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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	13 December 2022	Agenda Item	2.4
Report Title	Risk Management Report		
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Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance		
Presented by	Neil Thomas, Assistant Head of Risk & Assurance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to inform the Workforce & OD Committee of the risks within the Health Board Risk Register (HBRR) assigned to the Committee for scrutiny.		
Key Issues	<ul style="list-style-type: none"> • The HBRR was last received by the Workforce & OD Committee in August 2022. • Since then risks have been subject to update by Executive Directors on a monthly basis and received by the Management Board in November. • The number of risks overseen by Workforce & OD Committee has reduced since the last meeting from four to two. This reflects the closure of two risks by the Director of Workforce & OD, reported to Management Board in November: <ul style="list-style-type: none"> ○ HBR 76 <i>Partnership Working</i> ○ HBR 77 <i>Workforce Resilience</i> • The two risks remaining for WODC oversight are: <ul style="list-style-type: none"> ○ HBR 3 <i>Workforce Recruitment of Medical & Dental Staff</i> ○ HBR 51 <i>Nurse Staffing Levels Act</i> • A further two risks are overseen by other Committees, but reported to the Workforce & OD Committee for information: <ul style="list-style-type: none"> ○ HBR 81 <i>Midwifery: Critical Staffing Levels</i> ○ HBR 82 <i>Closure of Burns Service</i> 		
	Information	Discussion	Assurance
	<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 Workforce & OD Committee. • CONSIDER the workforce risks in accordance with the Board request to identify any changes required to update the entries to reflect the current risk level facing the health board, and to consider the mitigating actions. 		

HEALTH BOARD RISK REPORT

1. INTRODUCTION

The purpose of this report is to inform the Workforce & OD Committee of the risks within the Health Board Risk Register (HBRR) assigned to the 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 June 2022 – the next meeting is in December 2022.

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 November 2022.

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 to support this for future board and committee updates.

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 HEALTH BOARD RISK REGISTER (HBRR)

3.1 Action to Update the HBRR

The HBRR was last received by the Workforce & OD Committee in August 2022. Since then risks have been subject to update by Executive Directors on a monthly basis and received by the Management Board in November. The October 2022 HBRR extract at **Appendix 1** reflects the changes made during that period. Where available further updates have been provided within this covering report.

The HBRR currently contains 38 risks. The number of risks overseen by Workforce & OD Committee has reduced since the last meeting from four to two. This reflects the closure within the HBRR of two risks by the Director of Workforce & OD, reported to Management Board in November:

- HBR 76 *Partnership Working*
- HBR 77 *Workforce Resilience*

The two risks remaining for WODC oversight are:

- HBR 3 *Workforce Recruitment of Medical & Dental Staff*
- HBR 51 *Nurse Staffing Levels Act*

A further two risks are overseen by other Committees, but reported to the Workforce & OD Committee for information:

- HBR 81 *Midwifery: Critical Staffing Levels*
- HBR 82 *Closure of Burns Service*

3.1.1 Current Risks

The two risks remaining open and assigned to the Committee for oversight are:

Risk	Exec Lead	Current Rating	Target Rating	Change
HBR 3 Workforce Recruitment Risk of failure to recruit medical & dental staff	Director of Workforce and Operational Development	20	12	➔
The actions to address this risk remain as previously reported: <u>Ongoing Actions (targets as previously)</u> Action 1: Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment Lead: Director W&OD Target Date: 31/03/2023 Action 2: The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas. Lead: Director W&OD Target Date: 31/03/2023 Action 3: Continue to recruit internationally. Lead: Director W&OD Target Date: 31/03/2023 Action 4: Continue to work with head hunters Lead: Director W&OD Target Date: 31/03/2023				

Risk	Exec Lead	Current Rating	Target Rating	Change
HBR 51 Nurse Staffing Levels Act Risk of Non Compliance with the Nurse Staffing (Wales) Act (2016)	Executive Director of Nursing	20	12	➔
Update The HBRR risk entry has been reviewed and revised and further work is being done on the articulation of the risk and rationale for assessment as part of the current register refresh cycle (which will be reflected in future report). The target risk score has also been refreshed. <u>Actions</u> While the register reflects updates made during the October refresh cycle, the most recent update received indicates: Action 1: Student Streamlining and Overseas recruitment				

Lead: Executive Director of Nursing
 Target Date: 21/12/2022 (refreshed)

Action 2: The Health Board has implemented *SafeCare* which allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster. Currently, the *SafeCare* system is being embedded into routine practice. It is anticipated that this action will become a control in December 2022.

Lead: Director: Executive Director of Nursing
 Target Date: 31/01/2023

Additional update notes:

- A Nurse Staffing Levels (Wales) Act (2016) mandatory paper is being submitted to Management Board and Workforce and OD Committee in December.
- Monthly Nurse Staffing Act (NSA) Steering Group held on 15/11/2022 undertook an in-depth discussion on NSA risk scores; review of all actions taken, plans, good practice and lessons shared. The Steering Group continues to report the corporate risk score as 20, despite all reasonable steps from NSA Statutory guidance being followed and all controls utilised.
- Service groups risk scores: Morrision = 20, Neath Port Talbot Singleton Adults = 20; Paediatrics and Neonatal = 20; Maternity = Two risks (a) related to BirthRate Plus = 20 (b) Critical Midwifery Staffing = 25; District nursing = 20; Health visiting = 20; Mental Health = 15.
- Vacancies reported on 15/11/2022 show improved picture (student streamlining and overseas recruitment) in relation to Band 5 posts: 257 Band 5 WTE (whole time equivalent) and 176 HCSW WTE (12/10/22 were 337 Band 5 and 167 Band 2).
- Student streamlining and overseas recruitment continues. There is a plan to recruit 350 band 5 overseas nurses for the financial year 2022/2023. By the end of March 2023 there is the aim of 180 to 200 nurses recruited – this figure is dependent on external factors, such as compliance checks and visas being granted allowing them to work in the UK.
- Retention of staff remains a high priority. There has been increased uptake of exit interviews.
- *SafeCare* system implementation is complete. The corporate nursing team is providing support to service groups to embed the system into every day practice. It is anticipated that following embedding this system will feature as a control against this risk at the end of December 2022.

Further detail on the above risks can be found at **Appendix 1**.

3.1.2 Closed Risks

Two risks previously assigned to the Committee have been closed:

Risk Ref	Closed Risks	Lead Exec Director	Commentary
76	Partnership Working There are some remaining tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the	Director of Workforce & OD	The health board has moved beyond a targeted Covid response and the associated issues with PPE have ceased to be an issue. It was PPE issues which generated the first iteration of this risk. Those issues no longer apply and are not

Risk Ref	Closed Risks	Lead Exec Director	Commentary
	workforce and hamper an effective response to COVID-19.		being raised as a matter of concern any more. The Director of Workforce & OD has approved closure of this risk.
77	Workforce Resilience Culmination of the pressure and impact on staff wellbeing - both physical and mental relating to Covid Pandemic. Local prevalence of Covid infections increasing positive testing and the debilitating effect of the second wave impacting staff. Impact direct in terms of Covid / related sickness (symptomatic Absence) and self-isolation (Asymptomatic). Increased staff absence impact on the pressures for those still in work.	Director of Workforce & OD	Following implementation of further measures, the risk score was reduced to 10 and the Director of Workforce & OD confirmed that this could be closed as a corporate risk.

3.1.3 Risks for Information

In addition to the above risks assigned to the Workforce & OD Committee, the below table indicates risks overseen by other Committees but included in the HBRR extract report to this Committee for information:

Ref	Description of Risk Identified	Exec Lead	Committee	Current Score
81 (2788)	Critical staffing levels – Midwifery: Unplanned absence resulting from Covid-19 related sickness, shielding and isolation, alongside other current absences, has resulted in critical staffing levels, further reductions in which could result in unsafe service provision, poor patient outcomes and/or experience. In turn, poor service quality or reduction in services could impact on organisational reputation.	Executive Director of Nursing	Q&S Committee	25 (Increased from 20)
82 (2554)	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:	Executive Medical Director	P&F Committee <i>Also Q&S Committee for information</i>	16

Ref	Description of Risk Identified	Exec Lead	Committee	Current Score
	<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 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 			

3.2 Operational Workforce & OD Risks

Each Service Group and Directorate hold their own risk registers, which outline the operational risks facing them. Any operational risks relating to Workforce & OD can be escalated to the Risk Scrutiny Panel which may co-opt a member of the Workforce & OD team or seek the views of an Executive Director to consider the risk, controls in place and action to be taken to mitigate the risk, and whether the risk should be considered for inclusion on the Health Board Risk Register. Work is being undertaken to develop a mechanism to report the highest operational workforce risks to Committee level – this will be reflected in a future update report.

4. GOVERNANCE AND RISK

4.1 Risk Appetite & Tolerance Levels

As noted earlier, 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 to support this for future board and committee updates.

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. RECOMMENDATIONS

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Workforce & OD Committee.
- **CONSIDER** the workforce risks in accordance with the Board request to identify any changes required to update the entries to reflect the current risk level facing the health board, and to consider the mitigating actions.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	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 health board policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/Service Group Directors are requested to review their existing operational risks on Datix Risk Module to ensure the health board 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 risk management policy & register sets out the framework within which the health board assesses existing and emerging risks, and how it will plan to manage and prepare for those risks.		
Report History	<ul style="list-style-type: none"> The last WODC risk report was received in August 2022. This report reflects risks recorded in the October Risk Register, received by the Management Board in November 2022. Additional commentary has been provided where available. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) extract 	