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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>27 July 2023</b>	<b>Agenda Item</b>	<b>2.3</b>
<b>Report Title</b>	<b>Risk Management Report</b>		
<b>Report Author</b>	Neil Thomas, Assistant Head of Risk & Assurance		
<b>Report Sponsor</b>	Hazel Lloyd, Director of Corporate Governance		
<b>Presented by</b>	Hazel Lloyd, Director of Corporate Governance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to present the Health Board Risk Register (HBRR) to the Board for review and assurance.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>The Health Board Risk Register was last received by the Board in March 2023.</li> <li>Since then entries have been refreshed by Board Directors as part of the monthly review cycle. This report presents the June 2023 HBRR.</li> <li>The HBRR contains 39 risks, of which 22 have risk scores at, or above, the Health Board's risk appetite threshold. Three of these have risk scores of 25. The HBRR has been re-aligned to the objective areas within the IMTP and linked to the Board Assurance Framework.</li> <li>The delivery of risk management training for senior managers across all Divisions of the health board service groups has been completed via a blend of presentations and workshop sessions. Additional sessions have been requested by some staff at specialty level and these have been delivered. Further consideration is being given to mechanisms to spread and maintain training across services.</li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approval</b>		
	<input checked="" type="checkbox"/>		
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the update on update on risk matters;</li> <li><b>NOTE</b> the updated Health Board Risk Register and changes to the risks outlined in this report;</li> <li><b>CONSIDER</b> whether further update or assurance is required in respect of risk register entries or the action taken to address risks identified.</li> </ul>		

# HEALTH BOARD RISK REPORT

## 1. INTRODUCTION

The purpose of this report is to present the Health Board Risk Register (HBRR) to the Board for review and assurance.

## 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 May 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 June 2023.

### 2.2 Risk Appetite

The health board approved a risk appetite statement in November 2022, setting out the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. This is now incorporated within the Risk Management Policy. 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, indicating lower threshold and requiring risks scoring 16 or above to be overseen at committee level.

### 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. A copy of the most up to date HBRR is attached at **Appendix 1**.

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

This report indicates the changes made during the period since the last meeting. The most recent changes made are highlighted within the register itself in red. The HBRR is attached at **Appendix 1**.

### 3.2 Risk Register Summary

The Health Board Risk Register presents:

- A summary 'heat map' of risks;
- A dashboard of risks impacting upon particular Health Board objectives, together with trend arrows indicating changes in risk score following the last edition of the HBRR, and an indication of those committees allocated to oversee individual risks in depth;
- Individual risk register scorecards.

Table 1 below stratifies the risks recorded within the HBRR across the most recent monthly iterations:

Table 1: Summary of Risk Assessment Scores

Risk Analysis	Number of Risks	
	February 2023	June 2023
Risk Score of 25 (Red)	3	3
Risk Score of 20 (Red)	16	18
Risk Score of 16 (Red)	9	9
Risk Score 9-15 (Amber)	11	9
Risk Score of 5-8 (Yellow)	0	0
Risk Score of 1-4 (Green)	0	0
<b>Total</b>	<b>39</b>	<b>39</b>

The following movements are noted in the registers over the period February 2023 – June 2023:

- **3** new risks were added to the register

- *HBR 91: Mental Health Capacity Act (MCA) – risk rate: 20*
  - *HBR 92: Finance – Forecast Deficit – risk rate: 20*
  - *HBR 93: Finance: Reduced discretionary capital funds – risk rate: 20*
- **No** risks have increased in score:
  - **4** risk scores have been reduced:
    - HBR 57 Controlled Drugs from 16 to 12
    - HBR 66 Access to Cancer Services – SACT from 15 to 12
    - HBR 78 Nosocomial Transmission from 16 to 12
    - HBR 84 Cardiac Surgery from 16 to 8

The risk scrutiny panel has discussed these risks and these are being reviewed with risk owners to identify those that can be de-escalated from the board-level risk register for ongoing management within operational risk registers. The Nosocomial Transmission risk (HBR78) is one such risk that has been agreed with the Executive Medical Director for closure in the next iteration of the risk register.

- **Three** risks have been closed in the register:
  - *HBR 72 Capital Resource Limit & Capital Plan*
  - *HBR 73 Residual Cost Base Post Covid-19*
  - *HBR 79 Resources to Support Recovery of Access*

Section 3.3 below expands on changes.

### 3.3 Risk Changes

The risk(s) closed within the HBRR is/are:

Table 2: Closed / De-escalated Risks

<b>Risk Ref</b>	<b>Closed Risks</b>	<b>Lead Exec Director</b>	<b>Commentary</b>
72	<b>Capital Resource Limit &amp; Capital Plan</b> Reduced discretionary capital funds and reduced National NHS funds requiring a restricted Capital Plan for 2022-23	Director of Finance	The Director of Finance has closed these risks for replacement with fresh entries. These are now included in the HBRR as HBRR 92 and 93 to reflect the financial context of 2023/24 for both revenue & capital.
73	<b>Residual Cost Base Post Covid-19</b> The Health Board underlying financial position may be detrimentally impacted by the COVID-19 pandemic. There is a potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working.	Director of Finance	
79	<b>Resources to Support Recovery of Access</b> The COVID-19 pandemic has affected services in many different ways, in this risk specifically the impact on access to services, such as OP, diagnostic tests, IP&DC and therapy services. The recovery of access times will require additional human, estates and financial resource to support it. There is potential for resource available is below the ambition of the board to provide improved access.	Director of Finance	

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

### 3.4 Action on the Highest Risks (Score=25)

There are three risks with a score of 25 currently. The below table provides information on action being taken to address these risks:

Table 3: Action on Risks with Score=25

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
1	<p><b>Access to Unscheduled Care</b>  <i>If we fail to provide timely access to Unscheduled Care then this will have an impact on quality &amp; safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the Health and Social care sectors.</i></p> <p>Update:            The HB has realigned the Six Goals programme into 4 programme areas each with a nominated lead:</p> <ol style="list-style-type: none"> <li>1) Co-ordination, signposting and alternatives to admission</li> <li>2) Integrated front door</li> <li>3) Acute hospital flow and discharge</li> <li>4) Integrated discharge</li> </ol> <p>This structure was developed and agreed with the national Six Goals team and other health boards have restructured their programme in a similar way. The Six Goals programme reports through to the UEC (Urgent &amp; Emergency Care) Board which has an Executive Chair.</p> <p>Actions taken and in progress (Supplementing those in June HBRR):</p> <ul style="list-style-type: none"> <li>• Combined consultant and GP teams to provide a single point of access for SDEC (Same Day Emergency Care)</li> <li>• Increase of hours in SDEC planned (expected Sept 2023).</li> <li>• Surgical SDEC due to open in July 2023.</li> <li>• Care homes pilot to 5 care homes to carry out medication reviews and provide rapid response support to avoid hospital admission. Pilot will be evaluated and roll out considered dependent on pilot evaluation.</li> <li>• Clinically led redesign of AF (Atrial Fibrillation), HF (Heart Failure) and diabetes pathways to improve management in primary care.</li> <li>• Additional head injury and chest pain pathways in SDEC have been implemented.</li> <li>• Continued expansion of virtual wards into all clusters.</li> <li>• Exploring internal &amp; external funding options for OPAS (Older Persons Assessment Service). (September 2023)</li> <li>• Looking to extend to non-surgical fractures – resource requirements of options to be quantified and presented to Chief Executive (September 2023).</li> <li>• 8 additional EMI D2RA (Discharge to Recover then Assess) opened as pilot until March 2024.</li> <li>• 4 additional beds to be opened at Ty Olwen.</li> <li>• Medical patient flow within Murrison has been redesigned across ED, AMU and medical wards.</li> <li>• New stroke pathway implemented July.</li> <li>• SAFER roll out continues across Murrison, Singleton and NPT – 23 wards at Murrison completed.</li> <li>• Recurrent funding secured to resource Children’s Emergency Unit</li> <li>• Ambulance RATS in place. Sustainable model in progress for all attendees to ED.</li> <li>• Work commenced to implement an integrated discharge team which will be a MDT and provide a single point of access for complex discharges.</li> </ul>	Chief Operating Officer

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<ul style="list-style-type: none"> <li>Health Board is piloting alternative ways to manage flow in collaboration with the national Six Goals team.</li> </ul>	
50	<p><b>Access to Cancer Services</b>  <i>A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</i></p> <p>Update (Following May HBRR):  Additional surgical treatment capacity has been made available for oral &amp; maxilla-facial and colorectal services. A National Cancer Recovery and Improvement Task Force has been established to support health board in the areas of urology, colorectal and gynaecology. Three actions have been completed:</p> <ul style="list-style-type: none"> <li>Phased and sustainable solution for the required uplift in endoscopy capacity to support both the urgent suspected cancer backlog and future cancer diagnostic demand on endoscopy services.</li> <li>Expansion of OMF &amp; colorectal operating capacity (as above).</li> <li>Development of trajectory for 2023/24.</li> </ul> <p>Further Actions:</p> <ul style="list-style-type: none"> <li>Cancer Performance Group to monitor improvement trajectories for both cancer backlog and SCP performance on a monthly basis [Target 31/03/2024].</li> <li>Agree additional theatre capacity for gynaecological cancer to reduce current backlog [Target 31/09/2023].</li> </ul>	Chief Operating Officer
81	<p><b>Critical staffing levels: Midwifery</b>  <i>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.</i></p> <p>Update:</p> <ul style="list-style-type: none"> <li>Role and capacity of the HCSW reviewed to maximise registered midwife capacity.</li> <li>Transformation Board developed and weekly meetings commenced.</li> <li>Transformational Midwives completed competency assessment in preparation for training.</li> <li>Maternity care assistants shortlisted and in post in SBUHB.</li> <li>Financial support committed to ensure future compliance with Birth-rate plus, and daily staffing/risk reviews continue where the previous 24 hours are reviewed in terms of any harm which may have occurred, and the coming 24 hours are also checked to ensure the required staffing numbers are in place. This risk will continue to be reviewed on a fortnightly basis.</li> </ul> <p>Further Action:</p> <ul style="list-style-type: none"> <li>Review of the Maternity Escalation guideline to ensure robust processes in place if acuity is high or critical staffing. The guideline receiving is comments following discussion in Maternity Quality and Safety in July 2023</li> <li>Development and dissemination of the organisational change to practice (OCP). [Target 31/10/2023]</li> </ul>	Executive Director of Nursing

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<ul style="list-style-type: none"> <li>OCP (Organisational Change to Practice) developed. Phase 1 of dissemination to staff commenced. If accepted, implementation (which includes the re-opening of the NPH Birthing Centre) by October 2023, and the re-initiation of the home birthing service in early 2024.</li> </ul>	

In addition to the above, the additional risks below have been assessed as meeting or exceeding the Board's risk appetite threshold:

Table 4: Other Risks Meeting/Exceeding Board Appetite Threshold

Risk Ref	Risk & Mitigating Actions	Current Risk Score	Lead Executive Director
3	Workforce Recruitment (Medical & Dental)	20	Director of Workforce & OD
4	Infection Prevention & Control	20	Executive Director of Nursing
13	Health & Safety Compliance: Environment of Premises	16	Director of Finance
16	Access to Planned Care	20	Chief Operating Officer
41	Fire Safety Compliance	16	Director of Finance
43	Deprivation of Liberty Safeguards	20	Executive Director of Nursing
51	Nurse Staffing Levels (Wales) Act	20	Executive Director of Nursing
53	Welsh Language Standards	16	Director of Corporate Governance
61	Paediatric Dental GA Service (Parkway)	16	Chief Operating Officer
63	Screening for Fetal Growth Assessment in line with Gap-Grow	20	Executive Director of Nursing
64	Health & Safety Infrastructure	16	Director of Finance
65	CTG Monitoring on Labour Wards	20	Executive Director of Nursing
69	Safeguarding: Adolescents on Adult Mental Health Wards	20	Chief Operating Officer
80	Inability to Transfer Patients	20	Chief Operating Officer
85	Non-Compliance with ALN Act	20	Director of Therapies & Health Sciences
88	Non-delivery of AMSR Benefits <sup>1</sup>	20	Chief Operating Officer
89	Healthcare Nursing Staff Level (HMPS)	20	Executive Director of Nursing with Chief Operating Officer
90	Non-compliance with UK-GDPR Article 15 regarding Subject Access Requests	16	Director of Digital
60	Cyber Security <small>[In Committee Risk]</small>	20	Director of Digital
91 <sup>NEW</sup>	Mental Health Capacity Act (MCA)	20	Executive Director of Nursing
92 <sup>NEW</sup>	Finance – Forecast Deficit	20	Director of Finance
93 <sup>NEW</sup>	Finance: Reduced discretionary capital funds	20	Director of Finance

Further detail on the above risks, the associated controls and further actions being taken to manage them, can be found at **Appendix 1**. The risks in the table above have been considered at the July meeting of the Risk Scrutiny Panel. Action has been identified for further review of some by the risk owners.

Additionally, risks associated with staffing (including HBR 3 above) are scheduled for consideration at the next Workforce & OD Committee.

<sup>1</sup> This risk is being reviewed for incorporation within other appropriate risk register entries.

The risk associated with Deprivation of Liberty Safeguards (HBR43) is being reviewed by management afresh and changes to risk levels will be discussed at the Mental Health Legislative Committee.

The risk associated with Nurse Staffing Levels Act compliance is currently subject to review by the corporate nursing team, and planned for discussion at the next Nurse Staffing Act group.

### **3.5 Additional Changes**

In addition to updates to reflect the management of risk, a number of other changes have been made:

- The risks within the HBRR are now aligned to the health board's objective themes as set out in the IMTP.
- Links to Board Assurance Framework entries have been added.

## **4. GOVERNANCE AND RISK**

### **4.1 Risk Management Group**

At the Risk Management Group (RMG):

- Presentations on risk management arrangements from Primary Community & Therapies, Mental Health & Learning Disabilities, Digital Services, and Support Services, were received and discussed
- An update on risks considered by the Risk Scrutiny Panel was presented
- The risk management section of the Annual Governance Statement was circulated
- An update on the status of development of the Once For Wales Risk Management Module was received
- An update on the Board Assurance Framework was received
- Progress on actions following the last Internal Audit review of risk management was reported.

### **4.2 Risk Management Workshop Training**

Service Group risk management training workshops was previously completed in:

- Neath Port Talbot & Singleton
- Primary Care & Therapies
- Mental Health & Learning Disabilities

Following pressures during the December / January period, risk management presentations were provided for the Divisions of Medicine and Emergency Care & Hospital Operations and Clinical Support Services in February and March 2023, completing the delivery of risk management training for senior managers across all Divisions of the health board service groups via a blend of presentations and workshop sessions. Additional sessions have been requested by some staff at specialty level and these have been delivered. Further consideration is being given to mechanisms to spread and maintain training across services and the Risk & Assurance team are engaging with service groups to identify any particular local needs for inclusion.

### 4.3 Datix Cymru – Risk Module

As previously reported, as part of the Once4Wales Concerns Management System Programme, a work stream group, supported by weekly meetings of a national task & finish sub group, meets to develop a new risk register module within Datix Cymru for use by organisations within NHS Wales. There continue to be changes required of the supplier to meet the work stream requests.

The contract for the current system was due to expire on 31/03/2023 originally and was extended for a year, but this has been extended further to November 2024. The working group are meeting shortly to discuss the NWSSP pilot of the system.

### 4.4 External Inspections Schedule

Regular reports on planned and unannounced Healthcare Inspectorate Wales inspections are provided to the Quality & Safety Committee periodically. Reporting is being expanded to capture other external inspections within an inspections schedule attached to those reports. A copy of the schedule is reported to the Audit Committee in the risk management report.

The plan is to use AMAT software to record all inspections and any resulting actions and also to include the audit tracker within this system enabling both corporate and service groups the ability to run reports to understand the inspections planned and also the outstanding actions by each area. This work is in the initial phase of testing the system using HIW reports and a small number of internal audit reports and actions. An update will be provided to the Audit Committee in the next risk management report and will contain timescales for progressing this work after the initial testing phase.

## 5. GOVERNANCE AND RISK

This report is a key mechanism to support Board and senior management oversight of the risk management. Within the report, particular attention is drawn to the highest scoring risks together with updates on action being taken to treat them by lead Directors and management.

## 6. FINANCIAL IMPLICATIONS

This report does not present any matters for decision with financial implications. There may be financial implications arising from actions required to improvement the treatment of risks entered on the HBRR. Where this is the case they are highlighted within individual risk register entries for information.

## 7. RECOMMENDATIONS

Members are asked to:

- **NOTE** the update on update on risk matters;
- **NOTE** the updated Health Board Risk Register and changes to the risks outlined in this report;
- **CONSIDER** whether further update or assurance is required in respect of risk register entries or the action taken to address risks identified.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<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"/>
<b>Quality, Safety and Patient Experience</b>		
Ensuring the organisation has robust risk management arrangements that ensure organisational risks are captured, assessed, monitored and managed, supports the quality, safety & experience of patients receiving care and staff working in the UHB.		
<b>Financial Implications</b>		
This report does not present any matters for decision with financial implications. There may be financial implications arising from actions required to improvement the treatment of risks entered on the HBRR. Where this is the case they are highlighted within individual risk register entries for information.		
<b>Legal Implications (including equality and diversity assessment)</b>		
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.		
<b>Staffing Implications</b>		
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/Service Group Directors are responsible for the review of their operational risks and escalation of those requiring board-level oversight SBUHB.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
The HBRR 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.		
<b>Report History</b>	<ul style="list-style-type: none"> <li>Content within earlier version has been received and discussed at Management Board</li> </ul>	
<b>Appendices</b>	<ul style="list-style-type: none"> <li>Appendix 1 – Health Board Risk Register (HBRR)</li> </ul>	