



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER WORKFORCE & OD COMMITTEE RISKS February 2023



Datix ID Number: 843 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 3 Risk Target Date: 31st March 2023		Current Risk Rating 4 x 5 = 20																																								
Objective: Excellent Staff		Director Lead: Debbie Eytayo, Director of Workforce and OD Assuring Committee: Workforce and OD Committee																																										
Risk: Workforce recruitment of medical & dental staff		Date last reviewed: February 2023																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 4 x 5 = 20 Target: 4 x 3 = 12		<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>12</td><td>20</td></tr> <tr><td>Apr-22</td><td>12</td><td>20</td></tr> <tr><td>May-22</td><td>12</td><td>20</td></tr> <tr><td>Jun-22</td><td>12</td><td>20</td></tr> <tr><td>Jul-22</td><td>12</td><td>20</td></tr> <tr><td>Aug-22</td><td>12</td><td>20</td></tr> <tr><td>Sep-22</td><td>12</td><td>20</td></tr> <tr><td>Oct-22</td><td>12</td><td>20</td></tr> <tr><td>Nov-22</td><td>12</td><td>20</td></tr> <tr><td>Dec-22</td><td>12</td><td>20</td></tr> <tr><td>Jan-23</td><td>12</td><td>20</td></tr> <tr><td>Feb-23</td><td>12</td><td>20</td></tr> </tbody> </table>				Month	Target Score	Risk Score	Mar-22	12	20	Apr-22	12	20	May-22	12	20	Jun-22	12	20	Jul-22	12	20	Aug-22	12	20	Sep-22	12	20	Oct-22	12	20	Nov-22	12	20	Dec-22	12	20	Jan-23	12	20	Feb-23	12	20
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Level of Control = 70%		Rationale for current score: National shortages of numbers in some areas can lead to: <ul style="list-style-type: none"> • Inability to recruit sufficient numbers of trainees to fulfil rotas on all sites • Inability to attract non training grades to complete rotas • Inability to fill Consultant grade posts in some specialties with adverse effects on patient safety and employer relations. Inability to recruit sufficient registered nursing staff. 																																										
Date added to the HB risk register April 2012		Rationale for target score: This remains a challenge and is also a national problem.																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> • Regular monitoring of recruitment position with reports to Executive Team and Board via Medical Director and Medical Workforce Board. • Specialty based local workforce boards established to monitor and control specific issues. The HB Workforce & OD Committee will seek assurance of medical workforce plans to maintain services. • Engagement of the Deanery about recruitment position. • Weekly workforce delivery meetings with CEO to review progress against critical medical and clinical posts • Working with specialist agency and head hunters to improve chances to fill hard to recruit posts • Plan to work with a marketing agency to develop a branding and attraction campaign for the health board. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> <tr> <td>The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> <tr> <td>Continue to recruit internationally.</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> <tr> <td>Continue to work with head hunters</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> </tbody> </table>				Action	Lead	Deadline	Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment	Director W&OD	31/03/2023	The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.	Director W&OD	31/03/2023	Continue to recruit internationally.	Director W&OD	31/03/2023	Continue to work with head hunters	Director W&OD	31/03/2023																								
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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"> • General situation monitored through W&OD Committee • Communication with Deanery • Recruitment campaigns • Monitoring by Executive Teams and specialty based local workforce boards • Workforce planning and deployment taskforce meetings with service groups • Weekly workforce delivery meetings with CEO as above 		Gaps in assurance (What additional assurances should we seek?) Locum cover Adequate supply of doctors who can work in this country Ability to flexibly deploy doctors in training. Dedicated work between workforce and finance to review and confirm budgeted medical workforce establishment by service group to confirm SIP and vacancy factor.																																										
Additional Comments / Progress Notes 17.01.2023 - Recruitment to most grades with the exception of hard to fill consultant posts has improved significantly. Many doctors join from overseas so the onboarding period is long due to Home Office issues. Also many doctors now want to work on a part time basis which makes rostering challenging and creates significant gaps on the rotas which need backfilling.																																												

Datix ID Number: 1035 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 27 Risk Target Date: 31st July 2023		Current Risk Rating 4 x 4 = 16																																								
Objective: Digitally enabled care		Director Lead: Matt John, Director of Digital Assuring Committee: Workforce & OD Committee																																										
Risk: Digital Transformation Inability to deliver sustainable clinical services due to lack of Digital Transformation. There are insufficient resources to: <ul style="list-style-type: none"> invest in the delivery of the ABMU Digital strategy, support the growth in utilisation of existing and new digital solutions replace existing technology infrastructure and the end of its useful life. 		Date last reviewed: February 2023																																										
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Level of Control = 50%		Rationale for target score: C – Of failure will increase as the reliance and proliferation of the use of digital solutions increases. L – Investment will mean the support mechanisms, rate of failure and ability to deliver solutions that meet the needs of users will improve sustainable digital services. There will however always be an inherent risk of failure of IT solutions.																																										
Date added to the HB risk register 2012																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> Digital Strategy has been approved by the Health Board and outlines requirements HB Capital priority group considers digital risks for replacement technology which is fed into the annual discretionary capital plan Digital Services prioritisation process is in place Digital Leadership Group provides the overarching governance to the delivery of the Digital Strategic Plan including financial considerations. Digital Services revenue requirements are included in 21/22 annual plan 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>To continue discussions with Finance on the identified requirement, both in-year for 2022/2023 and recurrent full year effect.</td> <td>Assistant Director of Digital: Business Management and Information Governance</td> <td>31/03/2023</td> </tr> <tr> <td>Continue to develop the 10yr investment plan that has been submitted to WG, which will inform the Health Board IMTP submission.</td> <td>Assistant Director of Digital: Business Management and Information Governance</td> <td>31/03/2023</td> </tr> </tbody> </table>		Action	Lead	Deadline	To continue discussions with Finance on the identified requirement, both in-year for 2022/2023 and recurrent full year effect.	Assistant Director of Digital: Business Management and Information Governance	31/03/2023	Continue to develop the 10yr investment plan that has been submitted to WG, which will inform the Health Board IMTP submission.	Assistant Director of Digital: Business Management and Information Governance	31/03/2023																																
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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"> Progress has been made in securing capital investment both internally and externally. The Digital Services plan is being delivered. Financial plan for 21/22 agreed and aligned to Digital Plan 		Gaps in assurance (What additional assurances should we seek?) <ul style="list-style-type: none"> Lack of certainty over future capital and revenue funding streams makes planning and implementation difficult/less effective. 																																										
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11/01/2023 – It was agreed in the Informatics Risk Meeting in January to wait for 2023/24 financial planning to decide whether to further escalate this risk.																																												

Datix ID Number: 1043 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 36 Risk Target Date: 31st March 2024		Current Risk Rating 4 x 4 = 16																																								
Objective: Digitally enabled care		Director Lead: Matt John, Director of Digital Assuring Committee: Workforce & OD Committee For information: Health & Safety Committee		Date last reviewed: March 2023 (15/03/2023)																																								
Risk: Paper Record Storage: Lack of a single electronic record means there is greater reliance on the provision of the paper record. If we fail to provide adequate storage facilities for paper records, then this will impact on the availability of patient records at the point of care. Quality of the paper record may also be reduced if there is poor records management in some wards. There is an increased fire risk where medical records are stored outside of the medical record libraries.		Rationale for current score: C - Inability to find records for patients could delay care/increase length of stay over 15 days. Could also mean patients receive incorrect treatment. Increased risk of fire where records are stored outside of the medical record libraries. L - we know this happens from incidents raised		Rationale for target score: C - The increased development and adoption of the digital record will reduce the need for the paper health record being available at the point of care. L - The increased development and adoption of the digital record, the introduction of RFID and the approach to management of the paper record identified in the Business case process should reduce the amount of paper required to be stored and managed.																																								
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 3 x 3 = 9	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>16</td><td>9</td></tr> <tr><td>Apr-22</td><td>16</td><td>9</td></tr> <tr><td>May-22</td><td>16</td><td>9</td></tr> <tr><td>Jun-22</td><td>16</td><td>9</td></tr> <tr><td>Jul-22</td><td>16</td><td>9</td></tr> <tr><td>Aug-22</td><td>16</td><td>9</td></tr> <tr><td>Sep-22</td><td>16</td><td>9</td></tr> <tr><td>Oct-22</td><td>16</td><td>9</td></tr> <tr><td>Nov-22</td><td>16</td><td>9</td></tr> <tr><td>Dec-22</td><td>16</td><td>9</td></tr> <tr><td>Jan-23</td><td>16</td><td>9</td></tr> <tr><td>Feb-23</td><td>16</td><td>9</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Mar-22	16	9	Apr-22	16	9	May-22	16	9	Jun-22	16	9	Jul-22	16	9	Aug-22	16	9	Sep-22	16	9	Oct-22	16	9	Nov-22	16	9	Dec-22	16	9	Jan-23	16	9	Feb-23	16	9	Level of Control = 70%		Date added to the HB risk register June 2016
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Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> There is a plan in place to increase the functionality of the electronic record to document patient care. The delivery of the plan is overseen by the Digital Leadership Group and progress provided to Management Board. (Supported by individual project boards as appropriate) Records managed by the Medical Records libraries are RFID tagged and location tracked Medical Record libraries are regularly risk assessed for fire by health and safety Alternative offsite storage arrangements have been identified. All records must be documented on the Information Asset Register (IAR). 		Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Amended: Re-develop a joint outline Business Case for centralisation of the health records and the scanning model.</td> <td>Head of Health Records & Clinical Coding</td> <td>30/06/2023</td> </tr> <tr> <td>Relocate Health records to the new site.</td> <td>Head of Health Records & Clinical Coding</td> <td>Closed – see comments</td> </tr> <tr> <td>Assessment of the impact of the Records Management code of practice</td> <td>Head of Health Records & Clinical Coding</td> <td>01/06/2023</td> </tr> <tr> <td>Develop a revised destruction plan</td> <td>Head of Health Records & Clinical Coding</td> <td>30/06/2023</td> </tr> </tbody> </table>				Action	Lead	Deadline	Amended: Re-develop a joint outline Business Case for centralisation of the health records and the scanning model.	Head of Health Records & Clinical Coding	30/06/2023	Relocate Health records to the new site.	Head of Health Records & Clinical Coding	Closed – see comments	Assessment of the impact of the Records Management code of practice	Head of Health Records & Clinical Coding	01/06/2023	Develop a revised destruction plan	Head of Health Records & Clinical Coding	30/06/2023																								
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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"> RFID has been implemented for the acute record improving the management and storage of records Health Records performance reports developed in line with RFID technology Attainment of the Tier 1 Health Board target for clinical coding completeness which relies on the 		Gaps in assurance (What additional assurances should we seek?) Investment required supporting the delivery and operational costs of the Digital strategy. Reliance on DHCW for delivery of the solution for a fully electronic patient record.																																										

<p>timely availability and quality of the Paper record and electronic sources</p> <ul style="list-style-type: none"> Monitoring complaints and incident reporting. Electronic record is being implemented in accordance with the plan eg implementation of WNCR, ETR, HEPMA etc. 	<p>Impact of the Infected Blood Enquiry on the Health Boards ability to destroy notes.</p> <p>Process for ensuring clinical adoption of electronic ways of working and cessation of adding information to the paper record that is already available electronically needs to be agreed and enforced by the Health Board.</p> <p>Impact of the infected Blood Inquiry on the health boards ability to destroy notes and the change in the records code of practice is being reviewed by the Director of Digital.</p>
<p style="text-align: center;">Additional Notes</p> <p>15/12/2022 – This risk will remain on-going throughout the development process and timescales will continue to change until the implementation of scanning for the acute record, however 'paper-lite' ways of working continue.</p> <p>11/01/2023 – A business case is being submitted to the Scrutiny panel by 13/01/2023 for BCAG at the end of the month. Date is 31/01/2023 for action update.</p> <p>15/03/2023 – The intended location for the centralisation of Health Records is no longer available due to the vendor withdrawing from negotiations. This means the outline business for scanning can no longer be completed. A revised requirement for the accommodation of the centralisation of the health records and scanning provision is being drawn up and a revised business case will be developed once a suitable location has been identified. The current action to transfer records to previously identified location is closed and the action to produce the business case has been revised.</p> <p>In March we have received notification that the blood enquiry embargo on the destruction of records has been lifted. However, due to a change in the 'Records Management Code of Practice for Health and Social Care 2022' around the increased retention of records for patients with long term illness, an assessment is required to determine the impact on the destruction and continued storage of records. This assessment needs to inform the requirements for a centralised unit and scanning model. Destruction of records outside of this change has begun following the lifting of the embargo.</p>	

Datix ID Number: 1217 Health & Care Standard: Effective Care 3.1 Safe & Clinically Effective Care		HBR Ref Number: 37 Risk Target Date: 31st March 2023		Current Risk Rating 4 x 3 = 12																																								
Objective: Best Value Outcomes from Quality Care		Director Lead: Matt John, Director of Digital Assuring Committee: Workforce & OD Committee																																										
Risk: Operational and strategic decisions are not data informed: <ul style="list-style-type: none"> Business intelligence and information already available is not utilised Users are unable to access the information they require to make decisions at the right time Gaps in information collection including patient outcome measures 		Date last reviewed: February 2023																																										
Risk Rating (consequence x likelihood): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 4 x 2 = 8		<table border="1"> <caption>Risk and Target Scores over time</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>8</td><td>12</td></tr> <tr><td>Apr-22</td><td>8</td><td>12</td></tr> <tr><td>May-22</td><td>8</td><td>12</td></tr> <tr><td>Jun-22</td><td>8</td><td>12</td></tr> <tr><td>Jul-22</td><td>8</td><td>12</td></tr> <tr><td>Aug-22</td><td>8</td><td>12</td></tr> <tr><td>Sep-22</td><td>8</td><td>12</td></tr> <tr><td>Oct-22</td><td>8</td><td>12</td></tr> <tr><td>Nov-22</td><td>8</td><td>12</td></tr> <tr><td>Dec-22</td><td>8</td><td>12</td></tr> <tr><td>Jan-23</td><td>8</td><td>12</td></tr> <tr><td>Feb-23</td><td>8</td><td>12</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Mar-22	8	12	Apr-22	8	12	May-22	8	12	Jun-22	8	12	Jul-22	8	12	Aug-22	8	12	Sep-22	8	12	Oct-22	8	12	Nov-22	8	12	Dec-22	8	12	Jan-23	8	12	Feb-23	8	12	Rationale for current score: C – Opportunity cost of not acting on data could mean opportunities for improvement are missed, failures are not identified in a timely manner resulting in adverse national publicity and/or delays in care/increased length of stay. L - Dashboard utilisation is lower than would be anticipated. Management Board have approved the investment for 4 BI partners to work with the SDGs to become more data driven.	
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Level of Control = 70%		Rationale for target score: C- will remain the same or increase due to increased reliance in information L- Investment in BI will lead to more information be available and used. The higher the use of information at operational level will lead to better quality data.																																										
Date added to the HB risk register June 2016																																												
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> BI partner roles have been funded and will be introduced to support the SDG's to become more data driven. COVID19 Dashboards Developed and utilised to inform the decision making process at Gold The Health Board has invested in interactive dashboards with the addition of the Power BI Business Intelligence software and infrastructure to support it. 33 dashboards in place including Cancer, Patient Flow, Outpatients, Mortality, Clinical Variation, Primary & Community Care Delivery Unit Dashboard and Ward Dashboard Safety Huddle implemented in Morriston has improved data quality and improved operational working Information Dept. working with Planning and Finance leads to develop meaningful indicators, utilising dashboards to present information in a user friendly way New technologies being reviewed for advanced analytics and integration into a new Health Board analytics platform. Health Board has representation on national groups such as the Advanced Analytics Group (AAG), all Wales Business Intelligence and Data Warehousing Group and Welsh Modelling Collaborative. 			Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Establishment of data literacy programme educating users on data concepts, skills and tools</td> <td>Assistant Director of Digital Intelligence</td> <td>31st March 2023</td> </tr> <tr> <td>Natural Language Process capability to allowing users access to clinic letter/documents converted into meaningful analytics</td> <td>Assistant Director of Digital Intelligence</td> <td>28th February 2023</td> </tr> <tr> <td>Establishment of certified training programme for trained users to create their own dashboards – March 2023</td> <td>Assistant Director of Digital Intelligence</td> <td>31st March 2023</td> </tr> </tbody> </table>			Action	Lead	Deadline	Establishment of data literacy programme educating users on data concepts, skills and tools	Assistant Director of Digital Intelligence	31 st March 2023	Natural Language Process capability to allowing users access to clinic letter/documents converted into meaningful analytics	Assistant Director of Digital Intelligence	28 th February 2023	Establishment of certified training programme for trained users to create their own dashboards – March 2023	Assistant Director of Digital Intelligence	31 st March 2023																											
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Assurances (How do we know if the things we are doing are having an impact?) More evidence based and proactive decisions being made. Dashboard technology; assist in developing indicators / triangulating information to identify issues			Gaps in assurance (What additional assurances should we seek?) Culture of the organisation needs to change to focus on information and Business intelligence for operational rather than reporting purposes.																																									

	Capability of operational staff to utilise the tools and capacity to act on the intelligence provided.
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Additional Comments / Progress Notes

14/12/2022 – Timescale moved from 31/12/2022 to 28/02/2023 for Natural Language Process capability to allowing users access to clinic letter/documents converted into meaningful analytics due to delays in NDR funding and IG sign-off.

14/12/2022 – Timescale slip due to conflicting priorities and recruitment of staff.

11/01/2023 – We now have a script and have a contractor funded from NDR to copy the script. Consideration to be given to the RAG score with action deadlines approaching at the end of the financial year.

Datix ID Number: 1759 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 51 Risk Target Date: 31st March 2023	Current Risk Rating 5 x 4 = 20																																							
Objective: Excellent Staff		Director Lead: Gareth Howells, Executive Director of Nursing Assuring Committee: Workforce and OD Committee																																								
Risk: Non Compliance with Nurse Staffing Levels Act (2016) There is a risk that we might not be able to maintain safe staffing levels due to staff unavailability, vacancies and sickness levels. The potential impact of this maybe avoidable harm, suspension of services, non-compliance with the Nurse Staffing Act.		Date last reviewed: February 2023																																								
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 4 x 3 = 12	<table border="1"> <caption>Target and Risk Scores</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>8</td><td>20</td></tr> <tr><td>Apr-22</td><td>8</td><td>20</td></tr> <tr><td>May-22</td><td>8</td><td>20</td></tr> <tr><td>Jun-22</td><td>8</td><td>20</td></tr> <tr><td>Jul-22</td><td>8</td><td>20</td></tr> <tr><td>Aug-22</td><td>8</td><td>20</td></tr> <tr><td>Sep-22</td><td>8</td><td>20</td></tr> <tr><td>Oct-22</td><td>12</td><td>20</td></tr> <tr><td>Nov-22</td><td>12</td><td>20</td></tr> <tr><td>Dec-22</td><td>12</td><td>20</td></tr> <tr><td>Jan-23</td><td>12</td><td>20</td></tr> <tr><td>Feb-23</td><td>12</td><td>20</td></tr> </tbody> </table>			Month	Target Score	Risk Score	Mar-22	8	20	Apr-22	8	20	May-22	8	20	Jun-22	8	20	Jul-22	8	20	Aug-22	8	20	Sep-22	8	20	Oct-22	12	20	Nov-22	12	20	Dec-22	12	20	Jan-23	12	20	Feb-23	12	20
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Level of Control = 80%	Rationale for current score: <ul style="list-style-type: none"> Pressures at Morriston and Singleton Hospitals remain high. Staff unavailability; During roster period 18th December 2022 – 14th January 2023, there were 10 clinical areas/community nursing teams with total unavailability above 40%. In addition to this there were a further 52 two clinical areas/community nursing teams with total unavailability above 30%. 48 of these rosters had sickness levels above 10%. Clinically optimised patient numbers continue to be high. Ongoing cladding works in SH continue, with split wards. Impact of AMSR Nurse vacancies reported through ESR show improvement for B5, although remain high. Non-attendance of agency staff is increasing risk. Skill mix, internal promotion, newly qualified and overseas nurses, induction plans Staff retention Home birth and NPT midwifery led unit remain on hold RCN and WAST Strikes 																																									
Date added to the HB risk register November 2018	Rationale for target score: <ul style="list-style-type: none"> The Health Board is ensuring we have the structures and processes in place to provide reassurance under the Act and are allocating resources accordingly. Health Boards are duty bound to take all reasonable steps to maintain nurse staffing levels. Student Streamlining will provide additional qualified nurses to the workforce, overseas recruitment continues. Cladding work at Singleton Hospital might still be ongoing by 31.10.22 																																									

Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<p>The Health board has put the following controls in place:</p> <ul style="list-style-type: none"> • Designated person confirmed as Director of Nursing & Patient Experience. • The responsibility for decisions relating to the maintenance of the nurse staffing level rests with the Health Board should be based on evidence provided by and the professional opinions of the Executive Directors with the portfolios of Nursing, Finance, Workforce, and Operations. • The Ward Sister / Charge Nurse and Senior Nurses continuously assess the situation and keep the designated person formally apprised. • The Health Board NSA Steering group continues to meet on a monthly basis, ensuring risks are presented and discussed at each meeting, chaired by the Interim Deputy Director of Nursing and reports to NMB and Workforce & Organisational Development Committee • Health Board has representation at the All-Wales Nurse Staffing Group and its sub groups • Bi-annual acuity audits, calculations and scrutiny undertaken across all acute Service Delivery Units for calculating and reporting nurse staffing requirements • Mandatory Assurance Report submitted to November Board and Assurance Paper to Board in May, both undertaken annually. May Board paper includes review of Quality indicators relating to Nurse Staffing levels. • Workforce planning & redesign, training and development. recruitment and retention continues. Workforce meetings for each Service Group continue on a rotation basis. Review of workforce, consider more diverse skill mix, including development of Band 3 and Band 4 roles • Workforce Plans remain in place for each Service Group to agree staffing in light of escalation, with consideration of all reasonable steps. • Student Streamlining and Overseas recruitment continues, bi-annually for adult training nurses, annually for paediatric nurses. Moved from mitigating action as now a control. • Robust roster scrutiny is undertaken to optimise nursing workforce. • Safecare system implemented. Continued support provided to ensure full use of the Safecare system operationally to support the reporting potential of system. • Service groups continue daily staffing huddles and daily staffing tool and escalate as appropriate. SafeCare to be used to support this. • Service Group Risk scores and Corporate Risk register discussed in detail and agreed at HB NSA Steering Group and updated monthly. • 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. System continues to be embedded into every day practice. 	Action	Lead	Deadline
	Student Streamlining and Overseas recruitment	Executive Director of Nursing	24/02/2023 Monthly ongoing
	Review of workforce, consider more diverse skill mix, including development of Band 3 and Band 4 roles	Executive Director of Nursing	31/03/2023 Monthly ongoing
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> • Ongoing robust recruitment and retention plans in place to reduce vacancies in key clinical areas, which is in line with the Health Board recruitment plan and recruitment team. • Accurate reporting of Acuity data and governance around sign off. • Agreed establishments funded. • E-Rostering implemented and roster scrutiny undertaken, ensuring effective staff allocation 	<ul style="list-style-type: none"> • Issue raised regarding Information Technology barriers around the capture of data required for the Act on an All- Wales and Health Board basis. All Wales work with Allocate (Safecare) to improve reporting capabilities of Safecare. 		

<ul style="list-style-type: none"> • All Wales Templates are visible informing patients/visitors of planned roster on each Section 25B ward. • At least Annual Board reports outlining compliance and any key risks. • Assurance reports to Board in May and November, with three yearly report to Welsh Government due Spring 2024. • Clear process for scrutiny during bi-annual re-calculations and at any other time when wards require a re-calculation eg change to ward purpose, increased bed numbers or increase patient acuity. 	<ul style="list-style-type: none"> • Implementation of SafeCare complete, continued need to support service groups to ensure Safecare is used to its full potential for both operational and reporting use. • Ongoing work across Wales to ensure IT systems are compatible with each other for operational and reporting purposes. • SafeCare have agreed to develop a dashboard to support NSA reporting, provisional date for testing May 2023
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Additional Comments / Progress Notes

27.01.2023 – Pressures at Morriston and Singleton Hospitals remain high. Staff unavailability; During roster period 18th December 2022 – 14th January 2023, there were 10 clinical areas/community nursing teams with total unavailability above 40%. In addition to this there were a further 52 two clinical areas/community nursing teams with total unavailability above 30%. 48 of these rosters had sickness levels above 10%.

Nurse Staffing Act January Bi-annual acuity underway.

Risk scores remain the same since the last NSA meeting in December.

The Corporate risk score remains as 20, despite all reasonable steps from NSA Statutory guidance being followed and all controls utilised.

Service groups risk scores: MHSG score = 20, NPTSHSG 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 10th January 2023 – Band 5 posts: 284 WTE and Band 2 posts: 191 WTE reported though ESR (Previously reported in December as Band 5 posts: 234 Band 5 WTE and 150 HCSW WTE).

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. Exit interviews are completed and themes identified, reasons include moving to agency work.

Pressures at Morriston and Singleton Hospitals remain high. Staff unavailability reported and discussed at Workforce meetings

Impact of AMSR. Closing of SAU on Friday 20th January, impact and movement of staff, reported to Management Board last week.

Clinically optimised patient numbers continue to be high.

Ongoing cladding works in SH continue, with split wards.

Non-attendance of agency staff continues and is increasing risk.

Skill mix, internal promotion, newly qualified and overseas nurses, induction plans.

Home birth service and NPT midwifery led unit remain on hold.

Safecare System – operational use improving.

Datix ID Number: 2788 Health Care Standards: 7.1 Workforce		HBR Ref Number: 81 Risk Target Date: 30th June 2023		Current Risk Rating 5 x 5 = 25																																								
Objective: Best value outcomes		Director Lead: Gareth Howells, Executive Director of Nursing Assuring Committee: Quality & Safety Committee For Information: Workforce & OD Committee Date last reviewed: February 2023																																										
Risk: Critical staffing levels – Midwifery Vacancies and unplanned absences resulting from Covid-19 related sickness, alongside other long term absences including maternity leave, have resulted in critical staffing levels, which undermine the ability to maintain the full range of expected services safely, increasing the potential for harm, poor patient outcomes and/or choice of birthplace. Poor service quality or reduction in services could impact on organisational reputation.		Rationale for current score: Pressure on staffing increased at the end of June 2022 as a result of increasing short term sickness, particularly COVID-19 related - 12.24wte midwives are absent due to COVID-19 which equates to 7.6% of the overall clinical midwifery workforce. Vacancies exist within the service however and two rounds of recruitment for Band 6 midwives have failed to fully appoint to the vacancies available. A third round of recruitment is progressing to interview stage. Some aspects of service provision have been suspended in order to ensure resource is best directed to support safe provision. Increased to 25.																																										
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Date added to the risk register 12/10/2021																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> All midwives are working at the hours they require up to full time. Specialist midwives and management redeployed to support clinical care as required Birth rate plus Intrapartum acuity tool completed 4 hourly to guide safe service provision and escalation; Escalation meeting continues three times a week to review rotas and reallocate staff as required – this is Director led Morning safety huddle for community midwifery teams Additional shifts offered via Bank, additional hours and overtime Utilisation of off-contract midwifery agency authorised by Executive Director of Nursing (from 24/06/2022) – prospective bookings in place to end of February 2023. Six Graduate midwives employed October 2022 Open advert for recruitment on TRAC On-Call Manager Rota in place. Medical team support used when required. Continue to suspend services in the FMU at NPT. International recruitment campaign initiated with MEDACS. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Complete workforce paper with HR and finance to establish vacancy position and develop vacancy tracker going forward. Support for Cwm Taf secured to develop this.</td> <td>Head of Midwifery</td> <td>30/03/2023</td> </tr> <tr> <td>Review the role and capacity of the HCSW to maximise registered midwife capacity.</td> <td>Deputy Head of Midwifery</td> <td>Complete</td> </tr> <tr> <td>Review of the Maternity Escalation guideline to ensure robust processes in place if acuity is high or critical staffing</td> <td>Lead Midwife for Governance</td> <td>30/03/2023</td> </tr> <tr> <td>Role of the Maternity Care Assistance developed and advertised. To shortlist applicants for interview.</td> <td>Matron of Obstetric unit,</td> <td>30/03/2023</td> </tr> </tbody> </table>		Action	Lead	Deadline	Complete workforce paper with HR and finance to establish vacancy position and develop vacancy tracker going forward. Support for Cwm Taf secured to develop this.	Head of Midwifery	30/03/2023	Review the role and capacity of the HCSW to maximise registered midwife capacity.	Deputy Head of Midwifery	Complete	Review of the Maternity Escalation guideline to ensure robust processes in place if acuity is high or critical staffing	Lead Midwife for Governance	30/03/2023	Role of the Maternity Care Assistance developed and advertised. To shortlist applicants for interview.	Matron of Obstetric unit,	30/03/2023																										
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<ul style="list-style-type: none"> • Offer of additional support worker shifts particularly in the postnatal area for additional support for women • Vacancies advertised for Maternity Care Assistance (MCA) role to increase support for Midwives in providing care in women and their families. • Appointment of a Transformational Midwife to support Senior Management team in workforce paper. • Appointment of a Band 5 service support manager to support ward managers with roster management. • Regular communication with stakeholders includes: Early warnings to Welsh Government; Verbal and formal communication with CHC; Internal communications on home births, RCM updates; weekly staff briefings and bulletins. 		Singleton site.	
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>We will be able to maintain safe staffing rotas and women and families will receive safe and effective care wherever they chose to birth. We will report increased staff satisfaction. We will have a reduction in complaints to the service. we will have reduced sickness rates. We will be able to effectively support secondments for staff development without depleting the clinical service. Long term sickness and maternity leave will not impact on our ability to sustain staffing levels within the clinical areas. The following assurance mechanisms in place currently:</p> <p>Birth-rate Plus Intrapartum acuity tool completed 4 hourly</p> <p>Daily Director-led midwifery staff escalation meetings which considers sickness & other absences and daily review of safety and quality outcomes. The Group Head of Quality Safety & Risk is supporting daily oversight of Datix incidents (commenced July 2022). Red flag events are monitored and reported in accordance with NICE Guidance 2021:</p> <ul style="list-style-type: none"> • Cancelled elective caesarean sections; • Missed or delayed care; • Delayed or cancelled induction of labour; • Delay of 2 hours or more between admission for induction of labour and beginning of process; • Delay of 30 minute or more between presentation and triage. 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Incorporate Birthrate+ Cymru required staffing levels when available.</p> <p>To restructure the management SIP for robust management and governance including succession planning for management roles in line with RCM recommendations</p> <p>Evidence has shown midwifery led intrapartum services have high value from reduced intervention rates and improved satisfaction/experience as well as financial benefits as births in midwifery led intrapartum care has lower financial cost to obstetric unit births. SBU are reporting an increase in the caesarean section rates year on year.</p> <p>The ability to recruit graduate midwives to the commissioned numbers.</p>		
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>16/12/2022 – Recruitment to backfill secondments for Practice Development Midwife, Fetal Surveillance Midwife and for Interim Matron for community services undertaken in December 2022. The 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. Head of Midwifery retiring in January 2023.</p> <p>16/02/2023 – Homebirth and FMU services remain suspended. Successful appointment of roles to assist with workforce, including Band 5 service support manager and Band 8a Transformational workforce midwife. Senior Management team to prioritise workforce paper. Vacancies for the role of Maternity Care Assistant have been advertised. Shortlisting currently ongoing prior to arranging interviews.</p>			

Datix ID Number: 2554 Health & Care Standard: Standard 5.1 Timely Access		HBR Ref Number: 82 Risk Target Date: 1 st December 2023		Current Risk Rating 4 x 4 = 16																																							
Objective: Best Value Outcomes from High Quality Care		Director Lead: Richard Evans, Executive Medical Director Assuring Committee: Performance & Finance Committee For Information: Quality & Safety Committee, Workforce & OD Committee Date last reviewed: March 2023 (15/03/2023)																																									
Risk: Risk of closure of Burns service if Burns Anaesthetic Consultant cover not sustained There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, potentially resulting in closure to this regional service, harm to those patients would require access to it when closed and the associated reputational damage. This is caused by: <ul style="list-style-type: none"> • Significant reduction in Burns anaesthetic consultant numbers due to retirement and long-term sickness • Inability to recruit to substantive burns anaesthetic posts • The reliance on temporary cover by General intensive care consultants, and Consultants from the Morriston General on-call and Paediatric Anaesthesia rotas, to cover while building work is completed in order to co-locate the burns service on General ITU • Reliance on capital funding from Welsh Government to support the co-location of the service 																																											
Risk Rating (consequence x likelihood): Initial: 4 x 3 = 12 Current: 4 x 4 = 16 Target: 3 x 1 = 3	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>20</td><td>3</td></tr> <tr><td>Apr-22</td><td>20</td><td>3</td></tr> <tr><td>May-22</td><td>16</td><td>3</td></tr> <tr><td>Jun-22</td><td>16</td><td>3</td></tr> <tr><td>Jul-22</td><td>16</td><td>3</td></tr> <tr><td>Aug-22</td><td>16</td><td>3</td></tr> <tr><td>Sep-22</td><td>16</td><td>3</td></tr> <tr><td>Oct-22</td><td>16</td><td>3</td></tr> <tr><td>Nov-22</td><td>16</td><td>3</td></tr> <tr><td>Dec-22</td><td>16</td><td>3</td></tr> <tr><td>Jan-23</td><td>16</td><td>3</td></tr> <tr><td>Feb-23</td><td>16</td><td>3</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Mar-22	20	3	Apr-22	20	3	May-22	16	3	Jun-22	16	3	Jul-22	16	3	Aug-22	16	3	Sep-22	16	3	Oct-22	16	3	Nov-22	16	3	Dec-22	16	3	Jan-23	16	3	Feb-23	16	3	Rationale for current score: This risk was increased due to closure of the Burns Unit due to staffing levels, and reduced from 25 to 20 having secured the agreement of the general ITU consultants to provide cross-cover while enabling capital works are completed. Propose reduce risk to 16 now and reduce to 12 when funding confirmed by WG.		
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Level of Control =	Rationale for target score: This is a small clinical service with staff with highly specialised skills. While a small service may always be vulnerable to challenges (eg staff) the intention will be to operate a more resilient clinical model that is supported by other clinical groups.																																										
Date added to the HB risk register December 2021																																											
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> • The general ITU consultants, and some Consultants from the Morriston General and Paediatric Anaesthetists to support the Burns service on a temporary basis, supporting the remaining burns anaesthetic colleagues to provide cover for the Burns service. • The agreement reached is that they will cover the current Burns Unit on Tempest ward at Morriston hospital for 6-9 months while capital work is underway on general ITU to enable co-location of the service. • Capital works will be completed by mid-2023 to co-locate the burns patients within the GICU footprint. • WHSSC as commissioners of the service have been kept fully informed, as has the South West (UK) Regional Burns Network • Other UK burns units have ICU co-located with Burns ICU, removing the need for dual certified consultants 		Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>WG have agreed funding in principle for capital works to progress. Scoping document submitted to WG and discussions ongoing about expediting a decision on an outline/full business case.</td> <td>Morriston Service Group</td> <td>30th November 2023</td> </tr> </tbody> </table>			Action	Lead	Deadline	WG have agreed funding in principle for capital works to progress. Scoping document submitted to WG and discussions ongoing about expediting a decision on an outline/full business case.	Morriston Service Group	30th November 2023																																	
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Assurances (How do we know if the things we are doing are having an impact?) Effect on patients of the temporary closure of the burns service in Swansea is mitigated by maintaining an urgent		Gaps in assurance (What additional assurances should we seek?)																																									

assessment/stabilisation service for patients in Wales with severe burns, with onward transfer for inpatient care to another unit in the UK following the initial assessment. The service reopened fully on 14/02/2022.	
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Additional Comments / Progress Notes

17.01.23 No change to consultant cover, which remains reliant on cross-cover from general critical care and anaesthetics. A business case for the strategic and capital investment of £7.3m has been completed and will be presented to the Board on the 26th January.

Datix ID Number: 2796 Health Care Standards: Effective Care Standard 3.5 Record Keeping		HBR Ref Number: 90 Target Risk Date: TBC		Current Risk Rating 4 x 4 = 16																																								
Objective: Digitally enabled care		Director Lead: Matt John, Director of Digital Assuring Committee: Workforce & OD Committee																																										
Risk: Non-compliance with UK-GDPR Article 15 regarding Subject Access Requests (SARs), along with other health records requests for disclosure of personal data The Health Board does not have adequate resources to deal with the sustained increase in volume and complexity of subject access /access to health records requests received from requestors. The ICO are already involved with a number of breaches and complaints in this area and there is the potential for future enforcement action if significant improvements are not made. Misfiling and redaction are major issues for Health Records, IG and Health Professionals. SAR breaches have led to successful compensation claims and media interest.		Date last reviewed: February 2023 Rationale for current score: C – The Health Board has a statutory requirement to comply with UK GDPR and Data Protection Act 2018. This includes compliance with an individual's Right to Access their personal data. The Information Commissioner has the power to take enforcement action, including substantial monetary penalties, for non-compliance. A number of complaints regarding the handling of SARs within SBUHB have been highlighted in both the mainstream media and on social media, leading to a loss of trust in the Health Board with damage to staff and Health Board reputation. L- The Health Board does not have adequate resources to deal with the sustained increase in volume and complexity of SARs received from both patients and staff. There are inconsistent processes across the Health Board, with varying levels of robustness regarding legislative compliance. The increased use of various digital applications has impacted the volume and complexity of content and the ability to retrieve the personal data required to comply with SARs. The process for ensuring information is appropriately reviewed and redacted has become far more complex and resource intensive increasing the likelihood of personal data breaches and/or non-compliance with legal timescales. The ICO are already involved with a number of complaints in this area and there is an increased potential for future enforcement action if significant improvements are not made.																																										
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 4 x 2 = 8		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>8</td><td>16</td></tr> <tr><td>Apr-22</td><td>8</td><td>16</td></tr> <tr><td>May-22</td><td>8</td><td>16</td></tr> <tr><td>Jun-22</td><td>8</td><td>16</td></tr> <tr><td>Jul-22</td><td>8</td><td>16</td></tr> <tr><td>Aug-22</td><td>8</td><td>16</td></tr> <tr><td>Sep-22</td><td>8</td><td>16</td></tr> <tr><td>Oct-22</td><td>8</td><td>16</td></tr> <tr><td>Nov-22</td><td>8</td><td>16</td></tr> <tr><td>Dec-22</td><td>8</td><td>16</td></tr> <tr><td>Jan-23</td><td>8</td><td>16</td></tr> <tr><td>Feb-23</td><td>8</td><td>16</td></tr> </tbody> </table>				Month	Target Score	Risk Score	Mar-22	8	16	Apr-22	8	16	May-22	8	16	Jun-22	8	16	Jul-22	8	16	Aug-22	8	16	Sep-22	8	16	Oct-22	8	16	Nov-22	8	16	Dec-22	8	16	Jan-23	8	16	Feb-23	8	16
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Level of Control = 50%		Rationale for target score: C – As above L – Additional resources would allow the organisation to make significant improvements to the process by which SARs are managed. Being able to adequately comply with legislative requirements reduces the likelihood of enforcement action and fines from the ICO, as well as minimising the risk of reputational damage.																																										
Date added to the risk register Jan 2023																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> SAR (Subject Access Request) Task & Finish Group established Prioritisation of workload Existing policies and processes in place (to be reviewed & updated) Advice sought from Legal and Risk on complex cases Legal and risk completing redaction tasks on complex and lengthy cases 		Action		Lead																																								
		Establish SAR T&F Group and develop ToR		Data Protection Officer																																								
		Finalise SAR T&F Group Action Plan		Data Protection Officer																																								
		Implement key tasks outlined within the		Data Protection																																								
				Deadline																																								
				Complete																																								
				Feb 2023																																								
				April 2023																																								

<ul style="list-style-type: none"> Quarterly SARs report submitted to IGG (Information Governance Group) 	action plan within agreed timescales Develop organisational-wide policy to support the compliant and effective management of SARs across the Health Board	Officer Data Protection Officer	April 2023
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> Quarterly IGG chaired by SIRO (Senior Information Risk Owner) and attended by Deputy Caldicott Guardian and Data Protection Officer Quarterly briefing from IGG to Management Board & Workforce & OD Committee IG governance structures in place with key roles and responsibilities established e.g. SIRO, Caldicott Guardian (Deputy), DPO (Data Protection Officer) 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Recent internal audit identified the requirement to invest in resources to address gap in assurance.</p>		
Additional Comments / Progress Notes			

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
CONSEQUENCE (**)					
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