



HEALTH BOARD RISK REGISTER

July 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: 31/08/2022		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: August 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 Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>12</td><td>16</td></tr> <tr><td>Sep-21</td><td>12</td><td>16</td></tr> <tr><td>Oct-21</td><td>12</td><td>25</td></tr> <tr><td>Nov-21</td><td>12</td><td>25</td></tr> <tr><td>Dec-21</td><td>12</td><td>25</td></tr> <tr><td>Jan-22</td><td>12</td><td>25</td></tr> <tr><td>Feb-22</td><td>12</td><td>25</td></tr> <tr><td>Mar-22</td><td>12</td><td>25</td></tr> <tr><td>Apr-22</td><td>12</td><td>25</td></tr> <tr><td>May-22</td><td>12</td><td>25</td></tr> <tr><td>Jun-22</td><td>12</td><td>25</td></tr> <tr><td>Jul-22</td><td>12</td><td>25</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Aug-21	12	16	Sep-21	12	16	Oct-21	12	25	Nov-21	12	25	Dec-21	12	25	Jan-22	12	25	Feb-22	12	25	Mar-22	12	25	Apr-22	12	25	May-22	12	25	Jun-22	12	25	Jul-22	12	25	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>Re-establish short stay unit on ward D at Morriston</td> <td>SGD (Morriston)</td> <td>31/08/2022</td> </tr> <tr> <td>Review roles & service models in order to increase SDEC working hours and throughput of patients sustainably.</td> <td>SGD (Morriston)</td> <td>30/09/2022</td> </tr> <tr> <td>OPAS developing a proposal to assess elderly patients at home</td> <td>SGD (Morriston)</td> <td>31/07/2022</td> </tr> <tr> <td>Introduce Band 6 navigator role in ED for better streaming of patients</td> <td>SGD (Morriston)</td> <td>31/07/2022</td> </tr> <tr> <td>Five-day in-reach by virtual wards will commence in August.</td> <td>PCT SGMD</td> <td>31/08/2022</td> </tr> <tr> <td>AMSR programme due to be implemented in November 2022 – subject to OCP.</td> <td>COO</td> <td>30/11/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	Re-establish short stay unit on ward D at Morriston	SGD (Morriston)	31/08/2022	Review roles & service models in order to increase SDEC working hours and throughput of patients sustainably.	SGD (Morriston)	30/09/2022	OPAS developing a proposal to assess elderly patients at home	SGD (Morriston)	31/07/2022	Introduce Band 6 navigator role in ED for better streaming of patients	SGD (Morriston)	31/07/2022	Five-day in-reach by virtual wards will commence in August.	PCT SGMD	31/08/2022	AMSR programme due to be implemented in November 2022 – subject to OCP.	COO	30/11/2022																		
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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"> New Urgent & Emergency Care Board is meeting monthly 			Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.																																									
Additional Comments / Progress Notes																																												

03/05/2022 controls & actions updated. Two actions completed - Re-establish the frailty short stay unit on RDU and Third phase of procurement to be undertaken to commission additional care home beds.

08/06/2022: AMSR business case has been approved & the next stage is OCP process.

28/07/2022: OCP commenced 13/06/2022. Due to conclude 29/07/2022. Short stay unit delayed slightly due to significant covid pressures.

22/08/2022 – OCP concluded. Two-week evaluation being undertaken.

Datix ID Number: 840 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 16 Target Date: 30/09/2022		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: August 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 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>Aug-21</td><td>25</td><td>8</td></tr> <tr><td>Sep-21</td><td>25</td><td>8</td></tr> <tr><td>Oct-21</td><td>25</td><td>8</td></tr> <tr><td>Nov-21</td><td>25</td><td>8</td></tr> <tr><td>Dec-21</td><td>25</td><td>8</td></tr> <tr><td>Jan-22</td><td>20</td><td>8</td></tr> <tr><td>Feb-22</td><td>20</td><td>8</td></tr> <tr><td>Mar-22</td><td>20</td><td>8</td></tr> <tr><td>Apr-22</td><td>20</td><td>8</td></tr> <tr><td>May-22</td><td>20</td><td>8</td></tr> <tr><td>Jun-22</td><td>20</td><td>8</td></tr> <tr><td>Jul-22</td><td>20</td><td>8</td></tr> </tbody> </table>			Month	Risk Score	Target Score	Aug-21	25	8	Sep-21	25	8	Oct-21	25	8	Nov-21	25	8	Dec-21	25	8	Jan-22	20	8	Feb-22	20	8	Mar-22	20	8	Apr-22	20	8	May-22	20	8	Jun-22	20	8	Jul-22	20	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 during the pandemic increased the number of patients now breaching 36 and 52 week thresholds.	
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Jul-22	20	8																																										
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>Exploring options to maximise efficiency and productivity through validation and efficient use of existing capacity</td> <td>Deputy COO & Service Group Directors</td> <td>31/08/2022</td> </tr> </tbody> </table>		Action	Lead	Deadline	Exploring options to maximise efficiency and productivity through validation and efficient use of existing capacity	Deputy COO & Service Group Directors	31/08/2022																																		
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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 03/05/2022: Paper was presented to Management Board 20/04/22 detailing progress and plans for 2022/2023. 08/06/2022: Looking to free up Theatres Admission Unit of outliers to return use to surgical patients. 28/07/2022: Action commenced: Implement demand management initiatives between primary and secondary care to reduce the number of new patients awaiting outpatient appointments (some initiatives identified and being taken forward - review for opportunities will continue). Action complete: Implement a full range of interventions to support patients to be kept active and																																												

well whilst on a waiting list – focusing on cancer patients awaiting surgery and long waiting orthopaedic patients. Action complete: Develop robust demand & capacity plans for delivery in 2022/23. Planned care trajectories developed and submitted to WG as part of IMTP.

Datix ID Number: 1297 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 39 Target Date: 31st August 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: August 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 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>Aug-21</td><td>16</td><td>8</td></tr> <tr><td>Sep-21</td><td>16</td><td>8</td></tr> <tr><td>Oct-21</td><td>16</td><td>8</td></tr> <tr><td>Nov-21</td><td>16</td><td>8</td></tr> <tr><td>Dec-21</td><td>16</td><td>8</td></tr> <tr><td>Jan-22</td><td>16</td><td>8</td></tr> <tr><td>Feb-22</td><td>16</td><td>8</td></tr> <tr><td>Mar-22</td><td>16</td><td>8</td></tr> <tr><td>Apr-22</td><td>16</td><td>8</td></tr> <tr><td>May-22</td><td>16</td><td>8</td></tr> <tr><td>Jun-22</td><td>16</td><td>8</td></tr> <tr><td>Jul-22</td><td>16</td><td>8</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Aug-21	16	8	Sep-21	16	8	Oct-21	16	8	Nov-21	16	8	Dec-21	16	8	Jan-22	16	8	Feb-22	16	8	Mar-22	16	8	Apr-22	16	8	May-22	16	8	Jun-22	16	8	Jul-22	16	8	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 was submitted to WG on 30.06.21 and included a balanced financial plan. The Health Board does not have a WG approved IMTP.	
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Level of Control = 70%		Rationale for target score: If the IMTP is approved, it is likely our enhanced monitoring status will be improved when next reviewed.																																										
Date added to the HB risk register July 2017																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> An Annual Plan was approved by the Board on 23 June 2021 and submitted to WG on 30 June 2021. Delivery against this Plan was reported Quarterly to Board and Welsh Government A Recovery and Sustainability Working Group was established in July 2021, chaired by CEO with independent members and Executive leads to steer development of the R&S Plan 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 The Health Board has submitted 3 year Recovery and Sustainability Plan to WG on 31.03.22 which will provide the foundation to deliver an agreed IMTP for 2022/23.if approved 			<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>31/08/2022</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	31/08/2022																																	
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Assurances (How do we know if the things we are doing are having an impact?) Robust programme arrangements are in place to execute the R&S Plan and for 22/23 these arrangements have been strengthened with updated reporting and monitoring arrangements agreed by Management Board in May and June 2022.			Gaps in assurance (What additional assurances should we seek?)																																									
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31.03.2022 – The Board approved the Recovery and Sustainability Plan for submission to Welsh Government for consideration for approval as an IMTP by the Minister. The Plan is now part of a collective review process and approval will be confirmed by June 2022. 06.06.22 Feedback from WG on the R&S plan is expected by 30.06.22. 11.08.22 The HB has submitted an updated R&S Plan to WG on and is awaiting imminent feedback that the Plan will be approved as an IMTP																																												

Datix ID Number: 1563 Health & Care Standard: Safe Care 5.1 Access		HBR Ref Number: 48 Target Date: 31st March 2023		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: August 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		<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>Aug-21</td><td>8</td><td>16</td></tr> <tr><td>Sep-21</td><td>8</td><td>16</td></tr> <tr><td>Oct-21</td><td>8</td><td>16</td></tr> <tr><td>Nov-21</td><td>8</td><td>16</td></tr> <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> </tbody> </table>				Month	Target Score	Risk Score	Aug-21	8	16	Sep-21	8	16	Oct-21	8	16	Nov-21	8	16	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
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Controls (What are we currently doing about the risk?) <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 		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>The Network is seeking to recruit agency staff to fill existing and upcoming vacancies to ensure that core capacity is maximised.</td> <td>Assistant Director of Strategy</td> <td>05/12/2022</td> </tr> <tr> <td>Service Specification being developed. DRAFT Specification now complete.</td> <td>Assistant Director of Strategy</td> <td>31/08/2022</td> </tr> <tr> <td>Board to consider future delivery arrangements. Paper to be considered by Management Board on the 17th August.</td> <td>Assistant Director of Strategy</td> <td>30/09/2022</td> </tr> </tbody> </table>				Action	Lead	Deadline	The Network is seeking to recruit agency staff to fill existing and upcoming vacancies to ensure that core capacity is maximised.	Assistant Director of Strategy	05/12/2022	Service Specification being developed. DRAFT Specification now complete.	Assistant Director of Strategy	31/08/2022	Board to consider future delivery arrangements. Paper to be considered by Management Board on the 17th August.	Assistant Director of Strategy	30/09/2022																											
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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. Vacancy rate is currently at 27% (June 2022), with a number of posts waiting to be advertised. This has improved from a level of 44% in February. Utilisation of agency will continue to improve the backlog, and support the trajectories received. % Patients waiting < 28 days The number of referrals reduced to 164 in June, of which 90 were accepted compared to 126 in May. This was largely down to a catch up in referrals following the Bank Holiday/Easter school holidays. The number of patients on the waiting list at the end of June has decreased from 324 in May to 291 in June. The current waiting time for assessment as at 25th July, as reported in the July 2022 performance		Gaps in assurance (What additional assurances should we seek?)																																										

report is included within the table below

Team	Total waiting	Waiting >28 days	% compliance	Average wait (weeks)
CAMHS Swansea Bay	252	151	40%	5.33

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.

Datix ID Number: 1761 Health & Care Standard: Timely Care 5.1 Access		HBR Ref Number: 50 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: August 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 5 x 5 = 25 Target: 4 x 3 = 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>Aug-21</td><td>20</td><td>12</td></tr> <tr><td>Sep-21</td><td>20</td><td>12</td></tr> <tr><td>Oct-21</td><td>25</td><td>12</td></tr> <tr><td>Nov-21</td><td>25</td><td>12</td></tr> <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> </tbody> </table>		Month	Risk Score	Target Score	Aug-21	20	12	Sep-21	20	12	Oct-21	25	12	Nov-21	25	12	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	Rationale for current score: Risk score updated based on being off trajectory for SCP and Backlog increasing.	
Month	Risk Score	Target Score																																										
Aug-21	20	12																																										
Sep-21	20	12																																										
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Nov-21	25	12																																										
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Apr-22	25	12																																										
May-22	25	12																																										
Jun-22	25	12																																										
Jul-22	25	12																																										
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 Morrision 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. 			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	01/09/2022																																							
			Demand & capacity plans worked through for top 6 tumour sites.	Deputy COO	30/08/2022																																							
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																																												
27.06.22- Deputy COO with support for CIT have developed Cancer Backlog trajectories for top 6 tumour sites. 22/08/2022 - Backlog trajectories have been presented to Management Board and will be going to Performance & Finance Committee in August.																																												

Datix ID Number: 1763 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 52 Target Date: 31st July 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: August 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>Aug-21</td><td>8</td><td>12</td></tr> <tr><td>Sep-21</td><td>8</td><td>12</td></tr> <tr><td>Oct-21</td><td>8</td><td>12</td></tr> <tr><td>Nov-21</td><td>8</td><td>12</td></tr> <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> </tbody> </table>		Month	Target Score	Risk Score	Aug-21	8	12	Sep-21	8	12	Oct-21	8	12	Nov-21	8	12	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	Rationale for current score: <ul style="list-style-type: none"> Current lack of sustainable funding source to secure capacity 	
Month	Target Score	Risk Score																																										
Aug-21	8	12																																										
Sep-21	8	12																																										
Oct-21	8	12																																										
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May-22	8	12																																										
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Jul-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"> 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. 			Action	Lead	Deadline																																							
			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	31/03/2023																																							
			Conclude work on exec equalities portfolios	Assistant Director of Insight, Engagement & Fundraising - DICE	31/03/2023																																							
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 / Progress Notes																																												
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 Health & Care Standard: 2.1.1 Managing Financial Risk		HBR Ref Number: 72 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																																										
Risk: Reduced discretionary capital funds and reduced National NHS funds requiring a restricted Capital Plan for 2022-23		Date last reviewed: August 2022																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 5 x 1 = 5		<table border="1"> <caption>Target and Risk Scores</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>5</td><td>20</td></tr> <tr><td>Sep-21</td><td>5</td><td>20</td></tr> <tr><td>Oct-21</td><td>5</td><td>20</td></tr> <tr><td>Nov-21</td><td>5</td><td>20</td></tr> <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>20</td></tr> <tr><td>May-22</td><td>5</td><td>20</td></tr> <tr><td>Jun-22</td><td>5</td><td>20</td></tr> <tr><td>Jul-22</td><td>5</td><td>20</td></tr> </tbody> </table>				Month	Target Score	Risk Score	Aug-21	5	20	Sep-21	5	20	Oct-21	5	20	Nov-21	5	20	Dec-21	5	20	Jan-22	5	20	Feb-22	5	20	Mar-22	5	20	Apr-22	5	20	May-22	5	20	Jun-22	5	20	Jul-22	5	20
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May-22	5	20																																										
Jun-22	5	20																																										
Jul-22	5	20																																										
Level of Control = 25%		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. 																																										
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?)		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. 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 		Action 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.		Lead Director of Finance & Performance	Deadline Monthly throughout financial year																																							

<ul style="list-style-type: none"> Routine assessment of local demands for discretionary capital spend through internal capital prioritization group which meets monthly. 			
<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.</p>			

Datix ID Number: 2450 Health & Care Standard: 2.1.1 Managing Financial Risk		HBR Ref Number: 73 Target Date: 31st 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: August 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: <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. 																																										
Level of Control = 25%		<table border="1"> <caption>Chart Data: Risk Score vs Target Score</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>5</td><td>20</td></tr> <tr><td>Sep-21</td><td>5</td><td>20</td></tr> <tr><td>Oct-21</td><td>5</td><td>20</td></tr> <tr><td>Nov-21</td><td>5</td><td>20</td></tr> <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>20</td></tr> <tr><td>May-22</td><td>5</td><td>20</td></tr> <tr><td>Jun-22</td><td>5</td><td>20</td></tr> <tr><td>Jul-22</td><td>5</td><td>20</td></tr> </tbody> </table>				Month	Target Score	Risk Score	Aug-21	5	20	Sep-21	5	20	Oct-21	5	20	Nov-21	5	20	Dec-21	5	20	Jan-22	5	20	Feb-22	5	20	Mar-22	5	20	Apr-22	5	20	May-22	5	20	Jun-22	5	20	Jul-22	5	20
Month	Target Score	Risk Score																																										
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May-22	5	20																																										
Jun-22	5	20																																										
Jul-22	5	20																																										
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?)		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>Formal review to be undertaken by WG of Health Board accounting for COVID costs.</td> <td>Director of Finance & Performance</td> <td>31st October 2022</td> </tr> <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>30th September 2022</td> </tr> </tbody> </table>		Action	Lead	Deadline	Formal review to be undertaken by WG of Health Board accounting for COVID costs.	Director of Finance & Performance	31 st October 2022	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	30 th September 2022																																
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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>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.</p> <p>Action complete - All Wales work through Directors of Finance to benchmark costs and work with WG on solutions.</p> <p>30.08.2022 - Initial round of reviews completed. Further discussion planned with CEO to implement a third round of reviews ahead of the WG assessment. 30th September.</p>	

Datix ID Number: 2522 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 75 Target Date: 31/10/2022		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: August 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 History</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>20</td><td>5</td></tr> <tr><td>Sep-21</td><td>20</td><td>5</td></tr> <tr><td>Oct-21</td><td>20</td><td>5</td></tr> <tr><td>Nov-21</td><td>20</td><td>5</td></tr> <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>15</td><td>5</td></tr> <tr><td>Apr-22</td><td>10</td><td>5</td></tr> <tr><td>May-22</td><td>10</td><td>5</td></tr> <tr><td>Jun-22</td><td>10</td><td>5</td></tr> <tr><td>Jul-22</td><td>10</td><td>5</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Aug-21	20	5	Sep-21	20	5	Oct-21	20	5	Nov-21	20	5	Dec-21	20	5	Jan-22	20	5	Feb-22	20	5	Mar-22	15	5	Apr-22	10	5	May-22	10	5	Jun-22	10	5	Jul-22	10	5	Rationale for target score: The strategy of moving towards living with Covid will eventually lower the risk level to target.	
Month	Risk Score	Target Score																																										
Aug-21	20	5																																										
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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>Ongoing surveillance of epidemiology data for early warning and further change to risk level.</td> <td>COO</td> <td>31/07/2022 Closed</td> </tr> <tr> <td>Periodic review of risk</td> <td>COO</td> <td>31/10/22</td> </tr> </tbody> </table>			Action	Lead	Deadline	Ongoing surveillance of epidemiology data for early warning and further change to risk level.	COO	31/07/2022 Closed	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 03/05/2022: Covid GOLD & SILVER have been stood down. Ongoing monitoring assimilated into business as usual. 22/08/2022: Risk reviewed (no change) – it will be reviewed again in 3 months. There is ongoing surveillance of epidemiology data via the live Covid dashboard.																																												

Datix ID Number: 2739 Health & Care Standard: 2.1.1 Managing Financial Risk		HBR Ref Number: 79 Target Date: 31st 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 August 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>Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Aug-21</td><td>5</td><td>15</td></tr> <tr><td>Sep-21</td><td>5</td><td>15</td></tr> <tr><td>Oct-21</td><td>5</td><td>15</td></tr> <tr><td>Nov-21</td><td>5</td><td>15</td></tr> <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> </tbody> </table>		Month	Target Score	Risk Score	Aug-21	5	15	Sep-21	5	15	Oct-21	5	15	Nov-21	5	15	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	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																																										
Aug-21	5	15																																										
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May-22	5	15																																										
Jun-22	5	15																																										
Jul-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) 			Action	Lead	Deadline																																							
			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	Complete																																							

<ul style="list-style-type: none"> • Transparent reporting to Performance and Finance Committee and Quality and Safety Committee on progress and plan development. • Prioritising key services via clinical leaders. 	<p>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.</p>	<p>Director of Finance</p>	<p>30/06/2022</p>
<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>			

Datix ID Number: 2554 Health & Care Standard: Standard 5.1 Timely Access		HBR Ref Number: 82 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: August 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>Aug-21</td><td></td><td>3</td></tr> <tr><td>Sep-21</td><td></td><td>3</td></tr> <tr><td>Oct-21</td><td></td><td>3</td></tr> <tr><td>Nov-21</td><td></td><td>3</td></tr> <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> </tbody> </table>			Month	Risk Score	Target Score	Aug-21		3	Sep-21		3	Oct-21		3	Nov-21		3	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	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																																										
Aug-21		3																																										
Sep-21		3																																										
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Mar-22	20	3																																										
Apr-22	20	3																																										
May-22	16	3																																										
Jun-22	16	3																																										
Jul-22	16	3																																										
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?) <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 			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>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 2022</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 2022																																	
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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			Gaps in assurance (What additional assurances should we seek?)																																									

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 / Progress Notes

31.03.22: The service reopened fully on 14/02/2022.

Action completed - Securing the agreement of GITU consultants to cover pending completion of capital work.

13/05/22: Scoping document submitted to WG; meeting 17/05/22 to agree timescale for submission of business case. Risk score reviewed – interim arrangements working well; no concerns raised. Propose reduce risk to 16 now and reduce to 12 when funding confirmed by WG.

27.06.22 – Action complete: Submission of bid for capital funding to Welsh Government for both phases of work required.

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.

Datix ID Number: 2961 Health & Care Standard: 2.1.1 Managing Financial Risk		HBR Ref Number: 83 Target Date: 30th November 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: Release of Bed Capacity Savings (A savings risk, not a bed modelling or AMSR delivery risk) 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: August 2022																																										
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>Aug-21</td><td>20</td><td>5</td></tr> <tr><td>Sep-21</td><td>20</td><td>5</td></tr> <tr><td>Oct-21</td><td>20</td><td>5</td></tr> <tr><td>Nov-21</td><td>20</td><td>5</td></tr> <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> </tbody> </table>		Month	Risk Score	Target Score	Aug-21	20	5	Sep-21	20	5	Oct-21	20	5	Nov-21	20	5	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	Rationale for current score: <ul style="list-style-type: none"> 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 	
Month	Risk Score	Target Score																																										
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May-22	20	5																																										
Jun-22	20	5																																										
Jul-22	20	5																																										
Level of Control =		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																																										
Date added to the risk register January 2022																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> 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 Commissioning additional care home beds 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Focus on front door redesign to manage patients away for admission to alternative services</td> <td>COO</td> <td>30/06/2022 Closed</td> </tr> <tr> <td>Delivery AMSR</td> <td>COO</td> <td>30/09/2022</td> </tr> <tr> <td>Delivery of Virtual Ward model across all clusters</td> <td>COO</td> <td>30/09/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	Focus on front door redesign to manage patients away for admission to alternative services	COO	30/06/2022 Closed	Delivery AMSR	COO	30/09/2022	Delivery of Virtual Ward model across all clusters	COO	30/09/2022																											
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<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Length of stay reduction • Fewer admissions • Reduced COVID patients in beds • Reduction in surge bed numbers 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <ul style="list-style-type: none"> • Signed off plan of beds to be decommissioned
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>Update 12.04.2022 - Savings risk on 2021/22 outturn has been mitigated by other savings being identified. Risk remains open whilst the bed requirements for the Acute Medical Services Redesign (AMSR) takes place as savings should be realisable over time and are a requirement from a return on investment perspective in terms of the benefits realisation of those investments. For clarity, this is a savings risk and not a bed modelling or AMSR delivery risk.</p> <p>Update 01/07/2022 – Action complete - Agree occupancy level to support the modelling.</p> <p>22/08/2022 – Action closed: <i>Focus on front door redesign to manage patients away for admission to alternative services. Front door redesign undertaken as follows: WAST Stack Review in place; Virtual In Reach Ward in place; OPAS extended pathways and opening hours in place. Next step-change is expected with implementation of AMSR.</i></p> <p><i>Date for delivery of virtual ward model across <u>all</u> clusters amended to end September 2022.</i></p>	

Datix ID Number: 3110 NEW RISK 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: August 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 4 x 4 = 16	<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>Aug-21</td><td>16</td><td>20</td></tr> <tr><td>Sep-21</td><td>16</td><td>20</td></tr> <tr><td>Oct-21</td><td>16</td><td>20</td></tr> <tr><td>Nov-21</td><td>16</td><td>20</td></tr> <tr><td>Dec-21</td><td>16</td><td>20</td></tr> <tr><td>Jan-22</td><td>16</td><td>20</td></tr> <tr><td>Feb-22</td><td>16</td><td>20</td></tr> <tr><td>Mar-22</td><td>16</td><td>20</td></tr> <tr><td>Apr-22</td><td>16</td><td>20</td></tr> <tr><td>May-22</td><td>16</td><td>20</td></tr> <tr><td>Jun-22</td><td>16</td><td>20</td></tr> <tr><td>Jul-22</td><td>16</td><td>20</td></tr> </tbody> </table>			Month	Target Score	Risk Score	Aug-21	16	20	Sep-21	16	20	Oct-21	16	20	Nov-21	16	20	Dec-21	16	20	Jan-22	16	20	Feb-22	16	20	Mar-22	16	20	Apr-22	16	20	May-22	16	20	Jun-22	16	20	Jul-22	16	20	Rationale for current score: Current score reflects the size and complexity of the programme. Whilst there are substantial mitigations in place, the residual risk remains high.	
Month	Target Score	Risk Score																																										
Aug-21	16	20																																										
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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 00/00/00	Controls (What are we currently doing about the risk?)																																											
<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. 		Mitigating actions (What more should we do?)																																										
		Action	Lead	Deadline																																								
		Workforce plan to be presented at the Management Board in September	Service Director (Morrison)	30/09/2022																																								
		Robust OCP process; consultation end date was 29/07/2022.	Chief Operating Officer	31/08/2022																																								
		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. Programme Plan to be presented at September 2022 Management Board.	Project Director	31/09/2022 Closed																																								

<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>Two focused groups established to look at different categories of COPs and provide senior oversight. To commence in August.</p>	<p>PCT Nurse Director</p>	<p>31/08/2022</p>
	<p>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 (Cost Improvement Plan) commitment in 2023/24. Progress review to be undertaken in December 2022.</p>	<p>Project Director</p>	<p>31/12/2022</p>
<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</p> <p>01/08/2022: OCP commenced 13/06/2022 and concluded on 29/07/2022. Feedback is being collated. Programme on reducing clinically optimised patients is being scoped by the Project Director. Estates works progressing to plan.</p> <p>22.08.22: As per risk HBR80 - Due to unforeseen need for leave of Project Director, the previously identified action (<i>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. Programme Plan to be presented at September 2022 Management Board.</i>) has been closed and alternative arrangements put in place: The PCT Service group Nurse Director has put in place a governance structure – Two groups will be established – the PCT Nurse Director will chair one focusing on patients with longest stays; the PCT Head of Nursing will chair the group reviewing patients who are experiencing delays in discharge processes (eg waits for therapies).</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