotspots with our partners;Testing of residents and staff has been completed and pathways to testing remain in place.When needed we have stepped in and physically supported the homes.The risk is being mitigated and has reduced from 25 to 20.	Action	Lead	Deadline						
	Further plan required from Community Silver on alternative models - eg step up care. Update required on 23/04/20	Director of Primary and Community Services	Weekly ongoing						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
Current Risk Rating 5 x 4 = 20	Additional Comments								
<table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>20</td></tr><tr><td>Target</td><td>15</td></tr></table>	Risk	25	Current	20	Target	15			
Risk	25								
Current	20								
Target	15								

Datix ID Number: 2371		R_COV_Strategic_006								
Risk: Equipment Shortages 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		Director Lead: Darren Griffiths, Interim Director of Finance Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)								
<div>CLOSED</div> <ul style="list-style-type: none">Detailed equipment schedule prepared.		Action	Lead	Deadline						
		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	Interim Director of Finance	Weekly ongoing						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.		Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
<div>Current Risk Rating 5 x 2 = 10</div> <table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>10</td></tr><tr><td>Target</td><td>5</td></tr></table>		Risk	25	Current	10	Target	5	Additional Comments Ventilators to come through critical care network - all other items either ordered or in place. Llandarcy and Bay (phases 1, 2 and 3A equipped) - hold on equipping final phase to assess demand, Risk likelihood reduced to reflect progress made. 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.		
Risk	25									
Current	10									
Target	5									

Datix ID Number: 2372	R_COV_Strategic_007								
Risk: <u>Oxygen Provision</u> 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	Director Lead: Darren Griffiths, Director of Finance Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)								
<ul style="list-style-type: none">Detailed risk assessment completed and mitigating actions in place to balance the oxygen usage across Morriston across the 2 VIE systems.Alternative source of supply being sourced to provide oxygen at field hospital. <div>CLOSED</div>	Action	Lead	Deadline						
	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.	Director of Finance	Weekly ongoing						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
<div><div>Current Risk Rating</div><div>5 x 2 = 10</div><table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>10</td></tr><tr><td>Target</td><td>3</td></tr></table></div>	Risk	25	Current	10	Target	3	Additional Comments 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.		
Risk	25								
Current	10								
Target	3								

Datix ID Number: 2373	R_COV_Strategic_008								
Risk: Capacity 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.	Director Lead: Chris White, Chief Operating Officer Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)								
•	Action	Lead	Deadline						
	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						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
Current Risk Rating 4 x 4 = 16		Additional Comments 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.							
<table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>16</td></tr><tr><td>Target</td><td>8</td></tr></table>	Risk	25	Current	16	Target	8			
Risk	25								
Current	16								
Target	8								

Datix ID Number: 2374	R_COV_Strategic_009								
Risk: Workforce 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.	Director Lead: Kathryn Jones, Interim Director of Workforce Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)								
•	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						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
Current Risk Rating 5 x 3 = 15 <table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>10</td></tr></table>	Risk	25	Current	15	Target	10	Additional Comments 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.		
Risk	25								
Current	15								
Target	10								

Datix ID Number: 2375	R_COV_Strategic_010								
Risk: <u>Delivery of Essential Care</u> 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	Director Lead: Chris White, Chief Operating Officer Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)								
<ul style="list-style-type: none">Urgent OP work will continue utilising digital solutions wherever possible.Agreed list of exceptions in place; urgent cancer work is being preserved as far as practicable given other constraints.Use of Sancta to provide some urgent cancer treatment.Discussions on regional footprint to identify potential solutions for urgent work where appropriate.Morrison remains open to the Burns network.	Action	Lead	Deadline						
	Development of recovery framework to support return to delivery of core services	Chief Operating Officer	Weekly ongoing						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
<div>Current Risk Rating 5 x 4 = 20</div> <table><tr><td>Risk</td><td>20</td></tr><tr><td>Current</td><td>20</td></tr><tr><td>Target</td><td>8</td></tr></table>	Risk	20	Current	20	Target	8	Additional Comments		
Risk	20								
Current	20								
Target	8								

Datix ID Number: 2376	R_COV_Strategic_011								
Risk: BAME Workforce Risks 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	Director Lead: Kathryn Jones, Interim Director of Workforce Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)								
<ul style="list-style-type: none">A risk assessment tool has been made available by Welsh Government to support the identification of health care workers from a BAME background 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.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.It is recognised that it is not possible to assess for all possible risk factors in this current environment.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.	Action	Lead	Deadline						
	The impact on services will be reassessed after the initial risk assessment process has concluded.	Director of Workforce	Weekly ongoing						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
Current Risk Rating 5 x 2 = 10 <table><tr><td>Risk</td><td>25</td></tr><tr><td>Current</td><td>10</td></tr><tr><td>Target</td><td>8</td></tr></table>	Risk	25	Current	10	Target	8	Additional Comments		
Risk	25								
Current	10								
Target	8								

Datix ID Number: 2377	R_COV_Strategic_012								
Risk: Partnership Working 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.	Director Lead: Kathryn Jones, Interim Director of Workforce Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)								
<ul style="list-style-type: none">Frequent meetings will continue to take place, supplemented by local discussions when required.Employees will be encouraged to raise concerns via existing mechanisms and directly to the Chief Executive.We will continue to utilise the daily briefings to be transparent about issues such as PPE to improve confidence in the supply and availability.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.	Action	Lead	Deadline						
	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						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.								
<div><div>Current Risk Rating 4 x 4 = 16</div><table><tr><td>Risk</td><td>20</td></tr><tr><td>Current</td><td>16</td></tr><tr><td>Target</td><td>8</td></tr></table></div>	Risk	20	Current	16	Target	8	Additional Comments Partnership principles and ways of working will be emphasised as the most effective approach to secure progress.		
Risk	20								
Current	16								
Target	8								

Datix ID Number: 2388	R_COV_Strategic_013								
Risk: <u>Test, Trace and Protect</u> 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.	Director Lead: Sian Harrop-Griffiths, Director of Strategy Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Overall structure agreed, further discussions regarding delivery of specific HB elements. Multiagency testing plan and overarching TTP Plan agreed and submitted to WG. Guidance on HB stance on retesting being prepared by KR for inclusion in Testing Plan. Staffing plan developed and discussions being held with identified members of staff to populate required teams.	Mitigating actions (What more should we do?)								
	Action	Lead	Deadline						
	Need to establish clear position on retesting.	Director of Strategy	Weekly ongoing						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none">Executive monitoring/support to achieve improvement plans on a weekly basis.	Gaps in assurance (What additional assurances should we seek?) .								
Current Risk Rating 5 x 3 = 15 <table><tr><td>Risk</td><td>20</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>8</td></tr></table>	Risk	20	Current	15	Target	8	Additional Comments 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. Amber 15 - appropriate at the moment. Still significant uncertainty.		
Risk	20								
Current	15								
Target	8								

Datix ID Number: 2456	R_COV_Strategic_014								
Risk: <u>Key worker support from schools</u> 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.	Director Lead: Kathryn Jones, Interim Director of Workforce Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020								
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">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. <div>CLOSED</div>	Mitigating actions (What more should we do?)								
	Action	Lead	Deadline						
	TBC	Interim Director of Workforce	Weekly ongoing						
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)								
<div>Current Risk Rating 5 x 3 = 15</div> <table><tr><td>Risk</td><td>15</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>8</td></tr></table>	Risk	15	Current	15	Target	8	Additional Comments 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. HB policy issued 13th July 2020 providing local guidance on managing for those staff who cannot find suitable child care options for the summer break. Initial estimates were numbers of staff affected were low. WG have confirmed that Schools will open fully in Sept so we are assuming this issue will cease from that date although we will keep the situation under review to address any issues with pre-school childcare. Very low levels of reported issues - guidance and flexibility seems to have been used sensibly by staff and managers.		
Risk	15								
Current	15								
Target	8								

Datix ID Number: 2457	R_COV_Strategic_015		
Risk: Mass Vaccination 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.	Director Lead: Keith Reid, Director of Public Health Assuring Committee: Gold Command COVID-19 Date last reviewed: 5th August 2020		
	Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> 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. 		
		Mitigating actions (What more should we do?)	
		Action	Lead
		TBC	Director of Public Health
			Deadline Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)	
Current Risk Rating 4 x 5 = 20		Additional Comments	
Risk	20		
Current	20		
Target	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
CONSEQUENCE (**)					
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