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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	12 April 2022	Agenda Item	2.2
Report Title	Risk Management Report		
Report Author	Neil Thomas, Assistant Head of Risk & Assurance		
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 Health Board Risk Register (HBRR) was last received by the Board in March 2022. • Since then risks have been subject to Executive review and update. The HBRR extract attached to this report reflects the changes made to date during the March cycle of review. • The HBRR currently contains 39 risks, of which four have been allocated to the Workforce & OD Committee (WODC) for oversight, and two are overseen by other Committees, but reported to WODC for information. For oversight: <ul style="list-style-type: none"> ○ 3 – Workforce recruitment of medical & dental staff ○ 51 – Nurse Staffing Levels Act ○ 76 – Partnership Working ○ 77 – Workforce Resilience For information: <ul style="list-style-type: none"> ○ 81 – Midwifery: Critical Staffing Levels ○ 82 – Closure of Burse Service 		
	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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. • DISCUSS the risks assigned to the Workforce & OD Committee and endorse the mitigating action being taken to manage the risks. 		

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 overseeing the overall operation of the risk management framework and providing assurance 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, with the intention that committee work programmes be aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Health Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility.

Risk Register management is supported by a Risk Management Group (RMG) which 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 meets quarterly and it last met in February 2022.

Additionally, a Risk Scrutiny Panel meets monthly, and is responsible for moderating new risks and escalated risks to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF). Executive Directors are notified and consulted with, as appropriate, in terms of the escalation and de-escalation of risks. The Panel last met in March 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. In accordance with Board wishes, a more nuanced approach to the expression of risk appetite is being developed.

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.

2.4 Covid-19 Risk Register

The Covid-19 risk register is managed within the Covid-19 Gold Command structure. It has not been included in recent reports as its operational risk scores were below the Board's current appetite of 20. More recently, scores have risen for four risks to meet this threshold. These risks are summarised within this report for information.

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 December 2021 but the February Register was received more recently at the full Board in March 2022. Since issue of that version, risks have been subject to Executive review and update. The extract attached to this report at Appendix 1 reflects the changes made to date during the March cycle of review.

The HBRR currently contains 39 risks, of which four have been allocated to the Workforce & OD Committee (WODC) for oversight, and two are overseen by others, but reported to WODC for information.

The HBRR currently contains **39** risks. **Four** are assigned to the Workforce & OD Committee for oversight, **two** of which are at or above the Health Board's current risk appetite score of 20 (this is a reduction from the three reported previously). The status of these risks is summarised below and presented in more detail within the Health Board Risk Register extract included at **Appendix 1**.

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	→
<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 st March 2022				

Action 2: The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.

Lead: Director W&OD

Target Date: 31st March 2022

Continue to recruit internationally.

Lead: Director W&OD

Target Date: 31st March 2022

Continue to work with head hunters (new action)

Lead: Director W&OD

Target Date: 31st March 2022

Update

The health board has over-established locum posts in specialties such as medicine, ITU and Anaesthetics in anticipation of trainee gaps and turnover. It has adopted a more pastoral approach to International medical recruitment as part of onboarding but focus is needed on measures to support retention. A contract has been signed with SBW to improve the health board's branding and attraction – SBW will also support individual campaigns.

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	8	➔
<p><u>Actions</u></p> <p>Action 1: Student Streamlining and Overseas recruitment Lead: Executive Director of Nursing Target Date: 1st September 2022 (Monthly ongoing)</p> <p>Action 2: The Board should ensure a system is in place that allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster. Implementation of <i>Safecare</i>, commenced 1st February – roll out plan is 32 weeks. Lead: Executive Director of Nursing Target Date: 1st September 2022 (Monthly ongoing)</p> <p>Update</p> <p>January bi-annual acuity audit undertaken. Scrutiny panel held on 17th March 2022 (NPTSHSG) and planned for 5th April 2022 (MHSG). Section 25A wards in NPTSH SG re-calculated in November 2021, using triangulated methodology. Preparation of May's Board paper underway, which follows the All Wales reporting template and includes re-calculations following Jan 2021 and June 2021 acuity audits, with a summary of re-calculation currently being undertaken following January 2022 Acuity Audit. Monthly Nurse Staffing Group discusses Service Group's risk scores and agrees corporate risk, currently standing at 20. Next meeting planned for 7th April 2022.</p>				

Risk	Exec Lead	Current Rating	Target Rating	Change
HBR 76 Partnership Working Relationships with some trade union partners	Director of Workforce and Operational Development	10	5	↓ Was 15
<p><u>Actions</u> Action: The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum. Lead: Assistant Director of Workforce & OD Target Date: 31st March 2022.</p> <p>Action: Staff side sub group to agree action plan taking forward recommendations from facilitated sessions. Lead: Director of Workforce & OD Target Date: 31st March 2022</p> <p>Update Action to commission IPA services to provide a series of partnership workshops for senior managers and staff side representatives to explore the relationship and develop plan for improvement - complete. After a near two years of fortnightly and then monthly meetings the frequency of Partnership Forum has recently reverted to normal bimonthly arrangements as the Covid related content has now reduced significantly. Sub group meeting frequency is unchanged and will service to fill any gap or need to provide more frequent contact between staff side and HB management. As Partnership Forum frequency reduced, risk score revised to 10 in March.</p>				

Risk	Exec Lead	Current Rating	Target Rating	Change
HBR 77 Workforce Resilience Culmination of the pressure and impact on staff wellbeing - both physical and mental relating to Covid Pandemic.	Director of Workforce and Operational Development	12	10	↓ Was 20
<p><u>Actions</u> Action 1: Occupational Health Long Covid clinics established to support staff with long Covid symptoms – over 120 staff assessed and supported, including advice and reasonable adjustments to line managers to support return to work. Lead: Director of Workforce & OD Target Date: Established and continuing delivery and support</p> <p>Action 2: Continued Implementation of TRiM across priority areas - 45 staff have been trained and over 1200 staff have undertaken the react MH training. Lead: Director of Workforce & OD Target Date: Established and continuing delivery and support</p> <p>Update Recurrent additional funding for Occupational Health and Staff Wellbeing means the health board can continue to meet the diverse needs of staff as the organisation and its staff recover from the pandemic.</p> <p>The risk register entry has been fully refreshed and risk re-articulated as follows:</p>				

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.

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

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	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: <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 	Executive Medical Director	P&F Committee <i>Also Q&S Committee for information</i>	20

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.

4. GOVERNANCE AND RISK

4.1 Risk Appetite & Tolerance Levels

As noted earlier, members of the Board agreed that the risk appetite, whilst dealing with Covid-19, would increase to 20 and above for an initial period of 3 months. These arrangements have been reviewed regularly by the Executive Team, Audit Committee and the Board, but the appetite has not changed since and remains at 20 currently.

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.
- **DISCUSS** the risks assigned to the Workforce & OD Committee and endorse the mitigating action being taken to manage the risks.

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 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"> The last WODC risk report was received in December 2021. Risks in this report were received by the Board in March 2022, but refreshed since by Executive Directors during the month of March. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) extract 	