Meeting Date	12 November 2020	Agenda Item	2.4
Report Title	Health Board Risk Register (HBRR) Report		
Report Author	Jacqui Evans, Interim Assistant Head Risk & Assurance		
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) Attached as **Appendix 1** and the Covid-19 Risk Register, attached as **Appendix 2**.		

Key Issues	**The Executive Team have updated the following risks:**
	• **Risk Ref 1:** Access to Unscheduled Care risk reduced from 25 to 16.
	• **Risk Ref 16:** Access to Planned Care increased from 20 to 25.
	• **Risk Ref 50:** Access to Cancer Services increased from 20 to 25.
	• **Risk Ref 51:** Compliance with Nurse Staffing Levels (Wales) Act 2016 – risk increased from 16 to 20.
	• **Risk Ref 58:** Access to Ophthalmology Services increased from 12 to 16.
	• **Risk Ref 68 Covid-19 Pandemic** increased from 15 to 25.
	
	New risks have been included in the HBRR:
	• **Risk Ref 71:** The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain.
	• **Risk Ref 72:** Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2020-21.
	• **Risk Ref 73:** 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.
	
	Covid Risk Register:
	• Health Board has recognised the pandemic as an issue and as such a Covid 19 Risk Register has been created which is managed through the Gold Command Executive led meeting. The highest risks relate to:
	
	  - Care homes
	  - Delivery of Essential Care
	  - Nosocomial transmission
	  - Risk of Emergency Department closure
	
	New risks added to the Covid risk register at a high level:
	• R_COV_017 Nosocomial Transmission
	• R_COV_018 Risk of Closure of the Emergency		

| | Department and impact on the service.

Both these risks were considered at the Health Boards Risk Management Group in November 2020.

Risk Appetite:
- The Board considered the risk appetite and tolerance levels in April 2020 and increased the high level risk from 16 to 20, recognising the current risk level the Health Board is managing in relation to the pandemic and re re-establishing essential services.

Risk Management Group
The Group met in October and:

- Reviewed the HBRR and high level Covid Risk Register;
- Considered the updated Risk Management Policy, which has been updated and attached as appendix 3;
- Considered and updated the Groups Terms of Reference; and
- Received an update on the Board Assurance Framework.

- The Director of Corporate Governance has requested 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 is 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. |

Specific Action Required *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☐

| **Recommendations** | Members are asked to:

- **NOTE** the updates to the Health Board Risk Register and the further changes being made in recognition of the changing risks facing the Health Board and the uncertainty in terms of modelling required as a result of the current 2nd wave of Covid-19, and the risk of a potential 3rd wave.
- **NOTE** the updates to the Covid-19 Gold Command risk register.
- **NOTE** the updates to the Risk Management Policy and Terms of Reference for the Risk Management Group. |

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.

2. **BACKGROUND**

   2.1 Health Board Risk Register (HBRR)
   Swansea Bay University Health Board (SBUHB) is committed to providing safe and effective, high quality healthcare. We mandate a culture and environment, which minimises and actively seeks to reduce risk and promotes the health, safety and well-being of patients, staff, visitors and the general public.

   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. SBUHB encourages staff to take ownership of their responsibilities through a two-way communication process, with appropriate training and support, to identify and manage risk.

   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.

   2.2 Covid 19 Risk Register
   The Covid-19 pandemic, also known as the coronavirus pandemic, is an ongoing pandemic of coronavirus disease 2019 (Covid-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Covid-19 outbreak has had a huge impact on core NHS services. In order to free up enough capacity to deal with the initial peak of the pandemic, the NHS was forced to shut down or significantly reduce many areas of non-COVID care during April, May and June 2020. This, combined with fewer patients seeking care during lockdown, means that there has been a significant drop in elective procedures, urgent cancer referrals, first cancer treatments and outpatient appointments.

   The Health Board is in unprecedented times, and the evolving Covid-19 situation poses some practical challenges in terms of board governance, transaction execution and statutory compliance commitments. Boards remain accountable at times of national crisis and risk management is critical to evidence how we are managing our risks and evidence that, as a Board, we are doing the right thing and the rationale behind key decisions is transparent. [1] (Good Governance Institute, 2020). There also needs to be clarity on 'changed' roles and responsibilities, decision making, communication and record keeping. Whilst substantial amounts of management time will be focussed on ensuring that the Health Boards response is coordinated and effective, there is a risk that quality governance and oversight may not be as robust

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[1] https://www.good-governance.org.uk/blog-post/boards-remain-accountable/

as the resource/capacity of our staff is stretched in an unprecedented way which is changing on a daily basis.

In addition, the Minister of Health and Social Services announced on 13th March 2020, a framework of actions, within which local health and social care providers could make decisions to ensure that preparations could be made in a planned and measured way for managing Covid-19 and included:

- Suspending non-urgent outpatient appointments and ensure urgent appoints are prioritised;
- Suspending non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery);
- Prioritising the use of Non-Emergency Patient Transport Service to focus on hospital discharge and ambulance emergency response;
- Expediting discharge of vulnerable patients from acute and community hospitals;
- Relaxing targets and monitoring arrangements across the health and care system;
- Minimising regulation requirements for health and care settings;
- Fast tracking placements to care homes by suspending the current protocol which give to right to a choice of home;
- Permission to cancel internal and professional events, including study leave, to free up staff for preparations;
- Relaxation of contract and monitoring arrangements for GPs and primary care practitioners; and
- Suspending NHS emergency service and health volunteer support to mass gatherings and events.

The focus is now on re-establishing essential services in line with the NHS Wales Covid-19 Operating Framework. Covid-19 business decisions are made against the backdrop of quickly-changing circumstances on the ground, and the Covid-19 risk register offers an essential framework for informing those choices. The risk register accomplishes this by keeping the spotlight on operational changes and offering a structured method to identify and mitigate the derivative risks.

3. **MANAGEMENT OF HEALTH BOARD RISK REGISTER (HBRR)**
Entries to the HBRR are approved by Executive Directors and collectively considered by the Executive Team. The risks are 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.

At present, the Risk Module on the Datix software system holds 772 open and accepted risks, of which 14% relate to risks over the Board's agreed tolerance level i.e. risks rated as 20 and above.

3.1 Summary of Changes to the HBRR
The Executive Team Directors have reviewed the Health Board Risk Register and updated the following risks:

- **Risk Ref 1: Access to Unscheduled Care risk reduced from 25 to 16**
  Due to current measures related to Covid-19 including the cancelled all non-urgent activity, Emergency Department and Minor Injury Unit (MIU) attendance

had reduced by nearly 50%. Activity has started to increase and this risks is monitored closely by the Chief Operating Officer.

- **Risk Ref 3: Workforce recruitment of medical & dental staff**
  Risk covers all hospitals and multiple specialties. Participated in BAPIO in November, appointed 25 doctors. Working with Medacs to replace long term locums. Developing an Invest to Save Bid for international overseas recruitment for nursing to upscale the activity for 20/21. Recruitment remains a challenge but is also a national problem. The problem persists and due to Covid-19 we can no longer rely on overseas doctors due to the travel restrictions. Supply issues to the Covid-19 areas however have been mitigated by using doctors from other specialties where demand is currently low.

- **Risk Ref 16: Access to Planned Care increased from 20 to 25;**
  The cancellation of all non-urgent activity has increased the backlog of planned care cases across the organisation. Whilst mitigating measures such as virtual clinics have been put in place new referrals are still being accepted which is adding to the outpatient volumes. The significant reduction in theatre activity is obviously increasing the number of patients now breaching 36 and 52 week thresholds.

- **Risk Ref 50: Access to Cancer Services increased from 20 to 25**
  Whilst every effort is being made to maintain cancer treatment, surgical cancer activity in particular is being impacted upon by both the reduction in elective theatre capacity and availability in critical care beds.

- **Risk Ref 58: Access to Ophthalmology Services increased from 12 to 16**
  Although routine outpatient's appointment are not being undertaken those patients at high risk i.e. Wet age-related macular degeneration (AMD) are still being seen and receiving treatment and those patients in other high risk specialties such as glaucoma are being reviewed virtually and if deemed necessary attending for urgent appointments.

- **Risk Ref 51: Compliance with Nurse Staffing Levels (Wales) Act 2016** – risk increased from 16 to 20.
  Increased risk as a result of reduction in staff availability in relation to staff isolation/sickness - Covid-19. Frequently below minimum staffing number requirements. Additional Controls have been introduced in March to mitigate the risk, although the risk has increased at this time. Additional actions include:

  - Daily Silver Nurse staffing Cell meetings chaired by Executive Director of Nursing & Patient Experience to discuss hot spots and the staff available across the Health Board;
  - Nurse Bank fully utilised and part of the nurse staffing meetings, Unit Nurse Directors can now sanction Non contract agency without Executive approval to maintain a safe service;
  - Corporate Nursing 7 day rota introduced;
  - Database set up to record wards that have been repurposed as novel wards (Covid-19);
  - Set up Covid-19 Corporate Training & Education Hub. Which outlines a clear plan for Training & Education;
  - Approved Registered Staff who have retired from the Nursing Midwifery Council Register in the last 3 years have been contacted with a view to return to practice and into the health board workforce;

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- o Delivery Units have appropriately deployed of ward nurses to key areas. And also Administration staff utilised to release nurses into providing care and;
- o Student nurses have returned to clinical practice which has been supported corporately.
- o A specific update report on the Nurse Staffing Act was presented to the Board in May 2020.

- **Risk Ref 68 Covid-19 Pandemic** increased from 15 to 25. Specific risks and issues relating to response to the pandemic are identified and managed through the Gold Command Executive led meetings and supported by the Covid-19 Coordination Centre. There was a separate report to the Board, in April 2020, covering the approach taken to the management of the pandemic which includes the risks and that a separate Covid 19 specific risk register, presented at *Appendix 2* for information, will be maintained at this time. All the Covid-19 risks are linked back to the HBRR entry 68 in the risk module in Datix.

3.2 New risks for the HBRR
Three new risks, all risk rated level 20, have been added to the HBRR (Approved by the Director of Finance) in relation to:

- **Risk Ref 71**: The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain.

- **Risk Ref 72:** Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2020-21.

- **Risk Ref 73:** 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.

3.3 Health Board Risk Register (HBRR) Dashboard
There are a total of 35 risks on the HBRR and a summary of the risks is outlined in the tables below:

Table 1 – Summary of Risk Score

Risk Analysis	No of Risks
High Risk: Risk Score of 20 – 25 (Red)	20
High Risk: Risk Score of 16 (Red)	7
Moderate Risk: Risk Score 9 – 15 (Amber)	8
Manageable Risk: Risk Score of 5 – 9 (Yellow)	0
Acceptable Risk: Risk Score of 1 – 4 (Green)	0

Table 2 - Dashboard of HBRR Risks – October 2020

Impact/Consequences	1	2	3	4	5
5				**03:** Workforce Recruitment of Medical and Dental Staff **04:** Infection Control **51:** Compliance with Nurse Staffing Levels (Wales) Act 2016 **58:** Ophthalmology Clinic Capacity **63:** Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) **65:** CTG Monitoring in Labour Wards **69:** Adolescents being admitted to Adult MH wards **70:** Data Centre outages	**16:** Access to Planned Care Services **50:** Access to Cancer Services **66:** SACT Treatment **67:** Target breaches to Radical Radiotherapy Treatment **68:** Coronavirus Pandemic
4				**01:** Access to Unscheduled Care Service **37:** Operational and strategic decisions are not data informed **43:** DOLS Authorisation and Compliance with Legislation **48:** Child & Adolescence Mental Health Services **49:** TAVI Service **57:** Non-compliance with Home Office Controlled Drug Licensing requirements **61:** Paediatric Dental GA Service – Parkway	**39:** IMTP Statutory Responsibility **60:** Cyber Security **62:** Sustainable Corporate Services **64:** H&S Infrastructure **71:** The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain. **72:** Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2020-21. **73:** 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.
3				**13:** Environment of Health Board Premises **27:** Sustainable Clinical Services for Digital Transformation **36:** Electronic Patient Record **41:** Fire Safety Regulation Compliance **52**: Engagement & Impact Assessment Requirements	**15:** Population Health Improvement **53:** Compliance with Welsh Language Standards **54:** No Deal Brexit
2					
1					
C X L	1	2	3	4	5
				Likelihood	

3.4 Covid-19 Gold Risk Register

In recognition that Covid-19 is an "issue" which the Health Board is managing a separate Risk Register, presented at *Appendix 2* for information*,* which has been established in the Datix system which is overseen by the Covid-19 Gold meetings with the risks being reviewed and updated on a weekly basis. Currently there are four risks rated as high level risks on the Covid-19 Gold Risk Register presented in the Covid-19 Gold dashboard in Table 3 below:

Table 3 - Dashboard of Covid-19 GOLD Command Risk Register – October 2020

Impact/Consequences	1	2	3	4	5
5					
4				**R_COV_008:** Capacity **R_COV_012:** Partnership Working **R_COV_015:** Mass Vaccination	**R_COV_005:** Care Homes **R_COV_010:** Delivery of Essential Care **R_COV_017** Nosocomial Transmission **R_COV_018** ED closure
3				**R_COV_016:** Bed Spacing	**R_COV_001:** Shortage of Critical Care drugs **R_COV_002:** Shortage of Palliative Care drugs **R_COV_003:** Inadequate supply of PPE **R_COV_009:** Workforce – Field Hospitals **R_COV_013:** Test, Trace and Protect **R_COV_014:** Keyworker Support from Schools - CLOSED
2					**R_COV_004:** Workforce Shortages – Self Isolation **R_COV_006:** Equipment Shortages - CLOSED **R_COV_007:** Oxygen Provision - CLOSED **R_COV_011:** BAME Workforce Risks
1					
C X L	1	2	3	4	5
				Likelihood	

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The dashboard includes the two new high risks:

- R_COV_Strategic_017 Nosocomial transmission in hospitals 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.

- R_COV_Strategic_018 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

3.5 Management of Operational Risks

Executive Directors (Corporate functions) and Service Group Directors supported by the Service Group Nurse and Medical Directors remain responsible for risks outside of the Covid-19 Risk Register linked to the HBRR entry Risk Ref 68. Self-governance, transparency and management of these risks is crucial at a time when external scrutiny is at its lowest i.e. Healthcare Inspectorate Wales (HIW), Health & Safety Executive (HSE), Internal and External Audit unprecedented reduction in activity.

The Director of Corporate Governance has requested that Executive Directors/Unit 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) and to:

- Agree the risks that remain a priority to manage and mitigate during the Covid-19 pandemic;
- Agree (archive) the risks that do not present a significant risk during the Covid-19 pandemic (however they must ensure that existing controls are in place and remain effective otherwise risk could increase); and
- Consider new and emerging risks to their service as a result of the Covid-19 pandemic (including potential risks in respect of returning to normal business)

To support the governance arrangements in place the interim Assistant Head of Risk and Assurance is supporting the Executive Directors/Service Group Directors to review and manage their risks. All updates will be reported to the Executive Team, the Audit Committee and relevant sub Committees overseeing risks on behalf of the Board.

4. Risks Assigned to Sub Committees of the Board

All risks within the Health Board Risk Register have been assigned to the sub Committees of the Board. The purpose of this is for the risks to be scrutinised and challenged to the members, on behalf of the Board, to understand the risks and request sufficient reports/coverage in the meetings to understand the:

- level of risk the Health Board is running and how this impacts on the Health Board achieving its objectives;
- controls in place and actions taken and how that has impacted on the level of risk;
- actions planned and how they will impact on the risk and
- timescales for reducing the risk and management plan.

To aid this process the updated monthly HBRR will be shared with the Chairs of the sub Committees ahead of their agenda planning meetings to provide opportunity to request reports on risks assigned to the sub Committee to cover the above points.

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Furthermore, a briefing session for Independent Members will be arranged to support their review of the HBRR.

Feedback from Committees is shown below in Table 4:

Committee	Feedback	Risks 20 and above
Quality and Safety Committee (27 October 2020)	Further review of risks via a separate meeting with the Chair of the Committee to agree the 'deep dive' of risks.	8
Performance and Finance Committee (27 October 2020)	Review of Cancer and Financial Performance considered at the October 2020 meeting. Deep dive on planned care performance to be considered by the Committee in November 2020. Highest risks related to Planned Care and Cancer Services	6 Highest Risks 25 (840 and 1761)
Health and Safety Committee (1 December 2020)	Health Board Risk Register scheduled for the December meeting.	1
Workforce and OD Committee	Health Board Risk Register scheduled for the December meeting.	3

4.1 HBRR risks assigned to the Audit Committee

There are six HBRR entries assigned to the Audit Committee to oversee on behalf of the Board listed in Table 5 below

Table 5: Risks Assigned to the Audit Committee

Risk Ref	Description of risk identified
37 (1217)	**Information Led Decisions** Operational and strategic decisions are not data informed.
57 (1799)	**Controlled Drugs** Non-compliance with Home Office Controlled Drug Licensing requirements.
27 (1035)	**Sustained Clinical Services** Inability to deliver sustainable clinical services due to lack of digital transformation.
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.
60 (2003)	**Cyber Security – High level risk** The level of cyber security incidents is at an unprecedented level and health is a known target.
70 (2245)	**National Data Centre Outages** The failure of national systems causes severe disruption across NHS Wales, affecting Primary and secondary care services.

The Committee has received reports covering these risks in previous meetings and presentations from the Director of Digital and his deputies.

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Updates which will be included, for these risks, in the November HBRR will include the following:

- **HB (37) Risk: Operational and strategic decisions are not data informed.** In regard to the action (29518) - Produce Business Intelligence Strategy and get sign off from the board. The timescale for completing this action has been pushed back to 30/4/2021 due to the COVID pandemic.

- **HB (27) Risk: Digital Transformation Inability to deliver sustainable clinical services due to lack of Digital Transformation.** This risk has been reviewed by the Digital Services Risk Management Group and amendments have been made to the likelihood score, increasing the score from 3 to 4, bringing the overall risk score from **12 to 16**. The HB template has been amended to reflect the scoring rationale and an additional control has been added. All amendments have been highlighted in red on the HB template.

- **HB (60) Risk: Cyber Security** No amendments for this submission, for review at the next meeting.

    - **HB (36) - Risk: Paper Record Storage, n**o amendments for this submission, for review at the next meeting.

    - **HB Risk (70) There is a risk of national data centre outages which disrupt health board services -** No amendments for this submission, for review at the next meeting.

One risk has been escalated onto the Digital Service Risk Register and will be considered at the Digital Services Risk meeting and whether the risks needs to be escalated for inclusion on the HBRR:

Integration - High Dependency on National/third party suppliers Risk Rated 16

5. GOVERNANCE & RISK

5.1 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 and will be further considered by the Board in November 2020. These arrangements will be reviewed regularly by the Executive Team, Audit Committee and the Board.

5.2 Escalation & Intervention Arrangements
The Welsh Government's written statement published on the 7 October 2020 advised that SBUHB had been de-escalated from targeted intervention status to 'enhanced

monitoring' status[2], as it had demonstrated that it had a clearer understanding of its finances and the required actions, there has been a clearer approach to performance, and an improvement in some of the measures under consideration, including cancer and infections. Whilst this, is indicative of positive progress, the written statement also stated that concerns remained that unscheduled care and waiting times needed to see sustained improvement in performance.

Therefore, in October 2020 each Executive Director was requested to review the risk score in light of the new escalation and intervention arrangements balanced with the significant ongoing risks relating to the second, and potentially third wave of the Covid 19 pandemic. The updated risk register will be presented to the Senior Leadership Team (SLT) and the Executive Team in November/December 2020, and an updated HBRR will be presented to the Audit Committee in January 2020.

5.3 Updated Risk Management Policy & Terms of Reference

5.3.1 Risk Management Policy
To ensure effective governance the Risk Management policy has been updated to incorporate the internal audit recommendations made in April 2020. The updates include:
- Reference to the responsibility of the Senior Leadership Team (SLT);
- consistent language and terminology between the body of the policy (6.5.5.) and Appendix 2, in terms of arrangements for the escalation of risk;
- Service Delivery Units (SDU's) to Service Groups;
- a process for reporting "nil returns";
- include specific Terms of Reference for the Risk Scrutiny Panel;
- makes a clearer reference to the Board Assurance Framework (BAF);
- reference to the "Simple Guide to Risk Management".

The updated Risk Management Policy was endorsed by the Risk Management Group meeting 21 October 2020, and will be presented to the Executive Team for approval on the 11 November 2020.

5.3.2 Risk Management Group Terms of Reference (TOR)
For completeness the Risk Management Group's (RMGs) terms of reference (TOR) have also been reviewed in tandem with the risk management policy. The updates include:

- Reference to the responsibility of the Senior Leadership Team (SLT);
- a process for reporting "nil returns";
- a description of the relationship between the RMG and the Risk Scrutiny panel;
- Specific terms of reference for the risk scrutiny panel, including role and delivery of the panel, the membership of the panel comprising of internal and external members and reference to devising an annual forward plan of business.

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[2] Written Statement: Escalation and Intervention Arrangements, 7 October 2020 https://gov.wales/written-statement-escalation-and-intervention-arrangements-2

The updated TOR were endorsed by the Risk Management Group meeting 21 October 2020, and will be presented to the Executive Team for approval on the 11 November 2020.

6. 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.

7. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register and the further changes being made in recognition of the changing risks facing the Health Board and the uncertainty in terms of modelling required as a result of the current 2nd wave of Covid-19, and the risk of a potential 3rd wave.
- **NOTE** the updates to the Covid-19 Gold Command risk register.
- **NOTE** the updates to the Risk Management Policy and Terms of Reference for the Risk Management Group.

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		☒
	Co-Production and Health Literacy		☒
	Digitally Enabled Health and Wellbeing		☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		
	Best Value Outcomes and High Quality Care		☒
	Partnerships for Care		☒
	Excellent Staff		☒
	Digitally Enabled Care		☒
	Outstanding Research, Innovation, Education and Learning		☒

Health and Care Standards			
(please choose)	Staying Healthy		☒
	Safe Care		☒
	Effective Care		☒
	Dignified Care		☒
	Timely Care		☒
	Individual Care		☒
	Staff and Resources		☒

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	• 21 October 2020 - Risk Management Group • July 2020 - Executive Team • June 2020 - Audit Committee
Appendices	• Appendix 1 - Health Board Risk Register; and • Appendix 2 - Covid-19 High level Risk Register.