



HEALTH BOARD RISK REGISTER December 2021

(Incorporating management updates received by 14th January 2022)

RISKS ASSIGNED TO THE PERFORMANCE & FINANCE COMMITTEE

Datix ID Number: 738 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 1 Target Date: 31st March 2022		Current Risk Rating 5 x 5 = 25																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Inese Robotham, Chief Operating Officer Assuring Committee: Performance and Finance Committee For information: Quality & Safety Committee																																										
Risk: 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: December 2021																																										
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 and Target Scores by Month</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <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>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> </tbody> </table>		Month	Target Score	Risk Score	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	16	Oct-21	12	25	Nov-21	12	25	Dec-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. • 24/7 ambulance triage nurse in place 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Joint working with WAST • Zero tolerance of over 6 hours handover delays implemented; to be brought down to 4 hours • Ambulance offload and cohorting area • Identification of patient pathways that can bypass ED</td> <td>Chief Operating Officer</td> <td>November 2021 November 2021 December 2021</td> </tr> <tr> <td>Redesign of Acute Medical Services including Same Day Emergency Care</td> <td>Chief Operating Officer</td> <td>December 2021</td> </tr> <tr> <td>Commissioning of up to 100 care home beds. 1st phase up to 55 beds from November 2021. 2nd phase December 2021</td> <td>Chief Operating Officer</td> <td>December 2021</td> </tr> <tr> <td>Establishment of 4 virtual wards aligned to GP clusters</td> <td>Chief Operating Officer</td> <td>December 2021</td> </tr> </tbody> </table>			Action	Lead	Deadline	Joint working with WAST • Zero tolerance of over 6 hours handover delays implemented; to be brought down to 4 hours • Ambulance offload and cohorting area • Identification of patient pathways that can bypass ED	Chief Operating Officer	November 2021 November 2021 December 2021	Redesign of Acute Medical Services including Same Day Emergency Care	Chief Operating Officer	December 2021	Commissioning of up to 100 care home beds. 1st phase up to 55 beds from November 2021. 2nd phase December 2021	Chief Operating Officer	December 2021	Establishment of 4 virtual wards aligned to GP clusters	Chief Operating Officer	December 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																																												
Update 12.11.2021: Actions refreshed by management and following actions completed:																																												

- Implementation of Phone First for ED as one the initiatives set out in the National Unscheduled Care Programme – six goals.
- Phased implementation of the Acute Medical Services Redesign. Business case for ambulatory care element of service redesign submitted WG.

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: 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: December 2021																																										
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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 to support to the 10 specialties with the longest waits. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Implement demand management initiatives between primary and secondary care to reduce the number of new patients awaiting outpatient appointments.</td> <td>Service Directors</td> <td>31/12/2021</td> </tr> <tr> <td>Welsh Government has provided funding for the Health Board to develop and implement a full range of interventions to support patients to be kept active and well whilst on a waiting list. The focus will be on cancer patients awaiting surgery and long waiting orthopaedic patients.</td> <td>Service Group Directors</td> <td>30/11/2021</td> </tr> </tbody> </table>			Action	Lead	Deadline	Implement demand management initiatives between primary and secondary care to reduce the number of new patients awaiting outpatient appointments.	Service Directors	31/12/2021	Welsh Government has provided funding for the Health Board to develop and implement a full range of interventions to support patients to be kept active and well whilst on a waiting list. The focus will be on cancer patients awaiting surgery and long waiting orthopaedic patients.	Service Group Directors	30/11/2021																														
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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"> Weekly meetings in place to ensure patients with greatest clinical need are treated first. 			Gaps in assurance (What additional assurances should we seek?)																																									
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Update 12.11.21: An additional ophthalmology day case theatre in Singleton will also be operational early in 2022. 1 Action closed - Develop and implement a full range of 'treat while you wait' interventions at specialty level to minimise harm. Two new actions added.																																												

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: December 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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<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. 			<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>30/09/2021 28/02/2022</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	30/09/2021 28/02/2022																																	
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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. An update on Annual plan progress a at Q2 was reviewed by Board Nov 2021 and adjustments to off track actions approved in Dec Special Board.			Gaps in assurance (What additional assurances should we seek?)																																									
Additional Comments																																												

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: December 2021																																										
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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>31st March 2022</td> </tr> <tr> <td>Staffing of service being strengthened & supplemented by agency staff</td> <td>CAMHS network</td> <td>31st December 2021</td> </tr> </tbody> </table>			Action	Lead	Deadline	Additional investment expected - from Welsh Government	CAMHS network	31 st March 2022	Staffing of service being strengthened & supplemented by agency staff	CAMHS network	31 st December 2021																														
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Additional Comments																																												
31.12.21 – CAMHS service have developed an action plan including strengthening staffing arrangements in short term, but performance not currently improving so risk score stays the same.																																												

Datix ID Number: 1761 Health & Care Standard: Timely Care 5.1 Access		HBR Ref Number: 50 Target Date: 31st March 2022		Current Risk Rating 5 x 5 = 25																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Inese Robotham, Chief Operating Officer Assuring Committee: Performance and Finance Committee For information: Quality & Safety Committee																																										
Risk: Access to Cancer Services – A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.		Date last reviewed: December 2021																																										
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Level of Control = 70%		Rationale for target score: Target score reflects the challenge this area of work present the Board and where small numbers of patients impact on the potential to breach target																																										
Date added to the HB risk register April 2014																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Tight management processes to manage each individual case on the Urgent Suspected Cancer Pathway. Enhanced monitoring & weekly monitoring of action plans for top 6 tumour sites. Initiatives to protect surgical capacity to support USC pathways have been put in place Additional investment in MDT coordinators, with cancer trackers appointed in April 2021. Prioritised pathway in place to fast track USC patients. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. This will form part of the remit of the Cancer Performance Group. Weekly cancer performance meetings are held for both NPTS and Morriston Service Groups by specialty. The tumour sites of concern is in development. One of the areas is Lower GI where clinic capacity has increased by 4 times in April. 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. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer backlog and future cancer diagnostic demand on Endoscopy Services.</td> <td>Service Group Manager</td> <td>4th November 2021 01 Aug 22</td> </tr> <tr> <td>Harm review process to be implemented.</td> <td>Cancer Quality & Standards Manager</td> <td>31 Jan 22</td> </tr> <tr> <td>Establishment of HB Cancer Performance Group</td> <td>Deputy COO</td> <td>30 Nov 21 Complete</td> </tr> <tr> <td>Work programme for HB Cancer Performance Group established</td> <td>Deputy COO</td> <td>31 Dec 21</td> </tr> <tr> <td>Cancer Programme Board to be established</td> <td>Cancer Quality & Standards Manager</td> <td>28 Feb 22</td> </tr> </tbody> </table>			Action	Lead	Deadline	Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer backlog and future cancer diagnostic demand on Endoscopy Services.	Service Group Manager	4 th November 2021 01 Aug 22	Harm review process to be implemented.	Cancer Quality & Standards Manager	31 Jan 22	Establishment of HB Cancer Performance Group	Deputy COO	30 Nov 21 Complete	Work programme for HB Cancer Performance Group established	Deputy COO	31 Dec 21	Cancer Programme Board to be established	Cancer Quality & Standards Manager	28 Feb 22																					
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<p>Assurances (How do we know if the things we are doing are having an impact?) Backlog trajectory accepted at Management Board on 15th September and trajectory will be monitored in weekly enhanced monitoring meetings. Cancer Performance Group being established to support execution of the services delivery plans for improvements.</p>	<p>Gaps in assurance (What additional assurances should we seek?) Clear current funding gap. Performance and activity data monitored, but delays to treatment continue while sustainable solutions found.</p>
<p style="text-align: center;">Additional Comments</p> <p>18.11.21 In September, the HB reported 62% compliance, meeting the trajectory of 62%. Total waits at all stages pre-treatment show a level of stability through September, showing a small decline through October but remain considerably higher than at any other point since the start of 2020 and 44% higher than January 2021. We are still experiencing the impact and restrictions of COVID-19 on our services and our cancer pathways. The number of COVID patients being admitted into our hospitals has increased significantly through July and August. End of October Backlog remains off trajectory by +61 Actions updated to more accurately reflect actions directly related to this risk including the new established Cancer Performance Group. Risk score updated based on being off trajectory for SCP and Backlog. Controls updated to accurately reflect work being undertaken. 12.01.21: Weekly operational tumour site meetings continue with top 7 sites. Challenge and review of data done by CIT and Cancer Associate Service Group Director for Cancer Division. Cancer Improvement Group has now been stood down, new Cancer Programme Board to be established and chaired by Medical Director. PMO office to be engaged to support set up of programme and programme board. Draft TOR for this new Cancer Programme Board (PBD) have been complete and were approved in last CIG. The newly established Cancer Programme Group chaired by Deputy COO will report into this Cancer Programme Board.</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: December 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 and Target Scores by Month</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jan-21</td><td>8</td><td>12</td></tr> <tr><td>Feb-21</td><td>8</td><td>12</td></tr> <tr><td>Mar-21</td><td>8</td><td>12</td></tr> <tr><td>Apr-21</td><td>8</td><td>12</td></tr> <tr><td>May-21</td><td>8</td><td>12</td></tr> <tr><td>Jun-21</td><td>8</td><td>12</td></tr> <tr><td>Jul-21</td><td>8</td><td>12</td></tr> <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> </tbody> </table>		Month	Target Score	Risk Score	Jan-21	8	12	Feb-21	8	12	Mar-21	8	12	Apr-21	8	12	May-21	8	12	Jun-21	8	12	Jul-21	8	12	Aug-21	8	12	Sep-21	8	12	Oct-21	8	12	Nov-21	8	12	Dec-21	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																																										
Jan-21	8	12																																										
Feb-21	8	12																																										
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Oct-21	8	12																																										
Nov-21	8	12																																										
Dec-21	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. 			<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 December 2021</td> </tr> </tbody> </table>			Action	Lead	Deadline	Conclude work on exec equalities portfolios	Interim Assistant Director of Strategy	31 st December 2021																																	
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Conclude work on exec equalities portfolios	Interim Assistant Director of Strategy	31 st December 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																																												

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 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: December 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>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> <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> </tbody> </table>		Month	Target Score	Risk Score	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	Oct-21	5	20	Nov-21	5	20	Dec-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 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. 	
Month	Target Score	Risk Score																																										
Jan-21	5	20																																										
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Oct-21	5	20																																										
Nov-21	5	20																																										
Dec-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?)			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 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 			<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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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																																										
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																																												

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: Inese Robotham, Chief Operating Officer Assuring Committee: Performance and Finance Committee Date last reviewed: December 2021																																										
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: Rationale for target score:																																										
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>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> <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> </tbody> </table>			Month	Target Score	Risk Score	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	Oct-21	5	20	Nov-21	5	20	Dec-21	5	20		
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Level of Control = 25%																																												
Date added to the HB risk register May 2021																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Sites have business continuity plans, 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. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Business Continuity plans in place to be reviewed by operational silver command.</td> <td>Singleton Group Director/Morrison Service Director</td> <td>31st March 2022</td> </tr> </tbody> </table>			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																																	
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Additional Comments																																												

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 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: December 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>Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <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> <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> </tbody> </table>		Month	Target Score	Risk Score	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	Oct-21	5	15	Nov-21	5	15	Dec-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																																										
Jan-21	5	15																																										
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Oct-21	5	15																																										
Nov-21	5	15																																										
Dec-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>Chief Operating Officer</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.	Chief Operating Officer	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>	

Datix ID Number: 2554 *NEW RISK* Health & Care Standard: Standard 5.1 Timely Access		HBR Ref Number: 82 Target Date: TBC		Current Risk Rating 5 x 5 = 25																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Executive Medical Director Assuring Committee: Performance & Finance Committee For Information: Workforce & OD Committee																																										
Risk: Risk of closure of Burns service if Burns Anaesthetic Consultant cover not sustained There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, resulting in closure to this regional service and the associated reputational damage. This is caused by: <ul style="list-style-type: none"> Decreasing consultant numbers due to retirement Anaesthetists not gaining CCT with appropriate ICM and Burns experience, despite attempts to encourage local development of staff Other UK burns units have ICU co-located with Burns ICU, removing the need for dual certified consultants.		Date last reviewed: January 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 3 = 12 Current: 5 x 5 = 25 Target: 3 x 1 = 3	<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>Jan-21</td><td>3</td><td>12</td></tr> <tr><td>Feb-21</td><td>3</td><td>25</td></tr> <tr><td>Mar-21</td><td>3</td><td>25</td></tr> <tr><td>Apr-21</td><td>3</td><td>25</td></tr> <tr><td>May-21</td><td>3</td><td>25</td></tr> <tr><td>Jun-21</td><td>3</td><td>25</td></tr> <tr><td>Jul-21</td><td>3</td><td>25</td></tr> <tr><td>Aug-21</td><td>3</td><td>25</td></tr> <tr><td>Sep-21</td><td>3</td><td>25</td></tr> <tr><td>Oct-21</td><td>3</td><td>25</td></tr> <tr><td>Nov-21</td><td>3</td><td>25</td></tr> <tr><td>Dec-21</td><td>3</td><td>25</td></tr> </tbody> </table>			Month	Target Score	Risk Score	Jan-21	3	12	Feb-21	3	25	Mar-21	3	25	Apr-21	3	25	May-21	3	25	Jun-21	3	25	Jul-21	3	25	Aug-21	3	25	Sep-21	3	25	Oct-21	3	25	Nov-21	3	25	Dec-21	3	25	Rationale for current score: This risk has been increased due to closure of the Burns Unit due to staffing levels	
Month	Target Score	Risk Score																																										
Jan-21	3	12																																										
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Nov-21	3	25																																										
Dec-21	3	25																																										
Level of Control =				Rationale for target score: This is a small clinical service with staff with highly specialised skills. While a small services may always be vulnerable to challenges (eg staff) the intention will be to operate a more resilient clinical model that is supported by other clinical groups.																																								
Date added to the HB risk register December 2021																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> Currently have 8 consultants in post - managing sickness and job planning process to sustain existing consultant workforce as far as possible. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>TBC – There are ongoing discussions looking at how the risk is mitigated and the service maintained</td> <td>TBC</td> <td>TBC</td> </tr> </tbody> </table>		Action	Lead	Deadline	TBC – There are ongoing discussions looking at how the risk is mitigated and the service maintained	TBC	TBC																																		
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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 being mitigated by maintaining an urgent assessment/stabilisation service for patients in Wales with severe burns, with onward transfer for inpatient care to another unit in the UK following the initial assessment			Gaps in assurance (What additional assurances should we seek?)																																									
Additional Comments Ongoing staff burnout combined with two substantive consultants resigning means there is no foreseeable mechanism to open the burns unit as it previously operated. Have recurrently advertised with no applicants and initial efforts for oversee recruitment not successful. November 2021: Burns service currently closed to P3 patients; P2 patients located in Wales will be assessed before transfer to another unit or downgrade to ward based patient; WG notified via NSA – November 2021																																												

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