



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER PERFORMANCE & FINANCE COMMITTEE RISKS November 2022



Datix ID Number: 738 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 1 Risk Target Date: 31/12/2022		Current Risk Rating 5 x 5 = 25																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Inese Robotham, Chief Operating Officer Assuring Committee: Performance and Finance Committee For information: Quality & Safety Committee																																										
Risk: 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.		Date last reviewed: November 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 5 x 5 = 25 Target: 3 x 4 = 12		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>25</td><td>12</td></tr> <tr><td>Jan-22</td><td>25</td><td>12</td></tr> <tr><td>Feb-22</td><td>25</td><td>12</td></tr> <tr><td>Mar-22</td><td>25</td><td>12</td></tr> <tr><td>Apr-22</td><td>25</td><td>12</td></tr> <tr><td>May-22</td><td>25</td><td>12</td></tr> <tr><td>Jun-22</td><td>25</td><td>12</td></tr> <tr><td>Jul-22</td><td>25</td><td>12</td></tr> <tr><td>Aug-22</td><td>25</td><td>12</td></tr> <tr><td>Sep-22</td><td>25</td><td>12</td></tr> <tr><td>Oct-22</td><td>25</td><td>12</td></tr> <tr><td>Nov-22</td><td>25</td><td>12</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Dec-21	25	12	Jan-22	25	12	Feb-22	25	12	Mar-22	25	12	Apr-22	25	12	May-22	25	12	Jun-22	25	12	Jul-22	25	12	Aug-22	25	12	Sep-22	25	12	Oct-22	25	12	Nov-22	25	12	Rationale for current score: Post wave 2 of COVID 19 Morriston and Singleton have experienced a steady increase in emergency demand to pre-covid levels. Capacity is limited due to covid response and therefore remains a high risk. Current score raised due to increasing pressures. Recent implementation of All Wales Immediate Release Protocol puts additional pressure on already overcrowded ED dept.	
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Level of Control = 50%		Rationale for target score: Our annual plan is to implement models of care that reflect best practice. This will improve patient flow, length of stay and reduce emergency demand.																																										
Date added to the HB risk register 26.01.16																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> • Programme management office in place to improve Unscheduled Care. • Daily Health Board wide conference calls/ escalation process in place. • Regular reporting to Executive and Health Board/Quality and Safety Committee. • Increased reporting as a result of escalation to targeted intervention status. • Targeted unscheduled care investment of £8.5m in the annual plan, including a new Acute Medical Model focused on increasing ambulatory care. • Development of a Phone First for ED model in conjunction with 111 to reduce demand. • 24/7 ambulance triage nurse in place • Joint WAST Stack review by GP and APP (Advanced Paramedic Practitioner) • OPAS (Older People's Assessment Service) have undertaken training with nursing homes (on management of patient falls) & set up direct contact details with nursing homes • Frailty short-stay unit re-established <p>Additionally, actions to improve the discharge of clinically optimised patients (risk HBR80) expected to assist with patient flow, are anticipated to free capacity to assist to address this risk HBR1 also.</p>			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Review roles & service models in order to increase SDEC working hours and throughput of patients sustainably.</td> <td>SGD (Morriston)</td> <td>01/12/2022</td> </tr> <tr> <td>OPAS – exploring internal & external funding options</td> <td>SDEC Clinical Lead</td> <td>31/01/2023</td> </tr> <tr> <td>Primary care group are looking at FNOF pathway and use of virtual wards to reduce length of stay.</td> <td>PCT SGD</td> <td>31/10/2022</td> </tr> <tr> <td>Breaking the Cycle week planned for w/c 7th November 2022.</td> <td>Morriston & Singleton SGDs</td> <td>07/11/2022</td> </tr> <tr> <td>Morriston are setting up a workstream to review SAFER discharge.</td> <td>Morriston UND</td> <td>30/11/2022</td> </tr> <tr> <td>AMSR programme due to be implemented in December 2022 – subject to OCP.</td> <td>COO</td> <td>01/12/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	Review roles & service models in order to increase SDEC working hours and throughput of patients sustainably.	SGD (Morriston)	01/12/2022	OPAS – exploring internal & external funding options	SDEC Clinical Lead	31/01/2023	Primary care group are looking at FNOF pathway and use of virtual wards to reduce length of stay.	PCT SGD	31/10/2022	Breaking the Cycle week planned for w/c 7 th November 2022.	Morriston & Singleton SGDs	07/11/2022	Morriston are setting up a workstream to review SAFER discharge.	Morriston UND	30/11/2022	AMSR programme due to be implemented in December 2022 – subject to OCP.	COO	01/12/2022																		
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<ul style="list-style-type: none"> New Urgent & Emergency Care Board is meeting monthly 	The need to deliver sustained service.
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>21/09/2022: Evaluation concluded – shared staff side 8/9. Project now planning the implementation phase. Linked to AMSR risk. 3 Actions completed - OPAS developing a proposal to assess elderly patients at home. Introduce Band 6 navigator role in ED for better streaming of patients. Five-day in-reach by virtual wards will commence in August.</p> <p>24/10/2022: A go/no go gateway for AMSR is scheduled on 16th November 2022. Action completed - Re-establish short stay unit on ward D at Morriston. Realign wards to specialties at Morriston Hospital including short stay unit on Ward D.</p>	

Datix ID Number: 840 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 16 Risk Target Date: 30/11/2022		Current Risk Rating 5 x 4 = 20																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Inese Robotham, Chief Operating Officer Assuring Committee: Performance and Finance Committee For information: Quality & Safety Committee																																										
Risk: Access and Planned Care There is a risk of harm to patients if we fail to diagnose and treat them in a timely way.		Date last reviewed: November 2022																																										
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Oct-22	20	8																																										
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Level of Control = 90%		Rationale for target score: There is scope to reduce the likelihood score to reduce the overall risk to an acceptable level. The Risk target date indicates when we expect to see some reduction in waiting lists – albeit the overall risk level may remain as work continues.																																										
Date added to the HB risk register January 2013																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Post Covid 19 the focus is on minimising harm by ensuring that the patients with the high clinical priority are treatment first. The Health Board is following the Royal College of Surgeons guidance for all surgical procedures and patients on the waiting list have been categorised accordingly. There is a bi-weekly recovery meeting for assurance on the recovery of our elective programme. Specialty level capacity and demand models set out the baseline capacity and identify solutions to bridge the gap. Non-recurring pump – prime funding is available to support initial recovery measures. Fortnightly performance reviews track progress against delivery. A focused intervention is in train to support to the 10 specialties with the longest waits. Long waiting patients are being outsourced to the Independent Sector Additional internal activity is being delivered on weekends (via insourcing) Planned care trajectories developed and submitted to WG as part of IMTP. Governance process put in place to monitor performance against trajectories internally, and with Welsh Government 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>External & internal validation has commenced. Impact to be reviewed during October 2022. Internal validation has commenced, but external validation will now start from 1st week November.</td> <td>Deputy COO</td> <td>30/11/2022</td> </tr> <tr> <td>Morrison Service Group is looking at a plan for dedicated elective orthopaedic bed capacity at Morrison site.</td> <td>Morrison SGD</td> <td>30/11/2022</td> </tr> <tr> <td>Recovery trajectory has been reviewed and shows further improvement – awaiting final signoff.</td> <td>Deputy COO</td> <td>31/10/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	External & internal validation has commenced. Impact to be reviewed during October 2022. Internal validation has commenced, but external validation will now start from 1 st week November.	Deputy COO	30/11/2022	Morrison Service Group is looking at a plan for dedicated elective orthopaedic bed capacity at Morrison site.	Morrison SGD	30/11/2022	Recovery trajectory has been reviewed and shows further improvement – awaiting final signoff.	Deputy COO	31/10/2022																											
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Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Weekly meetings in place to ensure patients with greatest clinical need are treated first. 			Gaps in assurance (What additional assurances should we seek?)																																									
Additional Comments / Progress Notes 21/09/22: Trajectories have been revised and show more favourable position but are still falling short of ministerial ambition. The Service Groups jointly with Deputy COO are looking at further efficiency opportunities. Action completed - Exploring options to maximise efficiency and productivity through validation and efficient use of existing capacity. 19/10/22: External validation of longest waiting patients is about to commence. Impact to be monitored.																																												

24/10/2022: Planned Care will be part of enhanced monitoring arrangements with Welsh Government. We are awaiting the template to agree remedial actions.

Datix ID Number: 1563 Health & Care Standard: Safe Care 5.1 Access		HBR Ref Number: 48 Risk Target Date: 31st March 2023		Current Risk Rating 4 x 3 = 12																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Sian Harrop-Griffiths, Director of Strategy Assuring Committee: Performance and Finance Committee, Health Board For information: Quality & Safety Committee																																										
Risk: Failure to sustain Child and Adolescent Mental Health Services		Date last reviewed: November 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 3 = 12 Target: 4 x 2 = 8		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>8</td><td>16</td></tr> <tr><td>Jan-22</td><td>8</td><td>16</td></tr> <tr><td>Feb-22</td><td>8</td><td>16</td></tr> <tr><td>Mar-22</td><td>8</td><td>16</td></tr> <tr><td>Apr-22</td><td>8</td><td>16</td></tr> <tr><td>May-22</td><td>8</td><td>16</td></tr> <tr><td>Jun-22</td><td>8</td><td>16</td></tr> <tr><td>Jul-22</td><td>8</td><td>16</td></tr> <tr><td>Aug-22</td><td>8</td><td>16</td></tr> <tr><td>Sep-22</td><td>8</td><td>16</td></tr> <tr><td>Oct-22</td><td>8</td><td>12</td></tr> <tr><td>Nov-22</td><td>8</td><td>12</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Dec-21	8	16	Jan-22	8	16	Feb-22	8	16	Mar-22	8	16	Apr-22	8	16	May-22	8	16	Jun-22	8	16	Jul-22	8	16	Aug-22	8	16	Sep-22	8	16	Oct-22	8	12	Nov-22	8	12	Rationale for current score: Difficulties with sustainable staffing affecting performance. Due to improvements being made within the service the current score is on track to be reduced next month.	
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Level of Control = 50%		Rationale for target score: New service model and improved performance.																																										
Date added to HB the risk register 31/05/2018																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> Performance Scrutiny - is undertaken at monthly commissioning meetings between Swansea Bay & Cwm Taf Morgannwg 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 was established by Summer 2019 which gave further stability to service. Staffing of service is being strengthened & supplemented by agency staff External support secured to determine future delivery arrangements and more immediate performance improvements. Following a service review, and option appraisal, the Health Board approved the preferred option – to repatriate Swansea Bay CAMHS at its September Board meeting. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>The ongoing utilisation of agency staff to fill vacancies has been agreed via the commissioning arrangements and the Service have had ongoing agency workers in the service since April. The Service will continue to look for opportunities for agency to support the service.</td> <td>Assistant Director of Strategy</td> <td>01/04/2023</td> </tr> <tr> <td>Repatriation of Service to SBUHB</td> <td>Assistant Director of Strategy</td> <td>01/04/2023</td> </tr> <tr> <td>CAMHS Implementation Plan to be progressed in line with the agreed timelines to manage demand & capacity and improve waiting times.</td> <td>Assistant Director of Strategy</td> <td>Ongoing (multiple milestones)</td> </tr> </tbody> </table>		Action	Lead	Deadline	The ongoing utilisation of agency staff to fill vacancies has been agreed via the commissioning arrangements and the Service have had ongoing agency workers in the service since April. The Service will continue to look for opportunities for agency to support the service.	Assistant Director of Strategy	01/04/2023	Repatriation of Service to SBUHB	Assistant Director of Strategy	01/04/2023	CAMHS Implementation Plan to be progressed in line with the agreed timelines to manage demand & capacity and improve waiting times.	Assistant Director of Strategy	Ongoing (multiple milestones)																													
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Assurances (How do we know if the things we are doing are having an impact?) As a result of focussed work, the vacancy rate has improved considerably. Utilisation of agency will continue to improve the backlog, and support the trajectories received. % Patients waiting < 28 days The number of referrals reduced to 138 in August, compared to 259 in May when referrals were at their highest this year. The proportion of referrals redirected/not accepted has increased in August to 55% reflecting the average for 21/22.		Gaps in assurance (What additional assurances should we seek?)																																										

The number of patients on the waiting list at the end of August has decreased from 324 in May to 100. The current waiting time for assessment as at 23rd September, is included within the table below.

Team	Total waiting	Waiting >28 days	% compliance	Average wait (weeks)
CAMHS Swansea Bay	100	31	69%	2.7

Additional Comments / Progress Notes

Update 22.02.2022 - Potential for repatriation of CAMHS service from Cwm Taf Morgannwg HB being considered through commissioning additional external support to review.
 Action complete 01.04.22 - Improvement plan has been shared by CTM and is monitored monthly. Action to mitigate the risk to young people waiting is being taken including utilisation of the third sector for support. An update went to the performance & finance committee in March.

Update: August 2022 – work has been progressed to develop options for the repatriation of CAMHS, and these are due to be reviewed by Management Board in August. A service specification has been drafted, and engagement is ongoing. Trajectories have now been received aligned to the schemes in the Improvement Plan – these will be monitored via the monthly commissioning arrangements.

Update: September 2022 – Service Specification complete and preferred option confirmed for future repatriation of service to Swansea Bay UHB. Recommended that risk is downgraded in October 2022. Two actions completed - Service Specification being developed. Engagement on Specification is now complete, document has been finalised and endorsed by CTM and SBUHB via the commissioning arrangements in place. Board to consider future delivery arrangements. Option appraisal complete – preferred option approved by Management Board and by Health Board members at the September meetings.

21.11.2022 – Action complete – The Network is seeking to recruit agency staff to fill existing and upcoming vacancies to ensure that core capacity is maximised.

Datix ID Number: 1761 Health & Care Standard: Timely Care 5.1 Access		HBR Ref Number: 50 Risk Target Date: 31/10/2022		Current Risk Rating 5 x 5 = 25																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Inese Robotham, Chief Operating Officer Assuring Committee: Performance and Finance Committee For information: Quality & Safety Committee																																										
Risk: 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 in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.		Date last reviewed: November 2022																																										
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Level of Control = 70%		Rationale for target score: 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.																																										
Date added to the HB risk register April 2014																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Tight management processes to manage each individual case on the Urgent Suspected Cancer Pathway. Enhanced monitoring & weekly monitoring of action plans for top 6 tumour sites. Initiatives to protect surgical capacity to support USC pathways have been put in place Additional investment in MDT coordinators, with cancer trackers appointed in April 2021. Prioritised pathway in place to fast track USC patients. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. This will form part of the remit of the Cancer Performance Group. Weekly cancer performance meetings are held for both NPTS and Morriston Service Groups by specialty. The top 6 tumour sites of concern have developed cancer improvement plans – weekly monitoring arrangements have been put in place. Additional work being undertaken as part of diagnostic recovery and theatre recovery workstreams. Endoscopy contract has been extended for insourcing. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>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.</td> <td>Service Group Manager</td> <td>31/03/2023</td> </tr> </tbody> </table>			Action	Lead	Deadline	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.	Service Group Manager	31/03/2023																																	
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Assurances (How do we know if the things we are doing are having an impact?) Backlog trajectories updated at Management Board and will be going to Performance & Finance Committee in August. Cancer Performance Group established to support execution of the services delivery plans for improvements and meeting regularly.			Gaps in assurance (What additional assurances should we seek?) Performance and activity data monitored, but delays to treatment continue while sustainable solutions found.																																									

Additional Comments / Progress Notes

21/09/2022: PFC received the trajectories and tumour site specific recovery plan. Endoscopy capacity remains a constraint and updated recovery plan is to be presented at Management Board in October. Action completed - Demand & capacity plans worked through for top 6 tumour sites.

24/10/2022: Cancer will be part of enhanced monitoring arrangements with Welsh Government. We are awaiting the template to agree remedial actions.

22/11/2022 Further enhanced SCP specific D&C plans will be produced in Qtr 4 to inform sustainable service delivery plans for 2023/24

Datix ID Number: 1763 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 52 Risk Target Date: 31st July 2022		Current Risk Rating 4 x 3 = 12																																								
Objective: Partnerships for Care – Effective Governance		Director Lead: Nick Samuels, Interim Director of Communications and Engagement Assuring Committee: Performance and Finance Committee																																										
Risk: The Health Board does not have sufficient skills & resource in place to undertake impact assessments in line with strategic service change and policy development.		Date last reviewed: November 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 3 = 12 Target: 4 x 2 = 8		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>8</td><td>12</td></tr> <tr><td>Jan-22</td><td>8</td><td>12</td></tr> <tr><td>Feb-22</td><td>8</td><td>12</td></tr> <tr><td>Mar-22</td><td>8</td><td>12</td></tr> <tr><td>Apr-22</td><td>8</td><td>12</td></tr> <tr><td>May-22</td><td>8</td><td>12</td></tr> <tr><td>Jun-22</td><td>8</td><td>12</td></tr> <tr><td>Jul-22</td><td>8</td><td>12</td></tr> <tr><td>Aug-22</td><td>8</td><td>12</td></tr> <tr><td>Sep-22</td><td>8</td><td>12</td></tr> <tr><td>Oct-22</td><td>8</td><td>12</td></tr> <tr><td>Nov-22</td><td>8</td><td>12</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Dec-21	8	12	Jan-22	8	12	Feb-22	8	12	Mar-22	8	12	Apr-22	8	12	May-22	8	12	Jun-22	8	12	Jul-22	8	12	Aug-22	8	12	Sep-22	8	12	Oct-22	8	12	Nov-22	8	12	Rationale for current score: <ul style="list-style-type: none"> Current lack of required skills / staff to deliver requirements. 	
Month	Target Score	Risk Score																																										
Dec-21	8	12																																										
Jan-22	8	12																																										
Feb-22	8	12																																										
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Sep-22	8	12																																										
Oct-22	8	12																																										
Nov-22	8	12																																										
Level of Control = 50%		Rationale for target score: <ul style="list-style-type: none"> 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. 																																										
Date added to the HB risk register November 2018																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Head of EDI to be appointed to support equality impact assessment – funding agreed, recruitment planned for Q4. Creation of DICE has led to additional resource within Engagement Team. Robust policies and processes to be in place for Impact Assessment going forward. EIA responsibilities incorporated into wider Impact Assessments. Development of Strategic Equality Group across organisation to support processes. 			Action	Lead	Deadline																																							
			Appoint Head of EDI	Assistant Director of Insight, Engagement & Fundraising - DICE	31/12/2022																																							
			Establishing HB-wide Strategy Equality Group.	Assistant Director of Insight, Engagement & Fundraising - DICE	31/01/2023																																							
			Review of the current process for developing Equality Impact Assessments around service change, engagement and consultation.	Assistant Director of Insight, Engagement & Fundraising - DICE	31/03/2023																																							
			Robust policies and processes to be in place for Impact Assessment going forward.	Assistant Director of Insight, Engagement & Fundraising - DICE	31/06/2023																																							
			Roll out Impact Assessment process across organisation.	Assistant Director of Insight, Engagement & Fundraising - DICE	30/09/2023																																							
Assurances (How do we know if the things we are doing are having an impact?)			Gaps in assurance (What additional assurances should we seek?)																																									
Advice on Equality Impact Assessment and then wider Impact Assessments available across organisation supported by robust policies and procedures, overseen by Strategic Equality Group.			Participation from across organisation in Strategic Equality Group.																																									
Additional Comments / Progress Notes																																												

Datix ID Number: 2449 Health & Care Standard: 2.1.1 Managing Financial Risk		HBR Ref Number: 72 Risk Target Date: 30th September 2022		Current Risk Rating 4 X 5 = 20																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Darren Griffiths, Director of Finance Assuring Committee: Performance and Finance Committee Date last reviewed: November 2022																																										
Risk: Reduced discretionary capital funds and reduced National NHS funds requiring a restricted Capital Plan for 2022-23		Rationale for current score: <ul style="list-style-type: none"> • The Health Board has been advised that its discretionary capital allocation for 2022/23 as been reduced from £11.1m to £8.5m. • The funding available within the Capital Resource Limit (CRL) will not meet the demands for capital investment. Discretionary capital is deployed to replace ageing medical devices & equipment; to address backlog maintenance of premises; and to support small scale, non-National service improvements with capital investments • The current Health Board assessment of the carry forward and previously agreed commitments for inclusion in the 2022/23 capital plan currently suggests a requirement for an additional £7.5m to balance the plan. • It is likely that due to slippage on capital schemes, this over-commitment will reduce. • There is potential for further capital requirements arising from service model changes which will need to be managed. • Potential consequences of this risk are the inability to achieve the ambitions set out within health board plans; the potential failure of ageing equipment leading to service disruption; the exposure to potential environmental health & safety risks. • The plan has been balanced with £5m of planned spend on hold. This spend could be released if slippage identified in year. CRL will be met but the funding remains insufficient to meet Health Board needs. 																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 5 x 1 = 5		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>20</td><td>5</td></tr> <tr><td>Jan-22</td><td>20</td><td>5</td></tr> <tr><td>Feb-22</td><td>20</td><td>5</td></tr> <tr><td>Mar-22</td><td>20</td><td>5</td></tr> <tr><td>Apr-22</td><td>20</td><td>5</td></tr> <tr><td>May-22</td><td>20</td><td>5</td></tr> <tr><td>Jun-22</td><td>20</td><td>5</td></tr> <tr><td>Jul-22</td><td>20</td><td>5</td></tr> <tr><td>Aug-22</td><td>20</td><td>5</td></tr> <tr><td>Sep-22</td><td>20</td><td>5</td></tr> <tr><td>Oct-22</td><td>20</td><td>5</td></tr> <tr><td>Nov-22</td><td>20</td><td>5</td></tr> </tbody> </table>				Month	Risk Score	Target Score	Dec-21	20	5	Jan-22	20	5	Feb-22	20	5	Mar-22	20	5	Apr-22	20	5	May-22	20	5	Jun-22	20	5	Jul-22	20	5	Aug-22	20	5	Sep-22	20	5	Oct-22	20	5	Nov-22	20	5
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Oct-22	20	5																																										
Nov-22	20	5																																										
Level of Control = 25%		Rationale for target score: The target score expresses the aspiration of the health board for addressing this risk. The target date indicated above reflects the point which the current actions are anticipated to reduce the risk, though knowledge of the actual funding available is required to reduce it further and this is not available until some months into the financial year.																																										
Date added to the risk register January 2022 (re-opened)																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
The Health Board is doing the following: - <ul style="list-style-type: none"> • Regular dialogue with Welsh Government regarding capital requirements. • Clear communication and reporting of the capital position, the risks and limitations. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Routine review and flexing of plan as spending is committed through the year. Routine monitoring processes will identify any potential slippage and will deploy this on risk based basis.</td> <td>Director of Finance & Performance</td> <td>Monthly throughout financial year</td> </tr> </tbody> </table>		Action	Lead	Deadline	Routine review and flexing of plan as spending is committed through the year. Routine monitoring processes will identify any potential slippage and will deploy this on risk based basis.	Director of Finance & Performance	Monthly throughout financial year																																			
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Routine review and flexing of plan as spending is committed through the year. Routine monitoring processes will identify any potential slippage and will deploy this on risk based basis.	Director of Finance & Performance	Monthly throughout financial year																																										

<ul style="list-style-type: none"> • Close management of all schemes to ensure slippage is understood along with the impact on service. • Clear prioritisation of any new requirements recognising the current constraints • Routine assessment of local demands for discretionary capital spend through internal capital prioritization group which meets monthly. 	Assessment of income assumptions related to business case fees from WG.	Assistant Director of Finance (Strategy & Planning)	Monthly throughout financial year
<p>Assurances (How do we know if the things we are doing are having an impact?) The Health Board capital position is reviewed and monitored through:</p> <ul style="list-style-type: none"> • Monthly capital prioritisation group • Performance and Finance Committee monthly finance report • Monthly Monitoring Returns to Welsh Government. 	<p>Gaps in assurance (What additional assurances should we seek?) Reporting on impact of constraints to the capital programme on service delivery.</p>		
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>The risks of not being able to deliver a balanced CRL has been mitigated through the Board-approved balanced plan. The ongoing risk reflected in this score relates to the capital available being considerably less than the expenditure required to meet the Health Board's needs in 2022/23. Actions complete – Apprise Welsh Government of content of revised capital plan to consider possibilities of support for key areas and formal review of existing capital plan to revise schemes and scheduling of schemes to move to balance. 14.9.22 - The pressure to retain a balanced capital position is becoming fragile as there is very little remaining flexibility in the programme to manage emerging service and infrastructure risks. Along with the uncertainty around funding support being made available by Welsh Government to support the assumed income for business case fees, the risk of the plan shifting from balance to imbalance is now material with little mitigating options available to the Health Board to avoid this. 16/11/22 Additional capital funding received by WG over the last month has reduced the severity of the current overspend position. However further funding will be required to fully neutralise this position. There remain several service pressures for which no capital funding is available. The risk score of 20 remains unchanged, since there remains a material risk of the plan shifting from balance to imbalance with little mitigating options available to the Health Board to avoid this.</p>			

Datix ID Number: 2450 Health & Care Standard: 2.1.1 Managing Financial Risk		HBR Ref Number: 73 Risk Target Date: 31st March 2023		Current Risk Rating 5 x 4 = 20																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Darren Griffiths. Director of Finance Assuring Committee: Performance and Finance Committee Date last reviewed: November 2022																																										
Risk: The Health Board underlying financial position may be detrimentally impacted by the COVID-19 pandemic. There is a potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working.		Rationale for current score: <ul style="list-style-type: none"> • There is a potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working - Risk Rated 20 • The residual cost base risk remains difficult to assess as the Health Board continues to respond to the impact of the pandemic (a formal review was started in February 2022 of all costs and their ability to be managed out and this is being refreshed following receipt of more detailed guidance on COVID response costs handling received from Welsh Government on 14th March 2022). The outcome of this work will feed the funding request process for 2022/23. • As the Health Board moves out of direct COVID response and into COVID recovery there remains a real risk that some additional cost and some service change cost could be part of the run rate of the Health Board and this could be exposed when additional funding ceases. • Welsh Government has indicated that the funding available for COVID response in 2020/21 and 2021/22 will be restricted only to vaccination, TTP and PPE for 2022/23 thereby rendering any cost remaining within the Health Board a matter for the Health Board to address. 																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 5 x 1 = 5		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>20</td><td>5</td></tr> <tr><td>Jan-22</td><td>20</td><td>5</td></tr> <tr><td>Feb-22</td><td>20</td><td>5</td></tr> <tr><td>Mar-22</td><td>20</td><td>5</td></tr> <tr><td>Apr-22</td><td>20</td><td>5</td></tr> <tr><td>May-22</td><td>20</td><td>5</td></tr> <tr><td>Jun-22</td><td>20</td><td>5</td></tr> <tr><td>Jul-22</td><td>20</td><td>5</td></tr> <tr><td>Aug-22</td><td>20</td><td>5</td></tr> <tr><td>Sep-22</td><td>20</td><td>5</td></tr> <tr><td>Oct-22</td><td>20</td><td>5</td></tr> <tr><td>Nov-22</td><td>20</td><td>5</td></tr> </tbody> </table>				Month	Risk Score	Target Score	Dec-21	20	5	Jan-22	20	5	Feb-22	20	5	Mar-22	20	5	Apr-22	20	5	May-22	20	5	Jun-22	20	5	Jul-22	20	5	Aug-22	20	5	Sep-22	20	5	Oct-22	20	5	Nov-22	20	5
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Nov-22	20	5																																										
Level of Control = 25%		Rationale for target score: Mitigating actions around delivering efficiency opportunities and service changes will reduce likelihood of the risk emerging alongside improved systems of control.																																										
Date added to the HB risk register July 2020																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
The Health Board is doing the following: - <ul style="list-style-type: none"> • Finance Review Meetings with Units to agree cost exit plans • Transparent exchange of position with Finance Delivery Unit & Welsh Government • Clear financial plan being developed for 2022/23 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Review meetings held by CEO and DoF&P with service group teams to review costs and develop plans to reduce. (Initial round completed. Further discussion planned with CEO to implement a third round.)</td> <td>Director of Finance & Performance</td> <td>31st January 2023</td> </tr> </tbody> </table>		Action	Lead	Deadline	Review meetings held by CEO and DoF&P with service group teams to review costs and develop plans to reduce. (Initial round completed. Further discussion planned with CEO to implement a third round.)	Director of Finance & Performance	31 st January 2023																																			
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<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>The Health Board financial performance is reviewed and monitored through:</p> <ul style="list-style-type: none"> • Monthly financial recovery meetings • Performance and Finance Committee • Routine reporting to Board of most recent monthly position and financial forecasts 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Reporting on savings opportunities and service change impacts to be developed.</p>
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>24.10.2022 – half year review with WG and FDU – prescribing cost treatment agreed – anticipate formal allocation in December 2022.</p> <p>28.11.2022 – further round of challenge sessions planned with Service Groups in January 2023.</p> <p>28.11.2022 – once 2022/23 non recurrent funding agreed, the further round planned for January 2023 will focus on maximum reduction of response costs. Where these cannot be eliminated, service groups and corporate directorates will need to identify their own ways of offsetting the costs within their existing resources.</p>	

Datix ID Number: 2522 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 75 Risk Target Date: 31/12/2022		Current Risk Rating 5 x 2 = 10																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Inese Robotham, Chief Operating Officer Assuring Committee: Performance and Finance Committee Date last reviewed: November 2022																																										
Risk: Whole-Service Closure Risk that services or facilities may not be able to function if there is a major incident or a rising tide that renders current service models unable to operate		Rationale for current score: Risk reflects transition to business as usual as part of living with covid strategy. BCP plans in place.																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 5 x 2 = 10 Target: 5 x 1 = 5		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>5</td><td>20</td></tr> <tr><td>Jan-22</td><td>5</td><td>20</td></tr> <tr><td>Feb-22</td><td>5</td><td>20</td></tr> <tr><td>Mar-22</td><td>5</td><td>20</td></tr> <tr><td>Apr-22</td><td>5</td><td>15</td></tr> <tr><td>May-22</td><td>5</td><td>10</td></tr> <tr><td>Jun-22</td><td>5</td><td>10</td></tr> <tr><td>Jul-22</td><td>5</td><td>10</td></tr> <tr><td>Aug-22</td><td>5</td><td>10</td></tr> <tr><td>Sep-22</td><td>5</td><td>10</td></tr> <tr><td>Oct-22</td><td>5</td><td>10</td></tr> <tr><td>Nov-22</td><td>5</td><td>10</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Dec-21	5	20	Jan-22	5	20	Feb-22	5	20	Mar-22	5	20	Apr-22	5	15	May-22	5	10	Jun-22	5	10	Jul-22	5	10	Aug-22	5	10	Sep-22	5	10	Oct-22	5	10	Nov-22	5	10	Rationale for target score: The strategy of moving towards living with Covid will eventually lower the risk level to target.	
Month	Target Score	Risk Score																																										
Dec-21	5	20																																										
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Level of Control = 25%																																												
Date added to the HB risk register May 2021																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Sites have business continuity plans and the impact of one site being overwhelmed by COVID demand has been reviewed. Monitoring of associated risks has been being transferred to appropriate forums such as UEC Board, Elective Care Board and Nosocomial Group with overall oversight by Management Board. Ongoing surveillance of epidemiology data for early warning and further change to risk level via live Covid dashboard. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Periodic review of risk</td> <td>COO</td> <td>31/10/22</td> </tr> </tbody> </table>			Action	Lead	Deadline	Periodic review of risk	COO	31/10/22																																	
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Periodic review of risk	COO	31/10/22																																										
Assurances (How do we know if the things we are doing are having an impact?) Monitored via Management Board for early warning signs.			Gaps in assurance (What additional assurances should we seek?)																																									
Additional Comments / Progress Notes																																												
24/10/2022: Risk reviewed (no change currently).																																												

Datix ID Number: 2739 Health & Care Standard: 2.1.1 Managing Financial Risk		HBR Ref Number: 79 Risk Target Date: 31st March 2023		Current Risk Rating 5 x 3 = 15																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Darren Griffiths. Director of Finance Assuring Committee: Performance and Finance Committee																																										
Risk: The COVID-19 pandemic has affected services in many different ways, in this risk specifically the impact on access to services, such as OP, diagnostic tests, IP&DC and therapy services. The recovery of access times will require additional human, estates and financial resource to support it. There is potential for resource available is below the ambition of the board to provide improved access.		Date last reviewed: November 2022																																										
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 Current: 5 x 3 = 15 Target: 5 x 1 = 5		<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>5</td><td>15</td></tr> <tr><td>Jan-22</td><td>5</td><td>15</td></tr> <tr><td>Feb-22</td><td>5</td><td>15</td></tr> <tr><td>Mar-22</td><td>5</td><td>15</td></tr> <tr><td>Apr-22</td><td>5</td><td>15</td></tr> <tr><td>May-22</td><td>5</td><td>15</td></tr> <tr><td>Jun-22</td><td>5</td><td>15</td></tr> <tr><td>Jul-22</td><td>5</td><td>15</td></tr> <tr><td>Aug-22</td><td>5</td><td>15</td></tr> <tr><td>Sep-22</td><td>5</td><td>15</td></tr> <tr><td>Oct-22</td><td>5</td><td>15</td></tr> <tr><td>Nov-22</td><td>5</td><td>15</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Dec-21	5	15	Jan-22	5	15	Feb-22	5	15	Mar-22	5	15	Apr-22	5	15	May-22	5	15	Jun-22	5	15	Jul-22	5	15	Aug-22	5	15	Sep-22	5	15	Oct-22	5	15	Nov-22	5	15	Rationale for current score: <ul style="list-style-type: none"> • Significant backlog for patients to access across elective and cancer care in the following areas, diagnostics, OP, IP&DC, therapy, Oncology • Welsh Government has set aside resource for the recovery of the health system with the areas above a clear area of focus. This is known as recovery funding and the Health Board has been allocated £21.6m recurrently for this purpose • A prioritisation process is currently underway to determine the areas to be funded against the recovery money in the context of the overall Health Board financial plan for 2022/23 and beyond. • Score reflects the high impact of not being able to address the access backlog due to affordability reasons, whilst the likelihood is 3 as resource is anticipated. 	
Month	Target Score	Risk Score																																										
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Nov-22	5	15																																										
Level of Control = 25%		Rationale for target score: The Health Board funding requirement is in excess of the funding available and therefore choices will need to be made on priority schemes for funding. The full list of ambitions/schemes is not affordable.																																										
Date added to the HB risk register May 2021																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
The Health Board is doing the following: - <ul style="list-style-type: none"> • Working with specialists to develop plans to maximise Health Board capacity safely and within extant COVID guidelines • Developing more advanced service models to test scenarios to allow for accurate demand and capacity plans to be developed • Ensuring that financial controls are in place to enable swift decisions to be made on allocation of additional resource but also ensuring that the commitment made do not exceed the allocation sum (when known) • Transparent reporting to Performance and Finance Committee and Quality and Safety Committee on progress and plan development. • Prioritising key services via clinical leaders. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Planned care board to revisit allocation plan for 2022/23 plan to balance within allocation. To date, exposure reduced from £3.6m to £1.1m</td> <td>Director of Finance</td> <td>31/01/2023</td> </tr> </tbody> </table>	Action	Lead	Deadline	Planned care board to revisit allocation plan for 2022/23 plan to balance within allocation. To date, exposure reduced from £3.6m to £1.1m	Director of Finance	31/01/2023																																			
Action	Lead	Deadline																																										
Planned care board to revisit allocation plan for 2022/23 plan to balance within allocation. To date, exposure reduced from £3.6m to £1.1m	Director of Finance	31/01/2023																																										

<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>The Health Board financial performance is reviewed and monitored through:</p> <ul style="list-style-type: none"> • Monthly financial recovery meetings • Performance and Finance Committee • Routine reporting to Board of most recent monthly position and availability of national funding support recovery 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Management of access is prioritised based on clinical risk management.</p>
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>The financial element of this plan will be managed to within the £21.6m COVID recovery allocation received by the Health Board. The impact of the schemes identified within the £21.6m is currently being modelled and this will inform the Board of the forecast waiting times position through 2022/23. This will need to be considered by the Board and the risk adjusted to meet the outcome of the modelling and the discussion on impact on overall waiting times and waiting numbers.</p> <p>Action completed - Develop a final annual plan setting out recovery plans.</p> <p>Action Completed - Undertake a robust prioritisation exercise with clinical leaders to identify core service areas to be funded. This will be informed by modelling work to be carried out by the Healthcare Science Engineering Team.</p> <p>28.11.2022 – Agreed that further assessment of plan to close final gap of £1.1m will be completed by the end of January 2023; prioritisation will be undertaken to balance the plan via the planned care board.</p>	

Datix ID Number: 2554 Health & Care Standard: Standard 5.1 Timely Access		HBR Ref Number: 82 Risk Target Date: 1 st December 2023		Current Risk Rating 4 x 4 = 16																																							
Objective: Best Value Outcomes from High Quality Care		Director Lead: Richard Evans, Executive Medical Director Assuring Committee: Performance & Finance Committee For Information: Quality & Safety Committee, Workforce & OD Committee Date last reviewed: November 2022																																									
Risk: 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, potentially resulting in closure to this regional service, harm to those patients would require access to it when closed and the associated reputational damage. This is caused by: <ul style="list-style-type: none"> • Significant reduction in Burns anaesthetic consultant numbers due to retirement and long-term sickness • Inability to recruit to substantive burns anaesthetic posts • The reliance on temporary cover by General intensive care consultants, and Consultants from the Morriston General on-call and Paediatric Anaesthesia rotas, to cover while building work is completed in order to co-locate the burns service on General ITU • Reliance on capital funding from Welsh Government to support the co-location of the service 																																											
Risk Rating (consequence x likelihood): Initial: 4 x 3 = 12 Current: 4 x 4 = 16 Target: 3 x 1 = 3	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Dec-21</td><td>25</td><td>3</td></tr> <tr><td>Jan-22</td><td>20</td><td>3</td></tr> <tr><td>Feb-22</td><td>20</td><td>3</td></tr> <tr><td>Mar-22</td><td>20</td><td>3</td></tr> <tr><td>Apr-22</td><td>20</td><td>3</td></tr> <tr><td>May-22</td><td>16</td><td>3</td></tr> <tr><td>Jun-22</td><td>16</td><td>3</td></tr> <tr><td>Jul-22</td><td>16</td><td>3</td></tr> <tr><td>Aug-22</td><td>16</td><td>3</td></tr> <tr><td>Sep-22</td><td>16</td><td>3</td></tr> <tr><td>Oct-22</td><td>16</td><td>3</td></tr> <tr><td>Nov-22</td><td>16</td><td>3</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Dec-21	25	3	Jan-22	20	3	Feb-22	20	3	Mar-22	20	3	Apr-22	20	3	May-22	16	3	Jun-22	16	3	Jul-22	16	3	Aug-22	16	3	Sep-22	16	3	Oct-22	16	3	Nov-22	16	3	Rationale for current score: This risk was increased due to closure of the Burns Unit due to staffing levels, and reduced from 25 to 20 having secured the agreement of the general ITU consultants to provide cross-cover while enabling capital works are completed. Propose reduce risk to 16 now and reduce to 12 when funding confirmed by WG.	
Month	Risk Score	Target Score																																									
Dec-21	25	3																																									
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Level of Control =			Rationale for target score: This is a small clinical service with staff with highly specialised skills. While a small service may always be vulnerable to challenges (eg staff) the intention will be to operate a more resilient clinical model that is supported by other clinical groups.																																								
Date added to the HB risk register December 2021																																											
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> • The general ITU consultants, and some Consultants from the Morriston General and Paediatric Anaesthetists to support the Burns service on a temporary basis, supporting the remaining burns anaesthetic colleagues to provide cover for the Burns service. • The agreement reached is that they will cover the current Burns Unit on Tempest ward at Morriston hospital for 6-9 months while capital work is underway on general ITU to enable co-location of the service. • Capital works will be completed by mid-2023 to co-locate the burns patients within the GICU footprint. • WHSSC as commissioners of the service have been kept fully informed, as has the South West (UK) Regional Burns Network • Other UK burns units have ICU co-located with Burns ICU, removing the need for dual certified consultants 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>WG have agreed funding in principle for capital works to progress. Scoping document submitted to WG and discussions ongoing about expediting a decision on an outline/full business case.</td> <td>Morriston Service Group</td> <td>30th November 2023</td> </tr> </tbody> </table>	Action	Lead	Deadline	WG have agreed funding in principle for capital works to progress. Scoping document submitted to WG and discussions ongoing about expediting a decision on an outline/full business case.	Morriston Service Group	30 th November 2023																																			
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<p>Assurances (How do we know if the things we are doing are having an impact?) Effect on patients of the temporary closure of the burns service in Swansea is mitigated by maintaining an urgent assessment/stabilisation service for patients in Wales with severe burns, with onward transfer for inpatient care to another unit in the UK following the initial assessment. The service reopened fully on 14/02/2022.</p>	<p>Gaps in assurance (What additional assurances should we seek?)</p>
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>11.08.22 – EMD has secured agreement for continued support of the Burns service by anaesthetics and critical care pending the completion of capital works. While there is willingness to provide that cover, staffing vulnerabilities remain in those clinical areas. 21.11.22 Consultant cross-cover remains in place, reliant on cross-cover from general critical care and anaesthetics.</p>	

Datix ID Number: 3110 Health Care Standards: 4.1 Dignified Care, 2.1 Managing Risk & 7.1 Workforce		HBR Ref Number: 88 Target Risk Date: 31/12/2022		Current Risk Rating 4 x 5 = 20																																								
Objective: Best value outcomes		Director Lead: Inese Robotham, Chief Operating Officer Assuring Committee: Performance & Finance Committee For Information: Quality & Safety Committee																																										
Risk: Non-delivery of AMSR programme benefits There is a risk that the Acute Medical Service Re-Design (AMSR) programme may not deliver the expected performance & financial benefits in a timely way. The principal potential causes of this risk are: workforce (OCP and recruitment requirements), capacity constraints linked to significant number of clinically optimised patients (COP), financial affordability linked to 90 beds in Singleton hospital that are due to close in Q3 2023.		Date last reviewed: November 2022																																										
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Month	Risk Score	Target Score																																										
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Level of Control = %		Rationale for target score: When measures identified are implemented it is anticipated that this will increase the likelihood of success.																																										
Date added to the risk register July 2022																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> AMSR Programme Board reporting to UEC (Urgent & Emergency Care) Board Dedicated workstreams & workstream leads – all work streams have weekly assurance meetings where the sub groups provide updates on their specific tasks <ul style="list-style-type: none"> OCP (Organisational Change Policy) workstream – supporting staff engagement Workforce workstream – Focus on recruitment & retention. Dedicated sub groups with recruitment trackers and action plans. AMU (Acute Medical Unit) model workstream - focus on development of the operating policy for the AMU, including the interaction with the admitting units, WAST and specialist wards. Triage process has been agreed – system same as Emergency Department. Draft Standard Operating Procedure (SOP) created. SDEC (Same Day Emergency Care) collaborative workstream – focus on further development of SDEC model. SOP developed, focusing on hospital pre admission, data sessions to assist with finalising pathways. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>The costs of service transfer will be met through transformation of out of hospital pathways. Should savings not be fully identified, by December 2022, there will be an increased CIP commitment in 2023/24. Review to be undertaken in December 2022.</td> <td>Project Director</td> <td>31/12/2022</td> </tr> <tr> <td>A go/no go gateway for AMSR is scheduled for 16th November 2022.</td> <td>COO</td> <td>16/11/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	The costs of service transfer will be met through transformation of out of hospital pathways. Should savings not be fully identified, by December 2022, there will be an increased CIP commitment in 2023/24. Review to be undertaken in December 2022.	Project Director	31/12/2022	A go/no go gateway for AMSR is scheduled for 16 th November 2022.	COO	16/11/2022																														
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<ul style="list-style-type: none"> ○ Specialist wards workstream – focus on role & operating model of specialist wards and interfaces. Agreement on patient criteria with preference of sub-acute /round rounds for singleton wards/ SOP template for all wards. Future – dedicated sub group on Discharge and flow hosting a work shop to standardise process across the health board & internal flow from Morriston to Singleton and Neath. ○ Estates workstream focus on capital work. ● Communications – Project team have employed Freshwater to assist with communications for the programme. Focusing on shop floor communication across all hospitals with use of storyboards and TV screens providing updates at main entrances. ● Governance arrangements agreed for go / no go gateways via management board ● Assurance to Performance & Finance Committee (PFC) and (Quality & Safety Committee (QSC) and escalation to Health Board if required. 			
<p>Assurances (How do we know if the things we are doing are having an impact?) Regular gateway reviews via Management Board Assurance to PFC and QSC and escalation to Health Board if required.</p>	<p>Gaps in assurance (What additional assurances should we seek?) Capacity and capability gaps to support the programme and drive forward actions and provide adequate assurance. Operational site pressures impacting on AMSR programme deliverables. Lack of progress in reducing bed occupancy for medicine patients.</p>		
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>21/09/2022: Project is planning the implementation phase. Two main risks remain: Workforce and Capacity. Workforce risk is managed through a dedicated workstream looking at both local and international recruitment. See HBR1 in respect of LOS & capacity. 4 Actions completed - Workforce plan to be presented at the Management Board in September. Robust OCP process; consultation end date was 29/07/2022. Targeted programme for reduction of COP focussing on improved operational efficiency (reduced length of stay improved discharge processes), implementation of Discharge-to-Assess and effective utilization of existing community capacity, strategic partnership solutions with Local Authority partners. Two focused groups established to look at different categories of COPs and provide senior oversight.</p> <p>24/10/2022: A go/no go gateway for AMSR is scheduled on 16th November 2022.</p>			

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
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