



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	09 March 2021	Agenda Item	2.3
Report Title	Health Board Risk Register (HBRR) Report		
Report Author	Jacqui Evans, Interim Assistant Head of Risk & Assurance Elaine Woodrow, Senior Risk & Assurance Officer		
Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the Health Board Risk Register (HBRR) and the Covid-19 Risk Register.		
Key Issues	<ul style="list-style-type: none"> The Audit Committee last considered the HBRR and Covid-19 Gold Command risk register in November 2020, There are a total of 34 risks on the HBRR, no new risks have been added since November 2020, one risk has been closed as the position on the funding to support the response to the Covid 19 pandemic is now clear (risk 71), There are a total of 23 risks on the Covid-19 Gold Command Risk Register, 5 have been closed and 4 new risks have been added since November 2020, The risk management framework is subject to an Internal Audit assessment which started on the 23 February 2021, The next quarterly update on the HBRR will be presented to the Health Board in March 2021. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the updates to the Health Board Risk Register and seek assurance on specific risks and/or process as appropriate; NOTE the updates to the Covid-19 Gold Command risk register; and SUPPORT the maintaining the risk appetite of 20 with a review every three months. 		

HEALTH BOARD RISK REGISTER (HBRR) REPORT

1. INTRODUCTION

The purpose of this report is to provide an update on the Health Board Risk Register (HBRR) and the Covid-19 Risk Register.

2. BACKGROUND

2.1 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the key 'live' extreme risks facing the Health Board and the actions being taken to mitigate them.

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

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

2.2 Covid 19 Risk Register

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

3. MANAGEMENT OF HEALTH BOARD RISK REGISTER (HBRR)

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

3.1 Health Board Risk Register (HBRR) Dashboard

The updated HBRR as at February 2021 is presented at **Appendix 1** for information, and red text denotes the updates made. There are currently a total of 34 risks on the HBRR and a summary of the risks is outlined in tables 1 and 2 below:

Table 1 – Summary of Risk Assessment Score

Risk Analysis	No of Risks
High Risk: Risk Score of 16 – 25 (Red)	27
Moderate Risk: Risk Score 9 – 15 (Amber)	7
Manageable Risk: Risk Score of 5 – 9 (Yellow)	0
Acceptable Risk: Risk Score of 1 – 4 (Green)	0

Table 2 - Dashboard of HBRR Risks – February 2021

Impact/Consequences	5			71: The total quantum for funding for addressing COVID 19 CLOSED 53: Compliance with Welsh Language Standards 54: No Deal Brexit	39: IMTP Statutory Responsibility 60: Cyber Security 62: Sustainable Corporate Services 64: H&S Infrastructure 70: Data Centre outages	16: Access to Planned Care 50: Access to Cancer Services 66: Access to Cancer Services - SACT 67: Access to Cancer Services - Radiotherapy 68: Pandemic Framework
	4			13: Environment of Health Board Premises 36: Electronic Patient Record 41: Fire Safety Regulation Compliance 52: Engagement & Impact Assessment Requirements	01: Access to Unscheduled Care Service 27: Sustainable Clinical Services for Digital Transformation 37: Operational and strategic decisions are not data informed 43: DOLS Authorisation and Compliance with Legislation 48: Child & Adolescence Mental Health Services 49: TAVI Service 57: Non-compliance with Home Office Controlled Drug Licensing requirements 61: Paediatric Dental GA Service – Parkway 69: Adolescents being admitted to Adult MH wards Reduced from 20 to 16	03: Workforce Recruitment of Medical and Dental Staff 04: Infection Control 15: Population Health Improvement Increased from 15 to 20 51: Compliance with Nurse Staffing Levels (Wales) Act 2016 Reduced from 25 to 20 58: Ophthalmology Clinic Capacity 63: Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) 65: CTG Monitoring in Labour Wards 73: There is potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working.
	3					72: Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2020-21. Reduced from 20 to 15
	2					
	1					
	C X L	1	2	3	4	5
	Likelihood					

3.2 Updates to the Health Board Risk Register (HBRR)

A summary of the updates made to the HBRR since November 2020 are outlined in red text within Table 3 below:

Table 3 – Summary of Executive HBRR Updates – February 2021

Executive Director	Risks	Notable Updates – February 2021	Initial Risk Score	Current Risk Score
Director of Finance	71, 72 & 73	<p>71 – <u>The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain</u> Risk has been closed.</p> <p>The position on the funding to support the response to the Covid 19 pandemic is now clear, and this risk has been closed following DOF discussion with performance and Finance Committee.</p> <p>The Health Board has received the funding requested to support the COVID response.</p>	20	15
		<p>72 – <u>Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2020-21</u></p> <p>Risk reduced from 20 to 15 on the 15 January, then 15 to 9 on 23 February.</p> <p>COVID-19 impact on Capital Resource Limit and Capital Plan for 2020-21. The DOF discussed the risk with the Performance & Finance Committee 23 February 2021 and it was agreed to decrease the risk from 15 to 9.</p>	20	9
		<p>73 – <u>There is potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working.</u></p> <p>The Health Board underlying financial position may be detrimentally impacted by the COVID-19 pandemic.</p> <p>Rationale updated:</p> <ul style="list-style-type: none"> There is a potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working - Risk Rated 20, The residual cost base risk remains unchanged and whilst the Health Board is working hard to control underlying run rate and to seek out savings opportunities wherever possible, there is currently understandable uncertainty as to the resource arrangements for 2021/22 and therefore the risk remains unchanged. 	20	20
Director of Strategy	39, 48, 52, 54	<p>52 – <u>Engagement & Impact Assessment Requirements</u></p> <p>Controls updated:</p> <ul style="list-style-type: none"> Temporary 8a funding finished. Instead funding of additional Band 4 and difference between Band 5 and 6. However unable to appoint Band 4 until April 2021. (Engagement), Band 4 post appointed January 2021 after delays due to Covid. Acting Band 6 to be made substantive by end March 2021. (Engagement), Need to appoint additional planning staff to support USC, planned care, thoracics, partnerships, TTP and project support. Funding agreed for most posts or externally sourced. Pursuing HR process to get roles agreed and in place. 	16	12
		<p>54 – <u>Brexit</u></p>	20	15

Executive Director	Risks	Notable Updates – February 2021	Initial Risk Score	Current Risk Score
		<p>Rationale for current score updated, the initial risk assessment has been undertaken but given that there remain some unknowns in terms of future agreements as some are being reviewed during the summer of 2021, the current risk rating will remain.</p> <p>Mitigating actions updated to reflect that the business continuity arrangements remain in place and monthly meetings continue, deadline moved to April 2021.</p>		
Director of WODS	3, 62,	<p><u>3 – Workforce Recruitment of Medical and Dental Staff</u></p> <p>Update to narrative - Some issues with the lack of NHS experience for many locums which means we have had to consider some off contract agencies</p>	20	20
		<p><u>62 – Sustainable Corporate Services</u></p> <p>The narrative of the risk schedule now reflects that responsibility for this risk has moved from the CEO to the Director of Workforce & OD.</p>	25	20
Director of Public Health	15, 68	<p><u>15 – Population Health Improvement</u></p> <p>Risk has increased from 15 to 20.</p> <p>COVID-19 has had a disproportionate impact on those with existing poor health or underlying risk factors and also impacted more severely on those areas of high deprivation. Overall inequities in health are likely to increase as a consequence.</p> <p>Update to narrative deadline changed to 31 March 2021 for mitigating actions concerning:</p> <ul style="list-style-type: none"> • delivering immunisation awareness training for pre-school settings to promote key vaccination messages, • implementation of recommendations made in the “MMR Immunisation: process mapping of the child’s journey” report and • Continue to promote the benefits of immunisation through Healthy Schools and Pre-Schools e-bulletins 	15	20
		<p><u>68 – Risk of declared pandemic due to Coronavirus Infectious Disease</u></p> <p>PPE training and procurement centrally co-ordinated. Command and control structures are monitoring effectiveness of corporate response. Engagement with All Wales co-ordinating groups - alignment of local and national responses. Activation of local resilience forum arrangements.</p>	20	25
Director of Nursing & Patient Experience	4, 41, 43, 51, 63, 64, 65	<p><u>4 – Infection Control</u></p> <p>Narrative updated - the rate of increase in C. difficile cases has slowed, from a 75% increase year-on-year in November 2020, to an approximate 20% increase in January 2021. There has been an improvement in Staph. aureus, E.coli and Pseudomonas aeruginosa bacteraemia, but a worsening of position in relation to Klebsiella spp. bacteraemia. Mitigating action includes an increased clinical presence of ICNs on wards, the extension of the service to include Primary Care and a 7-day service continues.</p>	20	20

Executive Director	Risks	Notable Updates – February 2021	Initial Risk Score	Current Risk Score
		<p><u>41 - Fire Safety Regulation Compliance</u> Narrative updated to reflect that regular meetings are taking place with the contractor and the Singleton site regarding planning for the forthcoming works of cladding removal and replacement on the front elevation. Scaffolding works to commence on 03.03.21, with actual works scheduled to commence in April 2021. Site walk arounds have been undertaken to agree site compounds and fire escape routes. Regular meetings scheduled to ensure appropriate levels of communications are in place and continue. HB will be linking with Mid and West Wales Fire and Rescue Services to ensure they are aware of the phases of work and progress.</p>	15	12
		<p><u>51 – Compliance with Nurse Staffing Levels (Wales) Act 2016</u> Reduced from 25 to 20</p> <ul style="list-style-type: none"> • Risk reduced to score of 20 after discussion in Nurse Staffing Act Meeting 5.2.21 where it was formally agreed to reduce the score from 25 to 20 based on evidence provided from Delivery Groups Risk Assessments report improved staffing levels decreased Covid pressures. • Nurse Staffing paper SBAR report on 'Impact of COVID 19 on Nurse Staffing Levels' submitted to Gold Command meeting on 18.12.20. Taken to NMB on 21.1.21 for noting. Plan is to further update and submit to Senior Leadership Team meeting on 3.2.21. • Action closed – Operating Framework has been updated and uploaded to COIN. • Mitigating action concerning ensuring a system is in place that allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster moved to 22 April 2021. 	16	20
		<p><u>63 - Screening for Fetal Growth Assessment in line with Gap-Grow (G&G)</u> Mitigating action relating to Adherence to Gap/Grow Standards deadline moved to 31 March 2021. Midwife Trainee Sonographers have commenced training. Continue to work with radiology to provide a trainer for the trainees.</p>	12	20
		<p><u>64 - H&S Infrastructure</u> Narrative updated - Long term plans to be developed to understand the health and safety resource requirements for SBUHB.</p>	20	20
		<p><u>65 - CTG Monitoring in Labour Wards</u> Mitigating action relating to business case prepared for Central monitoring system to store CTG recordings of fetal heart rate in electronic format, deadline moved to 31 March 2021. Tenders have been received, Narrowed down to one suitable provider. Procurement are continuing with the process. Update provided to the Quality & Safety Committee in February 2021 in terms of how the risk is being managed and actions planned to reduce the risk. Expectation is that the risk will reduce in</p>	20	20

Executive Director	Risks	Notable Updates – February 2021	Initial Risk Score	Current Risk Score
		6 – 9 months once the system is implemented and midwives and obstetricians have been fully trained.		
Chief Operating Officer	1, 13, 16, 37, 50, 27, 36, 58, 60, 61, 69, 70	<u>1 – Access to Unscheduled Care Service</u> Deadline for Implementation of Phone First for ED as one the initiatives set out in the National Unscheduled Care Programme, and Phased implementation of the Acute Medical Services Redesign. Business case for ambulatory care element of service redesign submitted WG moved to 31 March 2021. One action closed concerning the Group established to focus on a reduction in the number of Medically Fit for Discharge (MFFD) patients with Local Authority.	16	16
		<u>16 – Access to Planned Care</u> Update to narrative deadline changes to 26 February 2021 for mitigating actions. And one Action closed - Develop sustainability plans for specialties through the emerging Clinical Services Plan. Speciality sustainability plans will be reflected in the Annual Plan 21/22, as part of the Planned care work programme.	16	25
		<u>37 – Operational and strategic decisions are not data informed</u> Narrative updated to change the deadline for producing a Business Intelligence (BI) strategy implementation plan outlining investment requirements in capacity and capability, to 30 Jun 2021.	12	16
		<u>50 – Access to Cancer Services</u> Mitigating actions updated deadline for exploring the possibility of offering a SBAR RT for high risk lung cancer patients in SWWCC moved to June 2021.	20	25
		<u>58 - Ophthalmology Clinic Capacity</u> Comments updated - the progress made in reducing follow up patients has been reversed due to significant reduction in capacity during pandemic. Revised action plans to recover the position have been developed but are reliant on post Covid activity levels being restored.	12	20
		<u>61 - Paediatric Dental GA Service – Parkway</u> Comments updated - The limited theatre capacity available due to Covid restrictions has resulted in an extension of the contract with Parkway until June 2022 being negotiated.	15	16
		<u>69 - Adolescents being admitted to Adult MH wards</u> Risk reduced from 20 to 16 - revised pathway and guidance for the management of CYP with emotional well- being issues presenting in the ED in Morriston has been developed in conjunction with CAMH service. A paper presented to and approved by Safeguarding Committee on 9th December 2020.	15	16
			20	20

Executive Director	Risks	Notable Updates – February 2021	Initial Risk Score	Current Risk Score
		<p>70 - Risk of national data centre outages Mitigating action concerning representation at SMB, IMB, NSMB AND EPRR deadline moved to April 2021. Completed action on representation at NWIS Directors meetings.</p>		
Executive Medical Director	49,57,66,67	<p>49 – TAVI Service Controls updated to reflect that the Royal College of Physicians have provided reports on the service and action plans have been developed and implemented. Mitigation actions updated to reflect EMD will Commission further case note review by the Royal College of Physicians (Awaiting report) deadline 31 March 2021. Assurances updated to reflect EMD oversight of improvement plans, the development of a Quality and Safety Dashboard and independent oversight and scrutiny by Quality and Safety Committee. Additional comments updated.</p>	25	16
		<p>66 – Access to Cancer Services - SACT Mitigating action deadline changed to 26 February 2021 for options appraisal paper. Update to comments 13.01.21 Work has identified significant gap in our chair capacity- current shortfall 7, with an additional 10 chairs required by 2023/24, based on current horizon scanning. Final report confirming this is outstanding. Working on project plan around how we deliver the increased 7 chairs.</p>	25	25
		<p>67- Access to Cancer Services - Radiotherapy Mitigating Action updated for the RT capacity plan, deadline changes to 31 March 2021. Comments updated: Delay due to Covid in finalising recovery plan. Recovery plan for Breast hypofraction work that releases capacity was agreed and staff being appointed to. Working to start date of Feb 21 for these additional staff. Prostate Case is being finalised plan to go to Reset and Recover end Jan 21/Mid Feb 21. Working with surgeons to finalise pathway. Action closed – Review of patient pathway</p>	25	25
Director of Corporate Governance	53	<p>53 – Compliance with Welsh Language Standards Mitigating action updated to show the Head of Compliance as the lead for all actions and revised deadline of June 2021. New action to recruit a Welsh Language Officer, following a resignation in December 2020 which has adversely impacted upon our ability to progress mitigating actions, notably the reinstatement of the Welsh Language Delivery Group meetings.</p>	15	15

3.3 Covid-19 Gold Risk Register

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

The register was last reviewed by the Covid 19 Gold Command group on the 22 February 2021. There are currently twenty-three risks on the Covid-19 Gold Risk Register, five of which are closed. Four new risks have been added since November 2020:

- **R_COV_009b - Workforce Recruitment** added 13 November 2020 as 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,
- **R_COV_019a - Opening of Field Hospital** (revised model - December 2020) added on the 11th December 2020 due to 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,
- **R_COV_019b - Opening of Field Hospital** (revised model - December 2020) added on the 11th December 2020 due to 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
- **R_COV_020 - Workforce Resilience** – added on the 16 December 2020 due to the culmination of the pressure and impact on staff wellbeing - both physical and mental relating to the Covid 19 Pandemic.

The dashboard outlined in Table 4 below provides a summary of the risks on the Covid-19 Gold Command risk register:

Table 4 - Dashboard of Covid-19 GOLD Command Risk Register – February 2021

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

3.4 Risk Assigned to the Audit Committee

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

37 (1217)	Information Led Decisions Operational and strategic decisions are not data informed.	12	16	↑
57 (1799)	Controlled Drugs Non-compliance with Home Office Controlled Drug Licensing requirements.	20	16	↓
27 (1035)	Sustained Clinical Services Inability to deliver sustainable clinical services due to lack of digital transformation.	16	16	→

36 (1043)	Storage of Paper Records Failure to provide adequate storage facilities for paper records then this will impact on the availability of patient records at the point of care. Quality of the paper record may also be reduced if there is poor records management in some wards.	20	12	↓
60 (2003)	Cyber Security – High level risk The level of cyber security incidents is at an unprecedented level and health is a known target.	20	20	→
70 (2245)	National Data Centre Outages The failure of national systems causes severe disruption across NHS Wales, affecting Primary and secondary care services.	20	20	→

3.5 Management of Operational Risks

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

Managers have been asked to consider whether they have the capability (available resources and skills) to implement their planned actions, and maintain the effectiveness of their existing controls.

To ensure effective governance the interim Assistant Head of Risk and Assurance is supporting the Executive Directors/Unit Directors to review and manage their risks. Once the Unit/Directorate registers are updated, the HBRR will be updated and presented to the Executive Team, the Audit Committee and the Board for review.

4. GOVERNANCE & RISK

4.1 Risk Appetite & Tolerance Levels

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

An Internal Audit assessment of risk management processes is being undertaken in February 2021 and the findings will be reported to the Audit Committee.

4.2 Risk Management Group (RMG)

The Risk Management Group meet on a quarterly basis and oversee the escalation of all risks and report to the Senior Leadership Team (SLT) on progress (these arrangements have been suspended during the pandemic and reporting will recommence in March 2021).

The Group last met on the 21 October 2020 and:

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

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

To ensure effective governance the interim Assistant Head of Risk and Assurance is supporting the Executive Directors/Service Directors to review and manage their risks. Ensuring regular reporting of the updates to the Executive Team, the Audit Committee and the Board for review. The next meeting is on the 9 March 2021.

4.3 Risk Scrutiny Panel

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

The Risk Scrutiny panel last met on the 21 January 2021 and 22 February 2021 respectively and considered risk exception reports from the Service Groups and Corporate Directorates.

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register and seek assurance on specific risks and/or process as appropriate;
- **NOTE** the updates to the Covid-19 Gold Command risk register; and
- **SUPPORT** the maintaining the risk appetite of 20 with a review every three months.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in the UHB.		
Financial Implications		
The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's IMTP processes.		
Legal Implications (including equality and diversity assessment)		
It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB.		
Staffing Implications		
All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/Unit Directors are requested to review their existing operational risks on Datix Risk Module to ensure SBUHB has an accurate and up to date risk profile.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The HBRR and the Covid 19 risk register sets out the framework for how SBUHB will make an assessment of existing and future emerging risks, and how it will plan to manage and prepare for those risks.		
Report History	<ul style="list-style-type: none"> • 21 October 2020 - Risk Management Group • 12 November 2020 - Audit Committee • 15 December 2020 – Quality & Safety Committee • 21 January 2021 – Risk Scrutiny Panel • 9 February 2021 – Workforce & OD Committee • 22 February 2021 – Risk Scrutiny Panel • 23 February 2021 – Quality & Safety Committee 	

Appendices	<ul style="list-style-type: none">• Appendix 1 – Health Board Risk Register; and• Appendix 2 - Covid-19 High level Risk Register.
-------------------	--