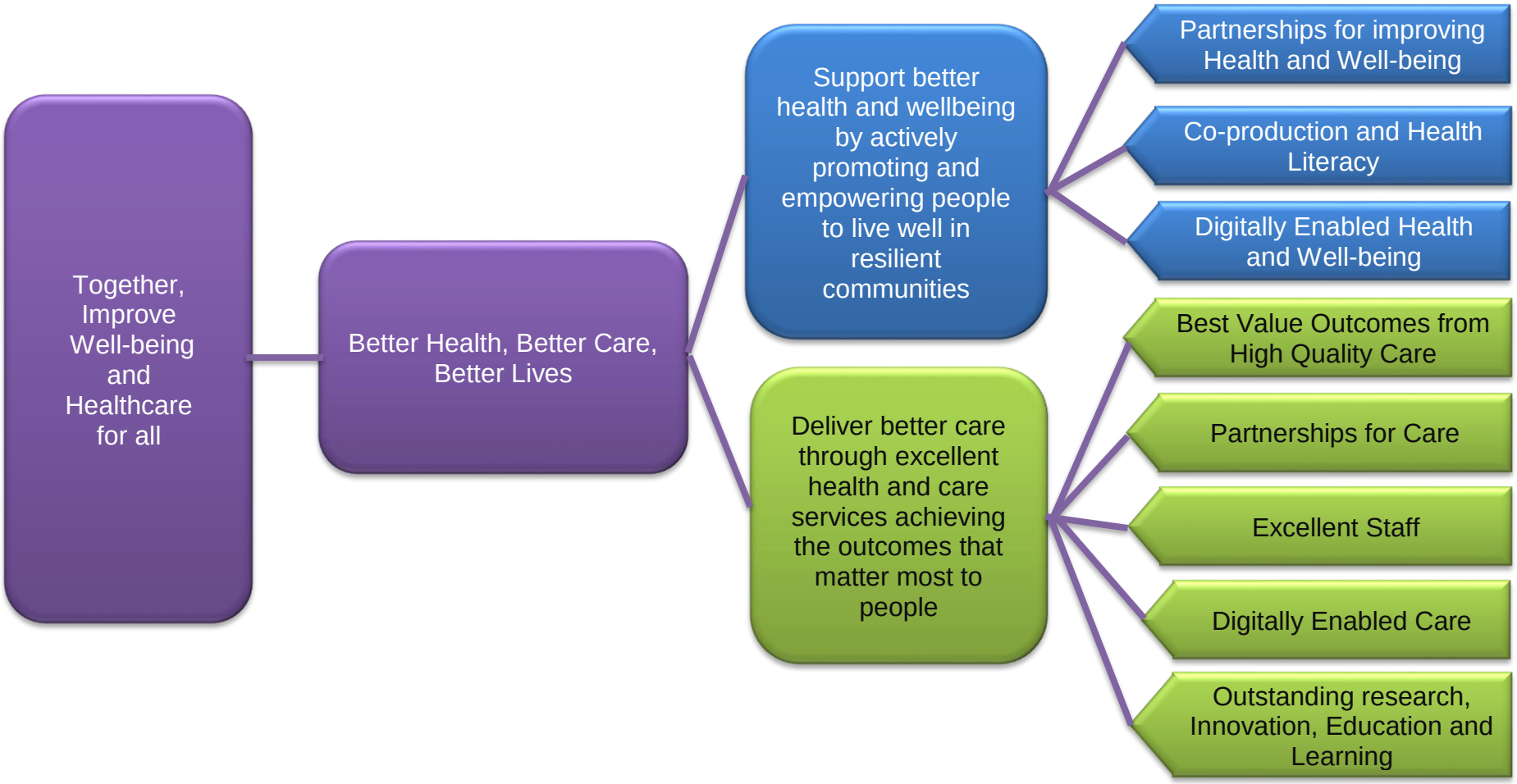
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe | Swansea Bay University Health Board

HEALTH BOARD RISK REGISTER
Performance & Finance Risks
November 2019

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.



HEALTH BOARD RISK REGISTER – Performance & Finance Risks Only

DASHBOARD OF ASSESSED RISKS – November 2019

Impact/Consequences						
5				**16:** Access to Planned Care Services **50:** Access to Cancer Services	
4				**48:** Child & Adolescence Mental Health Services	**39:** IMTP Statutory Responsibility **42:** Financial Plan
3				**52**: Engagement & Impact Assessment Requirements **55:** Bridgend Boundary Transition	**54:** No Deal Brexit
2					
1					
C X L	**1**	**2**	**3**	**4**	**5**
	Likelihood				

Full Health Board Risk Register Dashboard

Strategic Objective	Risk Reference	Description of risk identified	Initial Score	Current Score	Trend	Controls	Last Reviewed	Scrutiny Committee
Best Value Outcomes from High Quality Care	1 (738)	**Access to Unscheduled Care Service** Failure to comply with Tier 1 target for Unscheduled Care could impact on patient and family experience of care.	25	20	↓	↑	November 2019	Quality and Safety Committee
	4 (739)	**Infection Control** Failure to achieve infection control targets set by Welsh Government could impact on patient and family experience of care.	20	20	↑	→	November 2019	Quality and Safety Committee
	11 (837)	**Ageing Population** Failure to provide an appropriate healthcare model for the ageing population over the next 20 years.	16	16	→	→	November 2019	Quality and Safety Committee
	13 (814)	**Environment of HB Premises** Failure to meet statutory health and safety requirements.	16	12	→	→	November 2019	Health and Safety Committee
	64 (2159)	**Health and Safety Infrastructure** Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance.	20	20	→	→	November 2019	Health and Safety Committee
	16 (840)	**Access to Planned Care** Failure to achieve compliance with waiting times, there is a risk that patients may come to harm. Also, financial risk not achieving targets.	16	20	↑	→	November 2019	Performance and Finance Committee
	37 (1217)	**Information Led Decisions** Operational and strategic decisions are not data informed.	16	16	→	→	November 2019	Audit Committee

39 (1297)	**Approved IMTP – Statutory Compliance** If the Health Board does not have an approved IMTP signed off by Welsh Government, primarily due to the inability to align performance and financial plans it will remain in escalation status, currently "targeted intervention".	16	20	↑	→	November 2019	Performance and Finance Committee
41 (1567)	**Fire Safety Compliance** Fire Safety notice received from the Fire Authority – MH&LD Unit. Uncertain position in regard to the appropriateness of the cladding applied to Singleton Hospital in particular (as a high rise block) in respect of its compliance.re safety regulations.	15	15	↑	→	November 2019	Health and Safety Committee
42 (1398)	**Financial Plan** If the Board is unable to successfully deliver a sustainable service and develop a balanced financial plan to support the Statutory Breakeven Financial Duty.	12	20	↑	→	November 2019	Performance and Finance Committee
43 (1514)	**DoLS** If the Health Board is unable to complete timely completion of DoLS Authorisation then the Health Board will be in breach of legislation and claims may be received in this respect.	16	16	→	→	November 2019	Quality and Safety Committee
48 (1563)	**CAMHS** Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	16	16	→	→	November 2019	Performance and Finance Committee

	49 (922)	**Trans-catheter Aortic Valve Implementation (TAVI)** Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)	25	20	↑	→	November 2019	Quality and Safety Committee
	63 (1605)	**Screening for Fetal Growth Assessment in line with Gap-Grow** Due to the scanning capacity there are significant challenges in achieving this standard.	20	20	→	→	November 2019	Quality and Safety Committee
	50 (1761)	**Access to Cancer Services** Failure to sustain services as currently configured to meet cancer targets could impact on patient and family experience of care.	25	20	↑	→	November 2019	Performance and Finance Committee
	57 (1799)	**Controlled Drugs** Non-compliance with Home Office Controlled Drug Licensing requirements.	20	16	↓	→	November 2019	Audit Committee
Excellent Staff	3 (843)	**Workforce Recruitment** Failure to recruit medical & dental staff	20	16	→	→	November 2019	Workforce and OD Committee
	51 (1759)	**Nurse Staffing (Wales) Act** Risk of Non Compliance with the Nurse Staffing (Wales) Act	16	16	→	→	November 2019	Workforce and OD Committee
	62 (2023)	**Sustainable Corporate Services** Health Board's Annual Plan and organisational strategy, and with the skills, capability, behaviours and tools to successfully deliver in support of the whole organisation, and to do so in a way which respects and promotes the health and well-being of our staff and their work-life balance.	20	20	→	→	November 2019	Workforce and OD Committee

Digitally Enabled Care	27 (1035)	**Sustained Clinical Services** Inability to deliver sustainable clinical services due to lack of digital transformation.	16	12	↓	↑	November 2019	Audit Committee
	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	20	12	↓	↑	November 2019	Audit Committee
	45 (1565)	**Discharge Information** If patients are discharged from hospital without the necessary discharge information this may have an impact on their care	20	16	↓	→	November 2019	Audit Committee
	60 (2003)	**Cyber Security – High level risk** The level of cyber security incidents is at an unprecedented level and health is a known target.	15	15	→	→	November 2019	Audit Committee
	65 (329)	**CTG Monitoring on Labour Wards** Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	20	20	→	→	November 2019	Information Governance Board

Partnerships for Improving Health and Wellbeing	58 (146)	**Ophthalmology - Excellent Patient Outcomes** There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty.	20	20	→	→	November 2019	Quality and Safety Committee

	15 (737)	**Population Health Targets** Failure to achieve population health improvement targets leading to an increase in preventable disease amongst the population resulting in increased morbidity impacting on operational and financial pressures.	15	15	➔	➔	November 2019	Quality and Safety Committee
	61 (1587)	**Paediatric Dental GA Service – Parkway** Identify alternative arrangements to Parkway Clinic for the delivery of dental paediatric GA services on the Morriston Hospital SDU site consistent with the needs of the population and existing WG and Health Board policies.	15	16	➔	➔	November 2019	Quality and Safety Committee
Partnerships for Care	52 (1763)	**Statutory Compliance** The Health Board does not have sufficient resource in place to undertake engagement & impact assess in line with Statutory Duties	16	12	↓	↑	November 2019	Performance & Finance Committee
	53 (1762)	**Welsh Language Standards** Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the University Health Board.	15	15	➔	➔	November 2019	Health Board (Welsh Language Group)
	54 (1724)	**Brexit** Failure to maintain services as a result of the potential no deal Brexit	15	15	➔	➔	November 2019	Health Board (Emergency Preparedness Resilience and Response Group)
	55 (1764)	**Bridgend Boundary Change** Failure to ensure successful implementation of the Welsh Governments decision to realign the Health Boundary, as it applies to the resident population of the Bridgend County Borough.	20	12	↓	↑	November 2019	Performance and Finance Committee

Risk Schedules

Datix ID Number: 840 **Health & Care Standard: 5.1 Timely Care**	**HBR Ref Number: 16**
Objective: Best Value Outcomes from High Quality Care	**Director Lead:** Chris White, Chief Operating Officer **Assuring Committee:** Performance and Finance Committee
Risk: Access and Planned Care. If we fail to achieve compliance **with waiting times** there is a risk that patients may come to harm. Further, the health board will face financial risk with Welsh Government if the agreed target is not met.	**Date last reviewed:** November 2019
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 4 x 2 = 8	**Rationale for current score:** Consequence is high given nature of the risk. Likelihood is being managed through the controls and actions set out.
Level of Control = 90%	**Rationale for target score:**
Date added to the risk register January 2013	There is scope to reduce the likelihood score to reduce the Risk to an acceptable level

Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
• Weekly RTT meetings in place • Outsourcing additional capacity • NHS Wales Delivery Unit support provided in house and also support to the RTT meetings • Treat in Turn tools operationalised • Cohort tools operationalised • Support from Cwm Taf re backfill • Support from NPTH re additional orthopaedic waiting lists • Theatre group considering how to increase throughout through theatres • Additional staff training and recruitment (along with short term agency) to increase resilience of Morriston elective theatre	**Action**	**Lead**	**Deadline**
	Escalation and scrutiny to Performance and finance Committee for off profile specialties	Associate Director Performance	Monthly
	Develop sustainability plans for specialties through the emerging Clinical Services Plan	Associate Director Performance	30th December 2019
	Protect elective capacity during winter period to ensure elective capacity is maintained	Chief Operating Officer	30th December 2019

Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)
• Recover of specialties to profiled levels • Outsourcing volumes confirmed by providers • Increased Treat in Turn rates and cohort appointment • Reduction in overall waiting long waiting volumes	
Current Risk Rating	**Additional Comments**

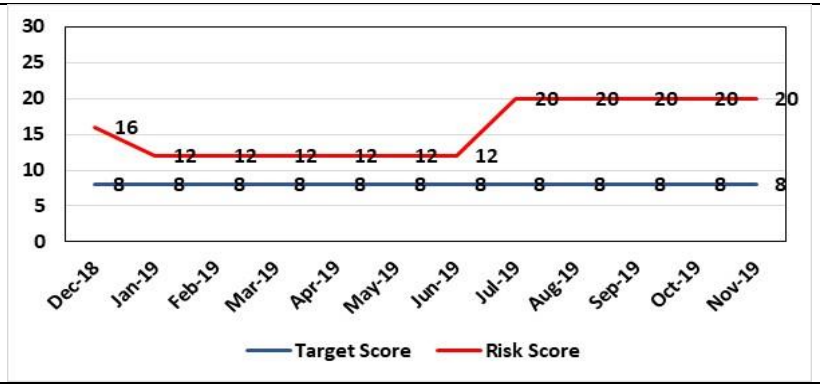
5 x 4 = 20	

Datix ID Number: 1297 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety	HBR Ref Number: 39
Objective: Demonstrating Value and Sustainability Risk in Brief: If the Health Board fails to have an approvable IMTP for 2018/19 then we will lose public confidence and breach legislation.	**Director Lead:** Sian Harrop-Griffiths, Director of Strategy **Assuring Committee**: Performance and Finance Committee / Strategy, Planning and Commissioning Group Health Board
Risk: Operational and strategic decisions are not data informed:- Health Board does not have an IMTP signed off by WG, primarily due to the inability to align performance and financial plans. WG also advised that the Health Board needed to have a clear strategic direction by developing an Organisational Strategy and refreshing our Clinical Services Plan. In September 2016, the Health Board was escalated to 'targeted intervention' and having an approved IMTP is a key factor in improving our WG monitoring status.	**Date last reviewed:** November 2019

Risk Rating
(consequence x likelihood):
Initial: 4 x 4 = 16
Current: 5 x 4 = 20
Target: 4 x 2 = 8

Level of Control
= 70%

Date added to the risk register
Q4 2016/17



Rationale for current score:
Our Organisational Strategy was approved by the Board in November 2018
This Annual Plan includes a balanced financial plan.
We have agreed with Welsh Government that we will continue our detailed planning and submit an approvable IMTP when ready.
We have continued the work from January onwards on our detailed plans to submit an approvable IMTP when ready.

Rationale for target score:
If the IMTP is approved it is likely our targeted intervention status will be improved when next reviewed and the risk can be closed.

Controls (What are we currently doing about the risk?)

- Organisational Strategy approved by the Board in November 2018
- Clinical Services Plan approved by the Board in January 2019
- Annual Plan submitted to Board and approved in January for submission to Welsh Government, accepted as a draft
- Good feedback received on the document.
- Due to the complexities of the Bridgend transfer, the CEOs of CTM and SB UHBs have formally asked WG for support to resolve the issues and formal arbitration process was initiated by WG.
- The results of the arbitration is now received as is the outcome of the Due Diligence Review.
- The Transformation Programme to deliver the Organisational Strategy and CSP including programme approach was established in April 2019
- Continuous planning through our CSP Programme and IMTP process will work up detailed plans to develop an integrated three year plan in line with the national timescales.
- The new Operating Model and Delivery Support Team will contribute to delivery of the financial

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Sign off of Annual Plan 2019/20 by Board – will be submitted in Oct 2019	Director of Strategy	30th November 2019
IMTP development for 2020 -23 to test approvability with Performance Finance Committee.	Director of Strategy and Director of Finance	30th November 2019
Draft Plan to Board in November	Director of Strategy	30th November 2019
Final plan to be submitted to Board for approval for submission to WG.	Director of Strategy	January 2020

plan. • A decision will be made as to the ability to submit a balanced IMTP in November.			
Additional Comments IMTP Executive Steering Group in place for development of the integrated medium term plan. Integrated Planning Group in place to co-ordinate Transformation and planning activities and approaches • Performance and Finance Plans are be assured by the P&F Committee before presentation to Board •Through monthly IMTP briefings, TI meetings and bi-annual JET meeting with WG – planning approach and emerging plans discussed and WG fully supportive of the direction of travel.	**Gaps in assurance (What additional assurances should we seek?)** EIA in development for PFC assurance QIAs in development for joint PFC/Q&S assurance		
Current Risk Rating **4 x 5 = 20**			

Datix ID Number: 1398 **Health & Care Standard: Staff Resources 7.1 Workforce**	**HBR Ref Number: 42**
Objective: Best Value Outcomes from High Quality Care	**Director Lead:** Lynne Hamilton. Director of Finance **Assuring Committee:** Performance and Finance Committee
Risk: Financial Plan - The Board is unable successfully to deliver sustainable services and develop a **balanced financial plan** to support the Statutory Breakeven Financial Duty.	**Date last reviewed:** November 2019

Risk Rating
(consequence x likelihood):
Initial: 5 x 5 = 25
Current: 5 x 4 = 20
Target: 2 x 3 = 6

Rationale for current score:
In 19/20 the Health Board has developed a balanced financial plan to support the Statutory Breakeven Financial Duty. However a number of risks have been identified which may result in the breakeven duty not being met in this financial year.
Ability to deliver required level of savings;
Cost pressures in excess of plan emerge are unable to be managed;
Impact of diseconomies of scale following the Bridgend Boundary Change are unable to be mitigated in full during 2019/20;
Delivery risks considered too high by Welsh Government and the additional funding support provided in recognition of operational and financial performance improvement is withdrawn;
Target set by WG. Improving likelihood due to enhanced controls and mitigating actions and opportunities, led by delivery support team and support by KPMG.

Level of Control
= 50%

Rationale for target score:
Aim to increase confidence levels to deliver set target.

Date added to the risk register
July 2017

Controls (What are we currently doing about the risk?)

The Health Board has established a multi-professional Delivery Support Team (DST) to focus on:

- Grip & control
- Driving up confidence in existing savings plan
- 2019/20 – Further actions
- Financial Sustainability

The Health Board has a number of established financial control measures including authorisation hierarchies, QVC panels and vacancy control panel.

These controls are being enhanced through the High Value Opportunity work streams, and Financial Recovery Actions which are monitored and support by the Delivery Support Team.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Monitor risk through Performance and Finance Committee	Director of Finance	Monthly Review
Monitor risk and agree action through Financial Management Group	Director of Finance	Monthly Review

From October KPMG external support commission by WG in support of the Health Board's 19/20 Financial Plan delivery and IMTP preparation will be working alongside the DST and the Finance team to support driving up confidence and the development of a strong pipeline of opportunities			
Assurances **(How do we know if the things we are doing are having an impact?)** The Health Board financial performance is reviewed and monitored through : • Unit and cross-system financial recovery meetings (Weekly) • Financial Management Group (chaired by CEO) • Performance and Finance Committee	**Gaps in assurance** **(What additional assurances should we seek?)** Accountability letters to be issued following Annual Plan approved by Board.		
Current Risk Rating **4 x 5 = 20**	**Additional Comments**		

Datix ID Number: 1563 Health & Care Standard: Safe Care 5.1 Access	HBR Ref Number: 48
Objective: Best Value Outcomes from High Quality Care	**Director Lead:** Sian Harrop Griffiths, Director of Strategy **Assuring Committee:** Performance and Finance Committee, Health Board
Risk: Failure to sustain Child and Adolescent Mental Health Services	**Date last reviewed:** November 2019

Risk Rating (consequence x likelihood):
Initial: 4 x 4 = 16
Current: 4 x 4 = 16
Target: 4 x 2 = 8

Level of Control = 50%

Date added to the risk register 31/05/2018

Rationale for current score:
The specialist CAMHS Network is delivered by Cwm Taf University Health Board on behalf of ABMU. Cwm Taf have confirmed that they will not meet the 28 day target by the end of March 2018. This is as a result of pressures across the entire CAMHS network in relation to demand & capacity and recruitment & retention.

Rationale for target score:

Controls (What are we currently doing about the risk?)

- Performance Scrutiny - is undertaken at monthly commissioning meetings between ABM & Cwm Taf University Health Boards. Improved governance -ensures that issues and concerns are discussed by all interested parties including local authorities to support the network identify local solutions.
- New Service Model agreed and being established by Summer 2019 which should give further stability to service.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Implementation of the Choice and Partnership Approach (CAPA) started on 1st November 2017 and being closely monitored	CAMHS network	30th November 2019
Additional investment expected - from Welsh Government is supporting the delivery of Waiting List Initiative clinics to support the position.	CAMHS network	30th November 2019
The Network is seeking to recruit agency staff to fill existing and upcoming vacancies to ensure that core capacity is maximised.	CAMHS network	30th November 2019

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 4 = 16

Additional Comments
The service is now in the 2nd cycle of CAPA with new job plans agreed from January, with updated demand & capacity mapping. WLI Clinics initiated at POW Hospital, Bridgend which enabled the 80% target to be achieved by end

	of end March. This was also achieved for NPT area. However Swansea had a significant backlog, which is starting to be addressed with waiting list initiatives from March 2018. Primary & specialist CAMHS services are delivered by Cwm Taf University Health Board on behalf of ABMU (although this will only be for Swansea & NPT from 1/4/19). Cwm Taf achieved the non-urgent 28 day target for specialist CAMHS by the end of March 2019. Their ability to sustain this performance is dependent on consistency and availability of staff which due to the small numbers in the various CAMHS teams can affect achievement of waiting times significantly.

Datix ID Number: 1761 Health & Care Standard: Timely Care 5.1 Access	HBR Ref Number: 50
Objective: Best Value Outcomes from High Quality Care	**Director Lead**: Chris White, Chief Operating Officer **Assuring Committee:** Performance and Finance Committee
Risk: Access to Cancer Services - Failure to sustain services as currently configured to meet cancer targets	**Date last reviewed:** November 2019

Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 4 x 3 = 12		**Rationale for current score:** An overall reducing trend in current risk assessed score. Whilst target not consistently being met, general improvement trajectory which needs to be sustained.
Level of Control = 70%		**Rationale for target score:**
Date added to the risk register April 2014		Target score reflects the challenge this area of work present the Board and where small numbers of patients impact on the potential to breach target

Controls (What are we currently doing about the risk?)

- Tight management processes to manage each individual case on the unscheduled care (USC) Pathway.
- Initiatives to protect surgical capacity to support USC pathways have been put in place in RGH and PCH to protect core activity.
- Prioritised pathway in place to fast track USC patients.
- Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies.
- Overall Cancer target performance plateau at around 90% with ongoing monitoring of related actions in place at F,P&W Committee.
- Small numbers of patients breaching which is impacting on sustained delivery of the 31 and 62 day target.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Introduction of revised models for rapid diagnostic review / assessment in cancer pathways being introduced.	COO / DPC&MH Med Director	30th November 2019
Continue close monitoring of each patient on the USC pathways to ensure rapid flow of patients through the pathway.	COO / DPC&MH Med Director	30th November 2019
Some speciality challenges remain in Lung and Urology - Action plans in place, along with monitoring.	COO / DPC&MH Med Director	30th November 2019

Assurances
(How do we know if the things we are doing are having an impact?)
General improvement (sustained) trajectory. Need to continue improvement actions and close monitoring. Early diagnosis pathway launched and impact being closely monitored.

Gaps in assurance
(What additional assurances should we seek?)
Clear current funding gap.

Current Risk Rating
4 x 5 = 20

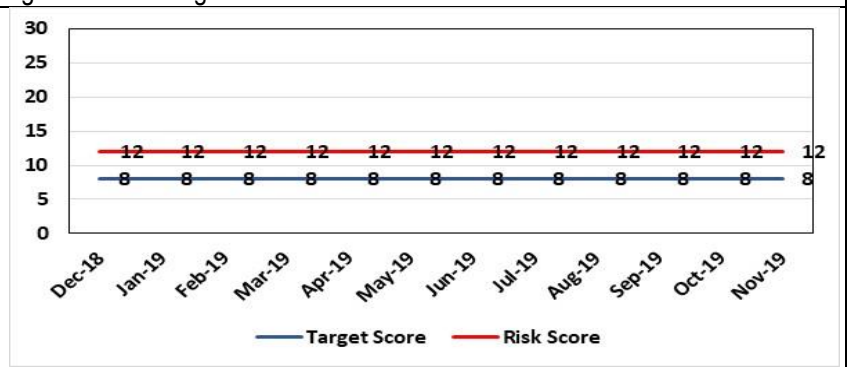
Additional Comments
The need to deliver sustained performance.

Datix ID Number: 1763 Health & Care Standard: Staff & Resources 7.1 Workforce	HBR Ref Number: 52
Objective: Partnerships for Care – Effective Governance	**Director Lead:** Sian Harrop Griffiths, Director of Strategy **Assuring Committee:** Performance and Finance Committee
Risk: The Health Board does not have sufficient resource in place to undertake engagement & impact assessment in line with strategic service change	**Date last reviewed:** November 2019

Risk Rating (consequence x likelihood):
Initial: 4 x 4 = 16
Current: 4 x 3 = 12
Target: 4 x 2 = 8

Level of Control = 50%

Date added to the risk register
November 2018



Rationale for current score:

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Rationale for target score:

- All of these areas need to have adequate resourcing and robust processes / policies in place for the organisation to make robust plans, engage public confidence and meet our statutory and public duties.

Controls (What are we currently doing about the risk?)

- Engagement – a temporary post was created for a Head of Engagement for 6 months. The impact of this post was evaluated and will be used to inform the structures change (Operating model). In the meantime the Band 5 has been backfilled to support engagement activities. Robust processes are, however, in place as agreed with the CHC and based on best practice guidance.
- Impact Assessment - A JD has been drafted. The post has now been put forward as part of the CSP support package. Will be taken forward as part of the review of Executive portfolios regarding Equalities.
- Commissioning - two temporary posts are in place until the end of 2019/20 to support the disaggregation programme relating to Bridgend. Will be considered by the Joint Executive Group as part of the resource assessment for the ongoing legacy of the Bridgend transfer.
- Planning - 2 temporary unfunded posts in place (Partnerships Manager and Older people's Programme Manager). Executive Team agreed to fund these, as well as appoint an Acute Care Planning Manager. Core department resources have been aligned to the needs of the CSP and a range of additional posts have been put forward in the resource assessment for the Transformation Portfolio.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Agreement of dedicated resource to support Engagement activity – through structure reviews	Director of Transformation	31st December 2019
Conclude work on Exec Equalities portfolios	WoD	31st December 2019
Appoint to agreed Planning posts	Director of Strategy	31st December 2019
Review commissioning requirements through JEG	Director of Strategy	30th November 2019

Assurances (How do we know if the things we are doing are having an impact?)
Temporary backfill resource for engagement.

Gaps in assurance
(What additional assurances should we seek?)
Permanent additional resources not yet available

Current Risk Rating
4 x 3 = 12

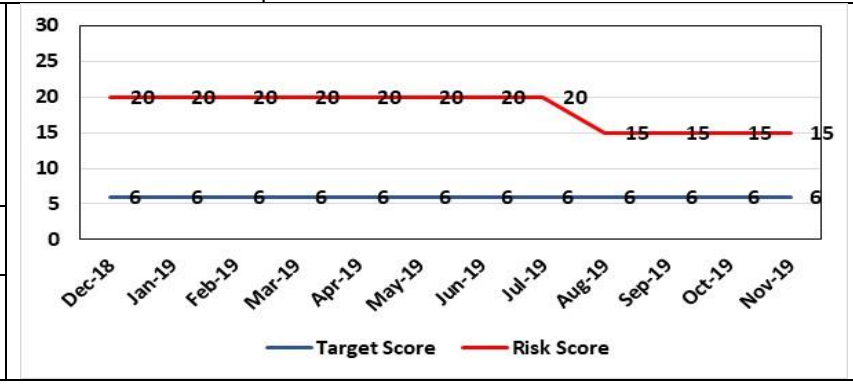
Additional Comments

Datix ID Number: 1724 Health & Care Standard: Safe Care 2.1 Managing Risk & Health & Safety	HBR Ref Number: 54
Objective: Partnerships for Care	**Director Lead:** Sian Harrop Griffiths, Director of Strategy **Assuring Committee:** Health Board (Emergency Preparedness Resilience and Response Group)
Risk: Failure to maintain services as a result of the potential no deal Brexit	**Date last reviewed:** November 2019

Risk Rating
(consequence x likelihood):
Initial: 4 x 5 = 20
Current: 5 x 3 = 15
Target: 3 x 2 = 6

Level of Control
= 70%

Date added to the risk register
November 2018



Rationale for current score:
The initial risk assessment is based on the fact that significant work needs to take place to understand the risks in terms of the Health Board's ability to maintain services as business as usual

Rationale for target score:
By undertaking the actions highlighted it is anticipated that the arrangements put in place will ensure business as usual in light of a no deal Brexit.

Controls (What are we currently doing about the risk?)

- All services to identify high risks related to Brexit on risk register Engagement in health national groups
- Welsh Government is working with NWSSP procurement to commission a review of devices and consumables supply chain in Wales to complement the work already completed at UK level.
- Welsh Government has put in place national communication and co-ordination arrangements, including:
  - A Brexit Ministerial Stakeholder Advisory Forum made up of senior leaders from across the sector, and led by the Cabinet Secretary for Health and Social Services and the Minister for Children, Older People and Social Care;
  - An EU Transition Leadership Group, chaired by WG focusing on ensuring operational readiness arrangements for both health and social services in Wales (terms of reference attached);
  - Regular meetings of NHS emergency planners, chaired by Welsh Government, as part of established resilience arrangements;
  - A 4 Nations public health group addressing public health associated risks and health security concerns, and a joint Welsh Government – Public Health Wales working group considering specific Welsh issues;
  - Working in partnership with the Welsh NHS Confederation to ensure ongoing flexible and effective communication and engagement between us and other stakeholders in the health and care system; and Regular updates on Brexit to the monthly NHS Wales Executive Board meetings.
  - Assessing command and control requirements
  - Work programme monitored via EPRR Strategy Group
  - All services to complete business continuity plans
  - all services to identify high risks related to Brexit on risk register
  - Engagement in health national groups

Mitigating actions (What more should we do?)

Action	Lead	Deadline
To review and rehearse promptly the existing business continuity and resilience/contingency arrangements, and to do so working with your local and regional partners, including through your local resilience forums.	Head of Emergency Preparedness, Resilience & Response	30th November 2019
To carry out risk assessments	Head of Emergency Preparedness, Resilience & Response	30th November 2019

Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)
• Work programme in place and monitored via EPRR Strategy Group • All services to complete business continuity plans	To understand from the review what arrangements need to be in place to minimise the risks in relation to a potential no deal Brexit.
Current Risk Rating **3 x 5 = 15**	**Additional Comments** There is an obligation to maintain critical services and business as usual in an emergency and this includes Brexit and consequently there is the potential for disruption in commercial and public services and therefore supplies, services, transport, fuel, border issues, EU national issues, immigration, critical infrastructure, energy and command resilience etc.

Datix ID Number: 1764 Health & Care Standard: Safe Care 2.1 Managing Risk & Health & Safety	HBR Ref Number: 55
Objective: Partnerships for Care	**Director Lead:** Sian Harrop Griffiths, Director of Strategy **Assuring Committee:** Joint Transition Board, Health Board
Risk: Failure to manage the residual risks arising from the Welsh Governments decision to realign the Health Boundary, as it applies to the resident population of the Bridgend County Borough.	**Date last reviewed:** November 2019

Risk Rating (consequence x likelihood):
Initial: 5 x 3 = 15
Current: 4 x 3 = 12
Target: 3 x 3 = 9

Level of Control = 70%

Date added to the risk register
November 2018

Rationale for current score:

- The risk score has reduced from red 20 to red 16 which reflects that the Bridgend Boundary change took effect 1 April 2019 and that there are ongoing arrangements being put in place to manage the residual risks arising from the transfer.
- The score has reduced to red 16, however it is important to recognise that financial discussions are ongoing with Welsh Government.
- Outcome from arbitration and due diligence still unknown

Rationale for target score:

- The Bridgend Boundary change took effect 1 April 2019 and there are ongoing arrangements being put in place to manage Service Level Agreement's (SLA's) and Long Term Agreements (LTA's) for service delivery.

Controls (What are we currently doing about the risk?)

- Responsibility for the provision of health and care services for the Bridgend County Borough Council (BCBC) area transferred to Cwm Taf Morgannwg UHB on the 1 April 2019, this included the transfer of assets, services and resources.
- A Joint Handover statement was approved by the Joint Transition Board on the 23 April 2019 and captures the business of the University Health Boards (UHBs), identifying key achievements, developments and investments, as well as highlighting any outstanding areas of work, risks and considerations which will need to be taken into account by Cwm Taf Morgannwg UHB and Swansea Bay UHB going forward.
- A Memorandum of Understanding (MOU) has been devised which outlines joint agreements and stipulates what Service Level Agreements (SLAs) and Long Term Agreements (LTAs) are in place for cross border working.
- A Quality and Patient Safety legacy document has been devised outlining the outstanding risks and the residual work required post April 2019. (can be accessed from the Joint Handover statement)
- The cost pressures of the transfer are being discussed with Welsh Government

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Phase 2 – Service Transformation Plan **Finance** Further discussion to take place with Welsh Government around to cost neutrality and financial stability. **Commissioning –** joint meeting set up to monitor memorandums of understanding and SLAs	Director of Strategy	31st January 2020

Assurances (How do we know if the things we are doing are having an impact?)

- Performance is reviewed at monthly meetings with Cwm Taf Morgannwg UHB and progress is monitored by the Director of Transformation.
- Executive leadership for boundary change will be transferring to director of strategy that the relationship with CTMHB is largely a service planning and commissioning one.

Gaps in assurance
(What additional assurances should we seek?)

Current Risk Rating 4 x 3 = 12	Additional Comments The last Joint Transition Programme group meeting was held in April 2019, all supporting work streams will disband thereafter. The ongoing work to manage the residual issues will need to be included on top of routine duties and responsibilities

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