



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER SEPTEMBER 2021

(Revised to reflect updates to mid October)

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: Janet Williams, Interim Director of Operations Assuring Committee: Performance and Finance Committee For information: Quality & Safety Committee																																										
Risk: If we fail to comply with Tier 1 target – Access to Unscheduled Care then this will have an impact on patient and family experience. Challenges with capacity /staffing across the Health and Social care sectors.		Date last reviewed: September 2021																																										
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4.5 x 4.5 = 20.25 Target: 3 x 4 = 12		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Oct-20</td><td>12</td><td>16</td></tr> <tr><td>Nov-20</td><td>12</td><td>16</td></tr> <tr><td>Dec-20</td><td>12</td><td>16</td></tr> <tr><td>Jan-21</td><td>12</td><td>16</td></tr> <tr><td>Feb-21</td><td>12</td><td>16</td></tr> <tr><td>Mar-21</td><td>12</td><td>16</td></tr> <tr><td>Apr-21</td><td>12</td><td>16</td></tr> <tr><td>May-21</td><td>12</td><td>16</td></tr> <tr><td>Jun-21</td><td>12</td><td>16</td></tr> <tr><td>Jul-21</td><td>12</td><td>16</td></tr> <tr><td>Aug-21</td><td>12</td><td>16</td></tr> <tr><td>Sep-21</td><td>12</td><td>25</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Oct-20	12	16	Nov-20	12	16	Dec-20	12	16	Jan-21	12	16	Feb-21	12	16	Mar-21	12	16	Apr-21	12	16	May-21	12	16	Jun-21	12	16	Jul-21	12	16	Aug-21	12	16	Sep-21	12	25	Rationale for current score: Post wave 2 of COVID 19 Murrison 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	
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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. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Implementation of Phone First for ED as one the initiatives set out in the National Unscheduled Care Programme – six goals.</td> <td>Chief Operating Officer</td> <td>31st October 2021</td> </tr> <tr> <td>Phased implementation of the Acute Medical Services Redesign. Business case for ambulatory care element of service redesign submitted WG.</td> <td>Chief Operating Officer</td> <td>31st October 2021</td> </tr> </tbody> </table>			Action	Lead	Deadline	Implementation of Phone First for ED as one the initiatives set out in the National Unscheduled Care Programme – six goals.	Chief Operating Officer	31 st October 2021	Phased implementation of the Acute Medical Services Redesign. Business case for ambulatory care element of service redesign submitted WG.	Chief Operating Officer	31 st October 2021																														
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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"> • 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																																												
Risk transferred to Urgent & Emergency Care Board to task 11.05.2021.																																												

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 5 = 25																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Janet Williams, Interim Director of Operations 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: September 2021																																										
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 5 = 25 Target: 4 x 2 = 8		<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>Oct-20</td><td>25</td><td>8</td></tr> <tr><td>Nov-20</td><td>25</td><td>8</td></tr> <tr><td>Dec-20</td><td>25</td><td>8</td></tr> <tr><td>Jan-21</td><td>25</td><td>8</td></tr> <tr><td>Feb-21</td><td>25</td><td>8</td></tr> <tr><td>Mar-21</td><td>25</td><td>8</td></tr> <tr><td>Apr-21</td><td>25</td><td>8</td></tr> <tr><td>May-21</td><td>25</td><td>8</td></tr> <tr><td>Jun-21</td><td>25</td><td>8</td></tr> <tr><td>Jul-21</td><td>25</td><td>8</td></tr> <tr><td>Aug-21</td><td>25</td><td>8</td></tr> <tr><td>Sep-21</td><td>25</td><td>8</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Oct-20	25	8	Nov-20	25	8	Dec-20	25	8	Jan-21	25	8	Feb-21	25	8	Mar-21	25	8	Apr-21	25	8	May-21	25	8	Jun-21	25	8	Jul-21	25	8	Aug-21	25	8	Sep-21	25	8	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 is obviously increasing the number of patients now breaching 36 and 52 week thresholds.	
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Level of Control = 90%		Rationale for target score: There is scope to reduce the likelihood score to reduce the Risk to an acceptable level																																										
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. The annual plan is based on specialty level capacity and demand models at specialty level that set out the baseline capacity and identify solutions to bridge the gap. Non-recurring pump – prime funding is available to support initial recovery measures. Monthly performance reviews track progress against delivery. A focused intervention is in train support to the 10 specialties with the longest waits. 			Action	Lead	Deadline																																							
			Develop and implement a full range of ‘ treat while you wait ’ interventions at specialty level to minimise harm.	Service Directors	30 th September 2021																																							
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 23.04.2021 – Action closed - Development of a whole system model for NPTH as a centre for Orthopaedic and Spinal services, to include the scoping of ambulant trauma options and capital requirements - Strategic Outline Case submitted to WG awaiting outcome. 15.07.2021 - Theatre activity has now increased to over 85% pre-Covid levels and further sessions will be commissioned with support from an insourcing companies for staff. In addition outsourcing to independent hospital has commenced with the further provision of theatre sessions to be utilised by surgeons and anaesthetics from Sept 2021. Update 13.10.21 Theatre activity has now increased to pre-Covid levels across the three sites and further sessions are planned (in orthopaedics initially) with support from an insourcing companies for staff and additional elective sessions in Singleton Hospital. In addition, outsourcing to independent hospital has commenced with the further provision of theatre sessions in private facilities to be utilised by surgeons and anaesthetics from November onwards.																																												

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 Date last reviewed: September 2021																																										
Risk: Operational and strategic decisions are not data informed: Failure to have an approvable IMTP for 2022/23 then we will lose public confidence and breach legislation.		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.																																										
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Nov-20	20	8																																										
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Level of Control = 70%																																												
Date added to the HB risk register July 2017																																												
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> 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?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Development of draft Recovery and Sustainability Plan for approval by the Board</td> <td>Dir of Strategy & Dir of Finance</td> <td>30th September 2021</td> </tr> </tbody> </table>				Action	Lead	Deadline	Development of draft Recovery and Sustainability Plan for approval by the Board	Dir of Strategy & Dir of Finance	30 th September 2021																																	
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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.		Gaps in assurance (What additional assurances should we seek?)																																										
Additional Comments																																												
08.07.21 Update – Two actions closed – Development of draft Annual Plan and Annual Plan to be finalised. New action done. Updates also to controls, assurances, rationale for current score.																																												

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		Date last reviewed: September 2021																																										
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Level of Control = 50%		Rationale for target score: New service model and improved performance																																										
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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 agreed and being established by Summer 2019 which should give further stability to service. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Additional investment expected - from Welsh Government</td> <td>CAMHS network</td> <td>30th September 31st March 2022</td> </tr> <tr> <td>Staffing of service being strengthened & supplemented by agency staff</td> <td>CAMHS network</td> <td>30th September 31st December 2021</td> </tr> </tbody> </table>				Action	Lead	Deadline	Additional investment expected - from Welsh Government	CAMHS network	30th September 31 st March 2022	Staffing of service being strengthened & supplemented by agency staff	CAMHS network	30th September 31 st December 2021																														
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Additional Comments Cwm Taf achieved the non-urgent 28 day target for specialist CAMHS and primary CAMHS in 2020, with performance deteriorating due to staff being relocated to Ty Llydiard to support 763pandemic. Performance has improved in 2021 towards achievement of targets. 01.04.21 – Action update – Additional demands as a result of Covid expected and will need additional investment either from MH development monies or from direct Welsh Government funding. 04.10.21 - CAMHS services have experienced increases in demand due to the pandemic. Plans are in place to address the backlog of cases but are dependent on agreement with CTM to use additional staff time / payments which is outstanding. Progress expected by end of December 2021.																																												

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 4 = 20																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Janet Williams, Interim Director of Operations Assuring Committee: Performance and Finance Committee For information: Quality & Safety Committee Date last reviewed: September 2021																																										
Risk: Access to Cancer Services – There is a risk of harm to patients with cancer due to delayed presentation, referral, diagnosis or treatment. 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.		Rationale for current score: There has been a reduction in presentation and referrals for cancer. The cancer backlog has increased and treatment times have got longer due to Covid-19 related reductions in surgical capacity. Enhanced monitoring & weekly monitoring of action plans for top 6 tumour sites in place.																																										
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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 unscheduled care (USC) 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 in RGH and PCH to protect core activity. Additional investment in MDT consideration, with 5 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. Weekly cancer performance meetings are held at both Singleton and Morriston Delivery Units. The tumour sites of concern is in development. One of the areas is Lower GI where clinic capacity has increased by 4 times in April. Endoscopy contract has been extended. 		<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. Harm review process to be implemented.</td> <td>Service Group Manager</td> <td>1st November 2021</td> </tr> <tr> <td>To explore the possibility of offering SABR RT for high risk lung cancer patients in SWWCC. Business case with WHSCC – expect response by end Nov 2021</td> <td>Service Manager Surgical Services</td> <td>30th September 2021 30th November 2021</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. Harm review process to be implemented.	Service Group Manager	1 st November 2021	To explore the possibility of offering SABR RT for high risk lung cancer patients in SWWCC. Business case with WHSCC – expect response by end Nov 2021	Service Manager Surgical Services	30th September 2021 30 th November 2021																																
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Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)																																										

<p>General improvement (sustained) trajectory. Need to continue improvement actions and close monitoring. Early diagnosis pathway launched and impact being closely monitored. Backlog trajectory accepted at Management Board on 15th September and trajectory will be monitored in weekly enhanced monitoring meetings.</p>	<p>Clear current funding gap.</p>
<p style="text-align: center;">Additional Comments</p> <p>The need to deliver sustained performance. Whilst every effort is being made to maintain cancer treatment, surgical cancer activity in particular is being impacted upon by both the reduction in elective theatre capacity and availability in critical care beds due to the COVID-19 outbreak. Covid screening is in place for all patients starting their 1st cycle of SACT and for all Lung RT patients. Action - Establishment of mobile unit to carry out PET/CT scans for Swansea and South West Wales patients. – Completed Action - Continue to expand our Surgery capacity to allow our complex cancer surgeries to deal with any backlog of patients – Completed 01.03.21: Action Completed – Introduce COVID testing for Oncology and Haematology 15.07.2021: The analysis of cases in top six cancer sites has been completed and a plan to resolve these was agreed in Management Board on 7th July 2021.</p>	

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: September 2021																																										
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 Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Oct-20</td><td>12</td><td>8</td></tr> <tr><td>Nov-20</td><td>12</td><td>8</td></tr> <tr><td>Dec-20</td><td>12</td><td>8</td></tr> <tr><td>Jan-21</td><td>12</td><td>8</td></tr> <tr><td>Feb-21</td><td>12</td><td>8</td></tr> <tr><td>Mar-21</td><td>12</td><td>8</td></tr> <tr><td>Apr-21</td><td>12</td><td>8</td></tr> <tr><td>May-21</td><td>12</td><td>8</td></tr> <tr><td>Jun-21</td><td>12</td><td>8</td></tr> <tr><td>Jul-21</td><td>12</td><td>8</td></tr> <tr><td>Aug-21</td><td>12</td><td>8</td></tr> <tr><td>Sep-21</td><td>12</td><td>8</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Oct-20	12	8	Nov-20	12	8	Dec-20	12	8	Jan-21	12	8	Feb-21	12	8	Mar-21	12	8	Apr-21	12	8	May-21	12	8	Jun-21	12	8	Jul-21	12	8	Aug-21	12	8	Sep-21	12	8	Rationale for current score: <ul style="list-style-type: none"> Current lack of sustainable funding source to secure capacity 	
Month	Risk Score	Target Score																																										
Oct-20	12	8																																										
Nov-20	12	8																																										
Dec-20	12	8																																										
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Jul-21	12	8																																										
Aug-21	12	8																																										
Sep-21	12	8																																										
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"> 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. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Conclude work on exec equalities portfolios</td> <td>Interim Assistant Director of Strategy</td> <td>31st August 2021</td> </tr> </tbody> </table>	Action	Lead	Deadline	Conclude work on exec equalities portfolios	Interim Assistant Director of Strategy	31 st August 2021																																			
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Conclude work on exec equalities portfolios	Interim Assistant Director of Strategy	31 st August 2021																																										
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																																												
As at 19.5.21 there has been no progress to create a IIA post. Update 04.07.21 – Action completed - Appoint to agreed Planning posts. Funding agreed for Planned care post - acute care and planned care posts appointed to. The Annual Plan for 2021/22 has a significant engagement elements taking place around changes to services for Older People’s Mental Health Services and the roles of our Hospitals. This is placing significant pressures on the dept. The additional capacity due to commence w/c 5/7 has not materialized, placing further pressures on the dept. Risk to be reviewed in September.																																												

Datix ID Number: 2450 Health & Care Standard: 2.1.1 Managing Financial Risk		HBR Ref Number: 73 Target Date: 31st March 2022		Current Risk Rating 5 x 4 = 20																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Darren Griffiths. Director of Finance (interim) 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: September 2021																																										
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>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Oct-20</td><td>5</td><td>20</td></tr> <tr><td>Nov-20</td><td>5</td><td>20</td></tr> <tr><td>Dec-20</td><td>5</td><td>20</td></tr> <tr><td>Jan-21</td><td>5</td><td>20</td></tr> <tr><td>Feb-21</td><td>5</td><td>20</td></tr> <tr><td>Mar-21</td><td>5</td><td>20</td></tr> <tr><td>Apr-21</td><td>5</td><td>20</td></tr> <tr><td>May-21</td><td>5</td><td>20</td></tr> <tr><td>Jun-21</td><td>5</td><td>20</td></tr> <tr><td>Jul-21</td><td>5</td><td>20</td></tr> <tr><td>Aug-21</td><td>5</td><td>20</td></tr> <tr><td>Sep-21</td><td>5</td><td>20</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Oct-20	5	20	Nov-20	5	20	Dec-20	5	20	Jan-21	5	20	Feb-21	5	20	Mar-21	5	20	Apr-21	5	20	May-21	5	20	Jun-21	5	20	Jul-21	5	20	Aug-21	5	20	Sep-21	5	20	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 As the Health Board moves out of direct COVID response and into COVID recovery there remains a real risk that some additionality 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. 	
Month	Target Score	Risk Score																																										
Oct-20	5	20																																										
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Jul-21	5	20																																										
Aug-21	5	20																																										
Sep-21	5	20																																										
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?)																																										
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 in place for 2021/22 Review all of KPMG pipeline savings opportunities to test whether these can be accelerated in the light of COVID-19 impact. System of internal control proposed and will be implemented in quarter 1 2021/22 		Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Impact of reset and recovery to be assessed through QIA process to ensure clear understanding of impact on underlying cost base.</td> <td>COO</td> <td>30th September 2021 Monthly ongoing</td> </tr> </tbody> </table>				Action	Lead	Deadline	Impact of reset and recovery to be assessed through QIA process to ensure clear understanding of impact on underlying cost base.	COO	30 th September 2021 Monthly ongoing																																	
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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: <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 		Gaps in assurance (What additional assurances should we seek?) Reporting on savings opportunities and service change impacts to be developed.																																										
Additional Comments																																												
None.																																												

Datix ID Number: 2522 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 75 Target Date: 31 st March 2022		Current Risk Rating 5 x 4 = 20																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Janet Williams, Interim Director of Operations 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: September 2021																																										
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 and Target Scores</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Oct-20</td><td>20</td><td>5</td></tr> <tr><td>Nov-20</td><td>20</td><td>5</td></tr> <tr><td>Dec-20</td><td>20</td><td>5</td></tr> <tr><td>Jan-21</td><td>20</td><td>5</td></tr> <tr><td>Feb-21</td><td>20</td><td>5</td></tr> <tr><td>Mar-21</td><td>20</td><td>5</td></tr> <tr><td>Apr-21</td><td>20</td><td>5</td></tr> <tr><td>May-21</td><td>20</td><td>5</td></tr> <tr><td>Jun-21</td><td>20</td><td>5</td></tr> <tr><td>Jul-21</td><td>20</td><td>5</td></tr> <tr><td>Aug-21</td><td>20</td><td>5</td></tr> <tr><td>Sep-21</td><td>20</td><td>5</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Oct-20	20	5	Nov-20	20	5	Dec-20	20	5	Jan-21	20	5	Feb-21	20	5	Mar-21	20	5	Apr-21	20	5	May-21	20	5	Jun-21	20	5	Jul-21	20	5	Aug-21	20	5	Sep-21	20	5	Rationale for current score:	
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Sep-21	20	5																																										
Level of Control = 25%		Rationale for target score:																																										
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, 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. 			Action	Lead	Deadline																																							
			Business Continuity plans in place to be reviewed by operational silver command.	Singleton Group Director/Morrison Service Director	31 st March 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?)																																									
<ul style="list-style-type: none"> 																																												
Additional Comments																																												
(This risk is being reviewed currently)																																												

Datix ID Number: 2739 Health & Care Standard: 2.1.1 Managing Financial Risk		HBR Ref Number: 79 Target Date: 31st March 2022		Current Risk Rating 5 x 3 = 15																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Darren Griffiths. Director of Finance (interim) Assuring Committee: Performance and Finance Committee																																										
Risk: The COVID-19 pandemic has 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: September 2021																																										
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>Oct-20</td><td>5</td><td>15</td></tr> <tr><td>Nov-20</td><td>5</td><td>15</td></tr> <tr><td>Dec-20</td><td>5</td><td>15</td></tr> <tr><td>Jan-21</td><td>5</td><td>15</td></tr> <tr><td>Feb-21</td><td>5</td><td>15</td></tr> <tr><td>Mar-21</td><td>5</td><td>15</td></tr> <tr><td>Apr-21</td><td>5</td><td>15</td></tr> <tr><td>May-21</td><td>5</td><td>15</td></tr> <tr><td>Jun-21</td><td>5</td><td>15</td></tr> <tr><td>Jul-21</td><td>5</td><td>15</td></tr> <tr><td>Aug-21</td><td>5</td><td>15</td></tr> <tr><td>Sep-21</td><td>5</td><td>15</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Oct-20	5	15	Nov-20	5	15	Dec-20	5	15	Jan-21	5	15	Feb-21	5	15	Mar-21	5	15	Apr-21	5	15	May-21	5	15	Jun-21	5	15	Jul-21	5	15	Aug-21	5	15	Sep-21	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. • The Health Board has submitted bids against a first tranche of funding available from Welsh Government but this is not yet allocated • 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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Jul-21	5	15																																										
Aug-21	5	15																																										
Sep-21	5	15																																										
Level of Control = 25%		Rationale for target score: Securing resources to meet the ambition of the Health Board in terms of access recovery will recue this risk which is an affordability, rather than a service delivery risk.																																										
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 • Working with Welsh Government to access additional funding based on the modelling carried out to date • 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. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Develop a final annual plan setting out recovery plans</td> <td>Director of Finance and Director of Strategy</td> <td>23rd July 2021</td> </tr> <tr> <td>Prioritise limited Health Board internal capacity and resource in a risk assessed way.</td> <td>COO</td> <td>30th July 2021 Monthly ongoing</td> </tr> </tbody> </table>			Action	Lead	Deadline	Develop a final annual plan setting out recovery plans	Director of Finance and Director of Strategy	23 rd July 2021	Prioritise limited Health Board internal capacity and resource in a risk assessed way.	COO	30 th July 2021 Monthly ongoing																														
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<p>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:</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?) Management of access is prioritised based on clinical risk management.</p>
<p>Additional Comments</p> <p>None.</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