



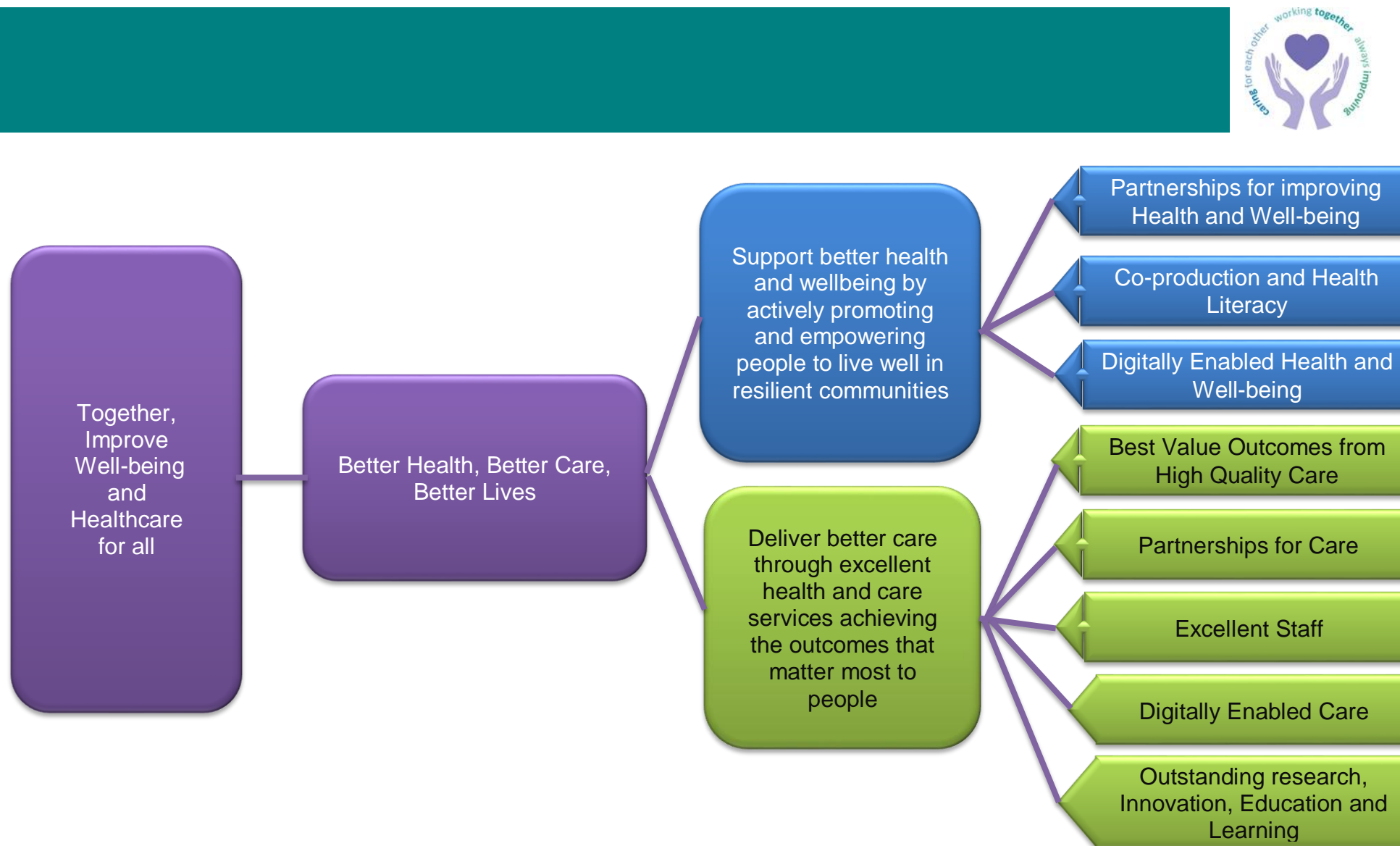
Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# COVID-19 RISK REGISTER GOLD COMMAND 22 February 2021



## Aligning Risk with Swansea Bay University Health Board (SBUHB) Strategy

The Swansea Bay University Health Board (SBUHB) strategy is outlined in the figure below and all risks identified for inclusion on the Health Board Risk Register are mapped to our enabling objectives.



**COVID-19 RISK REGISTER**  
**DASHBOARD OF ASSESSED RISKS – GOLD COMMAND**

<b>Impact/Consequences</b>	5		<b>R_COV_006:</b> Equipment Shortages – CLOSED <b>R_COV_007:</b> Oxygen Provision – CLOSED <b>R_COV_011:</b> Workforce Risk Assessment Tool – CLOSED	<b>R_COV_013:</b> Test, Trace and Protect <b>R_COV_016:</b> Bed Spacing CLOSED <b>R_COV_19a:</b> Opening of Field Hospital (revised model - December 2020)	<b>R_COV_009b:</b> Workforce – Recruitment <b>R_COV_010:</b> Delivery of Essential Care <b>R_COV_19b:</b> Opening of Field Hospital (revised model - December 2020)	<b>R_COV_008:</b> Capacity <b>R_COV_009a:</b> Workforce Shortages <b>R_COV_012:</b> Partnership Working <b>R_COV_20:</b> Workforce Resilience
	4			<b>R_COV_005:</b> Care Homes Reduced from 20 to 12 22/2/21	<b>R_COV_015a:</b> Mass Vaccination (Medium Term) <b>R_COV_015b:</b> Mass Vaccination (Short Term)	<b>R_COV_17:</b> Nosocomial Transmission <b>R_COV_18:</b> Whole-Service Closure
	3	<b>R_COV_014:</b> Keyworker Support from Schools – CLOSED				<b>R_COV_001:</b> Shortage of Critical Care drugs <b>R_COV_002:</b> Shortage of Palliative Care drugs <b>R_COV_003:</b> Inadequate supply of PPE <b>R_COV_004:</b> Covid Related Sickness Absence
	2					
	1					
	C X L	1	2	3	4	5
Likelihood						

❖ Please note that some risks are deemed closed but may re-open if 2<sup>nd</sup> or 3<sup>rd</sup> wave occurs

## COVID 19 Risk Register Dashboard

Risk Reference	Datix ID	Description of risk identified	Initial Score	Current Score	Trend	Controls	Last Reviewed	Scrutiny Committee
R_COV_001	2367	<b>Shortage of critical care drugs</b> Global shortages which is affecting the UK of a number of drugs/ fluids to manage patients cared for in critical care areas could restrict number of people able to be supported in critical care unit and restrict capacity to enact full COVID critical care response plan	25	15	→	↑	22.02.2021	Gold Command COVID-19
R_COV_002	2368	<b>Shortage of Palliative Care Drugs</b> National shortage of palliative care drugs and access to syringe drivers which could impact on ability to provide timely care for patients at home or in hospital; causing pain for patients and distress for patients and their families. Inability to access drugs for patients at home could impact on hospital sector if these patients subsequently require hospital admission. Distress for patients in families in not being able to die in their place of choice.	25	15	→	↑	22.02.2021	Gold Command COVID-19
R_COV_003	2378	<b>Inadequate Supply of PPE</b> Inadequate supply of PPE could place staff at risk of harm and an increase in the number of staff infected will increase absence rates, resulting in difficulties in staffing core capacity.	25	15	→	↑	22.02.2021	Gold Command COVID-19
R_COV_004	2369	<b>Covid related sick absence</b> Number of staff who are absent from work through self-isolation or family illness will impact on ability to deliver safe care for patients; and will impact on ability to keep capacity open and to staff surge and super surge capacity. NOTE This risk ONLY captures the total of staff absence as reported weekly to WG risk score reflects the position in comparison with wave one position which peaked at 1700 staff absent.	25	15	→	↑	22.02.2021	Gold Command COVID-19
R_COV_005	2370	<b>Care Homes</b> Potential failure in local care home sector to manage staff absences could result in emergency closure of care home which will place undue pressure and therefore on community health and social services to support and/or lead to an increase in patient admission to hospital. Risk of patient harm if care homes are not adequately covered. <b>Reduced from 20 to 12 22/2/21 (reduced from 25 to 20 in July 2020)</b>	25	12	↓	↓	22.02.2021	Gold Command COVID-19
R_COV_006	2371	<b>Equipment Shortages (Currently closed)</b> Inability to secure adequate supply of equipment to support phases of capacity plan which may restrict ability of Board to respond to peaks in pandemic if not mitigated. This includes availability of ventilators, CPAP, suppliers, syringe drivers	25	10	→	↑	30.11.2020	Gold Command COVID-19

R_COV_007	2372	<b><u>Oxygen Provision (Currently closed)</u></b> Capacity constraints on oxygen provision at Morriston will limit number of ventilator, CPAP and high flow oxygen beds. Lack of ability to secure direct suppliers via BOC will hamper plans for oxygen provision within field hospital	25	10	→	↑	30.11.2020	Gold Command COVID-19
R_COV_008	2373	<b><u>Capacity</u></b> Capacity requirements against national modelling mean that the HB capacity may be either insufficient to cope with demand of 2nd surge, resulting in an inability to care for patients as well as an increased risk of excess death.	25	25	→	→	22.02.2021	Gold Command COVID-19
R_COV_009a	2374	<b><u>Workforce Shortages</u></b> Measures the risk to service provision, deployment plans and HB strategic workforce related developments i.e. surge capacity, field hospital / Imms programme in the context of the number of available staff. Factors impacting cover Covid and general sick absence, deployment restrictions relating to staff covid risk assessment, general turnover, Outbreaks. Key risk areas where specific workforce shortages impact is the greatest e.g. ITU, A&E, Covid wards are reflected in the overall score.	25	25	→	→	22.02.2021	Gold Command COVID-19
R_COV_009b	2534	<b><u>Workforce Recruitment</u></b> Despite efforts to recruit staff into substantive, agency, bank and other roles the HB fails to meet the expanding requirement to replace staff covid related or increase staff resource as a consequence of new staff resource needs. The workforce staff recruitment/supply risk has been assessment NOT just against the existing HB plans which had already highlighted the HB difficulties with staffing super surge. The risk score reflects the risks with meeting every and all existing confirmed requirement. The risk includes the internal risk given the pressures on relatively small departments who need to support recruitment. There is significant pressure on the pool of Non registered staff in the SW of Wales with HBs and LA all recruiting from the same pool, this impacts not only on the availability but quality of candidates.	25	20	→	↑	22.02.2021	Gold Command COVID-19
R_COV_010	2375	<b><u>Delivery of Essential Care</u></b> Following the guidance to step down routine activity issued by Welsh Government and the pandemic Health and Social Care Response Plan, the R&R programme was overseeing the restart of routine and essential services. Some services remain significantly under pre-covid capacity. There is a risk that the delivery of essential and routine services will be disrupted again through a 2nd peak in COVID admissions and levels of service delivery will need to be adjusted to support the covid response.	25	20	→	→	22.02.2021	Gold Command COVID-19

R_COV_011	2376	<b>Workforce Risk assessment tool (Currently closed)</b> There is growing evidence that COVID-19 is having a disproportionate impact on individuals from BAME backgrounds. The evidence continues to evolve but the UK Intensive Care National Audit and Research Centre findings on critical care published on 24th April 2020 and the data on BAME deaths published in the Health Service Journal on 22nd April provided sufficient evidence to indicate that individuals from BAME backgrounds may be at disproportionate risk from poorer outcomes from COVID-19.	25	10	→	↑	30.11.2020	Gold Command COVID-19
R_COV_012	2377	<b>Partnership Working</b> 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	25	→	→	22.02.2021	Gold Command COVID-19
R_COV_013	2388	<b>Test, Trace, Protect</b> The TTP programme is operational and staff have been recruited to both regional and local teams. There is a risk that there will be insufficient capacity locally to contend with significant or prolonged outbreaks and the sustainability of the service is a concern given the temporary nature of deploying people from core roles. There is also a risk that testing capacity may not be sufficient to deal with sudden upsurges in demand. Longer laboratory times will negatively impact on the effectiveness of contact tracing.	20	15	→	↑	22.02.2021	Gold Command COVID-19
R_COV_014	2456	<b>Key worker support from schools (Currently closed)</b> Both Swansea and NT Local Authorities have indicated they do not have plans to provide key worker support over the 6-week summer break. As some staff may not be able to access the support they would have normally have relied upon during this period due to Covid restriction, these staff may have no options but to remain at home to care for their children. Existing policy during the pandemic was that we did support staff in these circumstances by providing basic pay only.	15	15	→	→	30.11.2020	Gold Command COVID-19
R_COV_015a	2457	<b>Mass Vaccination (Medium Term)</b> The Health Board will need to plan a mass vaccination programme for COVID-19 vaccine alongside management of the annual influenza programme. This will present a number of challenges, including workforce availability, logistics and supply, parallel delivery with the influenza programme and the constraints around co-administration, as well as administrative and information management considerations. Planning parameters have been released by Welsh Government. The most significant risk in the delivery of the programme is in securing sufficient workforce and the availability of a digital solution that provides an end to end information system to establish the programme.	20	16	→	↑	22.02.2021	Gold Command COVID-19

R_COV_015b	TBC	<b>Mass Vaccination (Short Term)</b> The Health Board will need to plan a mass vaccination programme for COVID-19 vaccine alongside management of the annual influenza programme. This will present a number of challenges, including workforce availability, logistics and supply, parallel delivery with the influenza programme and the constraints around co-administration, as well as administrative and information management considerations. Planning parameters have been released by Welsh Government. The most significant risk in the delivery of the programme is in securing sufficient workforce and the availability of a digital solution that provides an end to end information system to establish the programme.	20	16	→	↑	22.02.2021	Gold Command COVID-19
R_COV_016	2491	<b>Bed Spacing (Closed)</b> Guidance was issued by WG in July setting out minimum requirements in respect of bed spacing between hospital beds. As a result of a detailed risk assessment carried out at Board level, the Board will not be able to fully comply with this guidance in respect of a minimum 3.6m mid to mid bed, and 3.7m between from bed head to middle of space across to opposite bed. This increases the potential risk of nosocomial transmission. If beds are withdrawn from use due to non-compliance with the minimum standards, then this introduces risk around the loss of capacity and potential for patient harm to be caused across the system due to flow issues.	16	12	→	↑	01.02.2021	Gold Command COVID-19
R_COV_017	2521	<b>Nosocomial transmission (Reduced to 20)</b> 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.	25	20	→	↑	22.02.2021	Gold Command COVID-19
R_COV_018	2522	<b>Whole-Service Closure</b> 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	25	20	→	↑	22.02.2021	Gold Command COVID-19
R_COV_019a	2567	<b>Opening of Field Hospital (revised model - December 2020)</b> Risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place	25	15	→	↑	22.02.2021	Gold Command COVID-19
R_COV_019b	2568	<b>Opening of Field Hospital (revised model - December 2020)</b> Risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place	25	20	→	↑	22.02.2021	Gold Command COVID-19



R_COV_020	2569	<b>Workforce Resilience (added 16/12/20)</b> 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	25	→	→	22.02.2021	Gold Command COVID-19
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Datix ID Number: 2367	R_COV_Strategic_001								
<b>Risk: Shortage of critical care drugs</b> Global shortages which is affecting the UK of a number of drugs/ fluids to manage patients cared for in critical care areas could restrict number of people able to be supported in critical care unit and restrict capacity to enact full COVID critical care response plan. Drugs used to manage the critical care of these patients are required in much higher doses than standard care.	<b>Director Lead:</b> Richard Evans, Medical Director <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>Monitoring mechanism in place for critical care drugs.</li><li>Lack of hemofiltration fluids across the UK escalated to ECCW on 18/04/20.</li><li>Assessment of further local contingency plan to be undertaken week beg 20th April 20</li></ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Escalate to WG via critical care network to seek mutual aid in event of drug shortages; ongoing liaison with WG and suppliers.	Clinical Director Pharmacy	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<b>Current Risk Rating</b> 5 x 3 = 15 <table border="1"><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>10</td></tr></table>	Initial Risk	25	Current	15	Target	10	<b>Additional Comments</b> Monitoring mechanism in place for critical care drugs. Access to priority medicines dashboard with a formalised mutual aid agreements between HBs supported by Health Courier Wales. Situation improving due to UK government working to create new supply routes alongside ongoing work to reduce waste, increase production of ready to administer medicines and the availability of unlicensed medicines. Anxiety remains about the potential of further peaks alongside the recommencing of routine care. National guidance on the essential role of medicines in recommencing routine care is expected and will reiterate the importance of organisations ensuring that any procedure which requires an anaesthetic, sedative, analgesic or neuromuscular blocker has assessed that the Medicines are available and can be replenished, if not that there are readily available substitutes and that stocks are sufficient to manage any emergency requirement for these drugs such as in the case of Covid 19. SBU pharmacy team have a four day buffer stock which will be kept to manage any emergency situation. There are ongoing discussions between DOH and pharmaceutical manufacturers to develop a 6-week buffer stock for the UK in anticipation of no deal Brexit, thus risk remains Amber currently. Discussion at Gold 28.08.20: No alteration to post-MA risk score required currently. National procurement exercise ongoing to stockpile supplies. Deadline for completion was 10.08.20. Consider revision of score once assessment is available to consider. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently. 16.10.20 - Remdesivir availability: manufacturer have signed a joint procurement agreement with EU to ensure improved availability for at least the next six months. The		
Initial Risk	25								
Current	15								
Target	10								

	<p>manufacturer has indicated that they expect to be in a position to meet global demand by the end of Oct 2020. The position of UK and the JPA with EU will also be monitored in the event that there is an impact resulting from Brexit arrangements in 2021. There are ongoing discussions between DOH and pharmaceutical manufacturers to develop a 6-week buffer stock for the UK in anticipation of no deal Brexit, thus risk remains Amber currently.</p> <p>Discussion at Gold 29.10.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at gold 06.11.20: No alteration to post-MA risk score required currently. These remain under tight review with Brexit looming.</p> <p>Discussion at Gold 13.11.20 &amp; 23.11.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 30.11.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 07.1.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 24.1.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 01.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently.</p>
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Datix ID Number: 2368	R_COV_Strategic_002								
<b>Risk: Shortage of Palliative Care Drugs</b> National shortage of palliative care drugs and access to syringe drivers which could impact on ability to provide timely care for patients at home or in hospital; causing pain for patients and distress for patients and their families. Inability to access drugs for patients at home could impact on hospital sector if these patients subsequently require hospital admission. Distress for patients in families in not being able to die in their place of choice. The standard process of the just in case needs to be managed via a just in time approach.	<b>Director Lead:</b> Richard Evans, Medical Director <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>Local distribution plan now refined to be able to supply drugs at home quickly as required whilst preserving central stock.</li><li>The Health Board has adopted Welsh Government guidance on the potential for re-using critical supplies in nursing homes and will follow the all Wales Standard Operating Procedure in adopting this flexibility and will put in place a review and audit mechanism</li></ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Ongoing liaison with suppliers and WG to identify further supplies.	Clinical Director Pharmacy	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<b>Current Risk Rating</b> 5 x 3 = 15 <table border="1"><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>10</td></tr></table>	Initial Risk	25	Current	15	Target	10	<b>Additional Comments</b> Increased agility to supply limited stocks through the following access routes1st line - Community Pharmacies (including those holding additional palliative medicines stocks) <ul style="list-style-type: none"><li>• 2nd line – The Palliative Hub at Morriston Hospital Pharmacy Department</li><li>• 3rd line – The national COVID-19 end of life medicine service (available 24/7)</li><li>• 4th Line – repurposing of medication at the care home in accordance with the attached SOP</li></ul> Potential no deal Brexit – DOH discussion with suppliers for 6-week buffer. Brexit risk being discussed in EPRR group. Discussion at Gold 28.08.20: No alteration to post-MA risk score required currently. National procurement exercise ongoing to stockpile supplies. Deadline for completion was 10.08.20. Consider revision of score once assessment is available to consider. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently. Discussion at Gold 22.10.20: No alteration to post-MA risk score required currently. Discussion at Gold 29.10.20 - No alteration to post-MA risk score required currently. Discussion at gold 06.11.20: No alteration to post-MA risk score required currently. These remain under tight review with Brexit looming. Discussion at gold 13.11.20 & 23.11.20: No alteration to post-MA risk score required currently. Discussion at Gold 30.11.20: No alteration to post-MA risk score required currently. Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently.		
Initial Risk	25								
Current	15								
Target	10								

	Discussion at Gold 07.01.21: No alteration to post-MA risk score required currently. Discussion at Gold 24.01.21: No alteration to post-MA risk score required currently. Discussion at Gold 01.02.21: No alteration to post-MA risk score required currently. Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently. Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently.
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Datix ID Number: 2378	R_COV_Strategic_003								
<b>Risk: Inadequate Supply of PPE</b> Inadequate supply of PPE could place staff at risk of harm and an increase in the number of staff infected will increase absence rates, resulting in difficulties in staffing core capacity.	<b>Director Lead:</b> Christine Williams, Interim Director of Nursing <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Alternative decontamination options being worked through for some items to enable re-use. Military assistance in place in Morriston from 20/04/20 to support improvement in logistics operation</li></ul>	<b>Mitigating actions (What more should we do?)</b>								
	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Strengthened central distribution of PPE in place with electronic feed of supply requirements from individual units. Stock levels monitoring via dashboard. Pursue of local supply options underway for PPE with large supply anticipated in 01/05/20 and further quantities on order.	Director of Nursing	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<b>Current Risk Rating</b> 5 x 3 = 15 <table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>10</td></tr></table>	Initial Risk	25	Current	15	Target	10	<b>Additional Comments</b> Alternative decontamination options being worked through for some items to enable re-use. Military assistance in place in Morriston from 20/04/20 to support improvement in logistics operation. 12.05.20 - Supplies have increased with regular reporting from units of a minimum of 24hrs in unit stores, most PPE items 48hrs plus, with a further 48hrs held in HQ central store. Confirmation of current and new suppliers providing steady supply of PPE to the Health Board. Discussion at Gold 28.08.20: No alteration to post-MA risk score required currently. Issues ongoing re 9332+ and 8833 masks given that the flight containing supplies didn't arrive on 09.08.20, as expected. All-Wales PPE Executive meeting to be held next week. Hoods and alternative masks on order. Reconsideration of score to occur next week. Discussion at Gold 18.09.20 & 22.10.20: No alteration to post-MA risk score required currently. Discussion at Gold 29.10.20 & 06.11.20: No alteration to post-MA risk score required currently. Discussion at gold 13.11.20 & 23.11.20: No alteration to post-MA risk score required currently. Discussion at Gold 30.11.20: No alteration to post-MA risk score required currently. Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 07.01.21: No alteration to post-MA risk score required currently. 08.01.21: National supplies of PPE have increased significantly with the majority of PPE lines having 24 weeks supply with PPE and FFP3 supplies at 10 weeks with a further push to increase to 24 weeks by 13 March 2021. Locally, supplies are positive at least 8-10 weeks on supplies received through NWSSP and a further 65 plus weeks of an alternative FFP3 that is currently being fit tested on to distribute throughout the health board. Discussion at Gold 24.1.21: No alteration to post-MA risk score required currently. Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently.		
Initial Risk	25								
Current	15								
Target	10								

	Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently and for further discussion at Nosocomial Group. Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently. Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently.
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Datix ID Number: 2369	R_COV_Strategic_004								
<b>Risk: Covid related sickness absence</b> Number of staff who are absent from work through self-isolation or family illness will impact on ability to deliver safe care for patients; and will impact on ability to keep capacity open and to staff surge and super surge capacity. NOTE This risk ONLY captures the total of staff absence as reported weekly to WG risk score reflects the position in comparison with wave one position which peaked at 1700 staff absent.	<b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>Operational deployment group now operational to balance staff workforce across current capacity.</li><li>Field hospital staffing model identified; and will be triggered on basis of move to super surge with deployment in line with agreed minimum staffing requirements</li><li>detail of Mitigating action relating to Recruitment set out in Risk 009a.</li><li>From early Sept Staff absent for covid reasons self-isolation/shielding or symptomatic started to increase after reducing to less than a third of the peak levels. Symptomatic absence has increased to levels last seen in early June 2020. Asymptomatic absence is fluctuating as there has been significant success in reviewing shielding staff and bringing them back into some role. This is balanced by an increase in asymptomatic absence due to self-isolation. Symptomatic absence has continued to increase but total absence has levelled off in the last three weeks. Fluctuation in numbers this week linked to social distancing issues with medical staff.</li></ul>	<b>Action</b> Workforce silver is leading a recruitment drive to secure additional workforce; robust occupational health service in place to identify and test staff quickly and get them back to work;	<b>Lead</b> Director of Workforce	<b>Deadline</b> Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<b>Current Risk Rating</b> 3 x 5 = 15 <table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>8</td></tr></table>	Initial Risk	25	Current	15	Target	8	<b>Additional Comments</b> Staff absent for covid reasons self-isolation/shielding or symptomatic continues to reduce to less than a third of the peak levels. Workforce continue to review shielding staff with a view to possible use in priority work that can be undertaken at home. Announcement on paused shielding and changes w/e 16th August likely to see some shielding staff able to return in some capacity. Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Watching brief in place due to issues beginning to surface. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently. Watching brief in		
Initial Risk	25								
Current	15								
Target	8								



place due to increase in numbers over last 10 days. 40 asymptomatic and 47 symptomatic staff, included. Units seeing rise in staff self-isolating with children who are sent home from school ill. This is not currently causing operational issues.

22.10.20 - Symptomatic absence has increased to levels last seen in June 2020. Asymptomatic absence is fluctuating as there has been significant success in reviewing shielding staff and bringing them back into some role. This is balanced by an increase in asymptomatic absence due to self-isolation.

Discussion at Gold 29.10.20: risk needs increasing significantly. Although staffing patterns are different than those seen in the first wave and we aren't near trigger points, there are more services running. This should be reflected as a significantly higher risk as is being reported to WG, particularly in relation to TTP and vaccination. Julian Rhys Quirk progressing plans to escalate the risk, update at next Gold command meeting.

Discussion at Gold 06.11.20: JRQ revised risk as discussed last week. In light of ongoing discussions re workforce, however, the wording may need reframing to capture new themes arising.

Discussion at Gold 13.11.20: JRQ has reviewed this risk which relates to total number of staff.

Discussion at Gold 23.11.20: No alteration to post-MA risk score required currently.

Discussion at Gold 30.11.20: No alteration to post-MA risk score required currently.

Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently.

Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently.

Discussion at Gold 07.01.21: From early Sept Staff absent for covid reasons self-isolation/shielding or symptomatic started to increase after reducing to less than a third of the peak levels. Symptomatic absence has increased to levels last seen in early May 2020. Following a period of accelerated increase in numbers pre Xmas there has been a significant reduction in covid absence over and immediately after the Xmas period. The announcement on shielding has not led to a marked increase in asymptomatic numbers with the possible exception of medical staff at Morriston. Covid absence decreased to 650 the same level as early December. Risk score not adjusted but if reductions continue the score will be reviewed.

Covid absence decreased to below 500 the same level as early November Risk score reduced in line with lower Covid Absence. Asymptomatic absence lowest level since peak of Wave 1.

Discussion at Gold 24.01.21: This has been reduced to red 20 due to staff returning. JRQ to revise again, as required.

Discussion at Gold 01.02.21: This has been reduced to amber 15 to reflect a reduction in the number of COVID-related staff absences to below 350. This puts the risk score in line with that at the point when staffing was last at this level.

Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently.

Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently.

Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently. A watching brief will be required here in light of reports of 2nd dose vaccines causing flu-like symptoms and driving a subsequent increase in staff absence.

Datix ID Number: 2370	R_COV_Strategic_005								
<b>Risk: Care Homes</b> Potential failure in local care home sector to manage staff absences could result in emergency closure of care home which will place undue pressure and therefore on community health and social services to support and/or lead to an increase in patient admission to hospital. Risk of patient harm if care homes are not adequately covered.	<b>Director Lead:</b> Brian Owens, Director of Primary and Community Services <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>HB has provided temporary support to one care home and working closely with social services. Emergency care home procedure in place enacted via CSSIW.</li><li>Escalated to WG on 16/04/20 with strong view from WG that HB should not step in unless in extremis.</li><li>Patients in vulnerable care homes being assessed and actions put in place on individual clinical basis to admit if required.</li></ul> <p>Since April 2020 the Unit has:</p> <ul style="list-style-type: none"><li>Increased our monitoring of care homes;</li><li>Established weekly reporting of care homes;</li><li>Manage our hotspots with our partners;</li><li>Testing of residents and staff has been completed and pathways to testing remain in place.</li><li>When needed we have stepped in and physically supported the homes.</li><li>The risk is being mitigated and has reduced from 25 to 20.</li></ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Further plan required from Community Silver on alternative models - e.g. step up care.	Director of Primary and Community Services	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<b>Current Risk Rating</b> 4 x 3 = 12 <table border="1"><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>12</td></tr><tr><td>Target</td><td>15</td></tr></table>	Initial Risk	25	Current	12	Target	15	<b>Additional Comments</b> The risk is being mitigated by close monitoring of care home capacity and issues reviewed at the Externally Commissioned Care Group which reports weekly to Community Silver. Also, enhanced multi agency support has been put in to most vulnerable homes to provide short term support which has enabled the risk score to be reduced from 25 to 20. Discussion at Gold 04.09.20: No alteration to post-MA risk score required currently. General risk in sector re capacity. Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Increasing concern re cases in sector, however, which are to be monitored closely. Discussion at Gold 18.09.20 & 22.10.20: No alteration to post-MA risk score required currently. Discussion at Gold 29.10.20 & 06.11.20: No alteration to post-MA risk score required currently.		
Initial Risk	25								
Current	12								
Target	15								

	<p>Discussion at Gold 13.11.20: No alteration to post-MA risk score required currently. Position within care homes is increasingly vulnerable.</p> <p>Discussion at Gold 23.11.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 30.11.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 7.1.21: No alteration to post-MA risk score required currently.</p> <p>Sector remains fragile - weekly regional escalation process established via community silver. Support team established between both LA's and the HB to cover the period over Christmas and throughout Jan 2021 should a home setting require intensive intervention and support. Throughout the current period multiple home's requiring support from LA's and HB.</p> <p>Discussion at Gold Command 24.1.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. BO to advise of any required change following discussion by Community Silver Group which has the full picture for consideration.</p> <p>Discussion at Gold Command 15.02.21: No alteration to post-MA risk score required currently. CW stated that there is still a risk in this area, despite improvements seen. This is to be monitored with a view to reducing the risk in the near future.</p> <p>Discussion at Gold Command 22.02.21: In light of the reduction of the community care home risk to 3(12), this is to be reviewed down to an amber 12 outcome. BO</p>
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Datix ID Number: 2371	R_COV_Strategic_006								
<b>Risk: Equipment Shortages</b> Inability to secure adequate supply of equipment to support phases of capacity plan which may restrict ability of Board to respond to peaks in pandemic if not mitigated. This includes availability of ventilators, CPAP, suppliers, syringe drivers	<b>Director Lead:</b> Darren Griffiths, Interim Director of Finance <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 30 <sup>th</sup> November 2020								
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Detailed equipment schedule prepared.</li></ul> <div>CLOSED</div>	<b>Mitigating actions (What more should we do?)</b> <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Infrastructure Silver reviewing equipment provision to ensure that all requests are being pursued via national and local supply chains. For update on 23/04/20</td><td>Head of Capital Finance</td><td>Weekly ongoing</td></tr></table>			Action	Lead	Deadline	Infrastructure Silver reviewing equipment provision to ensure that all requests are being pursued via national and local supply chains. For update on 23/04/20	Head of Capital Finance	Weekly ongoing
Action	Lead	Deadline							
Infrastructure Silver reviewing equipment provision to ensure that all requests are being pursued via national and local supply chains. For update on 23/04/20	Head of Capital Finance	Weekly ongoing							
<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>	<b>Gaps in assurance (What additional assurances should we seek?)</b> The need to deliver sustained service.								
<div>Current Risk Rating 5 x 2 = 10</div> <table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>10</td></tr><tr><td>Target</td><td>5</td></tr></table>	Initial Risk	25	Current	10	Target	5	<b>Additional Comments</b> Ventilators to come through critical care network - all other items either ordered or in place. Llandarcy and Bay (phases 1, 2 and 3A equipped) - hold on equipping final phase to assess demand, Risk likelihood reduced to reflect progress made. Update 27.07.20 - based on revised modelling figures from WG (24.06.20) the equipping group has now covered all capacity requirements. This risk to be closed and re-opened if modelling requirements change adversely from current plans.		
Initial Risk	25								
Current	10								
Target	5								

Datix ID Number: 2372	R_COV_Strategic_007								
<b>Risk: <u>Oxygen Provision</u></b> Capacity constraints on oxygen provision at Morriston will limit number of ventilator, CPAP and high flow oxygen beds. Lack of ability to secure direct suppliers via BOC will hamper plans for oxygen provision within field hospital	<b>Director Lead:</b> Darren Griffiths, Director of Finance <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 30 <sup>th</sup> November 2020								
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Detailed risk assessment completed and mitigating actions in place to balance the oxygen usage across Morriston across the 2 VIE systems.</li><li>Alternative source of supply being sourced to provide oxygen at field hospital.</li></ul> <div>CLOSED</div>	<b>Mitigating actions (What more should we do?)</b>								
	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Further request submitted to WG to support prioritisation of Morriston for upgrade in flow rates at one VIE at Morriston to boost oxygen flow rate.	Head of Capital Finance	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<div>Current Risk Rating 5 x 2 = 10</div> <table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>10</td></tr><tr><td>Target</td><td>3</td></tr></table>	Initial Risk	25	Current	10	Target	3	<b>Additional Comments</b> BOC solution agreed for Llandarcy - risk reduced to reflect this. Risk will reduce further when in situ. 19.06.20: Concrete base complete for Oxygen facility at Llandarcy, building under construction. BOC due to attend site end of week commencing 22nd June and MES piping to complete installation week commencing 29th June. Recently closed but being monitored in relation to provision at Bay Hospital.		
Initial Risk	25								
Current	10								
Target	3								

Datix ID Number: 2373	R_COV_Strategic_008								
<b>Risk: Capacity</b> Capacity requirements against national modelling mean that the HB capacity may be either insufficient to cope with demand of 2nd surge, resulting in an inability to care for patients as well as an increased risk of excess death.	<b>Director Lead:</b> Chris White, Chief Operating Officer <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Capacity plans in place as described in Q3/Q4 plan. However, review of plans has been undertaken and agreement to bring additional areas into use - e.g. Tawe.</li><li>Ward 7 currently also in use but will need to be decommissioned to enable cladding work at Singleton to progress. Additional information built into dashboard to enable oversight of core and sure capacity including capacity that may not be in use.</li><li>Agreement that all surge must be in use before triggering field hospital provision</li></ul>	<b>Mitigating actions (What more should we do?)</b>								
	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Create flexible capacity plans that can be stepped up or down depending on demand and in line with other factors such as workforce, or medicines constraints	Chief Operating Officer	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.								
<b>Current Risk Rating</b> 5 x 5 = 25									
<table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>25</td></tr><tr><td>Target</td><td>8</td></tr></table>				Initial Risk	25	Current	25	Target	8
Initial Risk	25								
Current	25								
Target	8								
<b>Additional Comments</b> Reduce to 16 due to localised planning and modelling. 31.07.20: Localised planning and modelling in place allowing sufficient mitigation for the reduction of the risk score. Discussion at Gold 21.08.20: No alteration to post-MA risk score required currently. Ongoing updates to modelling work provide reassurance. Discussion at Gold 04.09.20: No alteration to post-MA risk score required currently. Requires ability to step up/down in line with competing demands. Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Scope to review post-completion of capacity and Q3&4 planning. Discussion at Gold 18.09.20, 22.10.20 & 29.10.20: No alteration to post-MA risk score required currently. Discussion at Gold 06.11.20: No alteration to post-MA risk score required currently. Consideration will shortly be needed in light of pressures, however, of need to escalate to a score of 20. Discussion at Gold 13.11.20: Risk score to be increased to 20 and wording reviewed to reflect the need for us to be nimble in response. Discussion at Gold 23.11.20: DE had increased the risk score to 25 due to the position being perilously close to capacity in terms of staff and beds out of use. DE to discuss with									

	<p>JRQ whether the score of this risk and those of risks 9a and b need to be made consistent.</p> <p>Discussion at Gold 30.11.20: Physical bed capacity available but the staffing resource is not available to open these beds. Risk increased given the workforce challenges. Operational silver working to mitigate the risk.</p> <p>Discussion at Gold 11.12.20 - Agreement that all surge must be in use before triggering field hospital provision</p> <p>Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 07.01.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 24.01.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 01.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently. For review. HE to consider possibility of merging Risk ID008 and Risk ID010.</p>
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Datix ID Number: 2374		R_COV_Strategic_009a		
<b>Risk: Workforce Shortages</b> Measures the risk to service provision, deployment plans and HB strategic workforce related developments i.e. surge capacity, field hospital / Imms programme in the context of the number of available staff. Factors impacting cover Covid and general sick absence, deployment restrictions relating to staff covid risk assessment, general turnover, Outbreaks. Key risk areas where specific workforce shortages impact is the greatest e.g. ITU, A&E, Covid wards are reflected in the overall score.		<b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>		
<ul style="list-style-type: none"><li>Rolling programme of recruitment to Registered Nurse and HCSW bank staff and Bank A&amp;C. TTP risk captured elsewhere.</li><li>All bank only staff have been approached with an option to move to a FT contract. Service groups are undertaking their own recruitment to substantive roles.</li><li>Overall the pool of potential recruits is being accessed as much as is possible.</li><li>Training capacity has been increased for HCSW Induction to maximum levels, some issues remain with MH training which are being addressed.</li><li>Corporate Recruitment drive to secure additional workforce across substantive, bank and agency underway externally and internally. Robust occupational health service increased and in place to support staff in terms of general wellbeing. OH supporting internal Track and Trace. Service groups managing their own substantive recruitment to vacancies. Additional recruitment continues to be undertaken as required. Rolling programme of recruitment to Registered Nurse and HCSW bank staff and Bank A&amp;C. TTP risk captured elsewhere. All bank only staff have been approached with an option to move to a FT contract. Overall the pool of potential recruits is being accessed as much as is possible. Training capacity has been significantly increased for HCSW Induction and MH. Deployment plans to assess whether staff can be used more effectively being organised corporately under Operational Management. Workforce data cell to support decision making established which incorporates data gathering (new data) exploiting existing data sources and roster efficiency. Risk score increased to mirror risk score 9b</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		Additional workforce are being recruited through national and local campaigns including the return of retired NHS professionals	Interim Director Workforce	Weekly ongoing
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>		<b>Gaps in assurance</b> (What additional assurances should we seek?) The need to deliver sustained service.		
<b>Current Risk Rating</b> 5 x 5 = 25		<b>Additional Comments</b>		
Initial Risk	25	Both Medical and Nursing student now deployed within the HB. Plans for recruitment and deployment under regular review to meet service planning as it evolves. Additional recruitment to be undertaken as required. Issues remain with drop-out rates and staff returning to pre Covid roles affected TTP		
Current	25			
Target	10			



deployment. Due to low activity the TTP workforce requirements on an all Wales basis the requirements have been reduced by 50% for the time being easing the concerns over recruitment in the short term whilst the substantive recruitment continues.

Discussion at Gold 21.08.20: No alteration to post-MA risk score required currently. Future consideration required for possible revision upwards.

Discussion at Gold 04.09.20: No alteration to post-MA risk score required currently.

Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Monitoring pressures on TTP and testing workforce. Possible need for review next week.

Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently. Concerns ongoing; resolution dependent on success of ongoing recruitment.

Discussion at Gold 22.10.20: No alteration to post-MA risk score required currently

Discussion at Gold 29.10.20: This has been reviewed in the last week. Additional workforce has been recruited through local campaigns. Additional recruitment continues to be undertaken as required.

Discussion at Gold 06.11.20: The workforce staff supply risk has been assessed against the existing HB plan which had already highlighted the HB difficulties with staffing super surge. Risk has been increased due in part to evidence that the existing staffing and recruitment plan is being double counted as available resource. Whilst recruitment is ongoing and staff absence has NOT returned to previous levels seen (when matched to current Covid positive patients in the Hospital) concern has increased that reassurance is being incorrectly drawn from current plans. Whilst the pressure to staff the Immunisation programme has helpfully slipped into 2021, the supply of employed registered nurses is fixed. Agency options are being explored.

Discussion at Gold 13.11.20: Reviewed this week by JRQ. Relates to workforce requirements.

Discussion at Gold 23.11.20: DE to discuss with JRQ whether the score of this risk and those of risks 9a and b need to be made consistent. Await instructions.

Discussion at Gold 30.11.20: Physical bed capacity available but the staffing resource is not available to open these beds. Risk increased given the workforce challenges. Operational silver working to mitigate the risk.

Discussion at Gold 11.12.20 - Risk score increased to mirror risk score 9b

Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently.

Discussion at Gold 7.1.21: No alteration to post-MA risk score required currently.

Discussion at Gold 24.1.21: JRQ to review this ensuring that it matches Risk ID 004.

Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently.

Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. KJ to review by 15.02.21.

Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently.

Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently.  
KJ to review by 01.03.21.

Datix ID Number: 2534		R_COV_Strategic_009b						
<b>Risk: Workforce Recruitment</b> Despite efforts to recruit staff into substantive, agency, bank and other roles the HB fails to meet the expanding requirement to replace staff covid related or increase staff resource as a consequence of new staff resource needs. The workforce staff recruitment/supply risk has been assessment NOT just against the existing HB plans which had already highlighted the HB difficulties with staffing super surge. The risk score reflects the risks with meeting every and all existing confirmed requirement. The risk includes the internal risk given the pressures on relatively small departments who need to support recruitment. There is significant pressure on the pool of Non registered staff in the SW of Wales with HBs and LA all recruiting from the same pool, this impacts not only on the availability but quality of candidates.		<b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021						
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>						
<ul style="list-style-type: none"><li>NWSSP capacity to support the mechanics has been increased but in the context of a significant increase in recruitment across Hywel Dda and SBU we have augmented support through using internal source to complete statutory checks. Bank have taken on a significantly expanded role running rolling recruitment for registered staff, HCSW and A&amp;C. Interviews supported by staff from SGs. Other staff groups also need support but bank capacity itself has been exhausted. Bank have increased cover during the week and weekends, have deployed staff on site to support managers. Block booking of agency staff has been used when needed and we have and are continuing to explore off contract agency staff. SGs have been encouraged to accelerate their part in recruiting to substantive vacancies. Both TTP and Imms programme have groups just addressing recruitment. For A&amp;C staff we are using the HB vocational training cell to identify staff from their programme complete training and PEC checks and liaise with local job centres to secure IT literate candidates for Imms booking centre staff and supervisors/managers. Every option to reduce workload and the back office administration linked to recruitment has been taken whilst ensuring the minimum required checks are in place.</li><li>Improved attendance linked to reduced covid related absence impacting on fill rates and recruitment requirement remains at RED but 20.</li></ul>		<b>Action</b>			<b>Lead</b>	<b>Deadline</b>		
		Additional workforce are being recruited through national and local campaigns including the return of retired NHS professionals			Assistant Director Workforce	Weekly ongoing		
<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>		<b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b> The need to deliver sustained service.						
<b>Current Risk Rating</b> 5 x 4 = 20 <table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>20</td></tr></table>		Initial Risk	25	Current	20	<b>Additional Comments</b> Risk added after Gold meeting 13.11.20. Addition made by JRQ this week. Score is high because we are unable to meet the demands of the service. SV clarified that there is an issue is with testing and that some candidates are saying that a contract up until the end of March is too short. JRQ to pick this up with SV.		
Initial Risk	25							
Current	20							

Target	10	<p>Discussion at Gold 23.11.20: DE to discuss with JRQ whether the score of this risk and those of risks 9a and b need to be made consistent. Await instructions</p> <p>Discussion at Gold 30.11.20: Physical bed capacity available but the staffing resource is not available to open these beds. Risk increased given the workforce challenges. Operational silver working to mitigate the risk.</p> <p>Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 7.1.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 24.1.21: No alteration to post-MA risk score required currently. The score reflects the position of staff returning, however, recruitment is still critical.</p> <p>Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently. The score reflects the remaining potential for issues with recruitment.</p> <p>Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. KJ to review by 15.02.21</p> <p>Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently. KJ to review by 01.03.21.</p>
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Datix ID Number: 2375		R_COV_Strategic_010		
<p><b>Risk: Delivery of Essential Care</b></p> <p>Following the guidance to step down routine activity issued by Welsh Government and the pandemic Health and Social Care Response Plan, hte R&amp;R programme was overseeing the restart of routine and essential services. Some services remain significantly under pre-covid capacity. There is a risk that the delivery of essential and routine services will be disrupted again through a 2nd peak in COVID admissions and levels of service delivery will need to be adjusted to support the covid response.</p>		<p><b>Director Lead:</b> Chris White, Chief Operating Officer</p> <p><b>Assuring Committee:</b> Gold Command COVID-19</p> <p><b>Date last reviewed:</b> 22 February 2021</p>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>		
<ul style="list-style-type: none"><li>Urgent OP work will continue utilising digital solutions wherever possible.</li><li>Agreed list of exceptions in place; urgent cancer work is being preserved as far as practicable given other constraints.</li><li>Use of Sancta to provide some urgent cancer treatment.</li><li>Discussions on regional footprint to identify potential solutions for urgent work where appropriate.</li><li>Morrison remains open to the Burns network.</li><li>Proposal to use "reverse" QIA tool to risk assess service that may need to be adjusted to support covid demand. A system wide approach to be managed through operational silver. Ambition is to retain more services than surging first phase but Workforce and capacity availability however will determine levels. LHB will continue to engage in regional and national work to develop solutions for "covid free" (AG letter 20 Oct). Workforce and capacity availability however will determine levels.</li><li>From May through summer service were methodically restarted using a QIA approach. Since Sept 20-20 agreement for no new service to be restarted due to rising covid demand. Through the managed retreat process and in line with WG Local Choices f/w face to face outpatients were stopped for all but urgent cases and orthopaedic operating in NPT. Choices framework under constant review. Self-assessment against essential services being redone in Jan 21.</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
		Development of recovery framework to support return to delivery of core services	Chief Operating Officer	Weekly ongoing
<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>		<b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b> The need to deliver sustained service.		
<b>Current Risk Rating</b> 5 x 4 = 20		<b>Additional Comments</b>		
<b>Initial Risk</b>	25	Update as at 21.08.20: No alteration to post-MA risk score required currently, however, effects of numerous guidelines published to be monitored, as well as the effect of some staff being able returning to work. Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently.		
<b>Current</b>	20			
<b>Target</b>	8			

Increase in number of service being brought online. Ensuring capacity to meet demand is challenging.

An essential services assurance tool has been developed by Welsh Government, and through the Reset and Recovery group, the delivery of essential care is regularly monitored. An escalation framework has been developed and will be tested to ensure that the HB makes decisions taking into account the potential direct and indirect harm from COVID. (To be updated after prioritisation discussion on 28/09/20)

Discussion at Gold 22.10.20 - No alteration to post-MA risk score required currently.

Discussion at Gold 29.10.20: No alteration to post-MA risk score required currently. To be reviewed and reinforced as appropriate.

Discussion at Gold 06.11.20: No alteration to post-MA risk score required currently.

Discussion at Gold 13.11.20: No alteration to post-MA risk score required currently.

Discussion at Gold 23.11.20: No alteration to post-MA risk score required currently, although, consideration of increasing score may be needed soon dependent on how the situation progresses with electives.

Discussion at Gold 30.11.20: Discussion around delivery of essential care. How can we step back from the delivery of core services to mitigate the risk?

Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently.

Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently.

Discussion at Gold 7.1.21: No alteration to post-MA risk score required currently.

Discussion at Gold 24.1.21: Baseline assessment update is underway and capacity is still reduced. This will be reviewed again on completion of the update.

Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently.

Consideration of effect of staff returning on services to be considered in next week's scoring in line with work currently underway.

Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. For consideration in terms of revised Essential Services Baseline Assessment.

Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently. CW stated that opportunities for resumption of services continue to be considered at Operational Silver Group. Orthopaedic surgery is to be resumed on 22.02.21.

Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently. For review. HE to consider possibility of merging Risk ID008 and Risk ID010.

Datix ID Number: 2376		R_COV_Strategic_011 CLOSED								
<p><b>Risk: Workforce Risk Assessment Tool</b></p> <p>There is growing evidence that COVID-19 is having a disproportionate impact on individuals from BAME backgrounds. A national risk assessment tool has been developed to support the Board in managing risks including for staff who have been in a shielded category. There is also a further risk that if shielding is reintroduced in Wales that this will exacerbate staffing difficulties in critical services</p> <p>There is a risk that staff members will not feel comfortable or safe in returning to the workplace which will have a negative impact on staffing levels.</p>		<p><b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce</p> <p><b>Assuring Committee:</b> Gold Command COVID-19</p> <p><b>Date last reviewed:</b> 30<sup>th</sup> November 2020</p>								
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>A risk assessment tool has been made available by Welsh Government to support the identification of health care workers who are at risk and to support the a risk assessment is to identify those individuals who may fit into this additional vulnerable group in order to prevent insofar as is possible, a worsening of the existing racial disparities in our communities. This tool was adapted and utilised for staff who have returned from shielding.</li><li>BAME individuals will need to have a discussion with their line managers and a risk assessment undertaken on an individual basis giving due recognition to their profession or role in the organisation and their likely risk of current exposure to COVID-19.</li><li>It is recognised that it is not possible to assess for all possible risk factors in this current environment.</li><li>Factors such as genetics, socioeconomic factors, geographical and above all cultural factors will have an effect on risk – however they cannot be assessed here in this context and will need to form part of the risk assessment tool.</li><li>Currently no reported service impact from the use of the tool.</li></ul> <p>CLOSED</p>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
		The impact on services will be reassessed after the initial risk assessment process has concluded.	Director of Workforce	Weekly ongoing						
<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>		<b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b> <p>The need to deliver sustained service.</p>								
<b>Current Risk Rating</b> <b>5 x 2 = 10</b> <table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>10</td></tr><tr><td>Target</td><td>8</td></tr></table>		Initial Risk	25	Current	10	Target	8	<b>Additional Comments</b> <p>Discussion at Gold 28.08.20: No alteration to post-MA risk score required currently, however, watching brief in place in light of changes to method of implementation of shielding risk assessment.</p> <p>Discussion at Gold 04.09.20: No alteration to post-MA risk score required currently. Potential to review and reduce following discussion at next week's LNC.</p>		
Initial Risk	25									
Current	10									
Target	8									

	<p>Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 18.09.20: Dealt with issues arising with LNC. No significant reduction in shielding noted, possibly due to those affected being patient-facing. KR wondered whether the title of the risk ought to be changed as it now has a more general application. Potential for all-Wales reinstating of shielding in light of increase in cases seen. KR pointed out that the shielding cohort could include different people who have developed eligibility going forward. This could affect mission-critical individuals with the biggest impact likely to be seen in areas which have already successfully returned shielders. JRQ to review score and title.</p> <p>To date, a number of staff have successfully returned to the workplace. There is no current plan to return to a national shielding programme.</p> <p>22.10.20 - No issues reported with the use of the risk tool for some time now - risk can be closed.</p>
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Datix ID Number: 2377		R_COV_Strategic_012								
<b>Risk: Partnership Working</b> 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.		<b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>Frequent meetings will continue to take place, supplemented by local discussions when required.</li><li>Employees will be encouraged to raise concerns via existing mechanisms and directly to the Chief Executive.</li><li>We will continue to utilise the daily briefings to be transparent about issues such as PPE to improve confidence in the supply and availability.</li><li>Chief Executive and other Executive Directors will attend HB Partnership Forum on a regular basis. Partnership principles and ways of working will be emphasised as the most effective approach to secure progress.</li><li>The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum. Frequent meetings will continue to take place, supplemented by local discussions when required. Employees will be encouraged to raise concerns via existing mechanisms and directly to the Chief Executive. We will continue to utilise the daily briefings to be transparent about issues such as PPE to improve confidence in the supply and availability. Chief Executive and other Executive Directors will attend HB Partnership Forum on a regular basis. Partnership principles and ways of working will be emphasised as the most effective approach to secure progress.</li><li>Despite extensive discussions at PF staff side formally raised a number of issues in writing indicating they have not accepted the information provided.</li></ul>		<b>Action</b>		<b>Lead</b>	<b>Deadline</b>					
		The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.		Director of Workforce	Weekly ongoing					
<b>Assurances</b> <b>(How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>		<b>Gaps in assurance</b> <b>(What additional assurances should we seek?)</b> The need to deliver sustained service.								
<b>Current Risk Rating</b> 5 x 5 = 25 <table><tr><td>Initial Risk</td><td>20</td></tr><tr><td>Current</td><td>25</td></tr><tr><td>Target</td><td>8</td></tr></table>		Initial Risk	20	Current	25	Target	8	<b>Additional Comments</b> Partnership principles and ways of working will be emphasised as the most effective approach to secure progress. Discussion at Gold 21.08.20: Effects of recent activity to be monitored and score revised if subsequent change noted. Discussion at Gold 18.09.20 & 22.10.20: No alteration to post-MA risk score required currently. Discussion at Gold 29.10.20: No alteration to post-MA risk score required currently. No		
Initial Risk	20									
Current	25									
Target	8									

	<p>other major issues but nervousness remains around reducing this.</p> <p>Discussion at Gold 06.11.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 13.11.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at gold 23.11.20 &amp; 30.11.20: No alteration to post-MA risk score required currently. To be kept under review.</p> <p>Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 21.12.20 Formal review required with a view to increasing to red 25.</p> <p>Discussion at Gold 7.1.21: Risk score increased to 25 after further escalation of issues particularly PPE and the change to Imms policy and second dose.</p> <p>Discussion at Gold 24.1.21: No alteration to post-MA risk score required currently. Risk score remains at 25 staff side still escalating issues particularly PPE and the change to Imms policy and second dose.</p> <p>Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently. This risk remains high following receipt of communications from TUs re annual leave carry-over.</p>
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Datix ID Number: 2388	R_COV_Strategic_013								
<b>Risk: Test, Trace, Protect</b> The TTP programme is operational and staff have been recruited to both regional and local teams. There is a risk that there will be insufficient capacity locally to contend with significant or prolonger outbreaks and the sustainability of the service is a concern given the temporary nature of deploying people from core roles. There is also a risk that testing capacity may not be sufficient to deal with sudden upsurges in demand. Longer laboratory times will negatively impact on the effectiveness of contact tracing.	<b>Director Lead:</b> Sian Harrop-Griffiths, Director of Strategy <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>Public Health Protection and Response Plan in place and submitted to WG. TTP teams are operational and decisions made to recruit staff into roles on a longer term basis to provide continuity. Additional support requested in light of upsurge of cases in September and recruitment/deployment plans being reassessed. Discussion around release of additional clinical leads from Health Board.</li><li>Review of testing capacity has taken place and additional slots created at both CTU's. Mobile Testing Units operational from 28th September. Additional walk in site scoped and will be operational during October. Additional Laboratory capacity has been confirmed through national TTP programme.</li></ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Need to establish clear position on retesting.	Director of Strategy	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"><li>Executive monitoring/support to achieve improvement plans on a weekly basis.</li></ul>	<b>Gaps in assurance</b> (What additional assurances should we seek?) .								
<div><div>Current Risk Rating</div><div>5 x 3 = 15</div><table><tr><td>Intital Risk</td><td>20</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>8</td></tr></table></div>	Intital Risk	20	Current	15	Target	8	<b>Additional Comments</b> Discussion with WG planned over funding w/c 25.06.20 with potential for follow up letter - TBA at Chairs/Leaders/CEOs Call on 02.07.20. Amber 15 - appropriate at the moment. Still significant uncertainty. Discussion at Gold 28.08.20: No alteration to post-MA risk score required currently, however, increasing concern re ability to scale-up TPP operations in light of increased cases seen in Cardiff. Discussion at Gold 04.09.20: No alteration to post-MA risk score required currently. Remains under review; situation currently stable. Discussion at Gold 11.09.20: No alteration to post-MA risk score required currently. Discussion at Gold 18.09.20: For review in light of national concerns. Locally, the system is strained but continues to operate. 22.10.20 - Confirmed release of clinical leads within Health Board to support TTP. Capacity of TTP to deliver as required escalated nationally due to shortage of specialist health protection staff on a national level. Discussion at Gold 29.10.20: Director of Strategy is taking the risk to the TTP group for discussion and update on 10/11/20. This risk is likely to be higher than stated. Revision		
Intital Risk	20								
Current	15								
Target	8								

	<p>required.</p> <p>Discussion at Gold 06.11.20: SHG is taking this risk to the TTP group on 10.11.20 for review.</p> <p>Discussion at Gold 13.11.20: Recently reviewed. TTP Silver to consider again tomorrow.</p> <p>Discussion at Gold 23.11.20 &amp; 30.11.20: Recently reviewed. TTP Silver to consider again today and report back on whether review required.</p> <p>Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 21.12.20: Position has increased to red in relation to SCG. Risk to be raised to red 20 provisionally ahead of formal confirmation following review by TTP Silver.</p> <p>Discussion at Gold 7.1.21: Risk increased to red. Testing capacity saturated, but plans in place to increase capacity - additional capacity coming on line w/c 4th January. Tracing teams unable to cope with demand - fully staffed to funded levels, maximising redeployment of staff from LAs where possible. Mutual aid/support from the national team requested on several occasions. Testing turnaround times poor, especially from Public Health Wales lab at Singleton. Meeting held on 23/12 and performance improvements expected w/c 28/12 and 4/1.</p> <p>Discussion at Gold 24.1.21: To be changed to Amber 15 in light of downgraded BRAG rating to 15.</p> <p>Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently. Potential for comment at today's TTP Programme Board.</p> <p>Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. Group to be advised of any review required following TTP Silver Group Meeting.</p> <p>Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently.</p> <p>Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently. Group to be advised of any review required following TTP Silver Group meeting today.</p>
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Datix ID Number: 2456	R_COV_Strategic_014 CLOSED								
<b>Risk: Key worker support from schools</b> Both Swansea and NT Local Authorities have indicated they do not have plans to provide key worker support over the 6-week summer break. As some staff may not be able to access the support they would have normally have relied upon during this period due to Covid restriction, these staff may have no options but to remain at home to care for their children. Existing policy during the pandemic was that we did support staff in these circumstances by providing basic pay only.	<b>Director Lead:</b> Kathryn Jones, Interim Director of Workforce <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 30 <sup>th</sup> November 2020								
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Workforce considering how to assess the numbers of staff this may affect. Issue raised on all-Wales basis. LA offering to provide details of available child care and financial support available but it is yet unclear the scale of options available. The net effect would be an increase to the numbers of staff off work but asymptomatic.</li></ul> <div>CLOSED</div>	<b>Mitigating actions (What more should we do?)</b>								
	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	TBC	Interim Director of Workforce	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<div>Current Risk Rating 5 x 3 = 15</div> <table><tr><td>Initial Risk</td><td>15</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>8</td></tr></table>	Initial Risk	15	Current	15	Target	8	<b>Additional Comments</b> Discussion with WG planned over funding w/c 25.06.20 with potential for follow up letter - TBA at Chairs/Leaders/CEOs Call on 02.07.20. HB policy issued 13th July 2020 providing local guidance on managing for those staff who cannot find suitable child care options for the summer break. Initial estimates were numbers of staff affected were low. WG have confirmed that Schools will open fully in Sept so we are assuming this issue will cease from that date although we will keep the situation under review to address any issues with pre-school childcare. Very low levels of reported issues - guidance and flexibility seems to have been used sensibly by staff and managers.		
Initial Risk	15								
Current	15								
Target	8								

Datix ID Number: 2457	R_COV_Strategic_015a Medium Term								
<b>Risk: Mass Vaccination</b> The Health Board has operationalised its Mass Vaccination Programme in line with the strategic plan submitted to WG in 2020. Risks that are being managed in the programme are: <ul style="list-style-type: none"><li>Continuity of vaccine supply to enable the Board to meet the milestones set out in the National Vaccination Strategy for the first phase of the programme which is to vaccinate all JCVI groups 1-4 by mid-February</li><li>Challenges in securing and retaining a skilled workforce to deliver the programme at scale and pace</li><li>Deliver of a safe and effective programme that is being rolled out at pace and with significant and ensuring effective and timely communication to the public and key stakeholders</li></ul>	<b>Director Lead:</b> Keith Reid, Director of Public Health <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>A Silver immunisation cell has been mobilised and work cells identified to establish detailed plans within known parameters. Influenza planning is proceeding at pace and this will be prioritised for early delivery in Sept/Oct ahead of COVID-19 vaccine. Exercise to test mass vaccination planning set up for 20th August and further risks will be quantified at this point. Initial plan presented to WG and feedback received. Presentation to National COVID Vaccination Board scheduled for 29th September.</li><li>Critical path now in place and MVC sites scoping exercise nearing completion. Further information available on WIS, however note that the timescale remains tight for roll-out with little opportunity for local testing</li></ul>	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	A detailed programme delivery plan is in place setting out the delivery mechanism, core assumptions, governance and ongoing management of risk. A detailed programme risk log has been developed and is being refined to reflect the operationalisation of the programme since December 2021. New governance arrangements are being established (in February) to streamline decision making arrangements.	Director of Public Health	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<b>Current Risk Rating</b> 4 x 4 = 16 <table><tr><td>Initial Risk</td><td>20</td></tr><tr><td>Current</td><td>16</td></tr><tr><td>Target</td><td>10</td></tr></table>	Initial Risk	20	Current	16	Target	10	<b>Additional Comments</b> Discussion at Gold 28.08.20: Post-MA risk score is accurate for the moment. Considerable uncertainty re supply of vaccine, sequencing of delivery and rate of availability. Discussion at Gold 04.09.20: Post-MA risk score is accurate for the moment. Health Board Vaccination Plan submitted to WG on 03.09.20. New planning parameters received. Discussion at Gold 11.09.20: Post-MA risk score is accurate for the moment. Discussion at Gold 18.09.20: No alteration to post-MA risk score required currently. Silver Immunisation Group met yesterday and made progress, however, there are a number of critical dependencies for which clarity is awaited. Discussion at Gold 22.10.20 & 29.10.20: No alteration to post-MA risk score required currently.		
Initial Risk	20								
Current	16								
Target	10								

Discussion at Gold 06.11.20: No alteration to post-MA risk score required currently. This may require review following the CVB table top exercise with military planners on 09.11.20.

Discussion at Gold 13.11.20: No alteration to post-MA risk score required currently. Score deemed appropriate in light of contingencies in place.

Discussion at Gold 23.11.20: No alteration to post-MA risk score required currently.

Discussion at Gold 30.11.20: Our preparation is not driving the risk score but the availability of the vaccine. Red 16

Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently.

Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently.

Discussion at Gold 7.1.21: No alteration to post-MA risk score required currently.

Discussion at Gold 24.1.21: DE to separate into 2 outlooks; short term and medium term.

Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently.

Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. DE to review light of potential Pfizer supply issue.

Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently.

Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently.

Datix ID Number: 2457	R_COV_Strategic_015b Short Term								
<b>Risk: Mass Vaccination</b> The Health Board is developing its forward plan which will aim to vaccinate a greater percentage of the population as part of the overall public health response. There are medium term risks around the allocation of sufficient vaccine to enable the programme to progress. In the medium term, there is an assumption that primary care will continue to be able to support the programme. Although many members of the workforce have been recruited on a fixed term basis, there are concerns about the stability of a core workforce. There is continued uncertainty about the policy direction and whether this will be adjusted by the Joint Committee on Vaccination and Immunisation and the nature of any proposed changes on the local programme. The public may not have faith in the local vaccine programme.	<b>Director Lead:</b> Keith Reid, Director of Public Health <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>Programme delivery plan is in place and detailed demand and capacity tool developed to inform local options assessment.</li><li>Mapping of 2nd dose requirements has been undertaken to inform WG of vaccine requirements. A weekly plan will be submitted to WG on 4th February as requested.</li><li>Further options are being explored to enable a flexible delivery model including the establishment of Local Vaccination Centre.</li><li>Discussions are taking place with primary care to secure ongoing support to utilise the PCCIS scheme to enable vaccine to be delivered closer to people's home.</li></ul>	<b>Action</b>  TBC	<b>Lead</b>  Director of Public Health	<b>Deadline</b>  Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<b>Current Risk Rating</b> 4 x 4 = 16 <table><tr><td>Initial Risk</td><td>20</td></tr><tr><td>Current</td><td>16</td></tr><tr><td>Target</td><td>10</td></tr></table>	Initial Risk	20	Current	16	Target	10	<b>Additional Comments</b> Discussion at Gold 24.1.21: DE to separate into 2 outlooks; short term and medium term. Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently. Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. DE to review light of potential Pfizer supply issue. Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently. Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently.		
Initial Risk	20								
Current	16								
Target	10								



Datix ID Number: 2491	R_COV_Strategic_016								
<b>Risk: Bed Spacing</b> Guidance was issued by WG in July setting out minimum requirements in respect of bed spacing between hospital beds. As a result of a detailed risk assessment carried out at Board level, the Board will not be able to fully comply with this guidance in respect of a minimum 3.6m mid to mid bed, and 3.7m between from bed head to middle of space across to opposite bed. This increases the potential risk of nosocomial transmission. If beds are withdrawn from use due to non-compliance with the minimum standards, then this introduces risk around the loss of capacity and potential for patient harm to be caused across the system due to flow issues.	<b>Director Lead:</b> Chris White, Chief Operating Officer <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 02 February 2021  <b>CLOSED</b>								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
<ul style="list-style-type: none"><li>A detailed risk assessment has taken place and all inpatient areas have been reviewed for compliance with the guidance. A Red /Amber/Green rating has been deployed which means that Green = fully compliant; Amber - between 2m and 3.6m; Red = below 2metres. All Red bed areas have been removed. Mitigating action is being deployed and will be in place by end October.</li><li>Perspex curtain installation is on track; 90% completed as at 5/11/20 and should be fully completed by 09/11/20 including in the Bay Field Hospital. A number of residual areas where there is currently high infection levels will be part of a 'mop up' installation plan that will be completed in November.</li></ul>	<b>Action</b>  TBC	<b>Lead</b> Chief Operating Officer	<b>Deadline</b> Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?) .								
<b>Current Risk Rating</b> 3 x 4 = 12 <table><tr><td>Initial Risk</td><td>16</td></tr><tr><td>Current</td><td>12</td></tr><tr><td>Target</td><td>9</td></tr></table>	Initial Risk	16	Current	12	Target	9	<b>Additional Comments</b> Discussion at Gold 29.10.20: Narrative to be updated to reflect delivery and installation of curtains. Final curtains likely to be installed by end of next week. Discussion at Gold 06.11.20: No alteration to post-MA risk score required currently. Potential to close this risk following completion of installation of perspex curtains. Discussion at Gold 13.11.20: No alteration to post-MA risk score required currently. Discussion at gold 23.11.20 & 30.11.20: No alteration to post-MA risk score required currently. Awaiting further guidance this week which may instigate need for review. Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 24.1.21: No alteration to post-MA risk score required currently. Moved in to Nosocomial Sub-Group and link weekly with Infection Control Outbreak meetings. Discussion at Gold 1.2.21: This risk can now be closed and will be subsumed by the Nosocomial Group going forward.		
Initial Risk	16								
Current	12								
Target	9								

Datix ID Number: 2521	R_COV_Strategic_017								
<b>Risk: Nosocomial transmission</b> 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.	<b>Director Lead:</b> Richard Evans, Executive Medical Director <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
Nosocomial transmission Silver established to report to Gold. A nosocomial framework has been developed to focus on: (a) prevention and (b) response.  Preventative measures are in place including testing on admission, segregating positive, suspected and negative patients, reinforcing PPE requirements, and a focus on behaviours relating to physical distancing. As part of the response, measures have been enacted to oversee the management of outbreaks.  Process established to review nosocomial deaths. Audit tools developed to support consistency checking in key areas re: PPE, physical distancing. Testing on admission dashboard in use. Further guidance on patient cohorting produced	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Nosocomial transmission Silver established to report to Gold. A nosocomial framework has been developed to focus on: (a) prevention and (b) response.	Executive Medical Director & Deputy Director Transformation	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<b>Current Risk Rating</b> 4 x 5 = 20 <table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>20</td></tr><tr><td>Target</td><td>12</td></tr></table>	Initial Risk	25	Current	20	Target	12	<b>Additional Comments</b> Discussion at Gold 22.10.20 – risk added to register. Discussion at Gold 06.11.20: No alteration to post-MA risk score required currently. Reflects current concern re outbreaks. Discussion at Gold 13.11.20: Higher score required. Although the position has stabilised in some areas there are still outbreaks in new areas. For review at Nosocomial Group this week due to operational problems caused. Discussion at Gold 23.11.20: No alteration to post-MA risk score required currently. DE increased this score to reflect recent nosocomial deaths and infections, however, this could be decreased as the underlying risk abates. Discussion at Gold: Nosocomial group to review and make recommendation if this risk can be reduced to 20. Discussion at Gold 21.12.20: For review at Nosocomial Group on 22.12.20. Discussion at Gold Command 7.1.21: No alteration to post-MA risk score required currently. Discussion at Gold Command 24.1.21: Update provided for inclusion in log. Update given 25.01.21: 1. A Nosocomial Transmission Silver group has been established. A nosocomial framework has been developed to focus on (a) prevention and (b) response.		
Initial Risk	25								
Current	20								
Target	12								

	<p>Preventative measures are in place including testing on admission, segregating positive, suspected and negative patients, reinforcing PPE requirements, and a focus on behaviours relating to physical distancing. Audit tools developed to support consistency checking in key areas re: PPE, physical distancing. Testing on admission dashboard in use across all SDU's.</p> <p>2. An outbreak control team has been established to manage the outbreaks across the Health Board. As part of the response, measures have been enacted to oversee the management of outbreaks and will report to the Nosocomial Transmission group for assurance.</p> <p>3. Processes have been established to review nosocomial deaths and to share lessons learned across the Health Board</p> <p>Discussion at Gold 1.2.21: Score to be reduced to 20 following discussion at Nosocomial Group.</p> <p>Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. Request review by the Nosocomial Group with a view to reducing the risk score.</p> <p>Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently. CW to review with the Nosocomial Group later this week. Recent deteriorations in position at Morriston and Singleton, although slight, may impact previous intention to reduce the score.</p> <p>Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently.</p> <p>To mitigate risks further, the Nosocomial Transmission Silver group has agreed an enhanced inpatient screening protocol within the emergency inpatient pathway, to include in addition to testing on day of admission, testing on Days 3 and 5 to identify clinically unrecognised positive patients sooner and ensure appropriate placement of positive patients in COVID wards. In addition, an inter-hospital screening protocol has been developed and is to be ratified by COVID Gold.</p> <p>Mitigations have been reviewed this week, and although there has been an increase in protocols to be implemented, these have not yet embedded meaning that the score has not yet reduced. This reflects the current volatility of the situation.</p>
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Datix ID Number: 2522	R_COV_Strategic_018								
<b>Risk: Whole-Service Closure</b> 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	<b>Director Lead:</b> Chris White, Chief Operating Officer (COO) <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b> Sites have business continuity plans, however, there is a need to review the impact of one site being overwhelmed by COVID demand. In particular, the impact of a closure of one or more hospital front doors may require additional BC plans to be developed. Operational Silver will review BC arrangements.	<b>Mitigating actions (What more should we do?)</b>								
	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Business Continuity plans in place to be reviewed by operational silver command.	Singleton Group Director/Morrison Service Director	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?) .								
<b>Current Risk Rating</b> 5 x 4 = 20 <table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>20</td></tr><tr><td>Target</td><td>15</td></tr></table>	Initial Risk	25	Current	20	Target	15	<b>Additional Comments</b> Discussion at Gold 22.10.20 – risk added to register. Discussion at Gold 29.10.20 - No alteration to post-MA risk score required currently. Discussion at Gold 06.11.20: No alteration to post-MA risk score required currently. Reflects risk of concurrency and increasing pace of situation. Discussion at Gold 13.11.20: No alteration to post-MA risk score required currently. KJ has circulated updated business continuity plan for Morrison ED. Discussion at Gold 23.11.20: No alteration to post-MA risk score required currently. Awaiting review by DE, DL and JW. Discussion at Gold: No alteration to post-MA risk score required currently. Discussion at Gold 11.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 7.1.21: No alteration to post-MA risk score required currently. Discussion at Gold 24.1.21: No alteration to post-MA risk score required currently. Work ongoing. Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently. Conversations are ongoing re potential risk of whole-service closure. Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently. GC, MC and KJ held a meeting and agreed a set of principles for this. Work is underway to document them prior to consideration of the risk score. Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently.		
Initial Risk	25								
Current	20								
Target	15								

Datix ID Number: 2567	R_COV_Strategic_019a								
<b>Risk: Opening of Field Hospital (revised model - December 2020)</b> Risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place	<b>Director Lead:</b> Chris White, Chief Operating Officer (COO) <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b> Full external assurance review undertaken and risks mitigated; separate risk log in place. Live exercise completed to test model and issues/actions picked up via FH Establishment group. Aim to undertake a 'soft launch' with a small number of patients to further test processes prior to larger scale activation - subject to staff availability. Following the Field Hospital Establishment Group we have now deferred the planned soft launch due to staffing challenges during January 2021. Soft launch held in abeyance subject to staffing and community risk.	<b>Mitigating actions (What more should we do?)</b> <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Live exercise completed to test model and issues/actions picked up via FH Establishment group</td><td>Director of Primary &amp; Community Services</td><td>Weekly ongoing</td></tr></table>			Action	Lead	Deadline	Live exercise completed to test model and issues/actions picked up via FH Establishment group	Director of Primary & Community Services	Weekly ongoing
Action	Lead	Deadline							
Live exercise completed to test model and issues/actions picked up via FH Establishment group	Director of Primary & Community Services	Weekly ongoing							
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<div>Current Risk Rating 5 x 3 = 15</div> <table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>15</td></tr><tr><td>Target</td><td>12</td></tr></table>	Initial Risk	25	Current	15	Target	12	<b>Additional Comments</b> Risk added 11 December 2020 Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 7.1.21: No alteration to post-MA risk score required currently. Discussion at Gold 24.1.21: No alteration to post-MA risk score required currently. Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently. Current scores reflect the situation in other parts of the sector. Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. Current scores reflect discussion at Field Hospital Establishment Group last week. Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently. Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently. (Pending activation)		
Initial Risk	25								
Current	15								
Target	12								

Datix ID Number: 2568	R_COV_Strategic_019b								
<b>Risk: Opening of Field Hospital (revised model - December 2020)</b> Risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place	<b>Director Lead:</b> Chris White, Chief Operating Officer (COO) <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
WG governance checklist has been completed and a separate QIA developed to ensure that FH model is robust. Aim to undertake a 'soft launch' with a small number of patients to further test processes prior to larger scale activation - subject to staff availability. Following the Field Hospital Establishment Group we have now deferred the planned soft launch due to staffing challenges during January 2021. Soft launch held in abeyance subject to staffing and community risk.	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	WG governance checklist has been completed and a separate QIA developed to ensure that FH model is robust.	Director of Primary & Community Services	Weekly ongoing						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<b>Current Risk Rating</b> 5 x 4 = 20	<b>Additional Comments</b>								
<table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>20</td></tr><tr><td>Target</td><td>15</td></tr></table>	Initial Risk	25	Current	20	Target	15	Risk added 11 December 2020 Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 7.1.21: No alteration to post-MA risk score required currently. Discussion at Gold 24.1.21: No alteration to post-MA risk score required currently. Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently. Current scores reflect the situation in other parts of the sector. Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. Current scores reflect discussion at Field Hospital Establishment Group last week. Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently. Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently. (Pending activation)		
Initial Risk	25								
Current	20								
Target	15								

Datix ID Number: 2569	R_COV_Strategic_020								
<b>Risk: Workforce Resilience</b> (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.	<b>Director Lead:</b> Chris White, Chief Operating Officer (COO) <b>Assuring Committee:</b> Gold Command COVID-19 <b>Date last reviewed:</b> 22 February 2021								
<b>Controls (What are we currently doing about the risk?)</b>	<b>Mitigating actions (What more should we do?)</b>								
Additional Wellbeing support facilitated by limited L&D Coaches and Wellbeing team. – the model developed aims to increase awareness of the staff wellbeing service and National support offer a ‘listening ear’ approach with interventions to support and increase resilience of line-managers. Commitment from Nurse Directors and MGH Matron’s to increase line-manager presence physically rather than virtually on wards and to utilise staff unable to work on wards to deliver, ‘Taking Care Giving Care’ rounds to colleagues. Occupational Health open over the bank holidays to support staff testing, urgent advice giving and contact tracing.	<b>Action</b>	<b>Lead</b>	<b>Deadline</b>						
	Additional Wellbeing support facilitated by limited L&D Coaches and Wellbeing team.	Director of Workforce	Weekly monitoring						
	Occupational Health open over the bank holidays to support staff testing, urgent advice giving and contact tracing.	Director of Workforce	Daily monitoring						
<b>Assurances</b> (How do we know if the things we are doing are having an impact?)	<b>Gaps in assurance</b> (What additional assurances should we seek?)								
<b>Current Risk Rating</b> 5 x 5 = 25	<b>Additional Comments</b>								
<table><tr><td>Initial Risk</td><td>25</td></tr><tr><td>Current</td><td>25</td></tr><tr><td>Target</td><td>10</td></tr></table>	Initial Risk	25	Current	25	Target	10	Risk added 16 December 2020 Discussion at Gold 21.12.20: No alteration to post-MA risk score required currently. Discussion at Gold 7.1.21: No alteration to post-MA risk score required currently. Discussion at Gold 24.1.21: No alteration to post-MA risk score required currently. Discussion at Gold 1.2.21: No alteration to post-MA risk score required currently. Discussion at Gold 08.02.21: No alteration to post-MA risk score required currently. Current scores reflect discussion at Field Hospital Establishment Group last week. Discussion at Gold 15.02.21: No alteration to post-MA risk score required currently. Discussion at Gold 22.02.21: No alteration to post-MA risk score required currently.		
Initial Risk	25								
Current	25								
Target	10								

### Risk Score Calculation

For each risk identified, the LIKELIHOOD & CONSEQUENCE mechanism will be utilised. Essentially this examines each of the risks and attempts to assess the likelihood of the event occurring (PROBABILITY) and the effect it could have on the Health Board (IMPACT). This process ensures that the Health Board will be focusing on those risks which require immediate attention rather than spending time on areas which are, relatively, a lower priority.

Risk Matrix	LIKELIHOOD (*)				
CONSEQUENCE (**)	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25