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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 February 2023		Agenda Item	5.1
Report Title	Risk Management Report – Quality & Safety Risks			
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Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance Gareth Howells, Executive Director of Nursing			
Presented by	Hazel Lloyd, Interim Director of Corporate Governance			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to inform the Quality & Safety Committee (QSC) of the risks from the Health Board Risk Register (HBRR) assigned to the Quality & Safety Committee.			
Key Issues	<ul style="list-style-type: none"> The QSC last received the November 2022 HBRR extract at its December 2022 meeting. This report presents the January 2023 HBRR extract. Sixteen risks are assigned to the Quality & Safety Committee for oversight. Eight risks have a score of 20 or above – one of these scoring 25. Six further risks are included in the register extract for information, but are overseen by other committees. 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality & Safety Committee. CONSIDER the risks assigned to the Quality & Safety Committee and the actions taken to mitigate them. 			

RISK MANAGEMENT REPORT – QUALITY & SAFETY RISKS

1. INTRODUCTION

The purpose of this report is to inform the Quality & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Quality & Safety Committee for scrutiny.

2. BACKGROUND

2.1 Risk Management Framework

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of risk management and providing assurance to the Board in that respect. While this is the case, individual risks have been assigned to other Board committees for more detailed scrutiny and assurance. The intention is that committee work programmes are aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility. The Management Board, chaired by the Chief Executive, oversees the overall operation of the risk management framework and the management of risks within the health board risk register.

Risk Register management is supported by a Risk Management Group (RMG) which meets quarterly and is responsible for overseeing the operational management of risk, ensuring local systems and processes are in place and are operating effectively to ensure appropriate reporting and escalation. The Group last met in January 2023.

Additionally, a Risk Scrutiny Panel is responsible for ensuring there is an appropriate and robust risk management system in place and working throughout the organisation. It is responsible for moderating new risks and risks escalated to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF) and recommending and advising the Management Board on the escalation and de-escalation of risks. The Panel last met in January 2023.

2.2 Risk Appetite

Risk appetite and tolerance provide clarification on the level of risk the Board is prepared to accept.

Prior to the Covid-19 Pandemic, the Board's risk appetite required that action should be taken as a priority to address risks scored at 16 and above. There is a low tolerance to taking risk where it would have a high impact on the quality and safety of care being delivered to patients.

Following the onset of the Covid-19 pandemic, members of the Board agreed that the risk appetite score would increase to 20 and above for an initial period of 3 months. The risk appetite level of 20 and above has remained in place since the start of the

pandemic. These arrangements are reviewed regularly by the Executive Team, Audit Committee and the Board.

The health board approved a risk appetite statement in November, setting out a new approach to expressing the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. In the context of the financial challenges facing the Health Board, the risk appetite adopted for most risk categories is described as '*seeking*', indicating that risks assessed to be at or above a risk level of 20 will be overseen by the committees of the Board as a minimum on a quarterly basis. However, for the category of *compliance risks* where the risk relates to laws, regulations and standards directing the delivery of safe, high quality care, or the health and safety of the staff and public, a '*cautious*' appetite will be adopted, requiring risks scoring 15 or above to be overseen at committee level. The mechanism for reporting risk is being reviewed currently with a view to introducing a new approach from the beginning of the coming financial year.

2.3 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the greatest organisational risks facing the Health Board and the actions being taken to mitigate them.

Each Health Board risk has a lead Executive Director who is responsible for ensuring there are mechanisms in place for identifying, managing and alerting the Board to significant risks within their areas of responsibility through regular, timely and accurate reports to the Management Board/Executive Team, relevant Board Committees and the Board.

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 Action to Update the HBRR

Health Board risk register entries are circulated to lead Executive Directors monthly for review and updated where required. A consolidated, updated register is circulated to the Executive Team for agreement and final version issued. The report presents the risks as recorded in the January 2023 HBRR – the relevant risk extracts are attached at **Appendix 1**. Key changes made in the most recent monthly update are highlighted in red font.

3.2 HBRR Quality & Safety Risks

Sixteen risks are assigned to the Quality & Safety Committee for oversight. Eight of the risks have a score of 20 or above, one of these scoring 25. There have been no new risks added, or changes to risk scores between the November and January risk register versions received.

Six further risks are included in the register extract for information, but are overseen by other committees.

Table 1 below highlights recent changes of note since the last meeting of the Committee:

Table 1 – HBRR Risks Assigned to the Quality & Safety Committee

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
4 (739)	Infection Control Risk of patients acquiring infection as a result of contact with the health care system, resulting in avoidable harm, impact on service capacity, and failure to achieve Tier 1 national infection reduction goals.	20	Executive Director of Nursing	The risk score remains unchanged currently. Actions remain as previously reported, with only the timescale for one (the development of a ward to board dashboard on key tier 1 infections) being adjusted to March 2023.
43 (1514)	Deprivation of Liberty Safeguards (DoLS) Due to a lack of Best Interest Assessor resource, there is a risk of failure to complete and authorise the assessments associated with Deprivation of Liberty/Liberty Protection Safeguards within the legally required timescales, exposing the health board to potential legal challenge and reputational damage.	15	Executive Director of Nursing	The risk score remains unchanged in current HBRR (but is currently subject to consideration) Updates: <ul style="list-style-type: none"> DoLS backlog on 31st December 2022 was 27. External Best Interest Assessors (BIA) are completing on average 10 per month. To date 200 assessments have been completed by external BIA with funding in place for additional 50. Fortnightly meetings are taking place with the agency to request further allocation of BIAs. External, in house and substantive BIAs are completing 10-15 per month. On average 60 referrals are received on a monthly basis in which 30 are granted. The breach time remains at approximately 6 weeks. 2 WTE band 6 BIAs being interviewed 23.01.2023 to increase health board DoLS Team. Utilising WG funding Task & Finish Groups to commence January 2023 chaired by Director of Nursing to explore Liberty Protection Safeguards structure.

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<p>Actions:</p> <ul style="list-style-type: none"> Business case for revised service model (cannot be finalised prior to Welsh Government consultation) (now 27/03/2023) 2 full time band 6 BIA as above (now 28/02/2023)
58 (146)	<p>Ophthalmology - Excellent Patient Outcomes</p> <p>Risk of failure to provide adequate clinic capacity for follow-up patients in Ophthalmology results in a delay in treatment and potential risk of sight loss.</p>	16	Chief Operating Officer	<p>The risk score remains unchanged currently.</p> <p>Action: An overall Regional Sustainability Plan to be delivered (31/03/23)</p> <p>Update: Longer-term regional recovery options are being explored jointly with Hywel Dda.</p>
61 (1587)	<p>Paediatric Dental GA Service – Parkway</p> <p>Identify alternative arrangements to Parkway Clinic for the delivery of dental paediatric GA services on the Morriston Hospital SDU site consistent with the needs of the population and existing WG and Health Board policies.</p>	16	Chief Operating Officer	This risk score remains unchanged currently.
63 (1605)	<p>Screening for Fetal Growth Assessment in line with Gap-Grow</p> <p>There is not enough Ultrasound capacity within Swansea Bay UHB to offer all women serial ultrasound scan screening in the third trimester in line with the UK perinatal Institute Growth Assessment Programme (GAP). Welsh Government mandate fetal growth screening in line with the GAP programme.</p>	16	Executive Director of Nursing	<p>This risk score remains unchanged currently.</p> <p>Update: One trainee sonographer who commenced training in January 2022 is on long term sick and an extension for completion of training has been granted. One permanent midwife sonographer also long term sick. Timescales for completion of some actions have been extended.</p> <p>(This risk and actions – and others within maternity</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	There is significant evidence of the increased risk for stillbirth or neonatal mortality/morbidity (hypoxic ischaemic encephalopathy (HIE)), where a fetus is growth restricted (IUGR) and/or small for gestational age fetus (SGA). Identification and appropriate management for IUGR/SGA in pregnancy will lead to improved outcomes for babies.			services – are currently being reviewed within the service.)
65 (329)	CTG Monitoring on Labour Wards Misinterpretation of cardiotocograph and failure to take appropriate action is a leading cause for poor outcomes in obstetric care leading to high value claims. The requirement to retain maternity records and CTG traces for 25 years leads to the fading/degradation of the paper trace and in some instances traces have been lost from records which makes defence of claims difficult.	20	Executive Director of Nursing	This risk score remains unchanged currently. (This risk and actions – and others within maternity services – are currently being reviewed within the service.)
66 (1834)	Access to Cancer Services Delays in access to SACT (Systemic Anti-Cancer Therapy) treatment in Chemotherapy Day Unit	15	Executive Medical Director	This risk score remains unchanged currently. Update: Weekly monitoring of the waiting times and breaches has been implemented. December 2022 breaches increased from 41 to 43 due to staffing deficits and bank holidays; however, average waiting times continues to be 3 weeks.

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<p>Three chairs have re-opened post-Covid, increasing chair capacity further.</p> <p>Action: Relocation of SACT linked to AMSR programme and phase 2 of home care expansion case brought forward (anticipated 31/03/2023 linked to AMSR)</p>
67 (89)	<p>Risk target breaches – Radiotherapy Clinical risk – target breaches in the provision of radical radiotherapy treatment. Due to capacity and demand issues the department is experiencing target breaches in the provision of radical radiotherapy treatment to patients.</p>	15	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>Update: Building work complete. Delivery of Linac 7.1.23. Commissioning has begun, expect clinical in Summer 2023. CT capacity increases are being explored through temporary weekend working/new CT purchase.</p> <p>Action: Business case for a further Linac agreed with Welsh Government (01/04/2023 on track)</p>
69 (1418)	<p>Safeguarding Adolescents being admitted to adult MH wards resulting in potential safeguarding issues</p>	20	Chief Operating Officer / Executive Director of Nursing	<p>This risk score remains unchanged currently. The target score reflects the long term aim of the health board to create an admission facility for adolescent mental health patients.</p>
74 (2595)	<p>Delay in Induction of Labour (IOL) Delays in IOL can introduce avoidable risk and unnecessary intervention which can lead to poor clinical outcome for mother and/or baby. Delays in IOL lead to increased complaints and decreased patient satisfaction.</p>	20	Executive Director of Nursing	<p>This risk score remains unchanged currently.</p> <p>Actions unchanged, but dates refreshed:</p> <ul style="list-style-type: none"> • Prepare midwifery workforce paper to present recommendation for future staffing levels in the obstetric unit to ensure adequate staffing each shift (30/03/2023)

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<ul style="list-style-type: none"> Complete Birthrate+ Cymru assessment for future workforce needs on the obstetric unit (refreshed to 30/01/2023) Manage Critical Midwifery Staffing risk (HBRR ref 81) to minimise disruption in IOL delay (28/02/2023) <p>Update: Head of Midwifery retired. Interim post released. Birthrate+ report received but team to meet to discuss content as it is missing information regarding antenatal assessment unit admissions. Nursing Director supporting Senior team with future workforce plan.</p>
78 (2521)	Nosocomial Transmission Nosocomial transmission in hospitals could cause patient harm; increase staff absence and create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks	12	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>Update:</p> <ul style="list-style-type: none"> Pathway review completed with outcome letter to families agreed and responses now increasing with completion of wave 1 shortly. The number of investigations / responses need to double by April to match timelines to complete up to wave 4 cases. Lessons learned through the review now has a clear feedback route for relatives in the outcome letter. Q&S groups to feedback to service groups and exceptions via Infection Control Committee up to Executive team. Number of live cases in wave 5 are reaching their peak. ITU attendances remain low for COVID. <p>Action:</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				Nosocomial Death Reviews using national toolkit ongoing. Need to ensure outcomes are reported to the Exec team and Service Groups with lessons learnt – this will be ongoing until conclusion of reviews (31/03/24)
80 (1832)	Discharge of Clinically Optimised Patients If the health board is unable to discharge clinically optimised patients there is a risk of harm to those patients as they will decompensate, and to those patients waiting for admission.	20	Chief Operating Officer	This risk score remains unchanged currently. Update: <ul style="list-style-type: none"> • First meeting has been held of specific bed decommissioning programme to look at decommissioning of contingency beds at Singleton hospital • Primary care group have started looking at FNOF pathway and use of virtual wards to reduce length of stay on a limited basis • COO and Medical Director met with WAST to review current pathways into ED with aim to identify opportunities for admission avoidance. Health Board has received Welsh Government letter from Chief Medical Officer and Chief Nursing Officer with regarding to discharge arrangements and it has been circulated to all clinicians to aid decision-making. The management board are to receive further proposals in March 2023.
81 (2788)	Critical staffing levels – Midwifery: Midwifery absence rates are outside of 26.9% uplift leading to difficulty in maintaining midwifery rotas in the hospital and community setting.	25	Executive Director of Nursing	This risk score remains unchanged currently. Update: Recruitment to backfill secondments for Practice Development Midwife, Fetal Surveillance Midwife and for Interim Matron for community

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<p>services undertaken in December 2022.</p> <p>Development of additional roles to assist with workforce including Band 5 Service support manager and Band 8a transformational workforce midwife fixed term for one year.</p> <p>(This risk & its actions – and others within maternity services – are currently being reviewed within the service. Risk HBR74 reflects some updates in respect of progress in developing a workforce plan pertinent to this risk also.)</p>
84 (2561)	<p>Cardiac Surgery – A Getting It Right First Time (GIRFT)</p> <p>The GIRFT review identified concerns in respect of cardiac surgery (including patient pathway/process issues) that present risks to ensuring optimal outcomes for all patients. Potential consequences include the outlier status of the health board in respect of quality metrics, including mortality following mitral valve surgery and aortovascular surgery. This has resulted in escalation of the service by WHSSC.</p>	16	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>Update: WHSSC did not de-escalate this risk in December 2022. Further information being provided by Executive Medical Director.</p> <p>Action: Develop actions for improvement as advised by Royal College of Surgeons (31/01/23)</p>
85 (2561)	<p>Non-Compliance with ALNET (Additional Learning Needs & Education Tribunal) Act</p> <p>There are risks to the Health Board's ability to meet its statutory duties and establish</p>	20	Director of Therapies & Health Sciences	<p>This risk score remains unchanged currently.</p> <p>Update: Compliance against statutory requirements of the ALN Act remains poor, with the Health Board breaching its statutory</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	the effective collaborative arrangements required by the ALNET Act, which is being implemented through a phased approach.			<p>duties in the majority of cases.</p> <p>Detailed ALN Project Plan has now been discussed and approved by ALN Steering Group on 24.01.2023. There is commitment to progress the workplan and ownership of the different workstreams within the plan will be held by relevant operational leads. Work with Informatics continues to make good progress in developing accurate compliance data that is readily-visible to service leads. It is anticipated that this will support improved performance.</p> <p>The ALN Project Management post is due to end in March 2023. If not extended, this will present significant risks to progress.</p> <p>Actions (targets refreshed):</p> <ul style="list-style-type: none"> • Work with Performance colleagues to ensure greater visibility in Performance and Q&S dashboards of data relating to compliance with statutory duties (31/03/23). • Work with Informatics colleagues to ensure robust data regarding compliance with statutory duties (31/03/23). • Work with LA colleagues to establish future SLA arrangements for Paediatric Therapies services and to establish the impact of any changes on the Health Board (28/02/23). • Ensure continuation of ALN Project Management post (31/03/23).
89 (3071)	HMP Swansea There is a risk that the men in HMP Swansea	20	Executive Director of Nursing	This risk score remains unchanged currently.

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	will not receive the appropriate standard of care. This is due to the fact that the nursing establishment within the prison no longer fully meets the changed demographics and numbers of men being detained. The maximum operational capacity of the Prison can reach circa 480 men. The Health Board investment into the Prison is based on delivering services to 250 men. This was also highlighted as a risk in the recent HIW governance review.			<p>Actions:</p> <ul style="list-style-type: none"> • Business case developed included in IMTP and representation made to WG and HB for additional funding (03/04/2023) • Through Prison Partnership Board exploring opportunities to implement the recommendations of HIW and Health Delivery Plan (31/03/2023). <p>Update: The health board has approached the WG to seek additional funding for the prison. Short term, PCTG has identified up to £100k non recurrent money, until the 31st March 2023 to increase recruitment in the highest risk areas and to fund absence as there is no 'head room' built into the funding to provide absence cover.</p>

The Committee is requested to ensure that its agenda provides for the scrutiny and challenge of actions being taken to address the risks, and supports the reporting of assurance to the Board accordingly.

3.3 Risks Assigned to Other Committees

There are six risks which are assigned to other Committees in terms of overseeing actions to mitigate the risks, as outlined in table 2 below, noted here for information. As noted earlier, the detailed HBRR entries are also included in Appendix 1 for information. In view of the consequence to patients if the risks materialise, the Committees have requested that the Quality & Safety Committee be made aware of these risks as well.

Table 2 - Risks Assigned to Other Committees with Referral to Q&S Committee for Information

Ref	Description of Risk Identified (Summarised)	Exec Lead	Committee	Current Score
1 (738)	Access to Unscheduled Care Service 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	Chief Operating Officer	P&F Committee	25

Ref	Description of Risk Identified (Summarised)	Exec Lead	Committee	Current Score
	challenges with capacity/staffing across the Health and Social care sectors.			
16 (840)	Access to Planned Care There is a risk of harm to patients if we fail to diagnose and treat them in a timely way.	Chief Operating Officer	P&F Committee	20
48 (1563)	CAMHS Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	Director of Strategy	P&F Committee	12
50 (1761)	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.	Chief Operating Officer	P&F Committee	25
82 (2554)	Risk of Closure of Burns Service There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, potentially resulting in closure to this regional service and the associated reputational damage.	Executive Medical Director	P&F Committee	16
88 (3110)	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.	Chief Operating Officer	P&F Committee	20

3.4 Operational Quality & Safety Risks

Each Service Group and Directorate hold their own risk registers, which outline the operational risks facing each Service Group/directorate.

Operational risks relating to quality and safety that may need to be escalated for inclusion on the HBRR are brought to the attention of the Risk Management Group and/or Risk Scrutiny Panel for review and where appropriate added to, or linked to existing risks in, the Health Board Risk Register.

4. GOVERNANCE AND RISK

4.1 Risk Appetite & Tolerance Levels

As noted earlier, the health board approved a risk appetite statement in November 2022, setting out a new approach to expressing the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. In the context of the financial challenges facing the Health Board, the risk appetite adopted for most risk categories is described as 'seeking', indicating that risks assessed to be at or above a risk level of 20 will be overseen by the committees of the Board as a minimum on a quarterly basis. However, for the category of compliance risks where the risk relates to laws, regulations and standards directing the delivery of safe, high quality care, or the health and safety of the staff and public, a 'cautious' appetite will be adopted, requiring risks scoring 15 or above to be overseen at committee level. The mechanism for reporting risk is being reviewed currently with a view to introducing a new approach from the beginning of the coming financial year.

5. FINANCIAL IMPLICATIONS

There are financial implications to minimising the risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health Board, Service Groups and Directorates. Capital monies will also be required in relation to supporting the improvements required to improve and further detail is provided in the individual entry on the HBRR.

6. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality & Safety Committee.
- **CONSIDER** the risks assigned to the Quality & Safety Committee and the actions taken to mitigate them.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in the UHB.		
Financial Implications		
The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's IMTP processes.		
Legal Implications (including equality and diversity assessment)		
It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB.		
Staffing Implications		
All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/Unit Directors are requested to review their existing operational risks on Datix Risk Module to ensure SBUHB has an accurate and up to date risk profile.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The HBRR and the Covid 19 risk register sets out the framework for how SBUHB will make an assessment of existing and future emerging risks, and how it will plan to manage and prepare for those risks.		
Report History	<ul style="list-style-type: none"> This report provides an update on the risk profile reported to QSC in December 2022. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) Risks Assigned to the Quality & Safety Committee 	