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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	18 May 2021	Agenda Item	3.2
Report Title	Health Board Risk Register (HBRR) Report		
Report Author	Elaine Woodrow, Senior Risk & Assurance Officer		
Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the Health Board Risk Register (HBRR) and the Covid-19 Risk Register.		
Key Issues	<ul style="list-style-type: none"> The Audit Committee last considered the HBRR and Covid-19 Gold Command risk register in March 2021; There are a total of 32 risks on the HBRR, 3 risks are being considered by the Management Board for closure, 1 risk to be de-escalated and managed by the Finance Directorate, 4 risks have reduced in score and 2 risks have increased; There are a total of 23 risks on the Covid-19 Gold Command Risk Register, 5 have been closed and 4 new risks have been added since November 2020, 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<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 progress in the review of the risks following the Board Meeting in March 2021 and the subsequent written request from the Chief Executive; NOTE that the Director of Corporate Governance will work with each of the Directors to re-frame the risk and that this will be reported as part of the next Risk Report update in July; and NOTE the actions agreed by the relevant Executive Director for the next quarter which will enable the Audit Committee to monitor progress against the system of risk and also scrutinise specifically the risks allocated to the Audit Committee. 		

HEALTH BOARD RISK REGISTER (HBRR) REPORT

1. INTRODUCTION

The purpose of this report is to provide an update on the Health Board Risk Register (HBRR) and the Covid-19 Risk Register and specifically to address the comments raised at the Health Board meeting in March 2021.

2. BACKGROUND

2.1 Health Board Risk Register (HBRR)

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.

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 Senior Leadership Team/Executive Team, relevant Board Committees and the Board.

While the Audit Committee has the overarching responsibility for overseeing risk management, it has delegated relevant risks to each of the other board sub-committees to ensure their work programmes are aligned to these to ensure they review and receive reports on the progress made to mitigate key risks as far as possible. Quarterly HBRR update reports are submitted to the Health Board and each of the sub Committees of the Board.

2.2 Covid 19 Risk Register

The COVID-19 risk register focusses on the management key risks related to managing the response to the Pandemic.

3. MANAGEMENT OF HEALTH BOARD RISK REGISTER (HBRR)

The HBRR is agreed by the Executive Directors and is scrutinised by the Board level Committees on a quarterly basis in terms of the risks aligned to each sub-committee of the Board with the Audit Committee overseeing the complete HBRR on behalf of the Board. The HBRR is presented at **Appendix 1** for information.

3.1 Health Board Risk Register (HBRR) Dashboard

The updated HBRR as at April 2021 is presented at **Appendix 1** for information, and red text denotes the updates made. There are currently a total of 33 risks on the HBRR and a summary of the risks is outlined in tables 1 and 2 below:

Table 1 – Summary of Risk Assessment Score

Risk Analysis	No of Risks
High Risk: Risk Score of 16 – 25 (Red)	28
Moderate Risk: Risk Score 9 – 15 (Amber)	5
Manageable Risk: Risk Score of 5 – 9 (Yellow)	0
Acceptable Risk: Risk Score of 1 – 4 (Green)	0

3.2 Updates to the Health Board Risk Register (HBRR)

Table 1 :The Health Board has 5 risks scoring at 25 and these are:

Risk	Update and Actions for next quarter	Lead Executive Director
16: Access to Planned Care	<p>There is a bi-weekly Recovery meeting for assurance on the recovery of our elective programme. The annual plan is based on specialty level capacity and demand models at specialty level that set out the baseline capacity and identify solutions to bridge the gap. Non-recurring pump – prime funding is available to support initial recovery measures. Monthly performance reviews track progress against delivery.</p> <ul style="list-style-type: none"> Develop and implement a full range of ‘treat while you wait’ interventions at specialty level to minimise harm. (June 2021) 	Chief Operating Officer
50: Access to Cancer Services	<p>Additional investment in MDT consideration, with 5 cancer trackers appointed in April 2021. One of the areas is Lower GI where clinic capacity has increased by 4 times in April. Endoscopy contract has been extended.</p> <p>Action</p> <ul style="list-style-type: none"> To explore the possibility of offering Stereotactic ablative radiotherapy for high risk lung cancer patients in South West Wales Cancer Centre. 	Chief Operating Officer
66: Access to Cancer Services – SACT	<p>27.04.21 - Loss of 3 Chairs (due to IPC controls for COVID) has impacted on capacity. Currently running alternate Saturdays in CDU to mitigate loss. Current wait time for SACT >21 days for the majority of patients.</p> <p>Action</p> <ul style="list-style-type: none"> Business case to enhance HomeCare capacity for delivery of chemotherapy at home being considered w/c 26th April. 	Chief Operating Officer

	Scheme is cost-saving. If approved and when recruited to, risk score will reduce to 16.	
67: Access to Cancer Services – Radiotherapy	<p>05.03.21 - Number of projects around hypo fractionation treatments have been developed and are being developed. Breast hypo fractionation has been agreed and additional resources were given in Qtr 3-4 to support this. Recruitment to posts is just been finalised.</p> <p>Work for hypo fractionation in prostate in partnership with Urology teams in SBU and Hywel Dda is in development stage and is included as priority in annual plan. Clinical fellow to support hypo fractionation development work in pancreas has also been supported on fixed term basis and is due to commence in April/May 21.</p> <p>Case for Lung Hypo fractionation has also been developed and is with WHSSC for consideration. without investment unless we see drop in demand risk will not be reduced.</p> <p>27.04.21 - Risk remains 25 due to limited CT and LINAC capacity. Wait time for RT >28 days for the majority of patients.</p> <p>Action</p> <ul style="list-style-type: none"> • Exploration of further opportunities to (a) increase hyperfractionation for other diseases (b) opportunity to outsource. New CT due to be operational mid-May 2021. If on schedule and additional capacity (hyperfractionation and outsourcing) is confirmed, risk should reduce to 16. 	Chief Operating Officer
64: Health and Safety Infrastructure	Current actions include completion of the health & safety team resource business case to address resource issues within the H&S team to enable the HB to address its legal obligations. The additional resources required have been included in the HB annual plan. Resources when approved will be phased in over 2021/22 and 2022/23 financial years, this will enable the risk level to be reduced when implemented.	Director of Nursing and Patient Experience

Table 2 : Increases in Risk

Risk	Rationale for increase in risk and actions planned	Current Risk Score
41 - Fire Safety Regulation Compliance	<p>Given the current works programme for the removal of the cladding (2.5years), there will be high levels of risk to manage locally given current resources corporately to actively support this.</p> <p>Action: Additional resources are being requested on a permanent basis, with temporary arrangements in place to address overdue risk assessments. The HB will continue to work with MWWF to ensure they are kept up to date. Risk increased to 20.</p>	20 (increase from)
36 – Electronic Patient Record	<p>19/04/2021: Implementation of WNCR commenced 19th April 2021 across 6 wards, due for completion 11th June 2021.</p> <p>L – The likelihood score for this risk has been increased from 3 to 4 bringing the overall score up to 16. This is due to the ongoing Blood Enquiry and issues regarding the decommissioning of sites that traditionally stored records such as Cefn Coed. Risk increased to 16.</p> <ul style="list-style-type: none"> • New action - Establish the legalities around the scanning and destruction of paper records in relation to the Blood Enquiry. 	16 (increase from 12)

Table 3: Reduction in Risks

Risk	Rationale for reducing the risk	Current Risk Score
52 – Engagement & Impact Assessment Requirements	31.03.21 – Action completed – Agreement of dedicated resource to support Engagement activity – through structure reviews	12 (reduction from 16)
54 – <u>Brexit</u>	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. This has been undertaken, but given that there remain some unknowns in terms of future agreements as some are being reviewed during the summer of 2021, the current risk rating has reduced but remains in place.	12 (reduction from 15)

	The monitoring of Brexit related risks is overseen by the EPRR Strategy Group and there is a specific Brexit risk log and register. C-19 Gold has oversight of the risks also as there are some synergies with regard to the C-19	
37 – Operational and strategic decisions are not data informed	Management Board have approved the investment for 4 BI partners to work with the SDGs to become more data driven. The risk likelihood score has therefore been reduced from 4 to bringing the overall risk score down to 12	12 (reduction from 16)
49 – TAVI Service	Improvements to service being embedded sustainably. Action plans in response to RCP report now complete, pending second cohort review.	12 (reduction from 25)

Table 4 : Risks to be closed

Risk
15 – 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.
Rationale for closing the risk
On review of this risk the actions relate to vaccination coverage and the potential re-emergence of measles – it dates back to 2016. In relation to this ‘population health risk’ the proposed mitigation measures have been completely ineffective in reducing the risk (as measured by changes in vaccine coverage) and the current commentary relates to a different risk, not vaccine coverage.
Whilst it may be worth considering a risk around long-term changes in population health associated with the pandemic, it is proposed that updates against the delivery of Annual Plan in relation to the Population Health Strategy/Plan would be incorporated into the Board Assurance Framework and any new risk would then be considered at an appropriate time.
Risk
58 - There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty.
Rationale for closing the risk
Additional glaucoma clinic capacity now available in Wellbeing Centre, Swansea University, but overall capacity is still below pre-COVID levels due to social distancing requirements and the theatre capacity only being allocated to Priority 2 patients. Gold Command process in place to regularly review recovery plans.
To incorporate the risk into HBRR 16 Access to Planned Care with a specific risk on the Service Group Risk Register.
Risk
72 – Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2020-21

Rationale for closing the risk
COVID-19 impact on Capital Resource Limit and Capital Plan for 2020-21. The DOF discussed the risk with the Performance & Finance Committee 23 February 2021 and it was agreed to decrease the risk from 15 to 9.
Risk has now been removed from the HBRR over to the Finance Dept Risk register.
Risk
62 – Sustainable Corporate Services
Rationale for closing the risk
This risk was agreed at a point in time. In discussion with the Executive Team it is proposed to close this risk and it is no longer an issue.

Risk
68 – Risk of declared pandemic due to Coronavirus Infectious Disease
Rationale for closing the risk
As there is a declared pandemic it is proposed to close this risk as this is a live issue being managed by the Health Board.

Summary of Executive HBRR Updates with no changes to the risk score – April 2021

The following tables includes updates against the risks however, there has been no change in the risk score since the last meeting of the Board

Executive Director	Risks	Notable Updates	Initial Risk Score	Current Risk Score
Director of Finance	73	<p>73 – There is potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working.</p> <p>The Health Board underlying financial position may be detrimentally impacted by the COVID-19 pandemic.</p> <p>Rationale updated:</p> <ul style="list-style-type: none"> • There is a potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working - Risk Rated 20, • The residual cost base risk remains difficult to assess as the Health Board continues to respond to the impact of the pandemic • Clarity has been forthcoming in terms of COVID response funding for the first 6 months of 2021/22 with the allocation of £21.6m to the Health Board from Welsh Government. • A clear financial plan for 2021/22 is in place but this has not yet been formally agreed with Welsh Government and there remain a number of additional systems in place to allow the Health Board to respond to COVID. • As the Health Board moves out of direct COVID response and into COVID recovery there remains a real risk that some additional cost and some service change cost could be part of the run rate of the Health Board and this could be exposed when additional funding ceases. <p>04.05.21 update – Action closed - Savings opportunities and pipeline to be reviewed and options for development of plans taken forward through SLT</p>	20	20
Director of Strategy	39, 48, 52, 54	<p>39 - IMTP Statutory Responsibility</p> <p>14.04.21 Update – The Board Committee review the respective elements of the Annual Plan prior to Board approval. The HB submitted a draft Annual Plan to WG in March 2021 as a record of progress with our planning.</p> <p>The Board received an update on the development of a sustainability plan in May and agreed to establish an ‘oversight group’ reporting to the Board.</p>	20	20

Executive Director	Risks	Notable Updates	Initial Risk Score	Current Risk Score
		48 – CAMHS 01.04.21 – Action update – Additional demands as a result of Covid expected and will need additional investment either from MH development monies or from direct Welsh Government funding. Actions (by September 2021) <ul style="list-style-type: none"> • Additional investment expected - from Welsh Government is supporting the delivery of Waiting List Initiative clinics to support the position. • The Network is seeking to recruit agency staff to fill existing and upcoming vacancies to ensure that core capacity is maximised. 	16	16
Director of WODS	3	3 – Workforce Recruitment of Medical and Dental Staff International recruitment Campaign in train but this has been delayed due to Covid. New approaches are being implemented Spring 21 onwards.	20	20
Director of Nursing & Patient Experience	4, 43, 51, 63, 65	4 – Failure to achieve infection control targets set by Welsh Government, increase risk to patients and increased costs associated with length of stays. With Covid nosocomial transmissions reducing, a greater emphasis on the Tier 1 targets will be made. Some in depth scrutiny working with microbiology to commence for Klebsiella. 12/04/21 - Progress in relation to E. coli and Pseudomonas bacteraemia, however, failed to achieve Tier 1 targets for C. difficile, Staph. aureus and Klebsiella bacteraemia. Targeted focus continues in relation to these. <ul style="list-style-type: none"> • Action : Ongoing infection control team involvement in site level estates projects to ensure appropriate isolation facilities are factored in from the outset 	20	20
		43 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. Regular scrutiny at Safeguarding Committee and by DoLS Internal Audit; monitoring via DoLS Dashboard this will provide real-time accurate data. Update report to MHLC, impact of COVID and focus on urgent cases via virtual process and plan to progress business case by year end. DoLS and MCA Training provided to doctors and managers by Solicitor from Legal & Risk Services in January and February 2021. <ul style="list-style-type: none"> • Action : Business case for revised service model to be completed by the Service Group Nurse Director 	16	16

Executive Director	Risks	Notable Updates	Initial Risk Score	Current Risk Score
		<p>51 Non Compliance with Nurse Staffing Levels Act (2016)</p> <p>Daily staffing tool is being completed to provide an overview of the staffing situation in each Delivery Group this supports the decision making process with deployment of staff daily.</p> <p>9th April 2021 in Nurse Staffing Act steering group the Service Groups, Mental Health & Learning Disabilities and Primary & Community reported risk registers ranging from 12 - 16. There remains pressure points on the acute sites and high nursing vacancies, therefore will remain at 20 and review in the May NSA Steering group.</p> <ul style="list-style-type: none"> Action: Review in the Nurse Staff Steering Group in May with a view to agreeing actions to minimise the risk 	16	20
		<p>63 – Failure to achieve the Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) will have an impact on the quality of care for patients</p> <p>Training currently being provided by appropriately trained obstetrician the two trainee midwife sonographers are making good progress in their university course and practical skills training.</p> <p>An ultrasound machine has been purchased from capital funds and will be installed by 31/03/2021 for midwife sonographer service use. Relocation of some gynaecology clinics will free up space for a dedicated room in the antenatal clinic environment.</p> <ul style="list-style-type: none"> New Action: Recruitment of Trainer and further trainee sonographers is completed and presented to the Service Group for approval. 	12	20
		<p>65 – Lack of CTG Monitoring in Labour Wards</p> <p>Funding for central monitoring approved for 2021/22. Meeting to be arranged with provider and key stakeholders in SBU to commence the project toward installation and training.</p> <ul style="list-style-type: none"> New Action: waiting final sign off for purchase of central monitoring. Walk around planned for 12th May 2021 for estates and I.T to cost up the infrastructure aspect of the bid. 	16	20
		<p>41 - If the Health Board does not comply with the fire regulations then this will breach the Health and Safety at Work Act</p> <p>Given the current works programme for the removal of the cladding (2.5years), there will be high levels of risk to manage locally given current resources corporately to actively support this.</p>	15	20

Executive Director	Risks	Notable Updates	Initial Risk Score	Current Risk Score
		70 - National Data Centre Outages The likelihood of national data center outages will never be fully eliminated. The current score of 5 is based on the fact there have been WLIMS outages over recent years. The implementation of the new National data center will reduce the likelihood of outages once complete and score will reduce to 2	20	20

3.3 Covid-19 Gold Risk Register

In recognition that Covid-19 is an “issue” which the Health Board is managing, a separate Risk Register has been established in the Datix risk management system to capture the Covid 19 risks which are overseen by the Covid-19 Gold Command group. The risks are reviewed and updated on a weekly basis. The Covid 19 Risk Register is presented at **Appendix 2** for information.

The register was last reviewed by the Covid 19 Gold Command Group in April 2021 when discussions were held in terms of transferring risks which required long terms actions. These risks are currently in the process of being transferred to the HBRR:

Risk Ref	Description of risk identified	Current Score
R_C OV_012	Partnership Working Reduced from 25 to 20 There are growing 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.	20
R_C OV_018	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	20
R_C OV_020	Workforce Resilience (added 16/12/20) 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.	25

As part of the process of transferring risks to the Health Board Risk Register, it is proposed that the COVID Risk Register will no longer be reported through this report and any new risks that need to be escalated will be reported as part of the agreed risk management process.

In addition to the risks identified above it is proposed that the risk **R_COV_017** should be escalated to the risk register and this will be incorporated into the next report to Audit Committee.

3.4 Risk Assigned to the Audit Committee

There are six risks assigned to the Audit Committee to oversee on behalf of the Board of which two are risk rated 20 which is the Board set agree tolerance level for risk.

37 (1217)	Information Led Decisions Operational and strategic decisions are not data informed. Reduced from 16	16	12	↓
57 (1799)	Controlled Drugs Non-compliance with Home Office Controlled Drug Licensing requirements.	20	16	→
27 (1035)	Sustained Clinical Services Inability to deliver sustainable clinical services due to lack of digital transformation.	16	16	→
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 if there is poor records management in some wards. Increased from 12	12	16	↑
60 (2003)	Cyber Security – High level risk The level of cyber security incidents is at an unprecedented level and health is a known target.	20	20	→
70 (2245)	National Data Centre Outages The failure of national systems causes severe disruption across NHS Wales, affecting Primary and secondary care services.	20	20	→

4. GOVERNANCE & RISK

4.1 Risk Appetite & Tolerance Levels

The Board reviewed its Risk Appetite and Tolerance levels and set new levels for the staff to follow during the Covid-19 pandemic. Previously, the Board's risk appetite was that risks of 16 and above are considered high risks and risks which the Board considered actions should be taken as a priority to mitigate the risk and there is a low threshold to taking risk where it will have a high impact on the quality and safety of care being delivered to patients. Risk appetite and tolerance acts as a guidance as to the risk boundaries that are acceptable and how risk and reward are to be balanced, as well as providing clarification on the level of risk the Board is prepared to accept.

Members of the Board agreed that the risk appetite, whilst dealing with Covid-19, would increase to **20** and above for an initial period of 3 months. The risk appetite of 20 and above has remained in place since the start of the pandemic. These arrangements will be reviewed regularly by the Executive Team, Audit Committee and the Board.

4.2 Risk Management Group (RMG)

The Risk Management Group meet on a quarterly basis and oversee the escalation of all risks and report to the Management Board on progress (these arrangements were suspended during the pandemic and reporting has now recommenced in March 2021).

The Group last met on the 9 March 2021 and:

- Reviewed the HBRR and high level Covid Risk Register;
- Considered the updated Risk Management Policy,

- Considered and updated the Groups Terms of Reference;
- Considered and updated the Risk management policy; and
- Received an update on the Board Assurance Framework;
- The Director of Corporate Governance requested that Executive Directors/Service Directors review their existing operational risks on the Datix Risk Module (taking into account the positive /negative impacts that Covid-19 may have had on them).

To ensure effective governance the interim Assistant Head of Risk and Assurance was supporting the Executive Directors/Service Directors to review and manage their risks. Ensuring regular reporting of the updates to the Executive Team, the Audit Committee and the Board for review. The next meeting is on the 11 May 2021.

4.3 Risk Scrutiny Panel

The Risk Scrutiny Panel meet on a monthly basis and oversee the escalation of all risks and ensure the risk management process is followed. The Panel ensures the effectiveness of the Health Board's risk management system and consider risks rated as 20 and above (usually 16 and above, but 20 and above based on the 20 and above risk appetite) risks received from the Service Groups and Corporate Directorates, and consider themes of risks emerging from Service Group/Service/Department Level which are below 16 although collectively could require escalation to the Executive Lead and reported to the RMG and Management Board for consideration.

The Risk Scrutiny panel last met on the 22nd March and 29th April 2021 and considered risk exception reports from the Service Groups and Corporate Directorates.

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, Units and in Departments. 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. RECOMMENDATION

Members are asked to:

- **NOTE** the progress in the review of the risks following the Board Meeting in March 2021 and the subsequent written request from the Chief Executive;
- **NOTE** that the Director of Corporate Governance will work with each of the Directors to re-frame the risk and that this will be reported as part of the next Risk Report update in July; and
- **NOTE** the actions agreed by the relevant Executive Director for the next quarter which will enable the Audit Committee to monitor progress against the system of risk and also scrutinise specifically the risks allocated to the Audit Committee.

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 checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" 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/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"> 27 April 2021 - Risk Scrutiny Panel 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register; and Appendix 2 - Covid-19 High Level Risk Register. 	