Appendix 1

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

HEALTH BOARD RISK REGISTER
March 2022

RISKS ASSIGNED TO THE PERFORMANCE & FINANCE COMMITTEE

Datix ID Number: 738 Health & Care Standard: 5.1 Timely Care	HBR Ref Number: 1 Target Date: 31st March 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:** March 2022	

Risk Rating
(consequence x likelihood):
Initial: 4 x 5 = 20
Current: 5 x 5 = 25
Target: 3 x 4 =12

Level of Control
= 50%

Date added to the HB risk register
26.01.16

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

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.

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

- 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

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Re-establish short stay unit on ward D at Morriston	SGD (Morriston)	31/03/2022
Increase SDEC working hours and throughput of patients.	SGD (Morriston)	31/03/2022
Third phase of procurement to be undertaken to commission additional care home beds.	SGD (PCT)	31/03/2022

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

- New Urgent & Emergency Care Board to meet monthly

Gaps in assurance (What additional assurances should we seek?)
The need to deliver sustained service.

Additional Comments

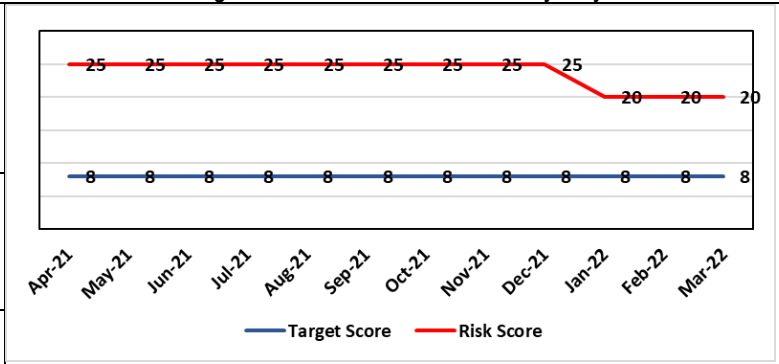
Zero tolerance target of 4 hours agreed. SOP in place. Currently not achieving due to Omicron surge and increased pressures at Morriston.
Patient pathways that can bypass ED have been identified, but the EMD is working with WAST and SBU clinicians to maximise the number of patients receiving SDEC (Same Day Emergency Care).
Acute hub relocated to TAWE as planned in December. Estates works have commenced in Enfys ward.
Update 11.02.22 Action closed: Business case to take virtual wards up to 8 have been submitted to Management Board.

Datix ID Number: 840 Health & Care Standard: 5.1 Timely Care	HBR Ref Number: 16 Target Date: 31st March 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:** March 2022	

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

Level of Control
= 90%

Date added to the HB risk register
January 2013



Rationale for current score:
All non-urgent activity was cancelled due to response to the Covid-19 pandemic and has increased the backlog of planned care cases across the organisation. Whilst mitigating measures such as virtual clinics have been put in place new referrals are still being accepted which is adding to the outpatient backlog particularly in Ophthalmology and Orthopaedics. The significant reduction in theatre activity during the pandemic increased the number of patients now breaching 36 and 52 week thresholds.

Rationale for target score:
There is scope to reduce the likelihood score to reduce the overall risk to an acceptable level

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

- 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)

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Implement demand management initiatives between primary and secondary care to reduce the number of new patients awaiting outpatient appointments.	Service Group Directors	31/03/2022
Implement a full range of interventions to support patients to be kept active and well whilst on a waiting list. The focus will be on cancer patients awaiting surgery and long waiting orthopaedic patients.	Service Group Directors	31/03/2022
Develop robust demand and capacity plans for delivery in 2022/23	Service Group Directors/ Deputy COO	31/03/2022

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

- 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

27/01/22: An additional ophthalmology day case theatre in Singleton will also be operational early in 2022/23.
23/02/22 – Work has commenced in cardiology, ENT, dermatology and colorectal surgery. Other areas are being developed.

Datix ID Number: 1297 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety	HBR Ref Number: 39 Target Date: 31st March 2022	Current Risk Rating 4 x 4 = 16
Objective: Demonstrating Value and Sustainability .	**Director Lead:** Sian Harrop-Griffiths, Director of Strategy **Assuring Committee**: Health Board ,Performance and Finance Committee	
Risk: Failure to Develop an Approvable IMTP (statutory compliance) Failure to have an approvable IMTP for 2022/23 then we will lose public confidence and breach legislation.	**Date last reviewed:** March 2022	

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

Level of Control
= 70%

Date added to the HB risk register
July 2017

Rationale for current score:
Our Organisational Strategy was approved by the Board in November 2018
Quarterly and half year plans submitted for 2020/21
The 2021/22 Annual Plan has been submitted to WG on 30.06.21 and includes a balanced financial plan.

Rationale for target score:
If the IMTP is approved, it is likely our enhanced monitoring status will be improved when next reviewed.

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

- Welsh Government written statement published on the 7 October 2020 advising that SBUHB been de-escalated from targeted intervention status to 'enhanced monitoring' status.
- A draft Annual Plan within 3 year context was considered by the Board In Committee in March 2021 and submitted to WG.
- The final Annual Plan was approved by the Board on 23 June 2021 and submitted to WG on 30 June 2021.
- The Health Board is developing a 3 – 5 Recovery and Sustainability Plan which will provide the foundation to deliver an agreed IMTP for 2022/23.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Development of draft Recovery and Sustainability Plan for approval by the Board	Dir of Strategy & Dir of Finance	31/03/2022

Assurances (How do we know if the things we are doing are having an impact?)
Recovery and Sustainability Working Group has been established, chaired by CEO with independent members and Executive leads. The existing IMTP Executive Steering Group will provide oversight of the R&S Plan, Performance and Finance Plans assured by P&F Committee. W&OD Committee reviews the workforce plan, Q&S Committee the Q&S elements. JET meetings with WG. Robust programme arrangements have been put in place to execute the 21/22 Annual Plan. An update on Annual plan progress at Q2 was reviewed by Board Nov 2021 and adjustments to off track actions approved in Dec Special Board.

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

Additional Comments

22.02.2022 – Timescales for completion of IMTPs have been changed by Welsh Government – now changed to 31/03/22. Board has been kept updated at each meeting and at briefing sessions since December. Accountable Officer letter to be submitted to WG on ability to submit a balanced IMTP by 28/02/22 following Board.

Datix ID Number: 1563 Health & Care Standard: Safe Care 5.1 Access	HBR Ref Number: 48 Target Date: 31st March 2022	Current Risk Rating 4 x 4 = 16
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 Primary & specialist CAMHS services are delivered by Cwm Taf University Health Board on behalf of the health board. The ability to sustain 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.	**Date last reviewed:** March 2022	

Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 4 x 2 = 8		**Rationale for current score:** Difficulties with sustainable staffing affecting performance.
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?)		
	Action	**Lead**	**Deadline**
• 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	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. Update is scheduled to the performance & finance committee in March	Assistant Director of Strategy	31/03/2022

Assurances **(How do we know if the things we are doing are having an impact?)**	**Gaps in assurance** **(What additional assurances should we seek?)**

Additional Comments

28/01/22: Risk reviewed – no change to score.
17/02/22: New action added.
Update 22.02.2022 - Potential for repatriation of CAMHS service from Cwm Taf Morgannwg HB being considered through commissioning additional external support to review.

Datix ID Number: 1761 Health & Care Standard: Timely Care 5.1 Access	HBR Ref Number: 50 Target Date: 31st March 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:** March 2022	

Risk Rating
(consequence x likelihood):
Initial: 4 x 5 = 20
Current: 5 x 5 = 25
Target: 4 x 3 = 12

Level of Control
= 70%

Date added to the HB risk register - April 2014

Rationale for current score:
Risk score updated based on being off trajectory for SCP and Backlog increasing.

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.

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

- 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.
- Additional work being undertaken as part of diagnostic recovery and theatre recovery workstreams.
- Endoscopy contract has been extended for insourcing.

Mitigating actions (What more should we do?)

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	31/03/2022
Implement a process for clinical harm review (Waiting on all Wales decision of patient pathway reviews & framework).	Cancer Quality & Standards Manager	31/03/2022
Cancer Programme Board to be established	Cancer Quality & Standards Manager	31/03/2022

Assurances (How do we know if the things we are doing are having an impact?)
Backlog trajectory accepted at Management Board on 15th September and trajectory will be monitored in weekly enhanced monitoring meetings. Cancer Performance Group being established to support execution of the services delivery plans for improvements.

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

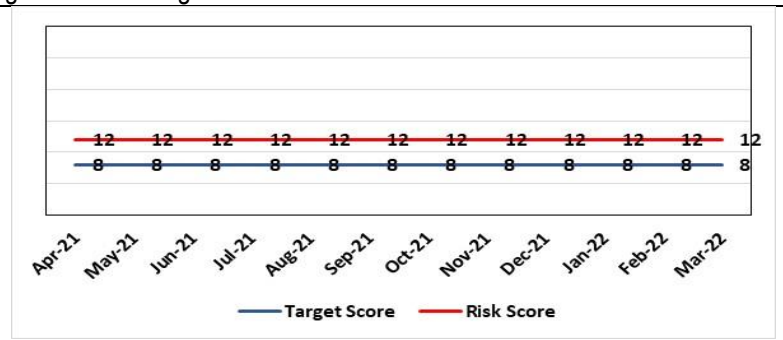
07.02.22 - A Health Board Cancer Performance Group has been established in November 2021. A work programme for the group has been established.
01.03.22 – CEO has requested zero waits over 100days by end of March 2022. Deputy COO meeting with teams with longest waits.

Datix ID Number: 1763 Health & Care Standard: Staff & Resources 7.1 Workforce	HBR Ref Number: 52 Target Date: 31st March 2022	Current Risk Rating 4 x 3 = 12
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:** March 2022	

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 HB risk register
November 2018



Rationale for current score:
- Current lack of sustainable funding source to secure capacity

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?)
- Band 6 recruited to provide engagement support.
- Band 8b Head of Engagement & Partnerships appointed to provide additional support for engagement.
- Robust policies and processes to be in place for Impact Assessment going forward.
- EIA responsibilities incorporated into planning roles going forward.
- Consideration being given to temporary support.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Review of the current process for developing Equality Impact Assessments around service change, engagement and consultation.	Interim Assistant Director of Strategy	30/04/2022
Robust policies and processes to be in place for Impact Assessment going forward.	Interim Assistant Director of Strategy	31/07/2022
Conclude work on exec equalities portfolios	Interim Assistant Director of Strategy	30/06/2022

Assurances (How do we know if the things we are doing are having an impact?)
Equality Impact specialist advice and support to be considered as part of resourcing for engagement.

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

Additional Comments

Update 22.02.2022 – Due to long term absence of Assistant Director of Strategy action not completed. Will now be progressed with Director of Workforce and OD when Assistant Director returns to work.

Interim Director of Communications developing proposals to strengthen Communication and Engagement mechanisms within the Health Board which will provide further support, and reduce risk score. Timescale to be finalised.

Datix ID Number: 2449 *NEW RISK* (Re-opened) Health & Care Standard: 2.1.1 Managing Financial Risk	HBR Ref Number: 72 Target Date: 31st March 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	
Risk: Impact of COVID-19 pandemic on the Health Board Capital Resource Limit (CRL) and Capital Plan for 2022-23	**Date last reviewed:** March 2022	

Risk Rating
(consequence x likelihood):
Initial: 5 x 4 = 20
Current: 5 x 4 = 20
Target: 5 x 1 = 5

Rationale for current score:

- The Health Board has been advised that its discretionary capital allocation for 2022/23 as been reduced from £11.1m to £8.5m.
- There is a risk that 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.

Level of Control
= 25%

Date added to the risk register
January 2022 (re-opened)

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.

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

The Health Board is doing the following: -

- Regular dialogue with Welsh Government regarding capital requirements.
- Clear communication and reporting of the capital position, the risks and limitations.
- 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

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Formal review of existing capital plan to revise schemes and scheduling of schemes to move to balance.	Head of Capital Finance	Management Board approved - complete. Final approval at Health Board on 31st March 2022
Appraise Welsh Government of content of revised	Director of	Review with Welsh

• Routine assessment of local demands for discretionary capital spend through internal capital prioritization group which meets monthly.	capital plan to consider possibilities of support for key areas.	Finance & Performance	Government 3rd February 2022 - complete
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: • Monthly capital prioritisation group • Performance and Finance Committee monthly finance report • Monthly Monitoring Returns to Welsh Government.	**Gaps in assurance (What additional assurances should we seek?)** Reporting on impact of constraints to the capital programme on service delivery.		
Additional Comments The risks of not being able to deliver a balanced CRL has been mitigated through the balanced plan (subject to Board approval 31st March 2022). 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.			

Datix ID Number: 2450 Health & Care Standard: 2.1.1 Managing Financial Risk	HBR Ref Number: 73 Target Date: 31st ~~March~~ May 2022	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	
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.	**Date last reviewed:** March 2022	

Risk Rating
(consequence x likelihood):
Initial: 5 x 4 = 20
Current: 5 x 4 = 20
Target: 5 x 1 = 5

Level of Control
= 25%

Rationale for current score:

- 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 COIVD 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.

Date added to the HB risk register
July 2020

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.

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

The Health Board is doing the following: -

- 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

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Appraise Welsh Government of content of revised revenue plan to consider possibilities of support for key areas.	DoF&P	Review with Welsh Government 03/02/2022 - Complete with the analysis informing National handling. Discussion will be held with WG and FDU following submission of HB 3-year plan. target for resolution 31st May 2022 .
WG has informed HB's that reasonable COVID	DoF&P	31/05/2022

	response costs can be assumed to be covered by additional financial allocation in 2022/23. This will be shared with WG and FDU through April 2022 and May 2022. Final outcome expected at the end of this period.		
	All Wales work through Directors of Finance to benchmark costs and work with WG on solutions.	DoF&P	February and March 2022 - Complete
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: • Monthly financial recovery meetings • Performance and Finance Committee • Routine reporting to Board of most recent monthly position and financial forecasts	**Gaps in assurance (What additional assurances should we seek?)** Reporting on savings opportunities and service change impacts to be developed.		
Additional Comments 31.03.2022: The risk remains at 20 as whilst WG has confirmed allocations can be assumed, this based on funding available for 5 categories of cost. The scrutiny of these categories of cost will inform the level of funding to be allocated. There remains a risk that the funds to be allocated may not meet the cost within the Health Board and this will affect the balance of the financial plan if it cannot be mitigated.			

Datix ID Number: 2522 **Health & Care Standard: 5.1 Timely Care**	**HBR Ref Number: 75** **Target Date: 31st March 2022**	**Current Risk Rating** **5 x 3 = 15 Reduced from 20**
Objective: Best Value Outcomes from High Quality Care	**Director Lead:** Inese Robotham, Chief Operating Officer **Assuring Committee:** Performance and Finance Committee	
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	**Date last reviewed:** March 2022	

Risk Rating
(consequence x likelihood):
Initial: 5 x 4 = 20
Current: 5 x 4 3 = ~~20~~ 15
Target: 5 x 1 = 5

Rationale for current score:
~~Unpredictability of Covid pandemic and different waves of covid variants leaves health board service vulnerable to scenarios that couldn't be accurately predicted.~~
Based on the latest epidemiology we do not expect an imminent threat that would result in a whole service closure. Business Continuity Plans and the local choices framework have been tested a number of times in previous waves and have provided robust mitigation.

Level of Control
= 25%

Date added to the HB risk register
May 2021

Rationale for target score:
Through the framework of Silver and Gold command the health board is both implementing latest guidance and embedding lessons learned. The strategy of moving towards living with Covid will eventually lower the risk level to target.

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

- Sites have business continuity plans, however, there is a need to review the impact of one site being overwhelmed by COVID demand. In particular, the impact of a closure of one or more hospital front doors may require additional BC plans to be developed. Operational Silver will review BC arrangements.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Business Continuity plans in place to be reviewed by operational silver command.	All Service Group Directors	31/03/2022

Assurances (How do we know if the things we are doing are having an impact?)
Monitored via Operational Silver and Gold – reviewed local choices framework and managed retreat plans.

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

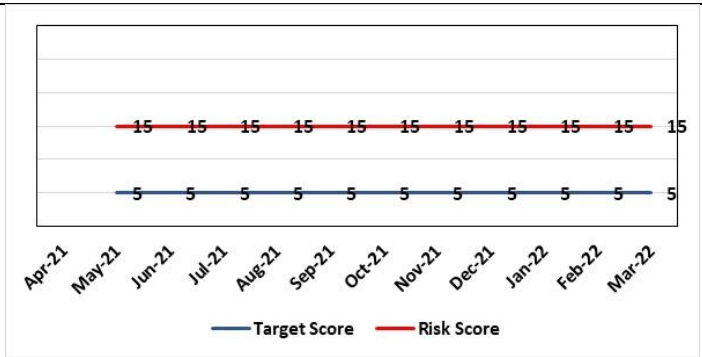
Additional Comments

Datix ID Number: 2739 Health & Care Standard: 2.1.1 Managing Financial Risk	HBR Ref Number: 79 Target Date: 31st ~~March~~ May 2022	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:** March 2022	

Risk Rating
(consequence x likelihood):
Initial: 5 x 3 = 15
Current: 5 x 3 = 15
Target: 5 x 1 = 5

Level of Control
= 25%

Date added to the HB risk register
May 2021



Rationale for current score:

- 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

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.

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

The Health Board is doing the following: -

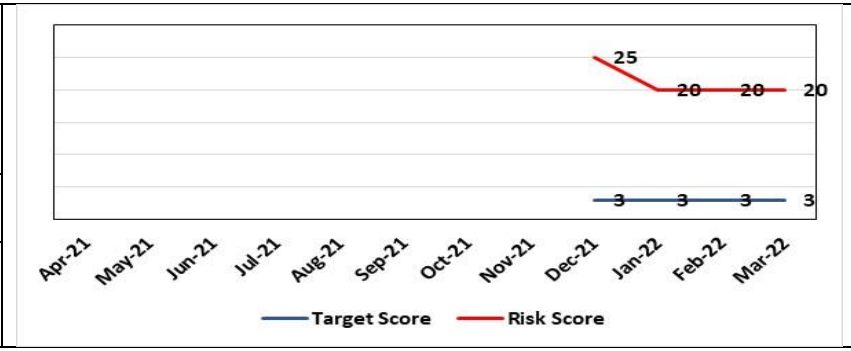
- Working with specialists to develop plans to maximise Health Board capacity safely and within extant COVID guidelines
- Developing more advanced service models to test scenarios to allow for accurate demand and capacity plans to be developed
- Ensuring that financial controls are in place to enable 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.

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Develop a final annual plan setting out recovery plans	Director of Finance and Director of Strategy	31/03/2022
Ensure that overall financial plan for 2022/23 can accommodate as much clinical capacity as possible by delivering savings and taking a risk assessed approach	Director of Finance	31/03/2022
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.	Chief Operating Officer & Executive Medical Director	30/04/2022

Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)
The Health Board financial performance is reviewed and monitored through: • Monthly financial recovery meetings • Performance and Finance Committee • Routine reporting to Board of most recent monthly position and availability of national funding support recovery	Management of access is prioritised based on clinical risk management.
Additional Comments	
The financial element of this plan will be managed to within the £21.6m COIVD 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.	

Datix ID Number: 2554 **Health & Care Standard:** Standard 5.1 Timely Access	**HBR Ref Number: 82** **Target Date: December 2023**	**Current Risk Rating** **5 x 4 = 20**
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	
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: • 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 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	**Date last reviewed:** March 2022	

Risk Rating (consequence x likelihood): Initial: 4 x 3 = 12 Current: 5 x 4 = 20 Target: 3 x 1 = 3		**Rationale for current score:** This risk has been 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
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?)**		
	Action	**Lead**	**Deadline**
• The general ITU consultants to support the Burns service on a temporary basis, supporting the remaining burns anaesthetic colleagues to provide critical care input for burns patients • 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 • The capital works will be in two phases (1) to co-locate in a smaller footprint in GITU, followed by (2) larger-scale capital work to accommodate complete co-location by mid-2023. • 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	Securing the agreement of GITU consultants to cover pending completion of capital work	CEO & EMD	Completed
	Submit bid for capital funding to Welsh Government for both phases of work required	Morriston Service Group	30/04/2022

Assurances (How do we know if the things we are doing are having an impact?)	**Gaps in assurance (What additional assurances should we seek?)**
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.	
Additional Comments Ongoing staff burnout combined with two substantive consultants resigning means there is no foreseeable mechanism to open the burns unit as it previously operated. Have recurrently advertised with no applicants and initial efforts for oversea recruitment not successful. November 2021: Burns service currently closed to P3 patients; P2 patients located in Wales will be assessed before transfer to another unit or downgrade to ward based patient; WG notified via NSA – November 2021. 31.03.22: The service reopened fully on 14/02/2022.	

Datix ID Number: 2961 Health & Care Standard: 2.1.1 Managing Financial Risk	HBR Ref Number: 83 Target Date: TBC	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	
Risk: Release of Bed Capacity Savings There is a risk that the health board will not be able to release sufficient bed capacity to meet the requirements of savings schemes predicated on bed release. The main causes of this are: length of stay above benchmark; the unavailability of beds in the community to support discharge; the impact of COVID patients on the overall bed plan; clear ambition of the health Board to reduce exceptionally high occupancy which affects flow The potential consequence is that savings plans will not be achieved, increasing the risk of failure to achieve overall financial outturn target.	**Date last reviewed:** March 2022	

Risk Rating
(consequence x likelihood):
Initial: 5 x 4 = 20
Current: 5 x 4 = 20
Target: 5 x 1 = 5

Rationale for current score:

- A reduction in bed day consumption was identified as part of the benefits realisation for the Health Board's investment plan in 2021/22
- The bed day release was aggregated and a financial assessment of the budget that could be saved as a result of this release was made. This saving then features in the saving plans for the Board spread across service groups
- The bed release has not been possible to date as a result of slower implementation of plans than was anticipated, the move of the AMSR plan into 2022/23, COVID pressures and workforce pressures
- The Health Board's savings plan for 2021/22 requires recurrently delivery and failure to release the bed savings would reduce the recurrent delivery by circa £6m

Level of Control
=

Date added to the risk register
January 2022

Rationale for target score:
The consequence is very significant given the financial settlement for 2022/23 and beyond. At present there is no safe service plan which would allow the bed reduction making likelihood very high. There is a significant amount of mitigation work underway to reduce likelihood but this is yet to formulate into a plan

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

- Extensive bed modelling and benefits realisation checks being carried out in February 2022
- Change in front door model at Morriston to reduce admissions
- Escalation of length of stay improvement via performance framework
- Monitoring COVID patient numbers and cohorting of patients to reduce surge requirements

Mitigating actions (What more should we do?)

Action	Lead	Deadline
Focus on front door redesign to manage patients away for admission to alternative services	COO	30/06/2022
Agree occupancy level to support the modelling	COO	31/03/2022

• Commissioning additional care home beds	Delivery AMSR	COO	30/09/2022
	Delivery of Virtual Ward model across all clusters	COO	29/04/2022
Assurances (How do we know if the things we are doing are having an impact?) • Length of stay reduction • Fewer admissions • Reduced COVID patients in beds • Reduction in surge bed numbers	**Gaps in assurance (What additional assurances should we seek?)** • Signed off plan of beds to be decommissioned		
Additional Comments			

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