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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	09 March 2023		Agenda Item	2.4
Report Title	Risk Management Report			
Report Author	Neil Thomas, Assistant Head of Risk & Assurance			
Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance			
Presented by	Neil Thomas, Assistant Head of Risk & Assurance			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to 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 was last received by the Audit Committee in November 2022. Since then entries have been refreshed by Board Directors as part of the monthly review cycle. This report presents the Draft February 2023 HBRR and indicates the most recent changes made. The register will be finalised following the Management Board meeting on 1st March, subject to any amendments required. The Draft February 2023 HBRR contains 39 risks, of which 19 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 is complete in three service groups. Workshops & training sessions have been delivered at two professional staff group meetings and one Division at Morriston. Sessions for two further Divisions have been arranged in February & March. Risk Management Policy has been reviewed for endorsement. 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the update on update on risk matters; NOTE the updated Health Board Risk Register and changes to the risks outlined in this report; CONSIDER whether further update or assurance is required in respect of risk register entries or the action taken to address risks identified. ENDORSE changes to the Risk Management Policy for approval by the Board. 			

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 January 2023.

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

2.2 Risk Appetite

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

Prior to the Covid-19 Pandemic, the Board's risk appetite required that action should be taken as a priority to address risks scored at 16 and above. There is a low tolerance to taking risk where it would have a high impact on the quality and safety of care being delivered to patients.

Following the onset of the Covid-19 pandemic, members of the Board agreed that the risk appetite score would increase to 20 and above for an initial period of 3 months. The risk appetite level of 20 and above has remained in place since the start of the

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

The health board approved a risk appetite statement in November, setting out a new approach to expressing the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. In the context of the financial challenges facing the Health Board, the risk appetite adopted for most risk categories is described as '*seeking*', indicating that risks assessed to be at or above a risk level of 20 will be overseen by the committees of the Board as a minimum on a quarterly basis. However, for the category of *compliance risks* where the risk relates to laws, regulations and standards directing the delivery of safe, high quality care, or the health and safety of the staff and public, a '*cautious*' appetite will be adopted, requiring risks scoring 15 or above to be overseen at committee level. The mechanism for reporting risk is being reviewed currently with a view to introducing a new approach from the beginning of the coming financial year.

2.3 Health Board Risk Register (HBRR)

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

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

3. MANAGEMENT OF HEALTH BOARD RISK REGISTER (HBRR)

3.1 Action to Update the HBRR

This report indicates the changes made during the period since the last meeting. The most recent changes made in preparing the draft February 2023 HBRR are highlighted within the register itself in red. The public HBRR is attached at **Appendix 1**. Detailed risk register entries for sensitive risks are presented separately to the In Committee of session of the meeting.

3.2 Risk Register Summary

The Health Board Risk Register presents:

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

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

Table 1: Summary of Risk Assessment Scores

Risk Analysis	Number of Risks					
	Aug 2022	Sep/Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
Risk Score of 20-25 (Red)	18	18	18	18	18	19
Risk Score of 16-19 (Red)	10	9	9	9	10	9
Risk Score 9-15 (Amber)	10	11	12	11	11	11
Risk Score of 5-8 (Yellow)	0	0	0	0	0	0
Risk Score of 1-4 (Green)	0	0	0	0	0	0
Total	38	38	39	38	39	39

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 the registers over the period October 2022 – February 2023:

- **Two** new risks were added to the register:
 - *HBR 89 HMP Swansea*
 - *HBR 90 GDPR Subject Access Requests*
- **Three** risks have increased in score:
 - *HBR 13 Environment of Premises 12→16*
 - *HBR 43 Deprivation of Liberty/Liberty Protection Safeguards 15→20*
 - *HBR 63 Screening for Fetal Growth Assessment 16→20*
- **Three** risk scores have been reduced:
 - *HBR 57 Home Office Controlled Drug Licensing 16→12*
 - *HBR 64 Health & Safety Infrastructure 25→20*
 - *HBR 74 Delay in Induction of Labour 20→15*
- **One** risk has been closed in the register:
 - *HBR 86 Storage Area Network*

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	New Risks	Lead Exec Director	Current Risk Score
89	HMP Swansea There is a risk that the men in HMP Swansea will not receive the appropriate standard of care. This is due to the fact that the nursing establishment within the prison no longer fully meets the changed demographics and numbers of men being detained. The maximum operational capacity of the Prison can reach circa 480 men. The Health Board investment into the Prison is based on delivering services to 250 men. This was also highlighted as a risk in the recent HIW governance review.	Executive Director of Nursing	20
90	GDPR Subject Access Requests The Health Board does not have adequate resources to deal with the sustained increase in volume and complexity of subject access /access to health records requests received from requestors. The ICO are already involved with a number of breaches and complaints in this area and there is the potential for future enforcement action if significant improvements are not made. Misfiling and redaction are major issues for Health Records, IG and Health Professionals. SAR breaches have led to successful compensation claims and media interest.	Director of Digital	16

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

Table 3: Risks with Increased Scores

Risk Ref	Increased Risks	Lead Exec Director	Previous Risk Score	Current Risk Score
13	Environment of Premises Risk of failure to meet statutory health and safety requirements.	Director of Finance & Performance	12	16
43	Deprivation of Liberty/Liberty Protection 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.	Executive Director of Nursing	15	20
63	Screening for Fetal Growth Assessment	Executive Director of Nursing	16	20

Risk Ref	Increased Risks	Lead Exec Director	Previous Risk Score	Current Risk Score
	There is not enough Ultrasound capacity within Swansea Bay UHB to offer all women serial ultrasound 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, which states serial ultrasound growth scans should be performed at three weekly intervals and serial scans for all women who smoke. 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). SBUHB are also not screening for PAPP-A in accordance with recommendations from the Perinatal Institute.			

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

Table 4: Risks with Reduced Scores

Risk Ref	Reduced Risks	Lead Exec Director	Previous Risk Score	Current Risk Score
57	Home Office Controlled Drug Licensing Non-compliance with Home Office (HO) CD Licensing requirements. The Health Board (HB) currently has limited assurance regarding compliance with HO CD Licensing requirements, nor does it have processes in place in respect of future service change compliance.	Director of Corporate Governance	16	12
64	Health & Safety Infrastructure Insufficient resource and capacity of the health, safety and fire function within the Health Board to maintain legislative and regulatory compliance for the workforce and for the sites across the Health Board.	Director of Finance & Performance	25	20
74	Delay in Induction of Labour Delays in Induction of Labour can introduce avoidable risk and unnecessary intervention which	Executive Director of Nursing	20	15

Risk Ref	Reduced Risks	Lead Exec Director	Previous Risk Score	Current Risk Score
	can lead to poor clinical outcome for mother and/or baby. Delays in Induction of Labour lead to increased complaints and decreased patient satisfaction.			

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

Table 5: Closed / De-escalated Risks

Risk Ref	Closed Risks	Lead Exec Director	Commentary
86	Storage Area Network Extended outages of locally hosted systems due to failure of the Health Board's Storage Area Network (SAN) which would impact delivery of clinical and non-clinical services.	Director of Digital	Funding was provided by Welsh Government and a solution procured from Dell. Dell agreed to maintain the SAN until implementation in January 2023. The risk was reduced and de-escalated from the December 2022 HBRR for continued management within the risk register of Digital Services.

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>Update: Review of roles & service models in order to increase SDEC working hours and throughput of patients sustainably was completed. The increase is now expected to come into effect by end of March 2023. Morrison set up a workstream to review SAFER discharge – SAFER rollout commenced starting with AMU at Morrison. It was reviewed by national team and</p>	Chief Operating Officer

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<p>commended as good practice. A ten-week rollout plan was put in place.</p> <p>Primary care group review of the Fractured Neck of Femur pathway and the use of virtual wards to reduce length of stay started on limited basis.</p> <p>The Acute Medical Service Review Unit has been implemented, but further work is ongoing to increase out of hospital capacity. A bed decommissioning group has been set up chaired by the CEO. First meeting took place on 23/01/2023 and a paper is expected at Management Board in March 2023.</p> <p>Further Actions:</p> <ul style="list-style-type: none"> • Increase of hours in SDEC planned [Target 31/03/2023]. • Exploring internal & external funding options for OPAS (Older Persons Assessment Service) [Target 31/01/2023]. • Looking to extend to non-surgical fractures – resource requirements of options to be quantified and presented to Chief Executive for consideration [Target 31/01/2023]. 	
50	<p>Access to Cancer Services</p> <p><i>A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</i></p> <p>Update:</p> <p>A template has been received from Welsh Government to support enhanced monitoring, which includes performance against cancer trajectories. A detailed recovery plan is due to go to the Board in March 2023.</p> <p>Further Actions:</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 31/03/2023] • Expand OMF & colorectal operating capacity. [Target 31/03/2023] 	Chief Operating Officer
81	<p>Critical staffing levels: Midwifery</p> <p><i>Vacancies and unplanned absences resulting from Covid-19 related sickness, alongside other long term absences including maternity leave, have resulted in critical staffing levels, which undermine the ability to maintain the full range of expected services safely, increasing the potential for harm, poor patient</i></p>	Executive Director of Nursing

Risk Ref	Risk & Mitigating Actions	Lead Executive Director
	<p><i>outcomes and/or choice of birthplace. Poor service quality or reduction in services could impact on organisational reputation.</i></p> <p>Homebirth and FMU services remain suspended. Recruitment to backfill secondments for Practice Development Midwife, Fetal Surveillance Midwife and for Interim Matron for community services was undertaken in December 2022. Successful appointment of roles to assist with workforce, including Band 5 Service Support Manager and Band 8a Transformational Workforce Midwife. Senior Management team to prioritise workforce paper.</p> <p>Further actions being taken:</p> <ul style="list-style-type: none"> • With support from HR, Finance and Cwm Taf colleagues, the Head of Midwifery is developing a workforce paper to establish vacancy position and develop vacancy tracker going forward. [Target adjusted to 03/03/2023] • Review of the Maternity Escalation guideline to ensure robust processes in place if acuity is high or critical staffing. [Target 30/03/2023] • Role of the Maternity Care Assistance developed and advertised. Shortlisting of applicants for interview to be undertaken. [Target 30/03/2023] 	

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

3.5 Additional Changes

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

- Assuring Committees have been amended to reflect the transfer of individual risks from the Audit Committee to Quality & Safety Committee (CD Licensing Risk) or Workforce & OD Committees (Digital Risks). This allows the Audit Committee to perform its role in providing assurance on the overall system or risk management, whilst other committees focus on the detail within allocated risks. It also addresses a recommendation made in Audit Wales' Structured Assessment.
- Following discussion with the Director of Digital and colleagues, it has been agreed that that nature of the Cyber Security risk is such that details of control measures, actions and specific vulnerabilities captured within the risk entry should not be available in the public domain. This risk will therefore be separated and taken in Committee and in non-public sessions of the Board in future.

4. GOVERNANCE AND RISK

4.1 Risk Management Group

The Risk Management Group (RMG) has met twice since the last Audit Committee meeting. Topics have covered:

- Risk management arrangements within each of the four Service Groups and four corporate directorates.
- Papers analysing use of a selection of key fields within the Datix Risk Register including new risk approval; progress note recording; the use of target scores; the recording of risk decisions; and the recording of actions to reduce risks.
- An update on risk matters including earlier Risk Scrutiny Panel outcomes in December.
- The newly approved SBU Risk Appetite Document was shared for information.
- Risk Management Policy, RMG terms of reference, and the Simple Guide to Risk Assessment & Management were shared and comments received.
- Update on O4W Risk Register Module development.
- The most up to date HBRR and BAF were shared.
- Internal Audit Improvement Plan Update presented.

Different approaches to the group's review of arrangements for managing operational risk within Service Groups have been trialled over the meetings. Future meetings will supplement presentations from services with analytical papers on Datix use.

4.1 Risk Management Policy

As noted above, views have been sought from members of the Risk Management Group to support the review and revision of its terms of reference and the Health Board's Risk Management Policy. Additionally, terms of reference for the Risk Scrutiny Panel have been refreshed to include its role in reviewing action to reduce significant risks, alongside its main role in considering escalated operational risks. The proposed Policy, including amended terms of reference, is attached at **Appendix 2**.

4.2 Risk Management Workshop Training

Training Delivery

Service Group risk management training workshops was previously completed in:

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

At Morriston, following training session the Clinical Cabinet and Matrons meeting, a workshop for Surgical Divisions was delivered in November. Service pressures during the December / January period have delayed further sessions, but there are now slots confirmed with Medicine and Emergency Care & Hospital Operations (February) and Clinical Support Services (March).

Training for new staff and refresher training for current managers has continued to be provided via monthly sessions and content has been refreshed during the year.

Training Effectiveness

At the November 2022 meeting the Audit Committee asked for an assessment of the effectiveness of training undertaken. In taking this forward there are two things to consider: (i) the attendees own assessment of the training provided and their improved understanding of risks management, and (ii) the outcome in terms of the improved implementation of risks management principles in practice.

To consider the first of these – staff assessment of training and improved understanding – a survey has been disseminated to staff invited to attend the programme of workshops to gather their views on the impact it has had on their understanding of risk management principles and practice, and to identify areas of further training need/improvement. At the point of preparation of this paper, the response rate is relatively low (16 responses). We intend keeping the survey open and chasing further responses to bring back more data to a future meeting. However, in the meantime, an interim analysis of responses provided to date is provided below. Participation was anonymous but each participant was also invited to share contact details if they wished and any further free text comments.

Proportion of responses from the Service Groups so far:

- Primary Community & Therapies
- Mental Health & Learning Disabilities
- Neath Port Talbot & Singleton
- Morriston
- Other



We asked participants would have described their understanding of risk management principles & practice **before** undertaking the training. They said:

UNDERSTANDING BEFORE TRAINING

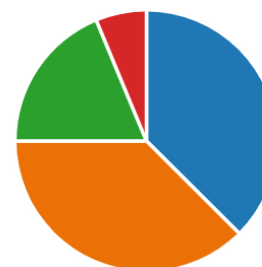
- Very good
- Good
- Neutral
- Limited
- Very limited



We asked participants would have described their understanding of risk management principles & practice **after** undertaking the training. They said:

UNDERSTANDING AFTER TRAINING

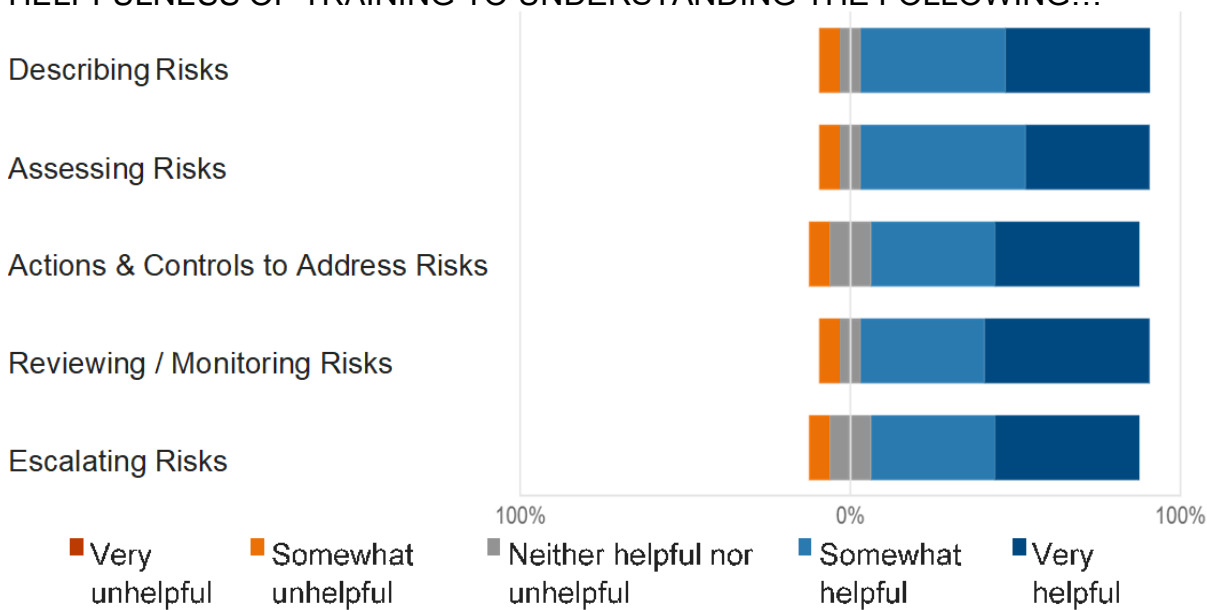
- Very good
- Good
- Neutral
- Limited
- Very limited



Figures behind this graph indicate that all responders considered their understanding level to have increased. The one responders still with 'Limited' understanding has asked for a further refresher as she had not had opportunity to consolidate learning in practice – this has been booked.

The survey sought more detail to determine whether there were any areas that the training had been particularly helpful and any less so, for consideration in future training and development work. The results were:

HELPFULNESS OF TRAINING TO UNDERSTANDING THE FOLLOWING...

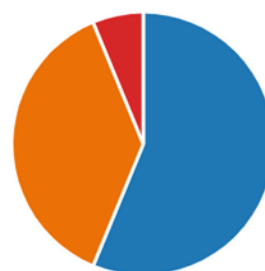


The single “somewhat unhelpful” response submission did not provide any further comments of contact details. However, we would note that this responder indicated they were ‘somewhat satisfied’ with the training and had indicated their understanding has improved from ‘neutral’ to ‘good’.

Overall satisfaction with training content and approach was as follows:

OVERALL SATISFACTION

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied



The single ‘somewhat dissatisfied’ response has indicated in other comments a lack of clarity regarding the flow of reporting. We will pick this up with the responder to see if training / guidance can be made clearer.

Early feedback is positive overall, but we will keep the survey open and chase further responses to provide a more comprehensive picture.

Having delivered the training (to most services), the next step is to ensure that the greater understanding is carried through to risk management practice. The Risk Management Group has started to receive information on the use of key fields within the risk register and it is aimed to develop this over the course of 2023/24 to promote more active, effective use of risk registers for the management of risk and to provide assurance regarding the same.

4.2 Datix Cymru – Risk Module

As previously reported, as part of the Once4Wales Concerns Management System Programme, a work stream group, supported by weekly meetings of a national task & finish sub group, meets to develop a new risk register module within Datix Cymru for use by organisations within NHS Wales. There are changes still be made to meet the work stream requests which the sub-group are working through – feedback is to be provided at the next workstream meeting (March date tbc).

The contract for the current system was due to expire on 31/03/2023. Datix have agreed to extend the licence to 31/03/2024. NWSSP have agreed to pilot the system and to share experience with the group. Datix indicate that any required changes will need to be agreed by Datix and formally signed off by the end of April 2023.

4.3 Inspections Schedule

Regular reports on the planned and unannounced Healthcare Inspectorate Wales inspections are provided to the Management Board and Quality & Safety Committee. Work is being carried out to extend the report to capture all planned external inspections regardless of the regulator/inspectorate. This has expanded since the first version presented, but continues to develop and there are elements to complete. However, a copy is presented at **Appendix 3** for information. (NB HIW inspections are captured separately within reports to Patient Safety & Compliance meetings and the Quality & Safety Committee.)

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

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<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		
(please choose)	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/Service Group Directors should 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"> N/A 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) Appendix 2 – Risk Management Policy (Draft Revision) Appendix 3 – External Inspections 	

