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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	May 2019	Agenda Item	2d
Report Title	Audit Committee		
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Gareth Howells, Director of Nursing & Patient Experience Pam Wenger, Director of Governance		
Presented by	Gareth Howells, Director of Nursing & Patient Experience Pam Wenger, Director of Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide: <ul style="list-style-type: none"> the updated Health Board Risk Register (HBRR); 		
Key Issues	<ul style="list-style-type: none"> Two new entries have been approved and entered on the HBRR: <ul style="list-style-type: none"> Compliance with Home Office Licensing requirements for Controlled Drugs and; Ophthalmology capacity. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	The Senior Leadership Team are asked to: <ul style="list-style-type: none"> DISCUSS and NOTE the updated Health Board Risk Register and the risks assigned to the Board and its Committees; and ENDORSE the Health Board Risk Register and the assignment of risks for submission to the Audit Committee in May 2019. 		

UPDATE ON THE HEALTH BOARD RISK REGISTER (HBRR)

1. INTRODUCTION

The purpose of this report is to provide an update on:

- progress to update the Health Board Risk Register (HBRR).

2. BACKGROUND

The Health Board Risk Register (HBRR) is intended to summarise the key 'live' extreme risks facing the Health Board and the actions being taken to mitigate them. It is also important to note that the Executives, as risk owners, are appropriately sighted and involved in the development of the corporate risk register, providing updates, including reports on mitigating actions.

All organisational risks have a lead Executive Director and the risk assigned to either the Board, or as appropriate, a Committee of the Board to ensure appropriate review, scrutiny and where relevant updating. Each Director is responsible for the ownership of the risk(s) and the reporting of the actions in place to manage/control and/or mitigate the risks.

3. GOVERNANCE AND RISK

3.1 Progress in developing the Refreshed HBRR

Members of the Audit Committee will recall in Q3, 2018/19, the HBRR was revised and developed following updates and changes from the Executive Team. The revised HBRR is attached as **Appendix 1**.

Two new entries have been approved for the HBRR and included relating to:

- Controlled drugs (Risk Ref 57) and;
- Ophthalmology capacity (Risk Ref 58).

An additional further two entries are being considered relating to Health & Safety:

- Health & Safety Systems - this would be a new entry on Datix and would include reference to 9 notices being received from the Health & Safety Executive and;
- Violence & Aggression- (842) currently closed from a Health Board Risk Register perspective as it is being overseen by the Health & Safety Committee, although following a Health & Safety Executive notice being issued relating to V&A consideration is being given as to whether this should be escalated back to the HBRR.

The newly appointed Assistant Director for Health & Safety is presently reviewing these risks and will discuss their inclusion in the HBRR for the next SLT.

3.2 Summary of Health Board Risks

As at 29th April 2019, there are 28 risks outlined on the HBRR which is presented as **Appendix 1** for review.

The 26 risks are categorised by rating against the Health Board's enabling values:

Enabling Objective	High (rated 16 -25)	Moderate (rated 9-15)
Best Value Outcomes from High Quality Care	11 (+2)	5
Excellent Staff	3	0
Digitally Enabled Care	4	0
Partnerships for Improving Health and Wellbeing	0	1
Partnerships for Care	2	2
Total No of Risks	20	8

Note – The total number of risks will feature a “+” or “-” in future to denote any new risks added or removed.

3.3 Highest scoring Risks

Presently the HBRR contains 5 risks which are risk rated at level 20:

- **Capacity within WODS (56)**- Insufficient capacity of Workforce and OD Function within ABMU to support and deliver the strategic and operational workforce agenda, plans and priorities of the Health Board.
- **Brexit (54)** - Failure to maintain services as a result of the potential no deal Brexit

The three digital risks are currently being considered with a view to reducing the level of risk to 16 or lower.

- **Sustained Clinical Services (27)** - Inability to deliver sustainable clinical services due to lack of digital transformation.
- **Storage of Paper Records (36)** - Failure 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
- **Discharge Information (45)** - If patients are discharged from hospital without the necessary discharge information this may have an impact on their care

4. INTERIM RISK MANAGEMENT FRAMEWORK

In light of the Bridgend Boundary changes and the work ongoing to update Risk Management processes, the Board approved an Interim Risk Management Framework for Swansea Bay University Health Board. This allowed engagement with stakeholders through a Risk Management Workshop held in March and the results of which will now be used to inform a revised Risk Management Framework to be submitted to the Board in September 2019.

5. RISK MANAGEMENT WORKSHOP

The Risk Management Group on 26th March 2019 will now be used for a Risk Management. The Workshop considered processes for escalation of risk and the organisation's risk appetite and tolerance and Internal Audit recommendations.

6. FINANCIAL IMPLICATIONS

No financial implications in terms of carrying out the actions recommended by the Wales Audit Office (WAO).

7. RECOMMENDATION

The Senior Leadership Team are asked to:

- **DISCUSS** and **NOTE** the updated Health Board Risk Register and the risks assigned to the Board and its Committees;
- **ENDORSE** the Health Board Risk Register and the assignment of risks.

Governance and Assurance					
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
					✓
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					
Staff will be briefed on the changes through workshops and also meetings held with Executive Directors and Assistant Directors to support the changes required to meet the recommendations made by the Wales Audit Office.					
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)					
No implications for the Committee to be notified of.					
Report History	<ul style="list-style-type: none"> • Senior Leadership Team 7 November 2018, January and March 2019. • Quarterly report to the Audit Committee 15 November 2019 and 24 January 2019 				
Appendices	<ul style="list-style-type: none"> • Appendix 1: ABMU Health Board Risk Register April 2019 				



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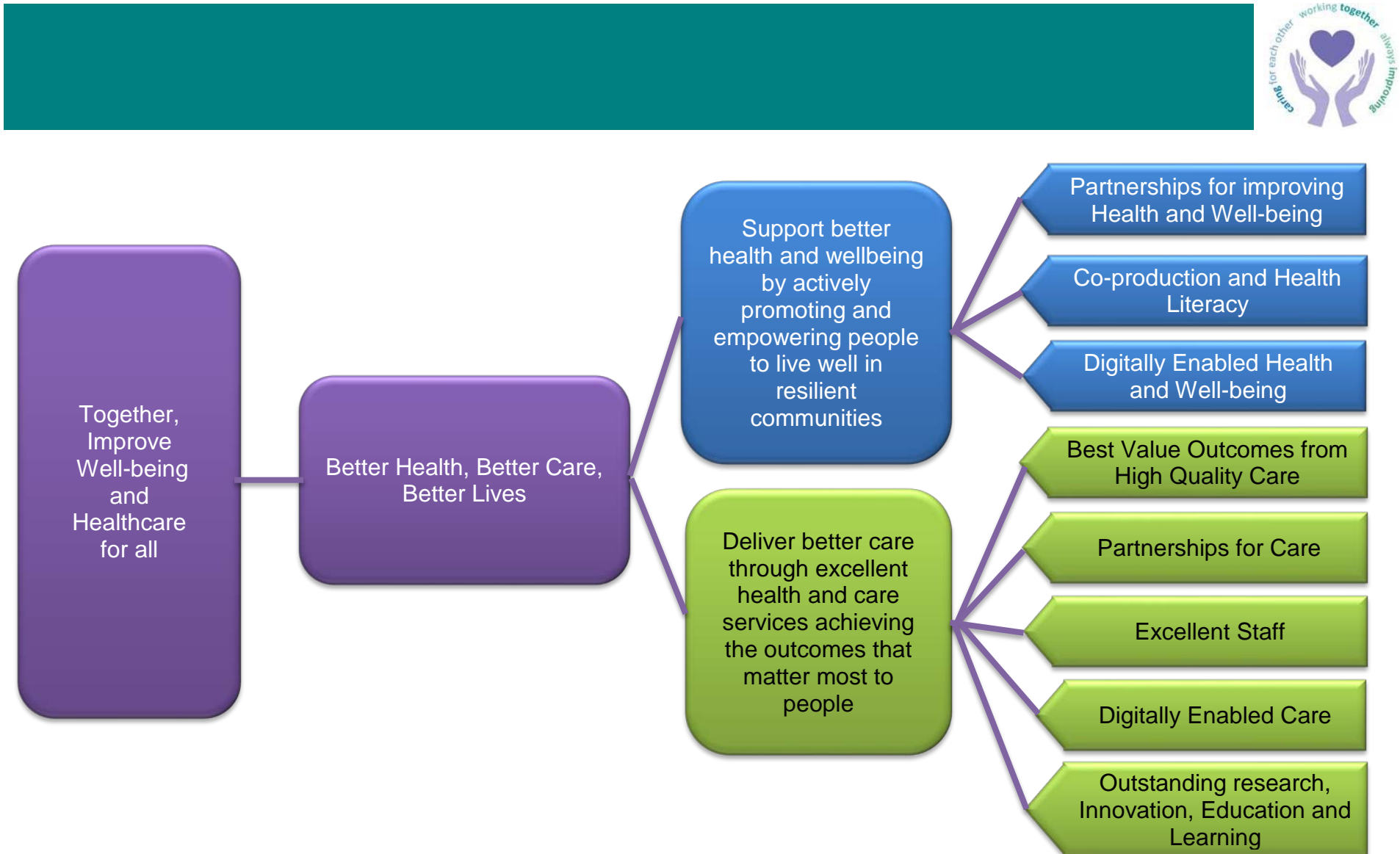
Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER APRIL 2019



Aligning Risk with the Health Boards Strategy

The Health Boards strategy is outlined in the figure below and all risks identified for inclusion on the Health Board Risk Register are mapped to our enabling objectives.



**HEALTH BOARD RISK REGISTER
DASHBOARD OF ASSESSED RISKS – APRIL 2019**

Impact/Consequences	5		42: Sustainable Services £20m Financial Control	15: Population Health Improvement	56: Capacity of Workforce function	
	4				<ul style="list-style-type: none"> 1: Tier 1 Unscheduled Care Targets 3: Recruitment of Medical and Dental Staff 49: TAVI Service 11: Healthcare model for aging population 16: Referral to treatment times 50: Cancer Target Compliance 51: Compliance with Nurse Staffing Levels (Wales) Act 2016 43: DOLS Authorisation and Compliance with Legislation 44: ED Information Systems 48: Child & Adolescence Mental Health Services 52: Engagement & Impact Assessment Requirements 37: Operational and strategic decisions are not data informed 17: Replacement of medical equipment 58: Ophthalmology Clinic Capacity 55: Boundary Transition 	<ul style="list-style-type: none"> 54: No Deal Brexit 45: Discharge information 27: Sustainable Clinical Services for Digital Transformation 36: Electronic Patient Record 57: Non-compliance with Home Office Controlled Drug Licensing requirements
	3			55: Bridgend Boundary Change	<ul style="list-style-type: none"> 13: Accommodation fit for purpose 39: IMTP 	<ul style="list-style-type: none"> 4: Infection Control 41: Fire Safety Regulation Compliance 53: Compliance with Welsh Language Standards
	2					
	1					
C X L	1	2	3	4	5	
				Likelihood		

Risk Register Dashboard

Strategic Objective	Risk Reference	Description of risk identified	Initial Score	Current Score	Trend	Controls	Last Reviewed	Scrutiny Committee
Best Value Outcomes from High Quality Care	1 (738)	Tier 1 Targets Failure to comply with Tier 1 target for Unscheduled Care which could impact on patient and family experience.	16	16	→	→	April 2019	Performance and Finance Committee
	4 (739)	Infection Control Targets Failure to achieve infection control targets set by Welsh Government	20	12	↓	↑	April 2019	Quality and Safety Committee, Infection Prevention and Control Committee
	11 (837)	Ageing Population Failure to provide an appropriate healthcare model for the aging population over the next 20 years.	16	16	→	→	April 2019	Quality and Safety Committee
	13 (841)	Health & Safety Standards Failure to meet the statutory health and safety requirements for our premises.	16	12	↓	↑	April 2019	Health and Safety Committee
	16 (840)	Patient Waiting Times Failure to achieve compliance with waiting times there is a risk that patients may come to harm. Further, the health board will have financial resource clawed back to Welsh Government is the agreed target is not met.	16	16	→	→	April 2019	Performance & Finance Committee
	17 (838)	Replacement of Equipment An inability to replace key pieces of equipment could adversely affect capacity and patient well being	16	16	→	→	April 2019	Health and Safety Committee
	37 (1217)	Information Led Decisions Operational and strategic decisions are not data informed.	16	16	→	→	April 2019	Audit Committee/Informatics Programme Board

39 (1297)	Approved IMTP If the Health Board does not have an approved IMTP signed off by Welsh Government, primarily due to the inability to align performance and financial plans it will remain in escalation status, currently “targeted intervention”.	16	12	↓	↑	April 2019	Health Board
41 (1567)	Fire Safety of Cladding Currently an uncertain position in regard to the appropriateness of the cladding applied to Singleton Hospital in particular (as a high rise block) in respect of its compliance with fire safety regulations	15	15	→	→	April 2019	Health and Safety Committee
42 (1398)	Financial Plan If the Board is unable successfully to deliver a sustainable service and meet £20m financial control total then the performance, safety and quality of our provision will be at risk.	25	10	↓	↑	April 2019	Performance & Finance Committee
43 (1514)	DoLS If the Health Board is unable to complete timely completion of DoLS Authorisation then the Health Board will be in breach of legislation and claims may be received in this respect.	16	16	→	→	April 2019	Quality and Safety Committee/ Safeguarding Committee
48 (1563)	CAMHS Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	16	16	→	→	April 2019	Performance & Finance Committee/ Health Board

49 (922)	Trans-catheter Aortic Valve Implementation (TAVI) Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)	25	16	→	→	April 2019	Quality and Safety Committee
50 (1761)	Cancer Targets Failure to sustain services as currently configured to meet cancer targets	20	16	↓	↑	April 2019	Performance & Finance Committee
57 (1799)	Controlled Drugs Non-compliance with Home Office Controlled Drug Licensing requirements.	20	20	→	→	April 2019	Quality and Safety Committee

Excellent Staff	3 (843)	Recruitment Failure to recruit medical & dental staff	20	16	↓	↑	April 2019	Workforce & OD Committee
	51 (1759)	Nurse Staffing (Wales) Act Risk of Non Compliance with the Nurse Staffing (Wales) Act	16	16	→	→	April 2019	Quality and Safety Committee,
	56 (1796)	Capacity within WODS Insufficient capacity of Workforce and OD Function within ABMU to support and deliver the strategic and operational workforce agenda, plans and priorities of the Health Board.	20	20	→	→	April 2019	Workforce & OD Committee

Digitally Enabled Care	27 (1035)	Sustained Clinical Services Inability to deliver sustainable clinical services due to lack of digital transformation.	16	20	↑	↓	April 2019	Quality and Safety Committee, Informatics Programme Board
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	36 (1043)	Storage of Paper Records Failure 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	20	20	→	→	April 2019	Quality and Safety Committee, Informatics Programme Board
	44 (1564)	Emergency Department (ED) System Current Emergency department (ED) systems are not fit for purpose.	20	16	→	→	April 2019	Quality and Safety Committee
	45 (1565)	Discharge Information If patients are discharged from hospital without the necessary discharge information this may have an impact on their care	20	20	→	→	April 2019	Quality and Safety Committee/ Information Governance Board
Partnerships for Improving Health and Wellbeing	58 (146)	Excellent Patient Outcomes There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty.	16	16	→	→	April 2019	Quality and Safety Forum
	15 (737)	Population Health Targets Failure to achieve population health improvement targets leading to an increase in preventable disease amongst the population resulting in increased morbidity impacting on operational and financial pressures.	15	15	→	→	April 2019	Quality and Safety Committee

Partnerships for Care	52 (1763)	Statutory Compliance The Health Board does not have sufficient resource in place to undertake engagement & impact assess in line with Statutory Duties	16	16	→	→	April 2019	Performance & Finance Committee/Health Board
	53 (1762)	Welsh Language Standards Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the University Health Board.	15	15	→	→	April 2019	Health Board (Welsh Language Group)
	54 (1724)	Brexit Failure to maintain services as a result of the potential no deal Brexit	20	20	→	→	April 2019	Health Board/ EPPR Strategy Group
	55 (1764)	Bridgend Boundary Change Failure to ensure successful implementation of the Welsh Governments decision to realign the Health Boundary, as it applies to the resident population of the Bridgend County Borough.	15	20	→	↓	April 2019	Joint Transition Board (JTB)

Risk Schedules

Datix ID Number: 738 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 1																													
Objective: Best Value Outcomes from High Quality Care		Director Lead: Chris White, Chief Operating Officer Assuring Committee: Performance and Finance Committee																													
Risk: If we fail to comply with Tier 1 target - Unscheduled Care then this will have an impact on patient and family experience. Challenges with capacity /staffing across the Health and Social care sectors.		Date last reviewed: April 2019																													
<p>Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12</p> <p>Level of Control = 50%</p> <p>Date added to the risk register 26.01.16</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>12</td></tr> <tr><td>Oct-18</td><td>16</td><td>12</td></tr> <tr><td>Nov-18</td><td>16</td><td>12</td></tr> <tr><td>Dec-18</td><td>16</td><td>12</td></tr> <tr><td>Jan-19</td><td>16</td><td>12</td></tr> <tr><td>Feb-19</td><td>16</td><td>12</td></tr> <tr><td>Mar-19</td><td>16</td><td>12</td></tr> <tr><td>Apr-19</td><td>16</td><td>12</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Sep-18	16	12	Oct-18	16	12	Nov-18	16	12	Dec-18	16	12	Jan-19	16	12	Feb-19	16	12	Mar-19	16	12	Apr-19	16	12	<p>Rationale for current score: At the end of Q2 performance the Health Board did not achieve performance trajectories.</p> <p>Rationale for target score: The service delivery units have been implementing models of care that reflect National priorities and there is evidence that these are starting to impact positively on patient flow, length of stay and demand management. Workforce capacity issues continue to be challenging in some key specialty areas.</p>	
Month	Risk Score	Target Score																													
Sep-18	16	12																													
Oct-18	16	12																													
Nov-18	16	12																													
Dec-18	16	12																													
Jan-19	16	12																													
Feb-19	16	12																													
Mar-19	16	12																													
Apr-19	16	12																													
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
<ul style="list-style-type: none"> Programme management arrangements in place to improve Unscheduled Care performance. Daily Health Board wide conference calls/ escalation process in place. Regular reporting to Executive Team, Executive Board and Health Board/Quality and Safety Committee. Increased reporting as a result of escalation to targeted intervention status. Targeted unscheduled care investment to support changes to front door service models/ workforce redesign/ patient flow. 		Action	Lead	Deadline																											
		Bed utilisation audit being undertaken to support USC system redesign programme in NPT and Swansea.	Assistant Chief Operating Officer	April 2019																											
		Clinical services plan for USC is being finalised.	Assistant Chief Operating Officer	April 2019																											
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 		<p>Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.</p>																													
<p>Current Risk Rating 4 x 4 = 16</p>		Additional Comments																													

Datix ID Number: 739 Health & Care Standard: 2.4 Infection Prevention & Control & Decontamination		HBR Ref Number: 4																													
Objective: Best Value Outcomes from High Quality Care		Director Lead: Gareth Howells, Director of Nursing and Patient Experience Assuring Committee: Quality and Safety Committee, Infection Prevention and Control Committee																													
Risk: Failure to achieve infection control targets set by Welsh Government		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 3 x 4 = 12 Target: 4 x 3 = 12	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>12</td><td>20</td></tr> <tr><td>Oct-18</td><td>12</td><td>20</td></tr> <tr><td>Nov-18</td><td>12</td><td>20</td></tr> <tr><td>Dec-18</td><td>12</td><td>20</td></tr> <tr><td>Jan-19</td><td>12</td><td>20</td></tr> <tr><td>Feb-19</td><td>12</td><td>20</td></tr> <tr><td>Mar-19</td><td>12</td><td>12</td></tr> <tr><td>Apr-19</td><td>12</td><td>12</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	12	20	Oct-18	12	20	Nov-18	12	20	Dec-18	12	20	Jan-19	12	20	Feb-19	12	20	Mar-19	12	12	Apr-19	12	12	Rationale for current score: Currently under targeted intervention for rates of infection, achievement of targets are variable with monthly fluctuations		
Month		Target Score	Risk Score																												
Sep-18		12	20																												
Oct-18	12	20																													
Nov-18	12	20																													
Dec-18	12	20																													
Jan-19	12	20																													
Feb-19	12	20																													
Mar-19	12	12																													
Apr-19	12	12																													
Level of Control = 40%	Rationale for target score: Once the infection control team is fully recruited to, ICNet is functioning to its full capability the infection control team will be able to support the clinical areas more and drive service improvements. In addition, a negative pressure isolation facility is being built into the new emergency department at Morriston hospital providing another facility to appropriately manage patients at the front door. Review and implementation of a robust clean of patient rooms following an infection will reduce the risk of cross infection. Plans are in place for initial training for this to commence January 2019.																														
Date added to the risk register January 2016																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
<ul style="list-style-type: none"> Regular monitoring on infection rates Policies, procedures and guidelines in place Regular reporting through internal processes ICNet information management system for infections is in place Infection control team support the clinical teams for issues relating to infection control A permanent infection control doctor has been recruited Recruitment is ongoing and the decontamination lead and assistant director of nursing in infection control have been appointed Bug stop quality improvement programme Incident reporting 		Action	Lead	Deadline																											
		Recruitment to ensure the team is fully established with the right skills and experience	Assist Dir Nursing Infection Control	July 2019																											
		Ongoing infection control team involvement in site level estates projects to ensure appropriate isolation facilities are factored in from the outset	Senior Infection Control Nurse	December 2019																											
		Review of reporting requirements to enable a focus on driving improvement and service delivery	Assist Dir Nursing Infection Control	May 2019																											
		HPV/UV cleaning post infection to be implemented	Senior Nurse Infection Prevention Control	July 2019																											
Assurances		Gaps in assurance																													

<p>(How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Ongoing monitoring of infection control rates and feedback provided to delivery units • Infection Control Committee monitors infection rates and identifies key actions to drive improvement • Sub groups to the infection control committee such as the decontamination group provide the assurances and operationally drive key areas of work. 	<p>(What additional assurances should we seek?)</p> <p>ICNet provides information linked with PAS relating to patients who have been inpatients since the connection was made therefore additional manual records are maintained by the infection control team creating additional work and some duplication.</p>
<p style="text-align: center;">Current Risk Rating 4 x 3 = 12</p>	<p style="text-align: center;">Additional Comments</p> <p>Significant progress to date however trajectory not met overall. Work underway on recruitment to IPC, a work plan to improve practice and improved information available for reporting, oversight and also investigation.</p>

Datix ID Number: 837 Health & Care Standard: Staying Healthy 1.1 Health Promotion & Protection & Improvement		HBR Ref Number: 11																												
Objective: Best Value Outcomes from High Quality Care		Director Lead: Gareth Howells, Director of Nursing and Patient Experience Assuring Committee: Quality and Safety Committee																												
Risk: If we fail to provide an appropriate healthcare model for aging population over next 20 years care resident population will see a 24% increase in people of a pensionable age and 15% increase in people of non-working age. Providing services to enable citizens to live independently at home is a major challenge.		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 4 x 3 = 12	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>12</td></tr> <tr><td>Oct-18</td><td>16</td><td>12</td></tr> <tr><td>Nov-18</td><td>16</td><td>12</td></tr> <tr><td>Dec-18</td><td>16</td><td>12</td></tr> <tr><td>Jan-19</td><td>16</td><td>12</td></tr> <tr><td>Feb-19</td><td>16</td><td>12</td></tr> <tr><td>Mar-19</td><td>16</td><td>12</td></tr> <tr><td>Apr-19</td><td>16</td><td>12</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	16	12	Oct-18	16	12	Nov-18	16	12	Dec-18	16	12	Jan-19	16	12	Feb-19	16	12	Mar-19	16	12	Apr-19	16	12	Rationale for current score: New Service Module being developed	
Month		Risk Score	Target Score																											
Sep-18		16	12																											
Oct-18	16	12																												
Nov-18	16	12																												
Dec-18	16	12																												
Jan-19	16	12																												
Feb-19	16	12																												
Mar-19	16	12																												
Apr-19	16	12																												
Level of Control = 70%	Rationale for target score: New models of care will reduce the risk to be at an acceptable level																													
Date added to the risk register January 2013																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
<ul style="list-style-type: none"> Twelve standards of care for older people in hospital have been developed jointly by clinical staff, patient groups and voluntary sector organisations. The 'See It Say It' campaign was established to make it easier for staff, patients and visitors to raise concerns – anonymously if they wish – by phone, text or email Introduction of the '15 Step Challenge' to improve the first impression patients and visitors get when they enter a ward 		Action	Lead	Deadline																										
		Move to a balanced service model with bed provision reducing over time, development of community OPMH Hubs, community development and essential infrastructure services such as support & stay, care home support, memory clinics and Day Services.	Chief Operating Officer	April 2019																										
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)																												
Current Risk Rating 4 x 4 = 16		Additional Comments																												

Datix ID Number: 841 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 13																													
Objective: Best Value Outcomes		Director Lead: Gareth Howells, Director of Nursing and Patient Experience Assuring Committee: Health and Safety Committee																													
Risk: Accommodation that does not meet statutory/health and safety requirements could have an adverse impact citizens, staff, financial and operational performance. This is a problem in the acute setting as well as across primary care in community clinics and surgeries.		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 3 = 12 Target: 4 x 3 = 12	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>12</td><td>12</td></tr> <tr><td>Oct-18</td><td>12</td><td>12</td></tr> <tr><td>Nov-18</td><td>12</td><td>12</td></tr> <tr><td>Dec-18</td><td>12</td><td>12</td></tr> <tr><td>Jan-19</td><td>12</td><td>12</td></tr> <tr><td>Feb-19</td><td>12</td><td>12</td></tr> <tr><td>Mar-19</td><td>12</td><td>12</td></tr> <tr><td>Apr-19</td><td>12</td><td>12</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	12	12	Oct-18	12	12	Nov-18	12	12	Dec-18	12	12	Jan-19	12	12	Feb-19	12	12	Mar-19	12	12	Apr-19	12	12	Rationale for current score: Lack of accommodation to meet statutory/health and safety requirements could have an adverse impact citizens, staff, financial and operational performance.		
Month		Target Score	Risk Score																												
Sep-18		12	12																												
Oct-18	12	12																													
Nov-18	12	12																													
Dec-18	12	12																													
Jan-19	12	12																													
Feb-19	12	12																													
Mar-19	12	12																													
Apr-19	12	12																													
Level of Control = 90%	Rationale for target score:																														
Date added to the risk register April 2012																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
<ul style="list-style-type: none"> Key areas where performance linked to health & safety/fire issues flagged through Health & Safety and Quality & Safety Committees and actions agreed to mitigate impacts. Issues raised through site meetings held regarding service changes for all 4 acute hospital sites 		Action	Lead	Deadline																											
		Develop a strategy to improve primary and community services estate.	Asst Director Operations	April 2019																											
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> The Cabinet Secretary for Health & Social Services has now set the initial pipeline of health and care centres to be delivered by 2020-21. The following projects have been identified for your Health Board including: Penclawdd Health Centre - refurbishment/redevelopment proposal (£0.800m at 16-17 prices) Murton Community Clinic – refurbishment/redevelopment proposal (£0.400m at 16-17 prices) Bridgend Town Centre Primary Care Centre – new build development (£5.000m at 16-17 prices); and Swansea Wellness Centre – new build development (£10.000m at 16-17 prices). The figures above represent the funding ceiling identified for the schemes. All of the above projects have been identified within the capital pipeline, and we are in the stage of awaiting approval from the Welsh Government for each business cases applicable as soon as possible 		Develop BJC's to improve the infrastructure of the 3 acute hospital sites (not including NPTH).	Asst Director Operations	April 2019																											
		Gaps in assurance (What additional assurances should we seek?)																													
Current Risk Rating 4 x 3 = 12		Additional Comments																													

Datix ID Number: 840 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 16																												
Objective: Best Value Outcomes from High Quality Care		Director Lead: Chris White, Chief Operating Officer Assuring Committee: Performance & Finance Committee																												
Risk: If we fail to achieve compliance with waiting times there is a risk that patients may come to harm. Further, the health board will have financial resource clawed back to Welsh Government if the agreed target is not met.		Date last reviewed: April 2019																												
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 Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>8</td></tr> <tr><td>Oct-18</td><td>16</td><td>8</td></tr> <tr><td>Nov-18</td><td>16</td><td>8</td></tr> <tr><td>Dec-18</td><td>16</td><td>8</td></tr> <tr><td>Jan-19</td><td>16</td><td>8</td></tr> <tr><td>Feb-19</td><td>16</td><td>8</td></tr> <tr><td>Mar-19</td><td>16</td><td>8</td></tr> <tr><td>Apr-19</td><td>16</td><td>8</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	16	8	Oct-18	16	8	Nov-18	16	8	Dec-18	16	8	Jan-19	16	8	Feb-19	16	8	Mar-19	16	8	Apr-19	16	8	Rationale for current score: Consequence is high given nature of the risk. Likelihood is being managed through the controls and actions set out.	
		Month	Risk Score	Target Score																										
		Sep-18	16	8																										
Oct-18	16	8																												
Nov-18	16	8																												
Dec-18	16	8																												
Jan-19	16	8																												
Feb-19	16	8																												
Mar-19	16	8																												
Apr-19	16	8																												
Level of Control = 90%	Rationale for target score: There is scope to reduce the likelihood score to reduce the Risk to an acceptable level																													
Date added to the risk register January 2013																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
<ul style="list-style-type: none"> Weekly RTT meetings in place Outsourcing additional capacity NHS Wales Delivery Unit support provided in house and also support to the RTT meetings Treat in Turn tools operationalised Cohort tools operationalised Support from Cwm Taf re backfill Support from NPTH re additional orthopaedic waiting lists Theatre group considering how to increase throughout through theatres Additional staff training and recruitment (along with short term agency) to increase resilience of Morriston elective theatre 		Action	Lead	Deadline																										
		Escalation and scrutiny to Performance and finance Committee for off profile specialties	Associate Director Performance	Monthly																										
		Develop sustainability plans for specialties through the emerging Clinical Services Plan	Associate Director Performance	April 2019																										
		Protect elective capacity during winter period to ensure elective capacity is maintained	Chief Operating Officer	April 2019																										
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Recover of specialties to profiled levels Outsourcing volumes confirmed by providers Increased Treat in Turn rates and cohort appointment Reduction in overall waiting long waiting volumes 		Gaps in assurance (What additional assurances should we seek?)																												
Current Risk Rating 4 x 4 = 16		Additional Comments																												

Datix ID Number: 838 Health & Care Standard: Safe Care 2.9 Medical Devices, Equipment & Diagnostic Systems		HBR Ref Number: 17																													
Objective: Best Value Outcomes from High Quality Care		Director Lead: Sian Harrop Griffiths, Director of Strategy Assuring Committee: Health and Safety Committee																													
Risk: If we are unable to replace key pieces of equipment could adversely affect capacity and patient well being		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 4 x 3 = 12		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>12</td></tr> <tr><td>Oct-18</td><td>16</td><td>12</td></tr> <tr><td>Nov-18</td><td>16</td><td>12</td></tr> <tr><td>Dec-18</td><td>16</td><td>12</td></tr> <tr><td>Jan-19</td><td>16</td><td>12</td></tr> <tr><td>Feb-19</td><td>16</td><td>12</td></tr> <tr><td>Mar-19</td><td>16</td><td>12</td></tr> <tr><td>Apr-19</td><td>16</td><td>12</td></tr> </tbody> </table>			Month	Risk Score	Target Score	Sep-18	16	12	Oct-18	16	12	Nov-18	16	12	Dec-18	16	12	Jan-19	16	12	Feb-19	16	12	Mar-19	16	12	Apr-19	16	12
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Mar-19	16	12																													
Apr-19	16	12																													
Level of Control = 90%		Rationale for current score: Database being developed to support an ongoing equipment replacement programme.																													
Date added to the risk register January 2013		Rationale for target score:																													
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
Equipment bids regularly reviewed and risk rating of the equipment bids considered. Proposal submitted to WG on use of discretionary capital slippage for medical equipment replacement in December 17.		Action	Lead	Deadline																											
		Ensure that asset life information will be produced in the new single EBME system from 2011/12, is consistent with the Fixed Asset Register and will allow equipment replacement programmes to be planned for future years.	Director of Strategy	May 2019																											
		Ensure equipment replacement requirements are identified within all future capital new build/ refurbishment schemes	Director of Strategy	May 2019																											
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Capital Prioritisation Group has been established to allocate discretionary capital in accordance with risk rating. All bids received for funding are risk assessed and verified by the Head of the Medical Equipment Management Service before being considered. When a business case is developed an allocation is included for equipment 		Database being developed to support an ongoing equipment replacement programme.	Director of Strategy	March 2020																											
		Gaps in assurance (What additional assurances should we seek?)																													
Current Risk Rating 4 x 4 = 16		Additional Comments																													

Datix ID Number: 1217 Health & Care Standard: Effective Care 3.1 Safer & Clinically Effective Care		HBR Ref Number: 37																													
Objective: Best Value Outcomes from Quality Care		Director Lead: Chris White, Chief Operating Officer Assuring Committee: Audit Committee, Informatics Programme Board																													
Risk: Operational and strategic decisions are not data informed:- <ul style="list-style-type: none"> Business intelligence and information already available is not utilized 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: April 2019																													
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 3 = 9 Level of Control = 70% Date added to the risk register June 2016	<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>Sep-18</td><td>16</td><td>9</td></tr> <tr><td>Oct-18</td><td>16</td><td>9</td></tr> <tr><td>Nov-18</td><td>16</td><td>9</td></tr> <tr><td>Dec-18</td><td>16</td><td>9</td></tr> <tr><td>Jan-19</td><td>16</td><td>9</td></tr> <tr><td>Feb-19</td><td>16</td><td>9</td></tr> <tr><td>Mar-19</td><td>16</td><td>9</td></tr> <tr><td>Apr-19</td><td>16</td><td>9</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Sep-18	16	9	Oct-18	16	9	Nov-18	16	9	Dec-18	16	9	Jan-19	16	9	Feb-19	16	9	Mar-19	16	9	Apr-19	16	9	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 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.	
	Month	Risk Score	Target Score																												
	Sep-18	16	9																												
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Apr-19	16	9																													
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> The Health Board has continued to invest in the provision of Dashboards and we have doubled our licensing stock for both QlikSense and QlikView Business Intelligence Platforms in 2018/19. 17 dashboards in place including Mortality, Clinical Variation and Primary & Community Care Delivery Unit Dashboard and Ward Dashboard Safety Huddle implemented in Morriston is improving data quality and improving operational working Business Intelligent Information Manager appointed, who will take the lead for creating a Business Intelligence Strategy and Implementation Plan Investment and revised ways of working introduced within the coding department have achieved coding targets and data quality Flexible operational management of Coding Teams on a daily basis to cope with demand. Training programme in place for new coders. Short term funding secured at year end to support meeting tier 1 targets but does not resolve ongoing issues Information Dept. working with service leads in Planning and Finance to develop meaningful indicators also utilising dashboards to present information in a user friendly way 		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>Investment and implementation of system to record patient outcome measures</td> <td>Assist Information Business Manager</td> <td>March 2020</td> </tr> <tr> <td>Produce Business Intelligence Strategy and get signed off by the Board</td> <td>Assist Information Business Manager</td> <td>November 2019</td> </tr> <tr> <td>Produce BI strategy implementation plan outlining investment requirements in capacity and capability</td> <td>Assist Information Business Manager</td> <td>March 2020</td> </tr> </tbody> </table>			Action	Lead	Deadline	Investment and implementation of system to record patient outcome measures	Assist Information Business Manager	March 2020	Produce Business Intelligence Strategy and get signed off by the Board	Assist Information Business Manager	November 2019	Produce BI strategy implementation plan outlining investment requirements in capacity and capability	Assist Information Business Manager	March 2020															
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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.																													

Current Risk Rating 4 x 4 = 16	Additional Comments A PROMS Project Manager has been appointed. PROMS pilot has been running in Breast and Lung Cancers.

Datix ID Number: 1297 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 39																												
Objective: Demonstrating Value and Sustainability Risk in Brief: If the Health Board fails to have an approvable IMTP for 2018/19 then we will lose public confidence		Director Lead: Sian Harrop-Griffiths, Director of Strategy Assuring Committee: P&F Committee / Strategy, Planning and Commissioning Group Health Board																												
Risk: Operational and strategic decisions are not data informed:- Health Board does not have an IMTP signed off by WG, primarily due to the inability to align performance and financial plans. WG also advised that the Health Board needed to have a clear strategic direction by developing an Organisational Strategy and refreshing our Clinical Services Plan. In September 2016, the Health Board was escalated to 'targeted intervention' and having an approved IMTP is a key factor in improving our WG monitoring status.		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 3 = 12 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>Sep-18</td><td>8</td><td>12</td></tr> <tr><td>Oct-18</td><td>8</td><td>12</td></tr> <tr><td>Nov-18</td><td>8</td><td>12</td></tr> <tr><td>Dec-18</td><td>8</td><td>12</td></tr> <tr><td>Jan-19</td><td>8</td><td>12</td></tr> <tr><td>Feb-19</td><td>8</td><td>12</td></tr> <tr><td>Mar-19</td><td>8</td><td>12</td></tr> <tr><td>Apr-19</td><td>8</td><td>12</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	8	12	Oct-18	8	12	Nov-18	8	12	Dec-18	8	12	Jan-19	8	12	Feb-19	8	12	Mar-19	8	12	Apr-19	8	12	Rationale for current score: Our Organizational Strategy was approved by the Board in November 2018 Our Clinical Services Plan has been developed and is at drafting stage for approval by the Board on 31 st January 2019 We have planned on a medium-term basis and have a medium term delivery plan with one year performance and financial plan deliverables which will be assured at PFC in January for submission to the Board for approval in January 2019. This Annual Plan includes a balanced financial plan. We have agreed with Welsh Government that we will continue our detailed planning and submit an approvable IMTP in the Summer of 2019. We will continue our work from January onwards on our detailed plans to submit an approvable IMTP in the Summer 2019.	
Month		Target Score	Risk Score																											
Sep-18		8	12																											
Oct-18	8	12																												
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Feb-19	8	12																												
Mar-19	8	12																												
Apr-19	8	12																												
Level of Control = 70%	Rationale for target score: If the IMTP is approved in Summer 2019 it is likely our targeted intervention status will be improved when next reviewed and the risk can be closed.																													
Date added to the risk register Q4 2016/17	Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> • Medium term plan with one-year deliverables will be submitted to Board for approval in January – including a balanced financial plan • Transformation Programme including programme approach has been established. • Continuous planning through our Transformation Programme will work up detailed plans to submit an approvable IMTP in Summer 2019 • Executive Steering Group in place for development of medium term plan • Plans will be assured by the P&F Committee before presentation to Board 																													
		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>Complete implementation of RFID within Health Records</td> <td>Interim Chief Information Officer</td> <td>July 2019</td> </tr> <tr> <td>Continue with roll out of digitisation of health record with a focus on Outpatients and Nursing documentation</td> <td>Interim Chief Information Officer</td> <td>April 2019</td> </tr> <tr> <td>Continue with the roll out of WCP</td> <td>Interim Chief Information Officer</td> <td>April 2019</td> </tr> </tbody> </table>		Action	Lead	Deadline	Complete implementation of RFID within Health Records	Interim Chief Information Officer	July 2019	Continue with roll out of digitisation of health record with a focus on Outpatients and Nursing documentation	Interim Chief Information Officer	April 2019	Continue with the roll out of WCP	Interim Chief Information Officer	April 2019															
Action	Lead	Deadline																												
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Continue with the roll out of WCP	Interim Chief Information Officer	April 2019																												
Assurances (How do we know if the things we are doing are having an impact?) Through monthly IMTP briefings, TI meetings and bi-annual JET meeting with WG – planning approach and emerging plans discussed and WG fully supportive of the direction of travel.		Gaps in assurance (What additional assurances should we seek?) EIA in development for PFC assurance QIAs in development for joint PFC/Q&S assurance																												
Current Risk Rating 4 x 3 = 12		Additional Comments Development of all 3 Plans considered by Executive Team and assured by PFC before																												

	submission to Board •Through monthly IMTP briefings, TI meetings and bi-annual JET meeting with WG – planning approach and emerging plans discussed and WG fully supportive of the direction of travel.
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Datix ID Number: 1567 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 41																												
Objective: Best Value Outcomes from High Quality Care		Director Lead: Gareth Howells, Director of Nursing and Patient Experience Assuring Committee: Health & Safety Committee																												
Risk: Currently an uncertain position in regard to the appropriateness of the cladding applied to Singleton Hospital in particular (as a high rise block) in respect of its compliance with fire safety regulations.		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 Current: 5 x 3 = 15 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>Sep-18</td><td>15</td><td>9</td></tr> <tr><td>Oct-18</td><td>15</td><td>9</td></tr> <tr><td>Nov-18</td><td>15</td><td>9</td></tr> <tr><td>Dec-18</td><td>15</td><td>9</td></tr> <tr><td>Jan-19</td><td>15</td><td>9</td></tr> <tr><td>Feb-19</td><td>15</td><td>9</td></tr> <tr><td>Mar-19</td><td>15</td><td>9</td></tr> <tr><td>Apr-19</td><td>15</td><td>9</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	15	9	Oct-18	15	9	Nov-18	15	9	Dec-18	15	9	Jan-19	15	9	Feb-19	15	9	Mar-19	15	9	Apr-19	15	9	Rationale for current score: Uncertain position in regard to the appropriateness of the cladding applied to Singleton Hospital in particular (as a high rise block) in respect of its compliance with fire safety regulations	
Month		Risk Score	Target Score																											
Sep-18		15	9																											
Oct-18	15	9																												
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Jan-19	15	9																												
Feb-19	15	9																												
Mar-19	15	9																												
Apr-19	15	9																												
Level of Control = 50%	Rationale for target score: Target Score should be lower																													
Date added to the risk register 31/05/2018																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
<ul style="list-style-type: none"> Fire risk assessments. Evacuation plans (vertical and horizontal). Fire safety training. Professional advice sought on compliance of panels. 		Action	Lead	Deadline																										
		Change in fire evacuation plans and alarm and detection cause and effect	Head of Health & Safety	April 2019																										
		Finalise Business Case for permanent remediation of the external wall cladding to comply with HTM 05-02 and Building Control Regulations Approved Document B	Assistant Director of Strategy & Workforce	April 2019																										
		Replacing the existing cladding and insulation with alternative specifications and inserting 30 minute fire cavity barriers where appropriate	Assistant Director of Strategy & Workforce	April 2019																										
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?) Unclear if additional resources will be available																												
Current Risk Rating 5 x 3 = 15		Additional Comments Professional assessment of panel compliance being taken forward with NWSSP-SES, building control and WG colleagues.																												

Datix ID Number: 1398 Health & Care Standard: Staff Resources 7.1 Workforce		HBR Ref Number: 42																												
Objective: Best Value Outcomes from High Quality Care		Director Lead: Lynne Hamilton. Director of Finance Assuring Committee: Performance and Finance Committee																												
Risk: If the Board is unable successfully to deliver a sustainable service and meet £20m financial control total then the performance, safety and quality of our provision will be at risk.		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 5 x 5 = 25 Current: 2 x 5 = 10 Target: 1 x 5 = 5	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>5</td><td>10</td></tr> <tr><td>Oct-18</td><td>5</td><td>10</td></tr> <tr><td>Nov-18</td><td>5</td><td>10</td></tr> <tr><td>Dec-18</td><td>5</td><td>10</td></tr> <tr><td>Jan-19</td><td>5</td><td>10</td></tr> <tr><td>Feb-19</td><td>5</td><td>10</td></tr> <tr><td>Mar-19</td><td>5</td><td>10</td></tr> <tr><td>Apr-19</td><td>5</td><td>10</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	5	10	Oct-18	5	10	Nov-18	5	10	Dec-18	5	10	Jan-19	5	10	Feb-19	5	10	Mar-19	5	10	Apr-19	5	10	Rationale for current score: Target set by WG. Improving likelihood due to enhanced controls and mitigating actions and opportunities.	
Month		Target Score	Risk Score																											
Sep-18		5	10																											
Oct-18	5	10																												
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Dec-18	5	10																												
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Mar-19	5	10																												
Apr-19	5	10																												
Level of Control = 50%	Rationale for target score: Aim to increase confidence levels to deliver set target.																													
Date added to the risk register July 2017																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
Monthly Performance, Quality and Finance Meeting <ul style="list-style-type: none"> Medical agency caps Spend Controls QVC weekly panel Investment & Benefits Group Weekly FBP Meetings 		Action	Lead	Deadline																										
		Opportunities Schedule and Action Plan to deliver £20m deficit control in place, with steer and monitoring via Performance and Finance	Director of Finance	Monthly Review																										
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Weekly pay and non-pay dashboard Performance and Finance Committee and Board Financial Reporting Savings plan confidence and delivery reporting 		Gaps in assurance (What additional assurances should we seek?)																												
Current Risk Rating 2 x 5 = 10		Additional Comments Recovery & Sustainability - detailed plan for all but 3 workstreams; plans in development urgently for remaining 3. Mitigating actions in place to counter balance these workstreams. <ul style="list-style-type: none"> NWSSP providing schedule of contracts and SHOs for each. QVC 1 - meetings taken place with clinical cabinet and MD. 																												

Datix ID Number: 1514 Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety		HBR Ref Number: 43																												
Objective: Best Value Outcomes from High Quality Care		Director Lead: Gareth Howells, Director of Nursing & Patient Experience Assuring Committee: Quality & Safety Committee and Safeguarding Committee																												
Risk: If the Health Board is unable to complete timely completion of DoLS Authorisation then the Health Board will be in breach of legislation and claims may be received in this respect.		Date last reviewed: March 2019																												
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 2 = 6	<table border="1"> <caption>Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>6</td><td>16</td></tr> <tr><td>Oct-18</td><td>6</td><td>16</td></tr> <tr><td>Nov-18</td><td>6</td><td>16</td></tr> <tr><td>Dec-18</td><td>6</td><td>16</td></tr> <tr><td>Jan-19</td><td>6</td><td>16</td></tr> <tr><td>Feb-19</td><td>6</td><td>16</td></tr> <tr><td>Mar-19</td><td>6</td><td>16</td></tr> <tr><td>Apr-19</td><td>6</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	6	16	Oct-18	6	16	Nov-18	6	16	Dec-18	6	16	Jan-19	6	16	Feb-19	6	16	Mar-19	6	16	Apr-19	6	16	Rationale for current score: Although processes have been planned or implemented, the impact is yet to be measured over a longer term, and the challenges of managing a large backlog of breaches.	
Month		Target Score	Risk Score																											
Sep-18		6	16																											
Oct-18	6	16																												
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Mar-19	6	16																												
Apr-19	6	16																												
Level of Control = 40%	Rationale for target score: Consequences of DoLS breaches for the Health Board will not change. With controls in place, over time likelihood should decrease.																													
Date added to the risk register July 2017																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
<ul style="list-style-type: none"> Supervisory body signatories increased from 3 to 7 BIA rota now implemented 2 x substantive BIA posts and additional admin post advertised DoLS database updated and DoLS dashboard devised to enable more accurate monitoring and reporting 		Action	Lead	Deadline																										
		Delivery of DOLS Action plan reviewed monthly	Head of Safeguarding	Monthly Review																										
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Regular scrutiny at Safeguarding Committee and by DoLS Internal Audit; monitoring via DoLS Dashboard which is due to be rolled out imminently and will provide real-time accurate data. 		Gaps in assurance (What additional assurances should we seek?)																												
Current Risk Rating 4 x 4 = 16		Additional Comments																												

Datix ID Number: 1563 Health & Care Standard: Safe Care 5.1 Access		HBR Ref Number: 48																												
Objective: Best Value Outcomes from High Quality Care		Director Lead: Sian Harrop Griffiths, Director of Strategy Assuring Committee: Performance & Finance Committee, Health Board																												
Risk: Failure to sustain Child and Adolescent Mental Health Services		Date last reviewed: April 2019																												
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>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>8</td></tr> <tr><td>Oct-18</td><td>16</td><td>8</td></tr> <tr><td>Nov-18</td><td>16</td><td>8</td></tr> <tr><td>Dec-18</td><td>16</td><td>8</td></tr> <tr><td>Jan-19</td><td>16</td><td>8</td></tr> <tr><td>Feb-19</td><td>16</td><td>8</td></tr> <tr><td>Mar-19</td><td>16</td><td>8</td></tr> <tr><td>Apr-19</td><td>16</td><td>8</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	16	8	Oct-18	16	8	Nov-18	16	8	Dec-18	16	8	Jan-19	16	8	Feb-19	16	8	Mar-19	16	8	Apr-19	16	8	Rationale for current score: The specialist CAMHS Network is delivered by Cwm Taf University Health Board on behalf of ABMU. Cwm Taf have confirmed that they will not meet the 28 day target by the end of March 2018. This is as a result of pressures across the entire CAMHS network in relation to demand & capacity and recruitment & retention.	
Month	Risk Score	Target Score																												
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Oct-18	16	8																												
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Jan-19	16	8																												
Feb-19	16	8																												
Mar-19	16	8																												
Apr-19	16	8																												
Level of Control = 50%	Rationale for target score: If the IMTP is approved in Summer 2019 it is likely our targeted intervention status will be improved when next reviewed and the risk can be closed.																													
Date added to the risk register 31/05/2018	Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> Performance Scrutiny - is undertaken at monthly commissioning meetings between ABM & Cwm Taf University Health Boards. Improved governance -ensures that issues and concerns are discussed by all interested parties including local authorities to support the network identify local solutions. New Service Model agreed and being established by Summer 2019 which should give further stability to service. 		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>Implementation of the Choice and Partnership Approach (CAPA) started on 1st November 2017 and being closely monitored</td> <td>CAMHS network</td> <td>June 2019</td> </tr> <tr> <td>Additional investment expected - from Welsh Government is supporting the delivery of Waiting List Initiative clinics to support the position.</td> <td>CAMHS network</td> <td>June 2019</td> </tr> <tr> <td>The Network is seeking to recruit agency staff to fill existing and upcoming vacancies to ensure that core capacity is maximised.</td> <td>CAMHS network</td> <td>June 2019</td> </tr> </tbody> </table>	Action	Lead	Deadline	Implementation of the Choice and Partnership Approach (CAPA) started on 1st November 2017 and being closely monitored	CAMHS network	June 2019	Additional investment expected - from Welsh Government is supporting the delivery of Waiting List Initiative clinics to support the position.	CAMHS network	June 2019	The Network is seeking to recruit agency staff to fill existing and upcoming vacancies to ensure that core capacity is maximised.	CAMHS network	June 2019															
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Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)																												
Current Risk Rating 4 x 4 = 16		Additional Comments The service is now in the 2nd cycle of CAPA with new job plans agreed from January, with updated demand & capacity mapping. WLI Clinics initiated at POW Hospital, Bridgend which enabled the 80% target to be achieved by end of end March. This was also achieved for NPT area. However Swansea had a significant backlog, which is starting to be addressed with waiting list initiatives from March 2018.																												

Datix ID Number: 922 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 49																													
Objective: Best Value Outcomes from High Quality Care		Director Lead: Richard Evans, Medical Director Assuring Committee: Quality & Safety Committee																													
Risk: Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 5 x 5 = 25 Current: 3 x 4 = 12 Target: 3 x 4 = 12	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>12</td></tr> <tr><td>Oct-18</td><td>16</td><td>12</td></tr> <tr><td>Nov-18</td><td>16</td><td>12</td></tr> <tr><td>Dec-18</td><td>16</td><td>12</td></tr> <tr><td>Jan-19</td><td>16</td><td>12</td></tr> <tr><td>Feb-19</td><td>16</td><td>12</td></tr> <tr><td>Mar-19</td><td>16</td><td>12</td></tr> <tr><td>Apr-19</td><td>16</td><td>12</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	16	12	Oct-18	16	12	Nov-18	16	12	Dec-18	16	12	Jan-19	16	12	Feb-19	16	12	Mar-19	16	12	Apr-19	16	12	Rationale for current score: <ul style="list-style-type: none"> Patients waiting in excess of 36 weeks for TAVI procedure as a result of lack of service infrastructure as well as increasing demand. Mortality review undertaken which has indicated that patients have come to serious harm as a result of excessive waits. Recovery plan commenced on 5th November and has begun to reduce number of patients waiting over 36 weeks however without sustainable service in place from early 2019, backlog will increase again. Given reduction in number of patients waiting over 36 weeks since 5th November, risk score has reduced from 25 to 16. 		
		Month	Risk Score	Target Score																											
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Apr-19	16	12																													
Level of Control = 50%	Rationale for target score: Recovery plan provides funded temporary capacity to reduce backlog of patients awaiting procedure. The service projects 0 patients waiting over 36 weeks by the end of December 2018. This will reduce risk of harm however risk of reoccurrence will remain until recurrent service infrastructure is established.																														
Date added to the risk register July 2016																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
<ul style="list-style-type: none"> TAVI Recovery Plan implemented with aim of reducing backlog of patients by end of financial year. Operational service meets weekly to oversee this plan. Plan is supported with Executive oversight at weekly TAVI OG meeting. TAVI has been prioritised for consideration in next year's WHSSC ICP however any funding allocation unlikely to be until spring 2020. TAVI Executive OG Group therefore considering options to mitigate a further increase in TAVI backlog following completion of the recovery plan. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Clear backlog of patients awaiting TAVI by January 2019</td> <td>Directorate Manager</td> <td>April 2019</td> </tr> <tr> <td>Progress case to WHSSC for sustainable TAVI service resource to be included in 2019/20 ICP</td> <td>Directorate Manager</td> <td>October 2019</td> </tr> <tr> <td>Establish HB support to 'bridge the gap' for sustainable TAVI service between completion of recovery plan in February 2019 and possible receipt of WHSSC funding in April 2020.</td> <td>Directorate Manager</td> <td>April 2019</td> </tr> </tbody> </table>			Action	Lead	Deadline	Clear backlog of patients awaiting TAVI by January 2019	Directorate Manager	April 2019	Progress case to WHSSC for sustainable TAVI service resource to be included in 2019/20 ICP	Directorate Manager	October 2019	Establish HB support to 'bridge the gap' for sustainable TAVI service between completion of recovery plan in February 2019 and possible receipt of WHSSC funding in April 2020.	Directorate Manager	April 2019															
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Assurances (How do we know if the things we are doing are having an impact?)			Gaps in assurance (What additional assurances should we seek?)																												
Current Risk Rating 4 x 4 = 16		Additional Comments No patients now waiting > 36 weeks. Agreement to go out to advert to establish one list per week from April therefore closing down TAVI risk. Awaiting response from RCP report.																													

Datix ID Number: 1761 Health & Care Standard: Timely Care 5.1 Access		HBR Ref Number: 50																												
Objective: Best Value Outcomes from High Quality Care		Director Lead: Chris White, Chief Operating Officer Assuring Committee: Performance & Finance Committee																												
Risk: Failure to sustain services as currently configured to meet cancer targets		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 4 x 3 = 12	<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>Sep-18</td><td>16</td><td>12</td></tr> <tr><td>Oct-18</td><td>16</td><td>12</td></tr> <tr><td>Nov-18</td><td>16</td><td>12</td></tr> <tr><td>Dec-18</td><td>16</td><td>12</td></tr> <tr><td>Jan-19</td><td>16</td><td>12</td></tr> <tr><td>Feb-19</td><td>16</td><td>12</td></tr> <tr><td>Mar-19</td><td>16</td><td>12</td></tr> <tr><td>Apr-19</td><td>16</td><td>12</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	16	12	Oct-18	16	12	Nov-18	16	12	Dec-18	16	12	Jan-19	16	12	Feb-19	16	12	Mar-19	16	12	Apr-19	16	12	Rationale for current score: An overall reducing trend in current risk assessed score. Whilst target not consistently being met, general improvement trajectory which needs to be sustained.	
Month		Risk Score	Target Score																											
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Level of Control = 70%	Rationale for target score: Target score reflects the challenge this area of work present the Board and where small numbers of patients impact on the potential to breach target																													
Date added to the risk register April 2014																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
<ul style="list-style-type: none"> Tight management processes to manage each individual case on the unscheduled care (USC) Pathway. Initiatives to protect surgical capacity to support USC pathways have been put in place in RGH and PCH to protect core activity. Prioritised pathway in place to fast track USC patients. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Overall Cancer target performance plateau at around 90% with ongoing monitoring of related actions in place at F,P&W Committee. Small numbers of patients breaching which is impacting on sustained delivery of the 31 and 62 day target. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Introduction of revised models for rapid diagnostic review / assessment in cancer pathways being introduced.</td> <td>COO / DPC&MH Med Director</td> <td>April 2019</td> </tr> <tr> <td>Continue close monitoring of each patient on the USC pathways to ensure rapid flow of patients through the pathway.</td> <td>COO / DPC&MH Med Director</td> <td>April 2019</td> </tr> <tr> <td>Some speciality challenges remain in Lung and Urology - Action plans in place, along with monitoring.</td> <td>COO / DPC&MH Med Director</td> <td>April 2019</td> </tr> </tbody> </table>	Action	Lead	Deadline	Introduction of revised models for rapid diagnostic review / assessment in cancer pathways being introduced.	COO / DPC&MH Med Director	April 2019	Continue close monitoring of each patient on the USC pathways to ensure rapid flow of patients through the pathway.	COO / DPC&MH Med Director	April 2019	Some speciality challenges remain in Lung and Urology - Action plans in place, along with monitoring.	COO / DPC&MH Med Director	April 2019																
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Some speciality challenges remain in Lung and Urology - Action plans in place, along with monitoring.	COO / DPC&MH Med Director	April 2019																												
Assurances (How do we know if the things we are doing are having an impact?) General improvement (sustained) trajectory. Need to continue improvement actions and close monitoring. Early diagnosis pathway launched and impact being closely monitored.		Gaps in assurance (What additional assurances should we seek?) Clear current funding gap.																												
Current Risk Rating 4 x 4 = 16		Additional Comments The need to deliver sustained performance.																												

Datix ID Number: 1799 Health & Care Standard: Controlled Drug 2.6 Medicines Management		CRR Ref Number: 57																													
Objective: Best Value Outcomes of High Quality Care		Director Lead: Richard Evans, Executive Medical Director Assuring Committee:																													
Risk: Non-compliance with Home Office Controlled Drug Licensing requirements		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 5 x 2 = 10	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Sep-18</td> <td>10</td> <td>20</td> </tr> <tr> <td>Oct-18</td> <td>10</td> <td>20</td> </tr> <tr> <td>Nov-18</td> <td>10</td> <td>20</td> </tr> <tr> <td>Dec-18</td> <td>10</td> <td>20</td> </tr> <tr> <td>Jan-19</td> <td>10</td> <td>20</td> </tr> <tr> <td>Feb-19</td> <td>10</td> <td>20</td> </tr> <tr> <td>Mar-19</td> <td>10</td> <td>20</td> </tr> <tr> <td>Apr-19</td> <td>10</td> <td>20</td> </tr> </tbody> </table>				Month	Target Score	Risk Score	Sep-18	10	20	Oct-18	10	20	Nov-18	10	20	Dec-18	10	20	Jan-19	10	20	Feb-19	10	20	Mar-19	10	20	Apr-19	10	20
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Jan-19	10	20																													
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Mar-19	10	20																													
Apr-19	10	20																													
Level of Control = 40%	Rationale for current score: The Health Board has no assurance regarding whether or not it is compliant with Home Office Controlled Drug Licensing requirements at the present time, nor does it have processes in place to ensure any future service change complies. Risk: That the Health Board is operating in breach of the law by managing controlled drugs without an appropriate Home Office Controlled Drug License. Recent legal advice provided to the Health Board has indicated that failure to comply with the Home Office Controlled Drug licensing requirements could result in criminal and civil action, both against responsible individuals and the Health Board as a public body. Risk: That the Health Board is maintaining unnecessary Home Office Controlled Drug Licenses. Each Home Office Controlled Drug license costs around £3k plus additional administrative set-up and maintenance costs. Health Board wide scrutiny is required to ensure no unnecessary licenses are held (one such example has recently been discovered).																														
Date added to the risk register January 2019	Rationale for target score:																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
Legal advice received and principles upon which to decide whether a Home Office Controlled Drug License would be required have been drafted.		Action	Lead	Deadline																											
		The Health Board to develop and implement a corporate Health Board wide policy and control system to ensure compliance with Home Office Controlled Drug licensing requirements both now and in the future including: A baseline audit and assessment of current Controlled Drug management across the Health Board (including the degree of 'management and control' exercised) against the recently received legal advice.	Clinical Director of Medicines Management	31/05/2019																											
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"> To date the HB has received legal advice. Pending policy development, the principles contained within the legal advice are referred to when issues are raised in order to provide consistency in arrangements. 	<p>The Health Board could develop and implement a corporate Health Board wide policy and control system to ensure compliance with Home Office Controlled Drug licensing requirements both now and in the future.</p>
<p style="text-align: center;">Current Risk Rating 4 x 5 = 20</p>	<p style="text-align: center;">Additional Comments</p> <p>The Home Office are aware that the Health Board have sought independent legal advice regarding the situations where a Home Office Controlled Drug license is required. Advice received to date from the Home Office regarding particular scenarios of Controlled Drug management by the Health Board has differed from the independent legal advice received.</p> <p>The Home Office are currently awaiting the Health Board policy on this matter so that they can review our position.</p>

Datix ID Number: 843 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 3																												
Objective: Excellent Staff		Director Lead: Hazel Robinson, Director of Workforce and Operational Development Assuring Committee: Workforce & OD Committee																												
Risk: Failure to recruit medical & dental staff		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 4 x 4 = 16 Target: 4 x 3 = 12	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>12</td></tr> <tr><td>Oct-18</td><td>16</td><td>12</td></tr> <tr><td>Nov-18</td><td>16</td><td>12</td></tr> <tr><td>Dec-18</td><td>16</td><td>12</td></tr> <tr><td>Jan-19</td><td>16</td><td>12</td></tr> <tr><td>Feb-19</td><td>16</td><td>12</td></tr> <tr><td>Mar-19</td><td>16</td><td>12</td></tr> <tr><td>Apr-19</td><td>16</td><td>12</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	16	12	Oct-18	16	12	Nov-18	16	12	Dec-18	16	12	Jan-19	16	12	Feb-19	16	12	Mar-19	16	12	Apr-19	16	12	Rationale for current score: <ul style="list-style-type: none"> National shortages of numbers in some areas can lead to: Unable to recruit sufficient numbers of trainees to fulfil rotas on all sites Unable to attract non training grades to complete rotas Unable to fill Consultant grade posts in some specialties with adverse effects on patient safety and industrial relations. Unable to recruit sufficient registered nursing staff. 	
Month	Risk Score	Target Score																												
Sep-18	16	12																												
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Apr-19	16	12																												
Level of Control = 70%	Rationale for target score:																													
Date added to the risk register April 2012	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 new HB Workforce & OD Committee will seek assurance of medical workforce plans to maintain services. Engagement of the Deanery about recruitment position. 		<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>May 2019</td> </tr> <tr> <td>The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.</td> <td>Director W&OD.</td> <td>May 2019</td> </tr> <tr> <td>Continue to recruit internationally.</td> <td>Director W&OD.</td> <td>May 2019</td> </tr> </tbody> </table>		Action	Lead	Deadline	Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment	Director W&OD.	May 2019	The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.	Director W&OD.	May 2019	Continue to recruit internationally.	Director W&OD.	May 2019															
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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 Integrated Medicine and Paediatrics short term workforce plans Monitoring by Executive Teams and specialty based local workforce boards 		Gaps in assurance (What additional assurances should we seek?)																												
Current Risk Rating 4 x 4 = 16		Additional Comments																												

Datix ID Number: 1759 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 51																												
Objective: Excellent Staff		Director Lead: Gareth Howells, Director of Nursing Assuring Committee: Quality and Safety Committee, NMB																												
Risk: Non Compliance with Staffing Levels Act (2016)		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 4 x 1 = 4	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>4</td><td>16</td></tr> <tr><td>Oct-18</td><td>4</td><td>16</td></tr> <tr><td>Nov-18</td><td>4</td><td>16</td></tr> <tr><td>Dec-18</td><td>4</td><td>16</td></tr> <tr><td>Jan-19</td><td>4</td><td>16</td></tr> <tr><td>Feb-19</td><td>4</td><td>16</td></tr> <tr><td>Mar-19</td><td>4</td><td>16</td></tr> <tr><td>Apr-19</td><td>4</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	4	16	Oct-18	4	16	Nov-18	4	16	Dec-18	4	16	Jan-19	4	16	Feb-19	4	16	Mar-19	4	16	Apr-19	4	16	Rationale for current score: <ul style="list-style-type: none"> Section 25B places a duty on LHBs and NHS Trusts to calculate and take steps to maintain nurse staffing levels in specified settings, which are currently adult acute medical and surgical inpatient wards.timescale. 	
Month		Target Score	Risk Score																											
Sep-18		4	16																											
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Apr-19	4	16																												
Level of Control = 80%	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. 																													
Date added to the risk register November 2018																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
The Health board has put the following controls in place:- <ul style="list-style-type: none"> Confirmed the designated person Represented the All-Wales Nurse Staffing Group and its sub groups Contributed with the work undertaken at an all-Wales level on Acuity levels of care. Undertaken a formal review across all acute Service Delivery Units for calculating and reporting nurse staffing requirements to ensure a Health Board wide consistent approach is adopted. Presented a Health Board position status paper to both Board & Executive team outlining the preparedness for the Nurse Staffing Act (Wales). Conducted a review of workforce planning procedures, for 2018 to 2021, which includes; Health Board recruitment events, retention, workforce Planning & redesign, training and development. Developed a monthly Health Board Multidisciplinary Nurse Staffing Act Task & Finish Group, chaired by the Interim Deputy Director of Nursing & Patient Experience, which reports to Nursing and Midwifery Board and Workforce & Organisational Development Committee. Provided acuity feedback sessions to all Service Delivery Units included in the June audit. Formally launched the Nurse Staffing (Wales) Act Guidance. Raised the issue regarding Information Technology barriers around the capture of data required for the Act on an All- Wales and Health Board basis. Circulated the Welsh Levels of Care and Operational Handbook to Service Delivery Unit Leads. Confirmed the 32 acute medical & surgical clinical areas that fall within the Act. These areas 		Action	Lead	Deadline																										
		The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally appraised.	Director of Nursing & Patient Experience	May 2019																										
		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.	Director of Nursing & Patient Experience	May 2019																										
Health Board should agree the operating framework for these decisions to include actions to be taken, and by whom.	Director of Nursing & Patient Experience	May 2019																												

<p>have been agreed using the criteria set out in the Operational Handbook.</p> <ul style="list-style-type: none"> • A Rigorous data approval process has been put in place to ensure accuracy of the 6 monthly acuity data prior to sign off. There has also been a number of workshops organised across the organisation to ensure a consistent approach to data collection and there is national work on solutions for electronic capture of acuity data. 			
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <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. • Accurate reporting of Acuity data and governance around sign off. • Agreed establishments to funded. • Implementation of E-Rostering to enable accurate reporting of Compliance • Implement all Wales Templates, which are visible and signed within the agreed 32 ward areas, informing patients of planned roster. • At least Yearly Board reports outlining compliance and any key risks. 	<p>Gaps in assurance (What additional assurances should we seek?)</p>		
<p style="text-align: center;">Current Risk Rating 4 x 4 = 16</p>	<p>Additional Comments</p>		

Datix ID Number: 1796 Health & Care Standard: Staff Resources 7.1 Workforce		HBR Ref Number: 56																													
Objective: Excellent Staff		Director Lead: Hazel Robinson, Director of Workforce and Operational Development Assuring Committee: Finance, Performance & Workforce																													
Risk: Insufficient capacity of Workforce and OD Function within ABMU to support and deliver the strategic and operational workforce agenda, plans and priorities of the Health Board		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 4 x 3 = 12	<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>Sep-18</td><td>20</td><td>12</td></tr> <tr><td>Oct-18</td><td>20</td><td>12</td></tr> <tr><td>Nov-18</td><td>20</td><td>12</td></tr> <tr><td>Dec-18</td><td>20</td><td>12</td></tr> <tr><td>Jan-19</td><td>20</td><td>12</td></tr> <tr><td>Feb-19</td><td>20</td><td>12</td></tr> <tr><td>Mar-19</td><td>20</td><td>12</td></tr> <tr><td>Apr-19</td><td>20</td><td>12</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Sep-18	20	12	Oct-18	20	12	Nov-18	20	12	Dec-18	20	12	Jan-19	20	12	Feb-19	20	12	Mar-19	20	12	Apr-19	20	12	Rationale for current score: <ul style="list-style-type: none"> Since the establishment of the Health Board in 2009 there has been a significant reduction in the workforce and OD staffing levels. The current capacity of the team and the team's ability to provide appropriate, high quality and timely advice on both operational and strategic issues is a significant area of professional concern. Current resourcing levels have been benchmarked with other Health Boards. Output anticipated by the end of November 2018 	
Month	Risk Score	Target Score																													
Sep-18	20	12																													
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Feb-19	20	12																													
Mar-19	20	12																													
Apr-19	20	12																													
Level of Control = 30%			Rationale for target score: <ul style="list-style-type: none"> Target score reflects requirement to resource the workforce and OD function to be able to meet the operational and Strategic priorities of the Health Board. Failure to do this will negatively impact of financial, service, performance and quality outcomes. 																												
Date added to the risk register November 2018																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
Director of Workforce and OD reported risk stocktake to W&OD Committee. A Workforce and OD risk register has been generated as a consequence. Reported at Corporate Performance review with CEO. Reported to Audit Committee. Further update on risk and progress against these reports to W&ODC in November 2018. Resource has been secured on a temporary/interim basis to assist with capacity issues. Risks are being monitored through the workforce and od committee on a monthly basis.		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Review of resourcing to take into account Boundary Change</td> <td>Director of W&OD</td> <td>April 2019</td> </tr> </tbody> </table>			Action	Lead	Deadline	Review of resourcing to take into account Boundary Change	Director of W&OD	April 2019																					
Action	Lead	Deadline																													
Review of resourcing to take into account Boundary Change	Director of W&OD	April 2019																													
General situation monitored through W&OD Committee.		Gaps in assurance (What additional assurances should we seek?)																													
Current Risk Rating 4 x 5 = 20		Additional Comments Utilise temporary funded capacity to meet immediate areas of risk. Continue to raise resourcing issue at corporate level and through committee governance arrangements. Run at risk. <ul style="list-style-type: none"> Actions Complete: Risk Stock Take reported to W&OD Committee, Audit Committee and Corporate Performance Review. Update on progress and improvement against key risk areas provided to W&ODC. Development of W&OD Risk Register. 																													

Datix ID Number: 1035 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 27																												
Objective: Digitally enabled care		Director Lead: Chris White, Chief Operating Officer Assuring Committee: Quality and Safety Committee, Informatics Programme Board																												
Risk: 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: April 2019																												
<p>Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 5 x 2 = 10</p> <p>Level of Control = 50%</p> <p>Date added to the risk register 2012</p>	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>10</td><td>20</td></tr> <tr><td>Oct-18</td><td>10</td><td>20</td></tr> <tr><td>Nov-18</td><td>10</td><td>20</td></tr> <tr><td>Dec-18</td><td>10</td><td>20</td></tr> <tr><td>Jan-19</td><td>10</td><td>20</td></tr> <tr><td>Feb-19</td><td>10</td><td>20</td></tr> <tr><td>Mar-19</td><td>10</td><td>20</td></tr> <tr><td>Apr-19</td><td>10</td><td>20</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	10	20	Oct-18	10	20	Nov-18	10	20	Dec-18	10	20	Jan-19	10	20	Feb-19	10	20	Mar-19	10	20	Apr-19	10	20	<p>Rationale for current score: C – reliance on digital ways of working has increased. Loss of IT service has a greater impact on ability to provide clinical care. Lack of investment in new digital solutions to make services more effective will mean clinical service provision will become unsustainable. L- There has been an increase in the number of devices in circulation by 3000 (39%) over the last 4 years (2015-2018) without an increase in IT support capacity. HB are currently only able to replace devices that are over 7 years old. Call volumes and wait times have increased over the last 4 years. Key IT maintenance work is not being completed in a timely fashion. Investment required in Informatics to deliver the Digital strategy is greater than the funding currently available. Informatics budget is estimated to be 0.73% of the HB budget - well below the recommended 4%. Resources available to provide digital services could be reduced because of the boundary change.</p> <p>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.</p>	
Month	Target Score	Risk Score																												
Sep-18	10	20																												
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Apr-19	10	20																												
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 Capital priority group for the HB considers digital risks for replacement technology which is fed into the annual discretionary capital plan IBG process allows for investment requests in projects to be submitted to the HB for consideration and provides scrutiny to ensure Digital resources required are considered for 		Action	Lead	Deadline																										
		Develop a new Strategic Outline Plan setting out the requirement to deliver the first phase of the Digital strategy. Three year plan to be developed in line with the Health Boards IMTP Planning process.	Assistant Informatics Business Manager	September 2019																										
		Work with finance and the Health Board leadership	Assistant	March																										

<p>all projects</p> <ul style="list-style-type: none"> • Informatics prioritisation process has been introduced to ensure requests for digital solutions are considered in terms of alignment to the strategy objective, technical solutions and financial implications • HB has invested £900k recurrently in the project staffing resources to facilitate the delivery of the Informatics Strategic Outline Plan • Working closely with WG to identify funding streams to support investment in digital including the approval of the Informatics Strategic Outline Plan 	<p>team to identify additional revenue streams. 2019/ 2020 Capital plan approved. 200K revenue increase agreed to reflect growth in IT service provision</p>	<p>Informatics Business Manager</p>	<p>2020</p>
	<p>Ensure informatics prioritisation process is embedded into the ways of working so that resource implications of digital solutions are transparent and agreed at outset of projects. Internal processes have been established to ensure that all informatics costs are included in Business cases developed by Informatics. Representation from Informatics at IBG and the Scrutiny Panel.</p>	<p>Assistant Informatics Business Manager</p>	<p>March 2020</p>
	<p>Ensure business cases requiring digital services include appropriate implementation and support costs. Internal processes have been established to ensure that all informatics costs are included in Business cases developed by Informatics. Representation from Informatics at IBG and the Scrutiny Panel.</p>	<p>Assistant Informatics Business Manager</p>	<p>March 2020</p>
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Progress has been made in securing capital investment both internally and externally for new developments • IBG and CPG processes are in place and ensuring highest technology replacement risks are being addressed • There are 22 active projects in place and being delivered 	<p>Gaps in assurance (What additional assurances should we seek?) Lack of certainty over future funding streams makes planning and implementation difficult/less effective Revenue model for support unclear given the financial pressures of the organisation.</p>		
<p>Current Risk Rating 5 x 4 = 20</p>	<p>Additional Comments This is further impacted by the boundary change which could have significant impact on resources and capability to deliver digital services going forward.</p>		

Datix ID Number: 1043 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 36																													
Objective: Digitally enabled care		Director Lead: Chris White, Chief Operating Officer Assuring Committee: Quality and Safety Committee, Informatics Programme Board																													
Risk: 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.		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 4 x 3 = 12	<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>Sep-18</td><td>20</td><td>12</td></tr> <tr><td>Oct-18</td><td>20</td><td>12</td></tr> <tr><td>Nov-18</td><td>20</td><td>12</td></tr> <tr><td>Dec-18</td><td>20</td><td>12</td></tr> <tr><td>Jan-19</td><td>20</td><td>12</td></tr> <tr><td>Feb-19</td><td>20</td><td>12</td></tr> <tr><td>Mar-19</td><td>20</td><td>12</td></tr> <tr><td>Apr-19</td><td>20</td><td>12</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	20	12	Oct-18	20	12	Nov-18	20	12	Dec-18	20	12	Jan-19	20	12	Feb-19	20	12	Mar-19	20	12	Apr-19	20	12	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 L - we know this happens from incidents raised		
		Month	Risk Score	Target Score																											
		Sep-18	20	12																											
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Feb-19	20	12																													
Mar-19	20	12																													
Apr-19	20	12																													
Level of Control = 70%		Rationale for target 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 L - RFID and digitalisation of the health record will reduce the constraints of the current filing methodology and reduce the volume of paper being added to the record. Further digitalisation of the paper record will reduce the reliance of clinicians on the paper record.																													
Date added to the risk register June 2016																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
Temporary retention and destruction plans are in place. Alternative storage arrangements are being identified and utilised where appropriate. Ward protocols and audits have been rolled out across sites. RFID project now approved. Implementation process has started and will change the way records are filed and release storage capacity. Roll out plan for WCP is in place and being enacted as outlined in the SOP All records must be documented and risk assessed in the Information Asset Register (IAR) Develop a case for improved storage solution both for paper and digitally.		Action	Lead	Deadline																											
		Complete implementation of RFID within Health Records	Interim Chief Information Officer	July 2019																											
		Continue with the roll out of WCP	Interim Chief Information Officer	April 2019																											
		Continue with roll out of digitisation of health record with a focus on Outpatients and Nursing documentation	Interim Chief Information Officer	April 2019																											
		Co-ordinate IAR assets	Head of Health Records & Clinical Coding	June 2019																											
		Develop case for improved storage solution for both paper and digitally	Head of Health Records & Clinical Coding	March 2021																											
Assurances		Gaps in assurance																													

<p>(How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> Preparation work for RFID has started to release space and increased destruction levels 	<p>(What additional assurances should we seek?)</p> <p>Investment required supporting the delivery and operational costs of the Digital strategy. Reliance on NWIS for delivery of the solution for a fully electronic patient record Impact of the Infected Blood Enquiry on the Health Boards ability to destroy notes.</p>
<p>Current Risk Rating 4 x 5 = 20</p>	<p style="text-align: center;">Additional Comments</p> <p>All records must be documented and risk assessed in the Information Asset Register (IAR). This will mean that the risk can be quantified and understood. Action - All SDU and corporate leads</p> <p>Health Records Department will work with HB colleagues to develop a case for improved storage solution both for paper and digitally.</p>

Datix ID Number: 1564 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 44																													
Objective: Digitally enabled care		Director Lead: Chris White, Chief Operating Officer Assuring Committee: Informatics Programme Board																													
Risk: Current ED systems are not fit for purpose: <ul style="list-style-type: none"> There is an increased risk of system (Accent) failure (PoWH and NPT) Do not support effective and efficient working processes (Morrison) 		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 5 x 4 =20 Current: 4 x 4 =16 Target: 3 x 3 = 9	<table border="1"> <caption>Risk and Target Scores</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>9</td><td>16</td></tr> <tr><td>Oct-18</td><td>9</td><td>16</td></tr> <tr><td>Nov-18</td><td>9</td><td>16</td></tr> <tr><td>Dec-18</td><td>9</td><td>16</td></tr> <tr><td>Jan-19</td><td>9</td><td>16</td></tr> <tr><td>Feb-19</td><td>9</td><td>16</td></tr> <tr><td>Mar-19</td><td>9</td><td>16</td></tr> <tr><td>Apr-19</td><td>9</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	9	16	Oct-18	9	16	Nov-18	9	16	Dec-18	9	16	Jan-19	9	16	Feb-19	9	16	Mar-19	9	16	Apr-19	9	16	Rationale for current score: <ul style="list-style-type: none"> C – Reduced due to mitigating actions/controls taken to reduce impact of system failure in PoW. Inability to meet A&E targets and ambulances queuing at entrance could have adverse national publicity. Part of targeted intervention monitoring – loss of confidence in Health Board L - WEDS has been delayed and the current systems do not meet the requirements of users to aid the improvement of operational services. System in Pow and NPT is still unstable and unsupported 		
		Month	Target Score	Risk Score																											
		Sep-18	9	16																											
Oct-18	9	16																													
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Mar-19	9	16																													
Apr-19	9	16																													
Level of Control = 60%	Rationale for target score: <ul style="list-style-type: none"> C – moving to a stable supported solution will reduce the impact of failure but the impact of the system not meeting all operational requirements will remain. L – of system failure will reduce once a stable supported solution is in place. The National system has been evaluated as meeting operational requirements as part of procurement process, however requirements will change over time. 																														
Date added to the risk register May 2018																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
<ul style="list-style-type: none"> WPAS has been implemented in Morrison as an interim solution but does not provide all the additional functionality required. Archive solution developed for Accent to allow access to historic data in case of failure WEDs programme is still being progressed by NWIS Rollout of ED WPAS at NPT (June 2019) 		Action	Lead	Deadline																											
		Implement WPAS ED module in NPT and POW	Chief Operating Officer	April 2019																											
		Implement alternative ED system across the Health Board.	Chief Operating Officer	March 2020																											
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Replacement of Accent will increase stability of system. Archive solution has been tested. 		Gaps in assurance (What additional assurances should we seek?) National solution currently being tested so no assurances at this stage the solution will be suitable or on implementation timescales																													
Current Risk Rating 4 x 4 = 16		Additional Comments Discussions are ongoing in regard to the National WEDS systems																													

Datix ID Number: 1565 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 45																												
Objective: Digitally enabled care		Director Lead: Richard Evans, Medical Director Assuring Committee: Quality and Safety Committee, Information Governance Board																												
Risk: If patients are discharged from hospital without the necessary discharge information this may have an impact on their care		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 3 = 9	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>20</td><td>9</td></tr> <tr><td>Oct-18</td><td>20</td><td>9</td></tr> <tr><td>Nov-18</td><td>20</td><td>9</td></tr> <tr><td>Dec-18</td><td>20</td><td>9</td></tr> <tr><td>Jan-19</td><td>20</td><td>9</td></tr> <tr><td>Feb-19</td><td>20</td><td>9</td></tr> <tr><td>Mar-19</td><td>20</td><td>9</td></tr> <tr><td>Apr-19</td><td>20</td><td>9</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	20	9	Oct-18	20	9	Nov-18	20	9	Dec-18	20	9	Jan-19	20	9	Feb-19	20	9	Mar-19	20	9	Apr-19	20	9	Rationale for current score: <ul style="list-style-type: none"> Despite the provision of an electronic discharge summary available across the Health Board to support the processing of discharge summaries within agreed targets, compliance with the targets, on average, remains low. GPs are therefore not always provided with the information required to provide continued care on discharge of the patient. 	
Month	Risk Score	Target Score																												
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Level of Control = 50%	Rationale for target score:																													
Date added to the risk register May 2018																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
<ul style="list-style-type: none"> Executive directive issued to all SDUs to improve compliance. Medical Director in Morrision SDU leading "no discharge summary, no discharge" initiative with training support being provided by Informatics to improve performance. E-learning package now available to support training requirements. Performance Dashboard available to provide "live" view of EToC status 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>All SDUs to focus on improved performance - actions plans required from each SDU to demonstrate how compliance will be achieved</td> <td>Medical Director</td> <td>March 2019</td> </tr> <tr> <td>Implementation of WCP will include the MTED module which will allow extra project support to facilitate improved compliance</td> <td>Medical Director</td> <td>March 2019</td> </tr> <tr> <td>Informatics to improve performance</td> <td>Medical Director</td> <td>March 2019</td> </tr> </tbody> </table>	Action	Lead	Deadline	All SDUs to focus on improved performance - actions plans required from each SDU to demonstrate how compliance will be achieved	Medical Director	March 2019	Implementation of WCP will include the MTED module which will allow extra project support to facilitate improved compliance	Medical Director	March 2019	Informatics to improve performance	Medical Director	March 2019																
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Informatics to improve performance	Medical Director	March 2019																												
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)																												
Current Risk Rating 5 x 4 = 20		Additional Comments The most recent HB "completed & sent" performance was 60% (August 2017) compared with 48% a year ago. In August 2017 the best performing hospital is NPTH (83%), this is reduced by the poor performance on wards not directly managed by NPT. Medical Wards regularly achieve 99%. August 2016 v August 2017 Delivery Unit comparisons demonstrate substantial improvement in Morrision, POW & Singleton. Morrision is coming to the end of a 6-month improvement programme which is bearing fruit, performance was 46% in March when it started.																												

Datix ID Number: 146 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		CRR Ref Number: 58																													
Objective: Excellent Patient Outcomes		Director Lead: Chief Operating Officer Assuring Committee: Quality & Safety Forum																													
Risk: There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty. The consequence of this failure is a delay in patients with chronic eye conditions accessing ongoing secondary care monitoring of diagnosed conditions with the potential risk of permanently impairing eyesight.		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 1 x 4 = 4 Level of Control = 40% Date added to the risk register December 2014	<table border="1"> <caption>Risk Rating and Level of Control Data</caption> <thead> <tr> <th>Month</th> <th>Risk Rating</th> <th>Level of Control</th> </tr> </thead> <tbody> <tr> <td>Sep-18</td> <td>16</td> <td>4</td> </tr> <tr> <td>Oct-18</td> <td>16</td> <td>4</td> </tr> <tr> <td>Nov-18</td> <td>16</td> <td>4</td> </tr> <tr> <td>Dec-18</td> <td>16</td> <td>4</td> </tr> <tr> <td>Jan-19</td> <td>25</td> <td>4</td> </tr> <tr> <td>Feb-19</td> <td>25</td> <td>4</td> </tr> <tr> <td>Mar-19</td> <td>25</td> <td>4</td> </tr> <tr> <td>Apr-19</td> <td>16</td> <td>4</td> </tr> </tbody> </table>		Month	Risk Rating	Level of Control	Sep-18	16	4	Oct-18	16	4	Nov-18	16	4	Dec-18	16	4	Jan-19	25	4	Feb-19	25	4	Mar-19	25	4	Apr-19	16	4	Rationale for current score: Sustainable plans underway - short term measures in process of being implemented. Serious incidents being reported to WG. Gold Command exec-led oversight established November 2018. Risk rating increased to 25 January 2019 as instructed by Gold Command. LJ advised change risk score to 16, 03/04/2019 as Probable x Major.	
	Month	Risk Rating	Level of Control																												
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Apr-19	16	4																													
		Rationale for target score:																													
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
<ul style="list-style-type: none"> All patients are categorised by condition in order to quantify issue. Second glaucoma consultant appointed November 2018. Additional accommodation secured to increase capacity; implementation plan under development. Welsh government funding secured for 2019/20 to employ additional activity and deliver some services in a community setting. Virtual clinics established. Service Manager for Ophthalmology providing regular updates via Planned Care Programme 		Action	Lead	Deadline																											
		Strawberry Place ODTC clinics planned to commence in April 2019	Service Group Manager Surgical Specialties	31/05/2019																											
		Further additional Glaucoma practitioner and Visual Field Technician posts are to be advertised and recruited to increase Glaucoma capacity further as part of an OPDTC Outreach Community Clinic in Strawberry Place GP Surgery	Service Group Manager Surgical Specialties	31/05/2019																											
		Vacant Orthoptist post within AMD filled, start date TBC.	Service Group Manager Surgical Specialties	31/05/2019																											
		An overall Sustainability Plan is to be presented to the Executive Team April 2019	Service Group Manager Surgical Specialties	31/05/2019																											

<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> A Welsh Government pilot programme was implemented in June 2014. The purpose of the HES project is to use clinic capacity to assess, review and treat patients within clinical priority rather than prioritising new patients based on their waiting time. A Project Management Lead was in post to deliver on the HES objectives. 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Extended waiting times for patients requiring routine clinical intervention, but these are still listed as per RTT guidance.</p>
<p style="text-align: center;">Current Risk Rating 4 x 4 = 16</p>	<p style="text-align: center;">Additional Comments</p> <p>Additional Glaucoma practitioner (temporary for 12 months) commenced in post 11/06/2018. 2nd Glaucoma Consultant started 05/11/2018.</p> <p>Accommodation in Corridor 3 reconfigured 08/02/2019. Further work needed on accommodation and additional rooms required. Ongoing discussions continue with Singleton Unit so that space can be created to house a co-located Ophthalmology Department Middle grade doctor to commence in post April 2019.</p> <p>Monthly tracker of glaucoma backlog patients indicates reduction of over 800 patients to end of January 2019.</p> <p>Diabetic Retinopathy Virtual Review clinics are to be increased via a WG funded successful bid</p>

Datix ID Number: 737 Health & Care Standard: Staying Healthy 1.1 Health Promotion		HBR Ref Number: 15																												
Objective: Partnerships for Improving Health and Wellbeing		Director Lead: Sandra Husbands, Director of Public Health Assuring Committee: Quality and Safety Committee																												
Risk: If we fail to achieve population health improvement targets leading to an increase in preventable disease amongst the population resulting in increased morbidity impacting on operational and financial pressures.		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 Current: 5 x 3 = 15 Target: 3 x 3 = 9	<table border="1"> <caption>Risk and Target Scores</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>9</td><td>15</td></tr> <tr><td>Oct-18</td><td>9</td><td>15</td></tr> <tr><td>Nov-18</td><td>9</td><td>15</td></tr> <tr><td>Dec-18</td><td>9</td><td>15</td></tr> <tr><td>Jan-19</td><td>9</td><td>15</td></tr> <tr><td>Feb-19</td><td>9</td><td>15</td></tr> <tr><td>Mar-19</td><td>9</td><td>15</td></tr> <tr><td>Apr-19</td><td>9</td><td>15</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	9	15	Oct-18	9	15	Nov-18	9	15	Dec-18	9	15	Jan-19	9	15	Feb-19	9	15	Mar-19	9	15	Apr-19	9	15	Rationale for current score: If we fail to prevent a serious outbreak by effectively achieving herd immunity in the population through immunisation and vaccination programmes, or to effectively manage an outbreak by disrupting the spread, this will result in serious harm to individual, maybe death, and pressure on health services, disruption to flow, business continuity and reputational damage to the health board and public health team.	
Month	Target Score	Risk Score																												
Sep-18	9	15																												
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Dec-18	9	15																												
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Feb-19	9	15																												
Mar-19	9	15																												
Apr-19	9	15																												
Level of Control = 60%	Rationale for target score: Manage preventable disease																													
Date added to the risk register 26.01.16	Controls (What are we currently doing about the risk?)																													
<ul style="list-style-type: none"> Public Health Strategy and work plan Internal Audit Management Plan Strategic Immunisation Group MMR Task & Finish group Childhood Imms Group; Primary Care Influenza Group Support from PHW Health Protection 		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>Deliver immunisation awareness training for pre-school settings to promote key vaccination messages</td> <td>Consultant Public Health Medicine</td> <td>April 2019</td> </tr> <tr> <td>Contribute to the implementation of recommendations made in the "MMR Immunisation: process mapping of the child's journey" report.</td> <td>Consultant Public Health Medicine</td> <td>April 2019</td> </tr> <tr> <td>Continue to promote the benefits of immunisation through Healthy Schools and Pre-Schools e-bulletins</td> <td>Consultant Public Health Medicine</td> <td>April 2019</td> </tr> </tbody> </table>		Action	Lead	Deadline	Deliver immunisation awareness training for pre-school settings to promote key vaccination messages	Consultant Public Health Medicine	April 2019	Contribute to the implementation of recommendations made in the "MMR Immunisation: process mapping of the child's journey" report.	Consultant Public Health Medicine	April 2019	Continue to promote the benefits of immunisation through Healthy Schools and Pre-Schools e-bulletins	Consultant Public Health Medicine	April 2019															
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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"> School imms target is over 70%, we are the 2nd highest in Wales. All other childhood imms targets below trajectory. 		Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.																												
Current Risk Rating 5 x 5 = 15		Additional Comments Scrutiny by internal audit, raise awareness, encourage uptake, target population. Co-production work with the public.																												

Datix ID Number: 1763 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 52																													
Objective: Partnerships for Care – Effective Governance		Director Lead: Director of Strategy Assuring Committee: P&F Committee Health Board																													
Risk: The Health Board does not have sufficient resource in place to undertake engagement & impact assessment in line with Stat Duties		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 3 = 12 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>Sep-18</td><td>8</td><td>12</td></tr> <tr><td>Oct-18</td><td>8</td><td>12</td></tr> <tr><td>Nov-18</td><td>8</td><td>12</td></tr> <tr><td>Dec-18</td><td>8</td><td>12</td></tr> <tr><td>Jan-19</td><td>8</td><td>12</td></tr> <tr><td>Feb-19</td><td>8</td><td>12</td></tr> <tr><td>Mar-19</td><td>8</td><td>12</td></tr> <tr><td>Apr-19</td><td>8</td><td>12</td></tr> </tbody> </table>			Month	Target Score	Risk Score	Sep-18	8	12	Oct-18	8	12	Nov-18	8	12	Dec-18	8	12	Jan-19	8	12	Feb-19	8	12	Mar-19	8	12	Apr-19	8	12
Month	Target Score	Risk Score																													
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Jan-19	8	12																													
Feb-19	8	12																													
Mar-19	8	12																													
Apr-19	8	12																													
Level of Control = 50%		Rationale for current score: <ul style="list-style-type: none"> Engagement – a temporary post has been released for a Head of Engagement & an appointment made. Postholder started on 7.1.19 but there is no agreement yet for permanent resourcing. Impact Assessment – there is no dedicated resource and policies / processes are out of date. A paper has been drafted that recommends processes based on best practice for Equality Impact Assessment (EIA) and Quality Impact Assessment (QIA) and preparation for Health Impact Assessment (HIA), as well as preferred option for appointing a full time temporary Impact Assessment Manager. The paper was received by the Executive Team in January 2019 and the recruitment paperwork is being prepared. 																													
Date added to the risk register November 2018																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
<ul style="list-style-type: none"> Engagement – a temporary post has been created for a Head of Engagement for 6 months & an appointment made from 7.1.19. The impact of this post will be evaluated in April and a substantive proposal developed to ensure this activity can be delivered in a robust manner going forward on a sustainable basis. Robust processes are, however, in place as agreed with the CHC and based on best practice guidance but there is a lack of capacity to deliver these, leading to significant additional pressures on the lead in Strategy. Impact Assessment – a proposal to appoint a temporary Integrated Impact Assessment Manager was received by the Executive Team in January 2019 and the recruitment paperwork is being prepared. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Agree resource for the Head of Engagement and Impact Assessment Manager</td> <td>DoS / DoHR</td> <td>May 2019</td> </tr> <tr> <td>Recruit to agreed temporary Integrated IA Manager</td> <td>DoTransformation / DoS (TBC)</td> <td>June 2019</td> </tr> </tbody> </table>			Action	Lead	Deadline	Agree resource for the Head of Engagement and Impact Assessment Manager	DoS / DoHR	May 2019	Recruit to agreed temporary Integrated IA Manager	DoTransformation / DoS (TBC)	June 2019																		
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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"> Temporary additional resource for engagement. Evaluation underway of this resource and its effectiveness - will lead to a proposed way forward for Director of Strategy to consider in April 2019. 		Gaps in assurance (What additional assurances should we seek?) Permanent additional resources not yet available																													
Current Risk Rating 4 x 3 = 12		Additional Comments																													

Datix ID Number: 1762 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 53																													
Objective: Partnerships for Care		Director Lead: Pam Wenger, Director of Corporate Governance Assuring Committee: Health Board (Welsh Language Group)																													
Risk: Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the University Health Board.		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 Current: 5 x 3 = 15 Target: 3 x 3 = 9	<table border="1"> <caption>Risk Rating and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>15</td><td>9</td></tr> <tr><td>Oct-18</td><td>15</td><td>9</td></tr> <tr><td>Nov-18</td><td>15</td><td>9</td></tr> <tr><td>Dec-18</td><td>15</td><td>9</td></tr> <tr><td>Jan-19</td><td>15</td><td>9</td></tr> <tr><td>Feb-19</td><td>15</td><td>9</td></tr> <tr><td>Mar-19</td><td>15</td><td>9</td></tr> <tr><td>Apr-19</td><td>15</td><td>9</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	15	9	Oct-18	15	9	Nov-18	15	9	Dec-18	15	9	Jan-19	15	9	Feb-19	15	9	Mar-19	15	9	Apr-19	15	9	Rationale for current score: As a consequence of an internal assessment of the Standards and their impact on the UHB, it is recognised that the Health Board will not be fully compliant with all applicable Standards.		
Month		Risk Score	Target Score																												
Sep-18		15	9																												
Oct-18	15	9																													
Nov-18	15	9																													
Dec-18	15	9																													
Jan-19	15	9																													
Feb-19	15	9																													
Mar-19	15	9																													
Apr-19	15	9																													
Level of Control = 60%	Rationale for target score: Working through its related improvement plan the likelihood of noncompliance will reduce as awareness and staff training in response to the Standards, is raised.																														
Date added to the risk register November 2018																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
<ul style="list-style-type: none"> The Welsh Language Officer has undertaken a self-assessment of the requirements of the new Welsh Language Standards and how they apply to Swansea Bay University Health Board. A Welsh Language Standards Implementation plan has been devised to focus on strengthening and developing compliance in key areas. Close constructive working relationships are in place with the Welsh Language Commissioner's Office Strong networks are in place with the NHS Wales Welsh Language Officers network to share good practice, inform learning and to develop Business intelligence. A Welsh Language Delivery group has been set to integrate Welsh language into the business and share responsibility for compliance and learning – first meeting 14 May 2019. Proactive communication and marketing activity is being undertaken across the Health Board to raise awareness of Welsh language compliance, customer service standards and training opportunities. Working with NHS Wales Shared Services (NWSSP) to achieve compliance for workforce and recruitment standards.		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>To Welsh Language Delivery Group will review the terms of reference for the Group 14 May 2019 and ensure the group comprises of appropriate representation from across all sectors of the organisation.</td> <td>Director of Corporate Governance</td> <td>May 2019</td> </tr> <tr> <td>Ensure the Board is fully sighted on the UHB's position through regular reporting to the Health Board. Report issued in March 2019 further reports to be issued quarterly.</td> <td>Director of Corporate Governance</td> <td>December 2019</td> </tr> </tbody> </table>			Action	Lead	Deadline	To Welsh Language Delivery Group will review the terms of reference for the Group 14 May 2019 and ensure the group comprises of appropriate representation from across all sectors of the organisation.	Director of Corporate Governance	May 2019	Ensure the Board is fully sighted on the UHB's position through regular reporting to the Health Board. Report issued in March 2019 further reports to be issued quarterly.	Director of Corporate Governance	December 2019																		
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Assurances (How do we know if the things we are doing are having an impact?) Compliance with Statutory requirements outlined in Welsh Language Act and related Standards.		Gaps in assurance (What additional assurances should we seek?)																													
Current Risk Rating 5 x 3 = 15		Additional Comments The self-assessment has confirmed that the Health Board is not able to fully comply with all the Standards by May 2019 and that the Health Board will need to take a risk management approach to the delivery of the standards.																													

Datix ID Number: 1724 Health & Care Standard: Safe Care 2.1 Managing Risk & Health & Safety		HBR Ref Number: 54																												
Objective: Partnerships for Care		Director Lead: Sian Harrop Griffiths, Director of Strategy Assuring Committee: Health Board/EPRR Strategy Group																												
Risk: Failure to maintain services as a result of the potential no deal Brexit		Date last reviewed: April 2019																												
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 3 x 2 = 6	<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>Sep-18</td><td>20</td><td>6</td></tr> <tr><td>Oct-18</td><td>20</td><td>6</td></tr> <tr><td>Nov-18</td><td>20</td><td>6</td></tr> <tr><td>Dec-18</td><td>20</td><td>6</td></tr> <tr><td>Jan-19</td><td>20</td><td>6</td></tr> <tr><td>Feb-19</td><td>20</td><td>6</td></tr> <tr><td>Mar-19</td><td>20</td><td>6</td></tr> <tr><td>Apr-19</td><td>20</td><td>6</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	20	6	Oct-18	20	6	Nov-18	20	6	Dec-18	20	6	Jan-19	20	6	Feb-19	20	6	Mar-19	20	6	Apr-19	20	6	Rationale for current score: The initial risk assessment is based on the fact that significant work needs to take place to understand the risks in terms of the Health Board's ability to maintain services as business as usual	
Month		Risk Score	Target Score																											
Sep-18		20	6																											
Oct-18	20	6																												
Nov-18	20	6																												
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Jan-19	20	6																												
Feb-19	20	6																												
Mar-19	20	6																												
Apr-19	20	6																												
Level of Control = 70%	Rationale for target score: By undertaking the actions highlighted it is anticipated that the arrangements put in place will ensure business as usual in light of a no deal Brexit.																													
Date added to the risk register November 2018																														
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																												
<ul style="list-style-type: none"> All services to identify high risks related to Brexit on risk register Engagement in health national groups Welsh Government is working with NWSSP procurement to commission a review of devices and consumables supply chain in Wales to complement the work already completed at UK level. Welsh Government has put in place national communication and co-ordination arrangements, including: <ul style="list-style-type: none"> A Brexit Ministerial Stakeholder Advisory Forum made up of senior leaders from across the sector, and led by the Cabinet Secretary for Health and Social Services and the Minister for Children, Older People and Social Care; An EU Transition Leadership Group, chaired by WG focusing on ensuring operational readiness arrangements for both health and social services in Wales (terms of reference attached); Regular meetings of NHS emergency planners, chaired by Welsh Government, as part of established resilience arrangements; A 4 Nations public health group addressing public health associated risks and health security concerns, and a joint Welsh Government – Public Health Wales working group considering specific Welsh issues; Working in partnership with the Welsh NHS Confederation to ensure ongoing flexible and effective communication and engagement between us and other stakeholders in the health and care system; and Regular updates on Brexit to the monthly NHS Wales Executive Board meetings. 		Action	Lead	Deadline																										
		To review and rehearse promptly the existing business continuity and resilience/contingency arrangements, and to do so working with your local and regional partners, including through your local resilience forums.	Director of Strategy	June 2019																										
		To carry out risk assessments	Director of Strategy	June 2019																										
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Work programme in place and monitored via EPRR Strategy Group All services to complete business continuity plans 		Gaps in assurance (What additional assurances should we seek?) To understand from the review what arrangements need to be in place to minimise the risks in relation to a potential no deal Brexit.																												

Current Risk Rating
4 x 5 = 20

Additional Comments

There is an obligation to maintain critical services and business as usual in an emergency and this includes Brexit and consequently there is the potential for disruption in commercial and public services and therefore supplies, services, transport, fuel, border issues, EU national issues, immigration, critical infrastructure, energy and command resilience etc.

Datix ID Number: 1764 Health & Care Standard: Safe Care 2.1 Managing Risk & Health & Safety		HBR Ref Number: 55																													
Objective: Partnerships for Care		Director Lead: Director of Transformation Assuring Committee: Joint Transition Programme																													
Risk: Failure to manage the residual risks arising from the Welsh Governments decision to realign the Health Boundary, as it applies to the resident population of the Bridgend County Borough.		Date last reviewed: April 2019																													
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 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>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>9</td><td>15</td></tr> <tr><td>Oct-18</td><td>9</td><td>15</td></tr> <tr><td>Nov-18</td><td>9</td><td>15</td></tr> <tr><td>Dec-18</td><td>9</td><td>15</td></tr> <tr><td>Jan-19</td><td>9</td><td>15</td></tr> <tr><td>Feb-19</td><td>9</td><td>15</td></tr> <tr><td>Mar-19</td><td>9</td><td>20</td></tr> <tr><td>Apr-19</td><td>9</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	9	15	Oct-18	9	15	Nov-18	9	15	Dec-18	9	15	Jan-19	9	15	Feb-19	9	15	Mar-19	9	20	Apr-19	9	16	Rationale for current score: <ul style="list-style-type: none"> The risk score has reduced from red 20 to red 16 which reflects that the Bridgend Boundary change took effect 1 April 2019 and that there are ongoing arrangements being put in place to manage the residual risks arising from the transfer. The score has reduced to red 16, however it is important to recognise that financial discussions are ongoing with Welsh Government. 		
Month	Target Score	Risk Score																													
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Level of Control = 70%	Rationale for target score: <ul style="list-style-type: none"> The Bridgend Boundary change took effect 1 April 2019 and there are ongoing arrangements being put in place to manage Service Level Agreement's (SLA's) and Long Term Agreements (LTA's) for service delivery. 																														
Date added to the risk register November 2018																															
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																													
<ul style="list-style-type: none"> Responsibility for the provision of health and care services for the Bridgend County Borough Council (BCBC) area transferred to Cwm Taf Morgannwg UHB on the 1 April 2019, this included the transfer of assets, services and resources. A Joint Handover statement was approved by the Joint Transition Board on the 23 April 2019 and captures the business of the University Health Boards (UHBs), identifying key achievements, developments and investments, as well as highlighting any outstanding areas of work, risks and considerations which will need to be taken into account by Cwm Taf Morgannwg UHB and Swansea Bay UHB going forward. A Memorandum of Understanding (MOU) has been devised which outlines joint agreements and stipulates what Service Level Agreements (SLAs) and Long Term Agreements (LTAs) are in place for cross border working. A Quality and Patient Safety legacy document has been devised outlining the outstanding risks and the residual work required post April 2019. (can be accessed from the Joint Handover statement) The cost pressures of the transfer are being discussed with Welsh Government 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td> Phase 2 – Service Transformation Plan Clinical Services - Meetings being held to discuss joint arrangements for the provision of services at POW, including an anaesthetic and surgery and Older peoples services ICT <ul style="list-style-type: none"> ICT SLA and long term plan to Welsh Government A high level option appraisal to be developed and agreed in principle to take forward for discussion with Welsh Government. Finance <ul style="list-style-type: none"> Further discussion to take place with Welsh Government around to cost neutrality and financial stability. </td> <td>Director of Transformation</td> <td>September 2019</td> </tr> </tbody> </table>	Action	Lead	Deadline	Phase 2 – Service Transformation Plan Clinical Services - Meetings being held to discuss joint arrangements for the provision of services at POW, including an anaesthetic and surgery and Older peoples services ICT <ul style="list-style-type: none"> ICT SLA and long term plan to Welsh Government A high level option appraisal to be developed and agreed in principle to take forward for discussion with Welsh Government. Finance <ul style="list-style-type: none"> Further discussion to take place with Welsh Government around to cost neutrality and financial stability. 	Director of Transformation	September 2019																							
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	<ul style="list-style-type: none"> • Health & Safety – action plan in place to Fire enforcement notice concerning POW site, NWSSP fire assessment report – all issues were due to be completed by March 2019. <p>Commissioning – discussion ongoing concerning Memorandum of Understanding and SLA/LTA's.</p>		
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Performance is reviewed at monthly meetings with Cwm Taf Morgnwg UHB and progress is monitored by the Director of Transformation. 	<p>Gaps in assurance (What additional assurances should we seek?)</p>		
<p align="center">Current Risk Rating 4 x 4 = 20</p>	<p align="center">Additional Comments</p> <p>The last Joint Transition Programme group meeting was held in April 2019, all supporting work streams will disband thereafter. The ongoing work to manage the residual issues will need to be included on top of routine duties and responsibilities</p>		

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
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