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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>10 August 2021</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Risk Management Report</b>		
<b>Report Author</b>	Neil Thomas, Assistant Head of Risk & Assurance Elaine Woodrow, Senior Risk & Assurance Analytical Officer		
<b>Report Sponsor</b>	Pam Wenger, Director of Governance		
<b>Presented by</b>	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to inform the Workforce & OD Committee of the risks within the Health Board Risk Register (HBRR) assigned to the Committee for scrutiny.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The Health Board Risk Register was presented to the full Board in July 2021.</li> <li>• As reported to the Board, at the request of the Chief Executive, Executive Directors have been reviewing and refreshing register entries, with a particular focus on actions and timescales assigned to address risks. The Register attached reflects revisions made up to and including 15<sup>th</sup> July 2021.</li> <li>• The HBRR currently contains 38 risks, of which four have been assigned to the Workforce &amp; OD Committee for oversight, of which three have risk scores at, or above, the health board's current appetite of 20.</li> <li>• The Covid-19 Gold Command risk register has been updated and risks associated with the longer term risk of Covid-19 recovery reviewed, and where appropriate transferred for inclusion in the overall Health Board Risk Register. The Covid-19 risk register has not been included as operational risks are rated as 15 or lower and are below the Board's appetite.</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<b>Approval</b>
			<input type="checkbox"/>

<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Workforce &amp; OD Committee, and the further changes being made in recognition of the changing risks facing the Health Board.</li> <li>• <b>DISCUSS</b> the risks assigned to the Workforce &amp; OD Committee and endorse the mitigating action being taken to manage the risks.</li> </ul>
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# HEALTH BOARD RISK REPORT

## 1. INTRODUCTION

The purpose of this report is to inform the Workforce & OD Committee of the risks within the Health Board Risk Register (HBRR) assigned to the Committee for scrutiny.

## 2. BACKGROUND

### 2.1 Risk Management Framework

The Audit Committee is responsible for overseeing the overall operation of the risk management framework and providing assurance 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, with the intention that committee work programmes be aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Health Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility.

Risk Register management is supported by a Risk Management Group (RMG) which 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 meets quarterly and it last met in May 2021.

Additionally, a Risk Scrutiny Panel meets monthly, and is responsible for moderating new risks and escalated risks to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF), engaging and advising Executive Directors as appropriate regarding the escalation and de-escalation of risks.

### 2.2 Risk Appetite

Risk appetite and tolerance set out how risk and reward are to be balanced, as well as providing clarification on the level of risk the Board is prepared to accept.

Prior to the Covid-19 Pandemic, the Board's risk appetite required 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 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.

## 2.3 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 Management Board/Executive Team, relevant Board Committees and the Board.

## 2.4 Covid-19 Risk Register

In recognition that Covid-19 is an 'issue' which the health board is managing, a separate risk register was established to capture the key risks associated with managing the response to the Pandemic. Risks on this register are overseen by Gold Command and reviewed weekly. As part of the review undertaken at Gold Command longer term risks associated with Covid recovery have been considered for transfer into the overall Health Board Risk Register where appropriate (the Health Board Risk Register has been updated to reflect these). The Covid-19 register has not been included as operational risks are rated as 15 or lower and are below the Board's appetite.

## 3. MANAGEMENT OF HEALTH BOARD RISK REGISTER (HBRR)

### 3.1 Action to Update the HBRR

Since the HBRR was received by the Management Board and Audit Committee in May 2021, Executive Directors have been reviewing and refreshing register entries, with a particular focus on actions and timescales assigned to address risks. The Director of Nursing & Patient Experience, supported by the Director of Corporate Governance, has met individually with Executive Director colleagues to discuss the Health Board risks exceeding the Board's appetite and action being taken to mitigate them. Most of these meetings have been held now including the meeting with the previous Interim Director of Workforce & OD, and Workforce risks have been considered and entries updated.

There are four risks on the HBRR which are assigned to the Workforce & OD Committee for oversight. The status of these risks as at mid July 2021 is summarised below and presented in more detail within the Health Board Risk Register extract included at Appendix 1:

Risk	Exec Lead	Current Rating	Target Rating	Change
<b>HBR 3</b> <b>Workforce Recruitment</b> Risk of failure to recruit medical & dental staff	Interim Director of Workforce and Operational Development	20	12	➔

**Update**

International medical recruitment in progress but this has been delayed due to Covid. New approaches from Spring 21 onwards.

Actions remain as indicated previously, but target dates have been refreshed to 31<sup>st</sup> March 2022.

Risk	Exec Lead	Current Rating	Target Rating	Change
<b>HBR 51 Nurse Staffing Levels Act</b> Risk of Non Compliance with the Nurse Staffing (Wales) Act (2016)	Interim Director of Nursing & Patient Experience	20	8	→

**Update**

Risk discussed at Health Board Nurse Staffing Steering Group, Service Groups Morriston Hospital, Singleton and Neath Port Talbot Hospitals – score remains at 20. Corporate score also remains at 20. Vacancies remain high, nursing staff continue to shield, COVID related absence continues, although at a lower rate than in the Winter. All reasonable steps implemented across the health board.

Action update: The Board should ensure 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 – target date amended to August 2021.

The Register details further ongoing actions / controls as highlighted previously but with refreshed target dates.

Risk	Exec Lead	Current Rating	Target Rating	Change
<b>HBR 76 *NEW*</b> <b>Partnership Working</b> Relationships with some trade union partners	Interim Director of Workforce and Operational Development	15	5	↓

**Update**

Risk transferred from Covid-19 Register. Risk assessment score revised by lead Executive Director to 16.

The risk description identifies that 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.

In transferring detail from the Covid-19 Register to the Health Board Risk Register details have been added to the sections explaining the rationales for current and target scores.

Action (transferred from Covid-19 Risk Register) remains as indicated previously, but target date refreshed to 31<sup>st</sup> March 2022.

Risk	Exec Lead	Current Rating	Target Rating	Change
<b>HBR 77 *NEW*</b> <b>Workforce Resilience</b> Covid-19 related absence, and potential impact of pandemic on staff wellbeing.	Interim Director of Workforce and Operational Development	20	10	↓
<b>Updates</b> Risk transferred from Covid-19 Register. Risk assessment score revised by lead Executive Director to 20.  Risk description covers two issues: Part 1 The present direct impact (wave 3) in terms of covid / related sickness including Long Covid (symptomatic absence) and self-isolation (Asymptomatic), and risks associated with CEV staff. Then how those levels of absence impact on the pressures for those still in work. Part 2 Culmination of the pressure and impact on staff wellbeing in terms of both physical and mental stress linked to the Covid Pandemic. How that stress may have a delayed significant and longer term impact on some staff.  The Register lists a number of actions taken to date and measures put in place to manage the risk.  In transferring detail from the Covid-19 Register to the Health Board Risk Register details have been added to the sections explaining the rationales for current and target scores.  Register updated to note that Assurances on this risk include: Monitoring of sick absence (long, short term and Covid related), staff impacted by CEV and the numbers of staff seeking to access the supporting mechanisms already in place.  Actions (transferred from Covid-19 Risk Register) remain as indicated previously but target dates refreshed to 31st March 2022.				

Further detail on the above risks can be found at **Appendix 1**.

### 3.2 Operational Workforce & OD Risks

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

Any operational risks relating to Workforce & OD can be escalated to the Risk Scrutiny Panel which will co-opt a member of the Workforce & OD team to consider the risk, controls in place and action to be taken to mitigate the risk and whether the risk should be considered for inclusion on the Health Board Risk Register.

## 4. GOVERNANCE AND RISK

### 5.1 Risk Appetite & Tolerance Levels

As noted earlier, 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. These

arrangements have been reviewed regularly by the Executive Team, Audit Committee and the Board, but the appetite has not changed since and remains at 20 currently.

## 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. RECOMMENDATIONS

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Workforce & OD Committee, and the further changes being made in recognition of the changing risks facing the Health Board.
- **DISCUSS** the risks assigned to the Workforce & OD Committee and endorse the mitigating action being taken to manage the risks.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
(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"/>
<b>Quality, Safety and Patient Experience</b>		
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.		
<b>Financial Implications</b>		
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.		
<b>Legal Implications (including equality and diversity assessment)</b>		
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.		
<b>Staffing Implications</b>		
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.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
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.		
<b>Report History</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	
<b>Appendices</b>	<ul style="list-style-type: none"> <li>Appendix 1 – Health Board Risk Register (HBRR) extract</li> </ul>	