Meeting Date	11 April 2023	Agenda Item	XXX
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	• The HBRR was last received by the Workforce & OD Committee (WODC) in December 2022. • Since then risks have been subject to update by Executive Directors on a monthly basis. Additionally, the allocation of risks to Board Committees has been reviewed and revised. A number of Digital risks previously overseen by the Audit Committee have been re-allocated to the WODC – this is reflected in the attached report. The full HBRR for February 2023 was received by the Board in March 2023. • The number of risks overseen by Workforce & OD Committee has increased to six in open session (an additional sensitive risk has been identified for review within closed session). The increase is a result of the transfer of risks.		

	Information	Discussion	Assurance	Approval
	☐	☐	☒	☐
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 risks exceeding the Board's stated appetite levels, and the associated actions and timescales identified, and agree whether to tolerate them while actions are taken, or whether further action / assurance is required in respect of any risks presented.			

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 January 2023.

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

2.2 Risk Appetite

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

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, an 'open' appetite will be adopted, requiring

risks scoring 16 or above to be overseen at committee level. The mechanism for reporting risk is developing to support this for 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 (WODC) in December 2022. Since then risks have been subject to update by Executive Directors on a monthly basis. Additionally, the allocation of risks to Board Committees has been reviewed and revised. A number of Digital risks previously overseen by the Audit Committee have been re-allocated to the WODC. The full HBRR for February 2023 was received by the Board in March 2023. This paper is based on an extract from the same February 2023 HBRR as attached at **Appendix 1.**

The number of risks overseen by Workforce & OD Committee in open session is now six:

- HBR 3   *Workforce Recruitment of Medical & Dental Staff*
- HBR 27   *Digital Transformation to Deliver Sustainable Services*
- HBR 36   *Electronic Patient Record (Paper Record Storage)*
- HBR 37   *Operational & Strategic Decisions are not Data Informed*
- HBR 51   *Nurse Staffing Levels Act*
- HBR 90   *GDPR Subject Access Requests*

In addition, the following risk is deemed sensitive and will be overseen in closed session:

- HBR 60   *Cyber Security*

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 six risks assigned to the Committee for oversight within the open session 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:

The actions to address this risk remain as previously reported:

Ongoing Actions (targets as previously)
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

Additional Note (January 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.

Risk	Exec Lead	Current Rating	Target Rating	Change
HBR 27 **Digital Transformation** Inability to deliver sustainable clinical services due to lack of Digital Transformation. There are insufficient resources to: • 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.	Director of Digital	**16**	10	New (Transferred)

Action 1: To continue discussions with Finance on the identified requirement, both in-year for 2022/2023 and recurrent full year effect.
Lead: Assistant Director of Digital: Business Management and Information Governance
Target date: 31/03/2023

Action 2: Continue to develop the 10yr investment plan that has been submitted to WG, which will inform the Health Board IMTP submission.
Lead: Assistant Director of Digital: Business Management and Information Governance
Target Date: 31/03/2023

Additional Note (January 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.

Risk	Exec Lead	Current Rating	Target Rating	Change
HBR 36 **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.	Director of Digital	**16**	9	New (transferred)

Action 1: Re-develop a joint outline Business Case for centralisation of the health records and the scanning model.
Lead: Head of Health Records & Clinical Coding
Target date: 30/06/2023

Action 2: Assessment of the impact of the Records Management code of practice
Lead: Head of Health Records & Clinical Coding
Target date: 01/06/2023

Action 3: Develop a revised destruction plan
Lead: Head of Health Records & Clinical Coding
Target date: 30/06/2023

Additional notes (March 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.

WODC – 11th April 2023

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.

Risk	Exec Lead	Current Rating	Target Rating	Change
HBR 37 **Operational and strategic decisions are not data informed** • 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	Director of Digital	**12**	8	New (transferred)

Action 1: Establishment of data literacy programme educating users on data concepts, skills and tools
Lead: Assistant Director of Digital Intelligence
Target Date: 31st March 2023

Action 2: Natural Language Process capability to allowing users access to clinic letter/documents converted into meaningful analytics
Lead: Assistant Director of Digital Intelligence
Target Date: 28th February 2023

Action 3: Establishment of certified training programme for trained users to create their own dashboards
Lead: Assistant Director of Digital Intelligence
Target Date: 31st March 2023

Additional Notes (January 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.

Risk	Exec Lead	Current Rating	Target Rating	Change
HBR 51 **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.	Executive Director of Nursing	**20**	12	➔

| The potential impact of this maybe avoidable harm, suspension of services, non-compliance with the Nurse Staffing Act. | | ████ | | |

Action 1: Student Streamlining and Overseas recruitment
Lead: Executive Director of Nursing
Target Date: 21/02/2022 (refreshed)

Action 2: Review of workforce, consider more diverse skill mix, including development of Band 3 and Band 4 roles
Lead: Director: Executive Director of Nursing
Target Date: 31/03/2023

Additional notes (January 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%.
- Risk scores remain the same since the 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.
- 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.

Risk	Exec Lead	Current Rating	Target Rating	Change
HBR 90 Non-compliance with UK-GDPR Article 15 regarding Subject Access Requests (SARs), along with other	Director of Digital	**16**	8	New (transferred)

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.	████

Action 1: Finalise SAR Task & Finish Group Action Plan
Lead: Data Protection Officer
Target date: Feb 2023

Action 2: Implement key tasks outlined within the action plan within agreed timescales
Lead: Data Protection Officer
Target date: April 2023

Action 3: Develop organisational-wide policy to support the compliant and effective management of SARs across the Health Board
Lead: Data Protection Officer
Target date: April 2023

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

3.1.2 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	Executive Director of Nursing	Q&S Committee	25

WODC – 11th April 2023

Ref	Description of Risk Identified	Exec Lead	Committee	Current Score
	or reduction in services could impact on organisational reputation.			
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: • 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 *Also Q&S Committee for information*	16

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 2022, setting out a new approach to expressing the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. In the context of the financial challenges facing the Health Board, the risk appetite adopted for most risk categories is described as '*seeking'*, indicating that risks assessed to be at or above a risk level of 20 will be overseen by the committees of the Board as a minimum on a quarterly basis. However, for the category of *compliance risks* where the risk relates to laws, regulations and standards directing the delivery of safe, high

quality care, or the health and safety of the staff and public, an '*open*' appetite will be adopted, requiring risks scoring 16 or above to be overseen at committee level.

The following risks have been assessed as scoring 20 and as such exceed the Board's appetite:

- HBR 3   *Workforce Recruitment of Medical & Dental Staff*
- HBR 51   *Nurse Staffing Levels Act*
- HBR 60   *Cyber Security*

Additionally, HBR 90 *GDPR Subject Access Requests* is highlighted as a compliance risk associated with legislative requirements, and scores 16.

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 *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒

Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

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	• The last WODC risk report was received in December 2022. This report reflects risks recorded in the February 2023 Risk Register, received by the Board in March 2023.
Appendices	• Appendix 1 – Health Board Risk Register (HBRR) extract