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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	14 July 2022	Agenda Item	2.3
Report Title	Risk Management Report		
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Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance Gareth Howells, Executive Director of Nursing		
Presented by	Neil Thomas, Assistant Head of Risk & Assurance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to present the Health Board Risk Register (HBRR) to the Audit Committee for review and assurance.		
Key Issues	<ul style="list-style-type: none"> • The Health Board Risk Register for May 2022 was received and endorsed by the Management Board in June 2022. • During April, an additional meeting of the Risk Scrutiny Panel attended by the Executive Medical Director reviewed risks scored 20 and above. Advisory notes were shared with Executive leads following the meeting for consideration during the update process in April. • The May HBRR contains 40 risks, of which 20 have risk scores at, or above, the Health Board's current appetite of 20. Three of these have risk scores of 25. • The delivery of risk management training workshops for managers in service groups is continuing. They have completed in two service groups (NPTS and PCT); commenced in the remaining two (MH&LD and Morriston). • At the final meeting of the Covid-19 Gold Command arrangements for the ongoing oversight of the remaining risks on the Covid-19 Gold risk log were agreed. Proposals for the ownership and management of risk information in the Datix risk register have been agreed. • There is a national programme to migrate concerns management from the legacy DatixWeb system to a new Once4Wales system – Datix Cymru. Modules for managing incidents, complaints, patient experience feedback and claims are now live. However, there is a need to close down records remaining open within the legacy system by the end of August 2022 (when the legacy system becomes read-only) or transfer them into the new system. A risk-based approach to this task was agreed at Management Board in June. Details have been received by the Quality & Safety Committee for review & assurance. 		

Specific Action Required (<i>please choose one only</i>)	Information	Discussion	Assurance	Approval
Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the updated Health Board Risk Register and changes to the risks outlined in this report; • CONSIDER whether further assurance is required in respect of risk register entries or the action taken to address risks identified. 			

HEALTH BOARD RISK REPORT

1. INTRODUCTION

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

2. BACKGROUND

2.1 Risk Management Framework

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of risk management and providing assurance to the Board in that respect. While this is the case, individual risks have been assigned to other Board committees for more detailed scrutiny and assurance. The intention is that committee work programmes are aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility. The Management Board, chaired by the Chief Executive, oversees the overall operation of the risk management framework and the management of risks within the health board risk register.

Risk Register management is supported by a Risk Management Group (RMG) which meets quarterly and is responsible for overseeing the operational management of risk, ensuring local systems and processes are in place and are operating effectively to ensure appropriate reporting and escalation. The Group last met in June 2022.

Additionally, a Risk Scrutiny Panel is responsible for ensuring there is an appropriate and robust risk management system in place and working throughout the organisation. It is responsible for moderating new risks and risks escalated to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF) and recommending and advising the Management Board on the escalation and de-escalation of risks. The Panel last met in May 2022.

2.2 Risk Appetite

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

Following the onset of the Covid-19 pandemic, members of the Board agreed that the risk appetite threshold would be raised. This was agreed for an initial period of 3 months, but has remained raised throughout the pandemic to date, though additional narrative explanation has been provided to supplement the numeric threshold. The current risk appetite, as endorsed by the Board in March 2022 indicates that risks assessed at a threshold score of 20 or above should be addressed as a priority, and there is a low tolerance to risks with a high impact on the quality and safety of staff and patient care.

These arrangements are reviewed regularly by the Executive Team, Audit Committee and the Board.

2.3 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the greatest organisational risks facing the Health Board and the actions being taken to mitigate them. A copy of the most up to date HBRR is attached at **Appendix 1**.

Each Health Board risk has a lead Executive Director who is responsible for ensuring there are mechanisms in place for identifying, managing and alerting the Board to significant risks within their areas of responsibility through regular, timely and accurate reports to the Management Board/Executive Team, relevant Board Committees and the Board.

2.4 Covid-19 Risk Register

In recognition that Covid-19 is an issue which the Health Board is managing, a separate risk register was established to capture the key risks associated with managing the response to the pandemic. The final meeting of the Covid-19 Gold Command took place in April 2022. At that meeting, arrangements for the ongoing oversight of the remaining risks on the Covid-19 Gold risk log were agreed. Within the Datix risk register each risk has been assigned an executive lead, a senior manager accountable to the executive lead for the management of the risk, and a risk owner responsible for the management of the risk and update of risk information within the risk register.

3. MANAGEMENT OF HEALTH BOARD RISK REGISTER (HBRR)

3.1 Action to Update the HBRR

Since the last meeting, the Risk Scrutiny Panel (RSP) met in March and early May (deferred April meeting) to consider risks escalated by service groups and corporate directorates. Risks were received from:

- Morriston Service Group
- Neath Port Talbot & Singleton Service Group (Maternity)
- Primary Community & Therapies Service Group

In addition to the above, following discussion at Management Board, at a Risk Scrutiny Panel meeting in April the Executive Medical Director reviewed Health Board Risk Register risks scored 20 and above. Advisory notes were shared with Executive leads following the meeting for consideration during the update process in April. Notes were circulated again in May so that changes not actioned during the April cycle due to annual leave could be considered. This was the first Panel to review and feed back to risk owners on Health Board register entries relating to high scoring risks. Amendments have been made to a number of risk entries – the process will be repeated to drive further improvements over coming meetings.

This report indicates the changes made during the above period. The most recent changes made in the May cycle of revisions are highlighted within the register itself in red. The May 2022 HBRR is attached at **Appendix 1**.

3.2 Risk Register Summary

The Health Board Risk Register attached at **Appendix 1** presents:

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

Table 1 below stratifies the risks recorded within the HBRR as it has been received at the most recent meetings (inclusive of this meeting):

Table 1: Summary of Risk Assessment Scores

Risk Analysis	Number of Risks					
	Jun 2021	Sep 2021	Jan 2022	Feb 2022	Apr 2022	May 2022
High Risk (>= appetite): Risk Score of 20-25 (Red)	20	21	25	24	21	20
High Risk (< appetite): Risk Score of 16-19 (Red)	9	8	7	8	8	10
Moderate Risk: Risk Score 9-15 (Amber)	8	9	8	7	10	8
Manageable Risk: Risk Score of 5-8 (Yellow)	1	1	1	0	0	2
Acceptable Risk: Risk Score of 1-4 (Green)	0	0	0	0	0	0
Total	38	39	41	39	39	40

Three risks are assessed to have scores of 25 currently.

Further detail on the above risks can be found within the Risk Register at **Appendix 1**. The following movements are noted in March – May:

- Two new risks were added to the register:
 - *HBR 84 Cardiac Surgery*
 - *HBR 85 ALNET (Additional Learning Needs & Education Tribunal) Act*
 - One risk has increased in score:
 - *HBR 27 Digital Transformation*
- Another increased during the period but has since been reduced:
- *HBR 60 Cyber Security*
- Six risk scores have been reduced:
 - *HBR 43 Deprivation of Liberty Safeguards*
 - *HBR 63 Screening for Fetal Growth Assessment (Gap-Grow)*
 - *HBR 75 Whole Service Closure*
 - *HBR 76 Partnership Working*
 - *HBR 77 Workforce Resilience*
 - *HBR 82 Closure of Burns Service*

- One risk has been closed in the register:
 - HBR 70 *Data Centre Outages*

Section 3.3 below expands on these and other changes.

3.3 New Risks, Increasing & Decreasing Risks

The new risk(s) added to the HBRR is/are:

Table 2: New Risks

Risk Ref	Risk	Lead Exec Director	Current Risk Score
84	<p>Cardiac Surgery</p> <p>A Getting It Right First Time review identified concerns in respect of cardiac surgery (including patient pathway/process issues) that present risks to ensuring optimal outcomes for all patients. Potential consequences include the outlier status of the health board in respect of quality metrics, including mortality following mitral valve surgery and aortovascular surgery. This has resulted in escalation of the service by WHSSC.</p> <p><i>(As indicated at the last meeting, this risk has been added to the HBRR, recognising the escalated status of the service at WHSSC.)</i></p>	Executive Medical Director	16
85	<p>Non-Compliance with ALNET Act</p> <p>There are risks to the Health Board's ability to meet its statutory duties and establish the effective collaborative arrangements required by the ALN Act, which is being implemented through a phased approach. This risk is caused by:</p> <ul style="list-style-type: none"> • Lack of staff resource needed to carry out the additional work needed to comply with the ALN Act for operational services, especially those in the PCST Service Group, though the size of the gap in terms of staff resource is currently unclear. • Gaps in the structure and processes needed to meet the requirements of the ALN Act leading to slippage against a previous ALN work plan. There is a need to identify and progress the work needed for 2022/23, and without adequate planning capacity, existing staff will not be able to make the progress what is needed. • Issues around multi-agency working which may impact on levels of demand on operational services, and on existing SLAs through which the Health Board delivers some services to partner LAs. • Aspects of the requirements on Health Boards which are currently ambiguous and uncertainty regarding the implementation timetable. <p><i>(Potential consequences are detailed in HBRR)</i></p>	Director of Therapies & Health Sciences	20

The risk(s) with increased scores is/are:

Table 3: Risks with Increased Scores

Risk Ref	Risk	Lead Exec Director	Previous Risk Score	Current Risk Score
27	<p>Digital Transformation Inability to deliver sustainable clinical services due to lack of Digital Transformation. There are insufficient resources to:</p> <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. <p>Risk increased as reduction in capital funding in 22/23 has increased the likelihood of the health board not being able to replace aging infrastructure such as the Storage Area Network (SAN). Acceleration of the Cwm Taf Morgannwg UHB SLA disaggregation has been proposed and there are further pressures on revenue funding.</p>	Director of Digital	12	16

The risk(s) with reduced scores is/are:

Table 4: Risks with Reduced Scores

Risk Ref	Risk	Lead Exec Director	Previous Risk Score	Current Risk Score
43	<p>Deprivation of Liberty Safeguards Due to a lack of Best Interest Assessor resource, there is a risk of failure to complete and authorise the assessments associated with Deprivation of Liberty/Liberty Protection Safeguards within the legally required timescales, exposing the health board to potential legal challenge and reputational damage.</p>	Executive Director of Nursing	16	12
63	<p>Screening for Fetal Growth Assessment in line with Gap-Grow There is not enough Ultrasound capacity within Swansea Bay UHB to offer all women serial ultrasound</p>	Executive Director of Nursing	20	16

Risk Ref	Risk	Lead Exec Director	Previous Risk Score	Current Risk Score
	scan screening in the third trimester in line with the UK perinatal Institute Growth Assessment Programme (GAP). Welsh Government mandate fetal growth screening in line with the GAP programme. There is significant evidence of the increased risk for stillbirth or neonatal mortality/morbidity (hypoxic ischaemic encephalopathy (HIE)), where a fetus is growth restricted (IUGR) and/or small for gestational age fetus (SGA). Identification and appropriate management for IUGR/SGA in pregnancy will lead to improved outcomes for babies.			
75	Whole Service Closure Risk that services or facilities may not be able to function if there is a major incident or a rising tide that renders current service models unable to operate.	Chief Operating Officer	15	10
76	Partnership Working There are some remaining tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the workforce and hamper an effective response to COVID-19.	Director of Workforce & OD	15	10
77	Workforce Resilience Culmination of the pressure and impact on staff wellbeing - both physical and mental relating to Covid Pandemic. Local prevalence of Covid infections increasing positive testing and the debilitating effect of the second wave impacting staff. Impact direct in terms of Covid / related sickness (symptomatic Absence) and self-isolation (Asymptomatic). Increased staff absence impact on the pressures for those still in work.	Director of Workforce & OD	20	12

Risk Ref	Risk	Lead Exec Director	Previous Risk Score	Current Risk Score
82	<p>Risk of closure of Burns service if Burns Anaesthetic Consultant cover not sustained</p> <p>There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, potentially resulting in closure to this regional service, harm to those patients would require access to it when closed and the associated reputational damage. This is caused by:</p> <ul style="list-style-type: none"> • Significant reduction in Burns anaesthetic consultant numbers due to retirement and long-term sickness • Inability to recruit to substantive burns anaesthetic posts • The reliance on temporary cover by General intensive care consultants to cover while building work is completed in order to co-locate the burns service on General ITU • Reliance on capital funding from Welsh Government to support the co-location of the service. 	Executive Medical Director	20	16

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

Table 5: Closed Risks

Risk Ref	Risk	Lead Exec Director	Commentary
70	<p>Data Centre Outages</p> <p>There is a risk of national data centre outages which disrupt health board services. The failure of national systems causes severe disruption across NHS Wales, affecting Primary and secondary care services. The delivery of national services are the responsibility of Digital Health & Care Services Wales (DHCW).</p>	Director of Digital	The likelihood associated with this risk has been re-assessed as lower on basis of higher levels of availability with WLIMS following the hardware and software upgrades and the migration of services from Blaenavon to CloudCentres Data Centre. Consequently, the risk score was adjusted to 12 in the March HBRR and the Director of Digital subsequently approved its de-escalation from the HBRR for ongoing local management on the service risk register.

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

3.4 Action on the Highest Risks (Score=25)

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

Table 5: Action on Risks with Score=25

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
1	<p>Access to Unscheduled Care <i>If we fail to provide timely access to Unscheduled Care then this will have an impact on quality & safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the Health and Social care sectors.</i></p> <p>Actions completed and/or new controls introduced include:</p> <ul style="list-style-type: none"> • Joint WAST Stack review by GP and APP (Advanced Paramedic Practitioner). • OPAS (Older People's Assessment Service) have undertaken training with nursing homes (on management of patient falls) & set up direct contact details with nursing homes. • The frailty short-stay unit has been re-established. • The third phase of procurement to commission additional care home beds is complete. <p>Targets for actions have been refreshed where required and the following actions have been added or amended:</p> <ul style="list-style-type: none"> • Review roles & service models in order to increase SDEC working hours and throughput of patients sustainably. [Target 30/09/2022] • OPAS developing a proposal to assess elderly patients at home. [Target 30/07/2022] • Introduce Band 6 navigator role in ED for better streaming of patients. [Target 30/07/2022] <p>However, the key development to note with most potential to address this risk is the Acute Medical Services Redesign, which is aimed at unblocking bottlenecks and streamlining the delivery of care. The business case has been approved and the initiative is now entering formal consultation under the Organisational Change Policy.</p>	Chief Operating Officer
50	<p>Access to Cancer Services <i>A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</i></p>	Chief Operating Officer

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<p>The following actions have been completed since last meeting:</p> <ul style="list-style-type: none"> • Process for clinical harm review implemented • Cancer Programme Board established. <p>Additional notes: Overall there has been marked reduction in the 62+ day backlog, but in certain specialties long waits remain. The top 6 tumour sites of concern in this respect have improvement plans in place.</p> <p>Ongoing & new actions include:</p> <ul style="list-style-type: none"> • Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer backlog and future cancer diagnostic demand on Endoscopy Services. [Target: 01/09/2022] • Demand & capacity plans are being worked through for the top 6 tumour sites. [Target: 30/06/2022] 	
64	<p>Health & Safety Infrastructure <i>Insufficient resource and capacity of the Health, safety and fire function within SBUHB to maintain legislative and regulatory compliance for the workforce and for the sites across SBUHB.</i></p> <p>Summary progress notes on addressing this risk: Two fire advisors were successfully appointed in December 2021 and commenced in February 2022. The additional fire resource has enabled the development of a rolling 12 month FRA programme to maintain 100% compliance of completion and during Q1 regular fire safety tours will be introduced, providing presence and support at each of the service groups. Audits will be developed to review actions identified in the FRA and maintain fire compliance. The team will also be reviewing fire evacuation plans and drawings.</p> <p>Additionally, it has been agreed by the health board to recruit one H&S Advisor and one Manual Handling Trainer/Advisor. The post will be advertised in Q1 2022/23, with the end of Q1 or beginning of Q2 for successful candidates to commence. Given that the posts will take time to have any impact on training and audit, it is possible that the risk score can be reduced slightly in 6 months' time after successful recruitment with a targeted reduction in Q4.</p>	Director of Finance & Performance

Further detail on the above risks can be found at **Appendix 1**, in addition to actions to address other risks above the Health Board's risk appetite.

3.5 Risks Assigned to the Audit Committee

The following five risks have been assigned to the Audit Committee for scrutiny and assurance on action taken to address them:

Risk Reference	Description of risk identified	Current Score	Trend ¹
27 (1035)	<p>Digital Transformation to Deliver Sustainable Clinical Services (<i>increased from 12</i>)</p> <p><i>Inability to deliver sustainable clinical services due to lack of digital transformation.</i></p> <p>Actions/Updates: Digital services are to assess funding gaps and the opportunities to bridge them with Finance (July 2022).</p>	16	↑
36 (1043)	<p>Storage of Paper Records</p> <p><i>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 if there is poor records management in some wards. There is also an increased fire risk where medical records are stored outside of the medical record libraries.</i></p> <p>Actions/Updates: Since the Risk Register was published, the business case for relocation of medical records has been approved. Digital Services to present a business case for the scanning of patient records to Management Board (September 2022).</p>	16	→
37 (1217)	<p>Information Led Decisions</p> <p><i>Operational and strategic decisions are not data informed.</i></p> <p>Actions/Updates: Establishment of data literacy programme educating users on data concepts, skills and tools (Aug 2022) Natural Language Process capability to allow users access to clinic letter/documents converted into meaningful analytics (Dec 2022) Establishment of certified training programme for trained users to create their own dashboards (Mar 2023).</p>	12	→
57 (1799)	<p>Controlled Drugs</p>	16	→

¹ This trend reflects the change in risk score since the HBRR that was received by the Audit Committee in Nov 2021.

Risk Reference	Description of risk identified	Current Score	Trend ¹
	<p><i>Non-compliance with Home Office Controlled Drug Licensing requirements.</i></p> <p>Actions/Updates: The Acting Director of Corporate Governance received a response from the Home Office regarding the Health Board's Home Office CD Licence Policy position in June 2022. This response indicated that the Home Office did not concur with several aspects of the Health Board's policy statements and indicated that the Health Board would require a number of additional Home Office Controlled Drug licenses for activity currently undertaken. Both the Controlled Drug Accountable Officer and the Acting Director of Corporate Governance have agreed further legal advice is required at this point which has been commissioned. The Health Board is now in receipt of a Home Office Controlled Drug License for HMP Swansea (issued May 2022).</p>		
60 (2003)	<p>Cyber Security</p> <p><i>The level of cyber security incidents is at an unprecedented level and health is a known target.</i></p> <p>Actions/Updates: Following an increasing score to a level of 25 at the outset of events in Ukraine, the risk score has subsequently reduced following decommissioning of Kaspersky infrastructure. Digital Services are looking to implement mandatory cyber training – awaiting a national update on this in order to proceed. An improvement plan based on the assurance report from the Cyber Security Resilience unit has been developed.</p>	20	→

As noted earlier, risk HBR70 National Data Centre Outages has been de-escalated from the HBRR for local management in the Digital Services risk register.

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

3.6 Covid-19 Risk Register Closure

The final meeting of the Covid-19 Gold Command took place in April 2022. At that meeting, arrangements for transfer and ongoing oversight of the remaining risks on the Covid-19 Gold risk log were agreed:

Table 6: Transfer of risks in the Covid-19 Gold Command risk register

Gold Ref	Risk Title & Description	Risk Score	Executive Owner (in Gold log)	Gold Command Agreed Oversight to Transfer to:
COV 004	<p><u>Covid related sick absence</u> Number of staff who are absent from work through self-isolation or family illness will impact on ability to deliver safe care for patients; and will impact on ability to keep capacity open and to staff surge and super surge capacity. Note: This risk only captures the total of staff absence as reported weekly to Welsh Government. Risk score reflects the position in comparison with wave one position which peaked at 1700 staff absent.</p>	15	Director of Workforce	<p>Workforce & OD Committee</p> <p>Monitored via Workforce Directorate and reported to W&OD Committee as appropriate.</p>
COV 005	<p><u>Care Homes</u> Potential failure in local care home sector to manage staff absences could result in emergency closure of care home which will place undue pressure and therefore on community health and social services to support and/or lead to an increase in patient admission to hospital. Risk of patient harm if care homes are not adequately covered.</p>	16	Director of Nursing	<p>Transformation Board</p> <p>The Chief Operating Officer will oversee this following transfer.</p>
COV 009a	<p><u>Workforce Shortages</u> Measures the risk to service provision, deployment plans and health board strategic workforce related developments ie surge capacity, field hospital / immunisation programme in the context of the number of available staff. Factors impacting cover Covid and general sick absence, deployment restrictions relating to staff Covid risk assessment, general turnover, and outbreaks. Key risk areas where specific workforce shortages impact is the greatest (eg ITU, A&E, Covid wards) are reflected in the overall score.</p>	15	Director of Workforce	<p>Workforce & OD Committee</p> <p>Monitored via Workforce Directorate and reported to W&OD Committee as appropriate.</p>
COV 009b	<p><u>Workforce Recruitment</u> Despite efforts to recruit staff into substantive, agency, bank and other roles the health board fails to meet the expanding requirement to replace staff where Covid related, or increase staff resource as a consequence of new staff resource needs. The workforce staff recruitment/supply risk has been assessed not just against the existing health board plans which had already highlighted the difficulties with staffing super surge. The risk score reflects the risks with</p>	12	Director of Workforce	<p>Workforce & OD Committee</p> <p>Monitored via Workforce Directorate and reported to W&OD Committee as appropriate.</p>

Gold Ref	Risk Title & Description	Risk Score	Executive Owner (in Gold log)	Gold Command Agreed Oversight to Transfer to:
	meeting every and all existing confirmed requirements. The risk includes the internal risk given the pressures on relatively small departments who need to support recruitment. There is significant pressure on the pool of non-registered staff in the south west of Wales with health boards and local authorities all recruiting from the same pool. This impacts not only on the availability but quality of candidates.			
COV 015	<p>Mass Vaccination</p> <p>The health board has operationalised its Mass Vaccination Programme in line with the strategic plan submitted to Welsh Government in 2020. Risks that are being managed in the programme are:</p> <ul style="list-style-type: none"> - delivery of booster vaccine supply to enable the Board to meet the milestones set out in the National Vaccination Strategy for the first phase of the programme from September 2021 - Delivery of a safe and effective programme that is being rolled out at pace and with significant and ensuring effective and timely communication to the public and key stakeholders - changes to guidance that necessitate frequent adaption of delivery models in line with JCVI and/or Welsh Government policy decisions. 	12	Director of Public Health	Immunisation Silver Group
COV 017	<p>Nosocomial Transmission</p> <p>Nosocomial transmission in hospitals due to the unavailability of single rooms and the inadequacy of ventilation systems (natural & mechanical) could cause patient harm, increase staff absence, and create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks.</p>	20	Executive Medical Director	<p>Infection Prevention & Control Committee</p> <p>Nosocomial deaths review will continue, but the Nosocomial group will stand down and this risk will be transferred for IPCC oversight. Additionally, it was agreed clinical oversight at Executive level will continue and small group meetings may be convened if issues arise.</p> <p>NB This risk scoring 20 has previously been escalated and is already captured within the HBRR.</p>

Gold Ref	Risk Title & Description	Risk Score	Executive Owner (in Gold log)	Gold Command Agreed Oversight to Transfer to:
COV 019a	<p><u>Opening of Field Hospital (revised model - December 2020)</u> Risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place.</p>	16	Director of Finance	<p>Field Hospital Decommissioning Group</p> <p>The management of the Field Hospital will transfer to the Field Hospital Establishment Group, but there will be a name change to the “Decommissioning Group” and it will report to Management Board. All actions/risks related to the Field Hospital will be owned in the new Governance stream.</p> <p>Since the Gold meeting, the Director of Finance has approved closure of this risk following formally agreement at Board to close the field hospital.</p>
COV 024	<p><u>Fragility of External Domiciliary Care Market</u> Significant reduced staffing levels in domiciliary care agencies due to staff exiting the care home sector for employment in alternative business such as hospitality and retail has resulted in a number of providers being unable to fulfil contracts with attendant handbacks of packages of care. This high level of additional demand has impacted flow from hospital, from bedded reablement and out of domiciliary reablement services where there is any recourse to long term care resulting in delays across all of the discharge pathways and many of the admission avoidance support routes for those in crisis in the community.</p>	25	Community Silver (now stood down also)	<p>Transformation Board</p> <p>The Chief Operating Officer will oversee this following transfer.</p>

In order to support the ongoing management of risks within Datix now that the Covid-19 Risk Register no longer exists as a separate entity, changes have been circulated separately to lead Executives to align Datix entries to lead Execs/management reporting arrangements. Additionally, leads have been asked to consider if any risks require escalation to the Health Board Risk Register. Final arrangements will be shared with the Risk Scrutiny Panel for review.

4. GOVERNANCE AND RISK

4.1 Risk Appetite & Tolerance Levels

As noted earlier, the current risk appetite, as endorsed by the Board in November 2021 indicates that risks assessed at a threshold score of 20 or above should be addressed as a priority, and there is a low tolerance to risks with a high impact on the quality and safety of staff and patient care.

Following discussion at Board, further work is being done to develop a more nuanced approach to risk appetite.

4.2 Risk Management Workshop Training

Delivery of Risk Management Workshops has been completed within Neath Port Talbot & Singleton and Primary Care & Therapies service groups.

Workshops have started in Morriston and Mental Health & Learning Disabilities.

Corporate directorates will follow.

4.3 Datix Cymru Risk Module

As previously reported, as part of the Once4Wales Concerns Management System Programme, a workstream group, supported by weekly meetings of a task & finish group, is meeting nationally to develop a new risk register module within Datix Cymru for use by organisations within NHS Wales.

The task & finish group has been working through design of the module with the Once4Wales team. An updated 'sandpit' module has been received from the supplier and is currently being evaluated by the group.

4.4 Migration from DatixWeb to Datix Cymru – Concerns Management Modules

The health board uses modules within the Datix Web system for the management of concerns. During 2021/22, the national Once4Wales Concerns Management System Programme has been managing the transition of all NHS Wales Organisations from their legacy concerns management systems within DatixWeb to the cloud-based Datix Cymru system. In Swansea Bay, the incident management module of Datix Cymru went live in April 2022; the modules for managing complaints and other feedback went live in July 2021. Following these transitions, the licence for continued use of these legacy DatixWeb modules will expire at the end of August 2022, following which access to the module will become 'read-only'. There is a need to close down or transfer all remaining open records within DatixWeb. Any records not closed by the end of August will no longer be able to be actively managed within the legacy system and will require transfer into the new Datix Cymru module. No electronic means of transfer has been provided as part of the programme – the approach required will be manual.

The number of open records remaining in legacy modules requiring management action to close or transfer is significant and discussion with Datix user leads in services indicated concern in respect of the ability to close down all remaining cases fully. The re-entry of large volumes of records would potentially require a significant amount of staff time. Following discussion with services at the former Quality & Safety Governance Group, it was agreed to explore a risk-based approach to the review & closure of records. A paper was prepared and shared with Datix user leads, Service

Group Directors and Executive Quality & Safety leads, following which categories of record have been agreed for batch closure, or investigation/transfer at Management Board. The outcome has been reported to Quality & Safety Committee for review and steps are now being taken to implement arrangements.

5. FINANCIAL IMPLICATIONS

There are financial implications to minimising the risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health Board, Service Groups and Directorates. Capital monies will also be required in relation to supporting the improvements required to improve and further detail is provided in the individual entry on the HBRR.

6. RECOMMENDATIONS

Members are asked to:

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

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in the UHB.		
Financial Implications		
The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's IMTP processes.		
Legal Implications (including equality and diversity assessment)		
It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB.		
Staffing Implications		
All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/Unit Directors are requested to review their existing operational risks on Datix Risk Module to ensure SBUHB has an accurate and up to date risk profile.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The HBRR and the Covid 19 risk register sets out the framework for how SBUHB will make an assessment of existing and future emerging risks, and how it will plan to manage and prepare for those risks.		
Report History	<ul style="list-style-type: none"> Based on report prepared for Management Board 15th June 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) 	