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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	20 December 2022	Agenda Item	5.1
Report Title	Risk Management Report – Quality & Safety Risks		
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Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance Gareth Howells, Executive Director of Nursing		
Presented by	Hazel Lloyd, Interim Director of Corporate Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to inform the Quality & Safety Committee (QSC) of the risks from the Health Board Risk Register (HBRR) assigned to the Quality & Safety Committee.		
Key Issues	<ul style="list-style-type: none"> The QSC last received the August 2022 HBRR extract at its October 2022 meeting. This report presents the November 2022 HBRR extract. Sixteen risks are assigned to the Quality & Safety Committee for oversight (an increase of one since last reported). Eight risks have a score of 20 or above – one of these scoring 25. Six further risks are included in the register extract for information, but are overseen by other committees. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input 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 (HBRR) relating to risks assigned to the Quality & Safety Committee. CONSIDER the risks assigned to the Quality & Safety Committee and the actions taken to mitigate them. 		

RISK MANAGEMENT REPORT – QUALITY & SAFETY RISKS

1. INTRODUCTION

The purpose of this report is to inform the Quality & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Quality & Safety Committee for scrutiny.

2. BACKGROUND

2.1 Risk Management Framework

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of risk management and providing assurance to the Board in that respect. While this is the case, individual risks have been assigned to other Board committees for more detailed scrutiny and assurance. The intention is that committee work programmes are aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility. The Management Board, chaired by the Chief Executive, oversees the overall operation of the risk management framework and the management of risks within the health board risk register.

Risk Register management is supported by a Risk Management Group (RMG) which meets quarterly and is responsible for overseeing the operational management of risk, ensuring local systems and processes are in place and are operating effectively to ensure appropriate reporting and escalation. The Group last met in June and is next meeting in December 2022.

Additionally, a Risk Scrutiny Panel is responsible for ensuring there is an appropriate and robust risk management system in place and working throughout the organisation. It is responsible for moderating new risks and risks escalated to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF) and recommending and advising the Management Board on the escalation and de-escalation of risks. The Panel last met in November 2022.

2.2 Risk Appetite

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

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

Following the onset of the Covid-19 pandemic, members of the Board agreed that the risk appetite score would increase to 20 and above for an initial period of 3 months.

The risk appetite level of 20 and above has remained in place since the start of the pandemic. These arrangements are reviewed regularly by the Executive Team, Audit Committee and the Board.

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

2.3 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the greatest organisational risks facing the Health Board and the actions being taken to mitigate them.

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

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 Action to Update the HBRR

Health Board risk register entries are circulated to lead Executive Directors monthly for review and updated where required. A consolidated, updated register is circulated to the Executive Team for agreement and final version issued. The report presents the risks as recorded in the November 2022 HBRR – the relevant risk extracts are attached at **Appendix 1**. Key changes made in the most recent monthly update are highlighted in red font.

3.2 HBRR Quality & Safety Risks

Sixteen risks are assigned to the Quality & Safety Committee for oversight (an increase of one since last reported). Eight of the risks have a score of 20 or above, one of these scoring 25.

Since last meeting one new risk has been added to the HBRR:

- HBR89 *Healthcare Nursing Staff Levels at HMP Swansea* (Risk Score 20)

One risk has increased in score:

- HBR43 *Deprivation of Liberty Safeguards* (Risk Score 12→15)

Six further risks are included in the register extract for information, but are overseen by other committees.

Table 1 below highlights recent changes of note since the last meeting of the Committee:

Table 1 – HBRR Risks Assigned to the Quality & Safety Committee

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
4 (739)	Infection Control Risk of patients acquiring infection as a result of contact with the health care system, resulting in avoidable harm, impact on service capacity, and failure to achieve Tier 1 national infection reduction goals.	20	Executive Director of Nursing	The risk score remains unchanged currently. Update: The position in respect of cumulative numbers of Tier 1 infection cases (April to Oct 2022 inclusive) now captured in the HBRR is as follows: <ul style="list-style-type: none"> • <i>C. difficile</i> - 112 (cumulative profile - 57 maximum) • <i>Staph. aureus bacteraemia</i> - 95 (cumulative profile - 45 maximum) • <i>E. coli bacteraemia</i> - 159 (cumulative profile - 148 maximum) • <i>Klebsiella spp. bacteraemia</i> - 58 (cumulative profile - 43 maximum) • <i>Pseudomonas aeruginosa bacteraemia</i> - 26 (cumulative profile - 13 maximum)
43 (1514)	Deprivation of Liberty Safeguards (DoLS) Due to a lack of Best Interest Assessor resource, there is a risk of failure to complete and authorise the assessments associated with Deprivation of Liberty/Liberty Protection Safeguards within the legally required timescales, exposing the health board to potential legal challenge and reputational damage.	15	Executive Director of Nursing	The risk score has increased from a score of 12 previously. This increase was recorded in early November, following discussion at a legislative meeting at which it was agreed that a risk score of 12 was insufficient in light of the health board's increased DoLS breaches. Update: DoLS backlog on 22 nd November 2022 was 30. Liquid Personnel are completing on average 20 per month. Fortnightly meetings are taking place with the agency to request further allocation of Best Interest Assessors (BIAs). External BIAs and substantive BIAs are completing 10-15 per

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<p>month. On average 60 referrals are received on a monthly basis of which 30 are granted. The breach time is approximately 6 weeks. Agreement made by SBU Corporate Team for the following to help assist with the DoLS backlog and transition to Liberty Protection Safeguards (LPS) utilising WG monies:</p> <ul style="list-style-type: none"> • 1 x band 5 senior administrator to support the training and data development needs 18 months fixed term post • 2 x band 6 BIA permanent posts • 1 x band 6 Clinical Nurse Educator post to support training delivery in practice including the future Welsh Government training resources 18 months fixed term post part time. <p>The above have been submitted to the TRACS recruitment system and waiting to go live.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Business case for revised service model (cannot be finalised prior to Welsh Government consultation) (09/12/2022) • 2 full time band 6 BIA as above (30/01/2023)
58 (146)	<p>Ophthalmology - Excellent Patient Outcomes</p> <p>Risk of failure to provide adequate clinic capacity for follow-up patients in Ophthalmology results in a delay in treatment and potential risk of sight loss.</p>	16	Chief Operating Officer	<p>The risk score remains unchanged currently.</p> <p>Update: The number of follow up patients without an appointment continues to decrease from 6,148 in July to 5,353 at the end of October.</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
61 (1587)	Paediatric Dental GA Service – Parkway Identify alternative arrangements to Parkway Clinic for the delivery of dental paediatric GA services on the Morriston Hospital SDU site consistent with the needs of the population and existing WG and Health Board policies.	16	Chief Operating Officer	This risk score remains unchanged currently.
63 (1605)	Screening for Fetal Growth Assessment in line with Gap-Grow There is not enough Ultrasound capacity within Swansea Bay UHB to offer all women serial ultrasound scan screening in the third trimester in line with the UK perinatal Institute Growth Assessment Programme (GAP). Welsh Government mandate fetal growth screening in line with the GAP programme. There is significant evidence of the increased risk for stillbirth or neonatal mortality/morbidity (hypoxic ischaemic encephalopathy (HIE)), where a fetus is growth restricted (IUGR) and/or small for gestational age fetus (SGA). Identification and appropriate management for IUGR/SGA in pregnancy will lead to improved outcomes for babies.	16	Executive Director of Nursing	This risk score remains unchanged currently. Update: Due to service pressures the Training & Education group has prioritised completion of GAP training for community midwives and midwife sonographers. Extended target for this to year end for all staff. The lack of administration support for the ultrasound service means the increased capacity forecast is not fully achieved as sonographers provide own administration tasks. Actions: <ul style="list-style-type: none"> • All staff to submit GAP training certificates (31/12/2022) • Administration for midwife sonographer clinics to be secured to ensure streamlined service (31/12/2022) • Complete the governance framework for third trimester scanning to include CPD programme (31/12/2022) • Two midwives to complete UWE course (31/12/2022)
65 (329)	CTG Monitoring on Labour Wards Misinterpretation of cardiotocograph and failure to take	20	Executive Director of Nursing	This risk score remains unchanged currently. Update:

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	appropriate action is a leading cause for poor outcomes in obstetric care leading to high value claims. The requirement to retain maternity records and CTG traces for 25 years leads to the fading/degradation of the paper trace and in some instances traces have been lost from records which makes defence of claims difficult.			<ul style="list-style-type: none"> Implementation of new system by the end of December 2022. Fetal surveillance midwife appointed to Maternity/Neo Natal safety programme for 6 months. Backfill to be agreed. <p>Actions:</p> <ul style="list-style-type: none"> Fetal surveillance leads to set up training team for transition to use of electronic labour record. Training needs analysis to be completed for all staff (31/12/2022) Project Board to complete a risk assessment to manage the changeover from paper based to electronic monitoring to ensure all risks are captured (refreshed to 30/11/2022) Arrange backfill for fetal surveillance midwife secondment to maintain training and reflections (30/11/2022)
66 (1834)	Access to Cancer Services Delays in access to SACT (Systemic Anti-Cancer Therapy) treatment in Chemotherapy Day Unit	15	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>Update: SACT bi-monthly reports are now in place demonstrating oncology SACT waiting times performance to support ongoing improvements in pathway and assurance regarding SACT treatment waiting times.</p> <p>Action: Relocation of SACT linked to AMSR programme and phase 2 of home care expansion case brought forward (anticipated 31/03/2023 linked to AMSR)</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
67 (89)	Risk target breaches – Radiotherapy Clinical risk – target breaches in the provision of radical radiotherapy treatment. Due to capacity and demand issues the department is experiencing target breaches in the provision of radical radiotherapy treatment to patients.	15	Executive Medical Director	This risk score remains unchanged currently. Update: <ul style="list-style-type: none"> Capacity is increasing and full capacity is anticipated by end of December 2022. Building work in relation to a 5th linear accelerator (Linac) has begun. Action: Business case for a further Linac agreed with Welsh Government (01/04/2023 on track)
69 (1418)	Safeguarding Adolescents being admitted to adult MH wards resulting in potential safeguarding issues	20	Chief Operating Officer / Executive Director of Nursing	This risk score remains unchanged currently. The target score reflects the long term aim of the health board to create an admission facility for adolescent mental health patients.
74 (2595)	Delay in Induction of Labour (IOL) Delays in IOL can introduce avoidable risk and unnecessary intervention which can lead to poor clinical outcome for mother and/or baby. Delays in IOL lead to increased complaints and decreased patient satisfaction.	20	Executive Director of Nursing	This risk score remains unchanged currently. Actions: <ul style="list-style-type: none"> Prepare midwifery workforce paper to present recommendation for future staffing levels in the obstetric unit to ensure adequate staffing each shift (30/12/2022) Complete Birthrate+ Cymru assessment for future workforce needs on the obstetric unit (refreshed to 30/11/2022) Manage Critical Midwifery Staffing risk (HBRR ref 81) to minimise disruption in IOL delay (30/12/2022)
78 (2521)	Nosocomial Transmission Nosocomial transmission in hospitals could cause patient harm; increase staff absence and	12	Executive Medical Director	This risk score remains unchanged currently, but the rationale has been refreshed. Update: <ul style="list-style-type: none"> Scrutiny Panels have been established and

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks			<p>commenced in September to feedback lessons learnt to Service Groups and estimate level of harm.</p> <ul style="list-style-type: none"> Legal and Risk services have been involved in overseeing the process and are assured of the process. Board has been updated on a regular basis with progress. At 1.11.2022 there were 667 cases under review so far with 15 reaching conclusion and moving to final letter / outcome with families. The process is funded until March 2024. Currently work is focusing on cases in wave one.
80 (1832)	<p>Discharge of Clinically Optimised Patients</p> <p>If the health board is unable to discharge clinically optimised patients there is a risk of harm to those patients as they will decompensate, and to those patients waiting for admission.</p>	20	Chief Operating Officer	<p>This risk score remains unchanged currently.</p> <p>Update:</p> <ul style="list-style-type: none"> Deputy COO has been identified as lead for length of stay reduction and admission avoidance and has put in place a weekly oversight framework CEO met with clinical leads to explore further opportunities for changing pathways with the aim of reducing length of stay. Escalation rounds for Clinically Optimised Patients are now complete and an Integrated Discharge Hub implemented to coincide with MADE week. Analysis being reviewed w/c 28/11/22. <p>Actions:</p> <ul style="list-style-type: none"> COO and Medical Director to meet with WAST Medical Director to review current pathways into ED

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<p>with aim to identify opportunities for admission avoidance (31/10/2022).</p> <ul style="list-style-type: none"> Primary care group are looking at Fractured Neck of Femur pathway and use of virtual wards to reduce length of stay (31/10/2022).
81 (2788)	<p>Critical staffing levels – Midwifery: Midwifery absence rates are outside of 26.9% uplift leading to difficulty in maintaining midwifery rotas in the hospital and community setting.</p>	25	Executive Director of Nursing	<p>This risk score remains unchanged currently.</p> <p>Update:</p> <ul style="list-style-type: none"> Rolling recruitment for midwives on TRAC recruitment system. Five Band 5 Midwives commenced induction in October 2022. Band 6 staff commenced in October 2022. Suspension of home birth and NPT Birth Centre remains in place with a fortnightly review. Centralised community midwifery service in place. Use of agency and bank midwifery staff approved by the Executive Team until end of January 2023. Options for overseas recruitment being considered. Six of thirteen commissioned graduate midwives able to commence employment immediately. Band 8a Lead Midwife for Intrapartum Services recruited. <p>Actions:</p> <ul style="list-style-type: none"> Complete workforce paper with HR and Finance to establish vacancy position and develop vacancy tracker going forward. Support for Cwm Taf secured to develop this (30/12/2022)

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<ul style="list-style-type: none"> Review the role and capacity of the HCSW to maximise registered midwife capacity (31/10/2022)
84 (2561)	<p>Cardiac Surgery – A Getting It Right First Time (GIRFT)</p> <p>The GIRFT review identified concerns in respect of cardiac surgery (including patient pathway/process issues) that present risks to ensuring optimal outcomes for all patients. Potential consequences include the outlier status of the health board in respect of quality metrics, including mortality following mitral valve surgery and aortovascular surgery. This has resulted in escalation of the service by WHSSC.</p>	16	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>Update: Report received from RCS and action plan developed. WHSSC acknowledge improvements and will consider de-escalation on receipt of the report.</p>
85	<p>Non-Compliance with ALNET (Additional Learning Needs & Education Tribunal) Act</p> <p>There are risks to the Health Board's ability to meet its statutory duties and establish the effective collaborative arrangements required by the ALNET Act, which is being implemented through a phased approach.</p>	20	Director of Therapies & Health Sciences	<p>This risk score remains unchanged currently.</p> <p>Update:</p> <ul style="list-style-type: none"> Detailed ALN Project plan presented at Operational Group, not yet signed off by Steering Group. Senior Management Capacity to progress actions has been formally raised at Operational Group and is on agenda for December Steering Group. Temporary mechanism for compliance data capture in place with formal requests submitted for a) long term data capture solution and b) metrics required for dashboard. Timescales are pending prioritisation from

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<p>Informatics team and a smaller list of priority metrics has been requested with a quicker turnaround. Work with Performance is contingent on this for progress.</p> <ul style="list-style-type: none"> • Work on SLA is progressing with dedicated finance support identified. <p>Actions:</p> <ul style="list-style-type: none"> • Finalise ALN work plan to be progressed by the ALN Operational Group, including allocation of leads to individual work streams and have plan approved through ALN Steering Group (09/12/2022) • Work with Performance colleagues to ensure greater visibility in Performance and Q&S dashboards of data relating to compliance with statutory duties (timescale to be confirmed with Informatics) • Work with Informatics colleagues to ensure robust data regarding compliance with statutory duties (timescale to be confirmed with Informatics) • Work with local authority colleagues to establish future Service Level Agreements for Paediatric Therapies services and to establish the impact of any changes on the Health Board (30/12/2022) • Discussion in Steering Group to explore solutions to ongoing capacity / engagement issues that are slowing progress on tasks needed to mitigate risks (09/12/2022)

The Committee is requested to ensure that its agenda provides for the scrutiny and challenge of actions being taken to address the risks, and supports the reporting of assurance to the Board accordingly.

3.3 Risks Assigned to Other Committees

There are six risks which are assigned to other Committees in terms of overseeing actions to mitigate the risks, as outlined in table 2 below, noted here for information. As noted earlier, the detailed HBRR entries are also included in Appendix 1 for information. In view of the consequence to patients if the risks materialise, the Committees have requested that the Quality & Safety Committee be made aware of these risks as well.

Table 2 - Risks Assigned to Other Committees with Referral to Q&S Committee for Information

Ref	Description of Risk Identified (Summarised)	Exec Lead	Committee	Current Score
1 (738)	Access to Unscheduled Care Service If we fail to provide timely access to Unscheduled Care then this will have an impact on quality & safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the Health and Social care sectors.	Chief Operating Officer	P&F Committee	25
16 (840)	Access to Planned Care Failure to achieve compliance with waiting times, there is a risk that patients may come to harm. Also, financial risk not achieving targets.	Chief Operating Officer	P&F Committee	20
48 (1563)	CAMHS Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	Director of Strategy	P&F Committee	12 (Reduced from 16)
50 (1761)	Access to Cancer Services Failure to sustain services as currently configured to meet cancer targets could impact on patient and family experience of care.	Chief Operating Officer	P&F Committee	25
82 (2554)	Risk of Closure of Burns Service There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, potentially resulting in closure to this regional service and the associated reputational damage.	Executive Medical Director	P&F Committee	16
88 (3110)	Non-delivery of AMSR programme benefits There is a risk that the Acute Medical Service Re-Design (AMSR) programme may not deliver the expected performance & financial benefits in a timely way. The principal	Chief Operating Officer	P&F Committee	20

Ref	Description of Risk Identified (Summarised)	Exec Lead	Committee	Current Score
	potential causes of this risk are: workforce (OCP and recruitment requirements), capacity constraints linked to significant number of clinically optimised patients (COP), financial affordability linked to 90 beds in Singleton hospital that are due to close in Q3 2023.			

3.4 Operational Quality & Safety Risks

Each Service Group and Directorate hold their own risk registers, which outline the operational risks facing each Service Group/directorate.

Operational risks relating to quality and safety that may need to be escalated for inclusion on the HBRR are brought to the attention of the Risk Management Group and/or Risk Scrutiny Panel for review and where appropriate added to, or linked to existing risks in, the Health Board Risk Register.

4. GOVERNANCE AND RISK

4.1 Risk Appetite & Tolerance Levels

As noted earlier, the health board approved a risk appetite statement in November 2022, setting out a new approach to expressing the level of risk the Board is prepared to accept in pursuit of its objectives, according to the categorization of risk. In the context of the financial challenges facing the Health Board, the risk appetite adopted for most risk categories is described as 'seeking', indicating that risks assessed to be at or above a risk level of 20 will be overseen by the committees of the Board as a minimum on a quarterly basis. However, for the category of compliance risks where the risk relates to laws, regulations and standards directing the delivery of safe, high quality care, or the health and safety of the staff and public, a 'cautious' appetite will be adopted, requiring risks scoring 15 or above to be overseen at committee level. The mechanism for reporting risk is being reviewed currently to support this for future board and committee updates.

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality & Safety Committee.
- **CONSIDER** the risks assigned to the Quality & Safety Committee and the actions taken to mitigate them.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in the UHB.		
Financial Implications		
The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's IMTP processes.		
Legal Implications (including equality and diversity assessment)		
It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB.		
Staffing Implications		
All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/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"> This report provides an update on the risk profile reported to QSC in October 2022. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) Risks Assigned to the Quality & Safety Committee 	