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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	09 November 2021	Agenda Item	2.1	
Report Title	Risk Management Report			
Report Author	Neil Thomas, Assistant Head of Risk & Assurance Elaine Woodrow, Senior Risk & Assurance Analytical Officer			
Report Sponsor	Pam Wenger, Director of Corporate Governance			
Presented by	Neil Thomas, Assistant Head of Risk & Assurance			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to present the Health Board Risk Register (HBRR) to the Audit Committee for review and assurance.			
Key Issues	<ul style="list-style-type: none"> • The Health Board Risk Register was last presented to the Audit Committee and Board in July 2021. • Since these meetings, Executive Directors have reviewed and refreshed risk entries. The latest iteration of the register incorporates updates to the middle of October and has been endorsed by the Management Board on 20th October 2021. In response to recent comments and queries following receipt of the register at Board Committees, Executive Directors are reviewing some entries and further revisions may be made where appropriate. • The HBRR currently contains 39 risks, of which 21 have risk scores at, or above, the health board's current appetite of 20. • The Covid-19 risk register is managed within the Covid-19 Gold Command structure. It has not been included in recent reports as its operational risk scores were below the Board's current appetite of 20. In recent weeks, scores have risen for two risks to meet this threshold – COV004 <i>Covid-related Sickness Absence</i> and COV009a <i>Workforce Shortages</i>. These risks are summarised within this report for information. 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the updated Health Board Risk Register and process ongoing to enhance and refresh its content; • CONSIDER whether further assurance is required on action to address risks identified or to enhance the register entries; • ENDORSE the extension of the risk appetite score of 20 for the next Quarter (indicating risks assessed at a score of 20 or above 			

	should be addressed as a priority) and the low tolerance to risks with a high impact on the quality and safety of staff and patient care, ahead of consideration and approval by the Board.
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AUDIT COMMITTEE RISK REPORT

1. INTRODUCTION

The purpose of this report is to present the Health Board Risk Register (HBRR) to the Audit Committee for review and assurance.

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

The Covid-19 risk register is managed within the Covid-19 Gold Command structure. It has not been included in recent reports as its operational risk scores were below the Board's current appetite of 20. In recent weeks, scores have risen for two risks to meet this threshold – COV004 *Covid-related Sickness Absence* and COV009a *Workforce Shortages*. These risks are summarised within this report for information.

3. MANAGEMENT OF HEALTH BOARD RISK REGISTER (HBRR)

3.1 Action to Update the HBRR

Since the Health Board Risk Register was last presented to the Audit Committee in July 2021, the top five risks have been considered at Risk Management Group in August and feedback shared with the Management Board at its meeting on 1st September 2021.

Executive Directors have reviewed and refreshed risk entries. The latest iteration of the register attached at **Appendix 1**, incorporates updates to the middle of October (key changes are highlighted in red font) and has been endorsed by the Management Board on 20th October 2021. In response to recent comments and queries following receipt of the register at Board Committees, Executive Directors are reviewing some entries and further revisions may be made where appropriate eg following query at Quality & Safety Committee the scores of risks within Maternity Services have been reviewed and supported staff within the service.

The Risk Scrutiny Panel 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. It meets on a monthly basis and last met on 26th August 2021.

The Panel has considered risks rated as 20 and above (reflecting the Health Board's raised risk appetite of 20) received from the service groups and corporate directorates for consideration for inclusion on the Health Board Risk Register (HBRR). At the August meeting, risks were escalated from the following service groups / directorates:

- Mental Health & Learning Disabilities Service Group
- Primary Community & Therapies Service group
- Neath Port Talbot & Singleton Service Group
- Maternity Services

Additional risks escalated via the Risk Scrutiny Panel have also been shared with Executive Directors for consideration. One has been approved for addition to the Health Board Risk Register; others require further information / development before they are reconsidered for addition. Feedback is provided to service groups following Scrutiny Panel meetings.

3.2 Risk Summary

The September 2021 HBRR attached at **Appendix 1** presents:

- A summary ‘heat map’ of risks;
- A dashboard of risks impacting upon particular health board objectives, together with trend arrows indicating changes in risk score following the last Audit Committee meeting, and an indication of those committees allocated to oversee individual risks in depth;
- Individual risk register scorecards.

Table 1 below stratifies the risks recorded within the HBRR as it has been received at the last three meetings (inclusive of this meeting):

Table 1: Summary of Risk Assessment Scores

Risk Analysis	Number of Risks (Apr 2021)	Number of Risks (Jun 2021)	Number of Risks (Sep 2021)
High Risk (>= appetite): Risk Score of 20-25 (Red)	19	20	21
High Risk (< appetite): Risk Score of 16-19 (Red)	8	9	8
Moderate Risk: Risk Score 9-15 (Amber)	5	8	9
Manageable Risk: Risk Score of 5-8 (Yellow)	0	1	1
Acceptable Risk: Risk Score of 1-4 (Green)	0	0	0
Total	32	38	39¹

Further detail on the above risks can be found within the Risk Register at **Appendix 1**. While the total number of risks at and above the Health Board appetite score of 20 is the same as previously reported, the following movements are noted:

- One new risk has been added to the register. It has a risk score of 25 (ref HBR81).
- One risk has increased from 16 to 25 following re-assessment by the Executive lead (ref HBR1).
- Three risks previously recorded with scores of 25 have been reviewed and the scores reduced by the Executive leads (refs HBR 50, 66, 67).
- One risk has been proposed for closure by the Executive lead (ref HBR 49) – it has been endorsed for closure at the last Management Board meeting and will be removed from the next iteration of the register.

¹ This will reduce to 38 following the closure & remove from the register of risk HBR49 signalled within this report.

Section 3.3 below expands on these and other changes.

3.3 New Risks, Increasing & Decreasing Risks

There is one new risk added to the HBRR:

Table 2: New Risks

Risk Ref	Risk	Source	Lead Exec Director	Current Score
81	<p>Critical Staffing Levels: Midwifery <i>Unplanned absence resulting from Covid-19 related sickness, shielding and isolation, alongside other current absences, has resulted in critical staffing levels, further reductions in which could result in unsafe service provision, poor patient outcomes and/or experience. In turn, poor service quality or reduction in services could impact on organisational reputation.</i></p> <p>See section 3.4 (Action on Highest Risks) for details of controls in place and actions taken to address this risk.</p>	New risk (from Service Group)	Executive Director of Nursing	25

There is one risk with an increased score since the HBRR was received by the Management Board in July 2021.

Table 3: Risks with Increased Scores

Risk Ref	Risk	Lead Exec Director	HBRR Score Jun 2021	HBRR Score Sep 2021
1	<p>Access to Unscheduled Care Service <i>If we fail to comply with Tier 1 target – Access to Unscheduled Care – then this will have an impact on patient and family experience. Challenges with capacity /staffing across the Health and Social care sectors.</i></p>	Chief Operating Officer	16	25

Three register entries have been re-assessed by Executive leads has having decreased levels of risk:

Table 4: Risks with Decreased Scores

Risk Ref	Risk	Lead Exec Director	HBBR Score Jun 2021	HBBR Score Sep 2021
50	<p>Access to Cancer Services</p> <p><i>A backlog of patients now presenting with suspected cancer has accumulated during the pandemic, creating an increase in referrals into the health board which is greater than the current capacity for prompt diagnosis and treatment. Because of this there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.</i></p>	Chief Operating Officer	25	20
66	<p>Delays in Access to SACT</p> <p><i>The demand & complexity of planned treatment regimes for cancer patients requiring chemotherapy currently exceed the available chair capacity, risking unacceptable delays in access to SACT treatment in Chemotherapy Day Unit with impact on targets and patient outcomes.</i></p>	Executive Medical Director	25	20
67	<p>Delays in Provision of Radical Radiotherapy Treatment</p> <p><i>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.</i></p>	Executive Medical Director	25	15

Additionally, risk ref HBR49 (*Trans-catheter Aortic Valve Implementation - TAVI*) which had a score that had reduced to its target risk score of 12 has been closed by the Executive Medical Director following formal confirmation of its de-escalation by WHSSC. This will be removed from the register following its receipt by the Board in November.

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

3.4 Action on Highest Risks (Score=25)

There were five risks with scores of 25 recorded at the July 2021 meeting. Three of them are amongst those noted above as having been re-assessed by their lead Executive has having reduced risk scores:

- HBR50 *Access to Cancer Services (Backlog of referrals exceeding capacity)*
- HBR66 *Delays in Access to SACT*
- HBR67 *Delays in Provision of Radical Radiotherapy Treatment*

There are three HIGH risks with a score of 25 currently. Two remain of the five reported previously (HBR 16 & 64); the third is the new risk relating to *Critical Staffing Levels in Midwifery* added by the Executive Director of Nursing above:

Table 5: Action on Risks with Score=25

Risk Ref	Risk, Key Update & Action	Lead Executive Director
1	<p>Access to Unscheduled Care</p> <p><i>If we fail to comply with Tier 1 target – Access to Unscheduled Care – then this will have an impact on patient and family experience. Challenges with capacity /staffing across the Health and Social care sectors.</i></p> <p>Action: Implementation of Phone First for ED as one the initiatives set out in the National Unscheduled Care Programme – six goals. Lead: Chief Operating Officer Target: 31st October 2021</p> <p>Action: Phased implementation of the Acute Medical Services Redesign. Business case for ambulatory care element of service redesign submitted WG. Lead: Chief Operating Officer Target: 31st October 2021</p>	Chief Operating Officer
16	<p>Access & Planned Care</p> <p><i>There is a risk of harm to patients if we fail to diagnose and treat them in a timely way.</i></p> <p>Action: Develop and implement a full range of ‘treat while you wait’ interventions at specialty level to minimise harm. Lead(s): Service Directors Target: 30/09/2021.</p> <p>Theatre activity has now increased to pre-Covid levels across the three sites and further sessions are planned (in orthopaedics initially) with support from an insourcing companies for staff and additional elective sessions in Singleton Hospital. In addition, outsourcing to independent hospital has commenced with the further provision of</p>	Chief Operating Officer

Risk Ref	Risk, Key Update & Action	Lead Executive Director
	<p>theatre sessions in private facilities to be utilised by surgeons and anaesthetics from November onwards.</p> <p>Further action: Welsh Government has provided funding for the Health Board to develop and implement a full range of interventions to “support patients to be kept active and well whilst on a waiting list’ interventions”. The focus will be on cancer patients awaiting surgery and long waiting orthopaedic patients.</p> <p>Lead(s): Service Group Directors Target: 31/11/2021.</p>	
64	<p>Health & Safety Infrastructure</p> <p><i>Insufficient resource and capacity of the Health, safety and fire function within SBUHB to maintain legislative and regulatory compliance for the workforce and for the sites across SBUHB.</i></p> <p>Health and safety department structure has been reviewed and proposals & business case produced. Action: Discussion ongoing to determine funding. In meantime, agreement to advertise 2 fire safety officer posts in September 2021.</p> <p>Lead: Assistant Director of Health & Safety Target: 31st December 2021</p> <p>Action: Health and safety structure review to be presented to the H&S Committee when funding has been agreed. Lead: Assistant Director of Health & Safety Target: 30th October 2021</p>	Executive Director of Nursing
81	<p>Critical Staffing Levels: Midwifery</p> <p><i>Unplanned absence resulting from Covid-19 related sickness, shielding and isolation, alongside other current absences, has resulted in critical staffing levels, further reductions in which could result in unsafe service provision, poor patient outcomes and/or experience. In turn, poor service quality or reduction in services could impact on organisational reputation.</i></p> <p>This is a new risk to the Health Board risk register. The register controls & additional comments sections list a number of measures & actions already taken to manage the risk. Further actions are listed below:</p> <p>Action: On-boarding new Band 5 recruits (expected all complete by mid-November) Lead: Deputy Head of Midwifery Target: Mid November 2021</p>	Executive Director of Nursing

Risk Ref	Risk, Key Update & Action	Lead Executive Director
	<p>Action: 14 Band 5 graduates from 2020 – preceptorship completion plan (2 have completed, 9 due by end of December) Lead: Deputy Head of Midwifery Target: End December 2021 (for majority)</p> <p>Action: Due to review suspension of the Birth Centre and Home Births Lead: Deputy Head of Midwifery Target: End October 2021</p> <p>Action: Midwifery bank & agency SOP has been developed and will be approved this month (already in use). Lead: Deputy Head of Midwifery Target: 20th October 2021</p>	

Further detail on the above risks can be found at **Appendix 1**, in addition to actions to address other risks above the Health Board's risk appetite of 20.

3.5 Risks Assigned to the Audit Committee

The following six risks have been assigned to the Audit Committee for deeper scrutiny and assurance on action taken to address them:

Risk Reference	Description of risk identified	Current Score	Trend ²
37 (1217)	Information Led Decisions <i>Operational and strategic decisions are not data informed.</i>	12	→
57 (1799)	Controlled Drugs <i>Non-compliance with Home Office Controlled Drug Licensing requirements.</i>	16	→
27 (1035)	Sustained Clinical Services (reduced from 16) <i>Inability to deliver sustainable clinical services due to lack of digital transformation.</i>	12	↓
36 (1043)	Storage of Paper Records <i>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. There is also an increased fire risk where medical records are stored outside of the medical record libraries.</i>	16	→

² This trend reflects the change in risk score since the June 2021 HBRR that was received by the Audit Committee in July 2021.

Risk Reference	Description of risk identified	Current Score	Trend ²
60 (2003)	Cyber Security <i>The level of cyber security incidents is at an unprecedented level and health is a known target.</i>	20	→
70 (2245)	National Data Centre Outages <i>The failure of national systems causes severe disruption across NHS Wales, affecting Primary and secondary care services.</i>	20	→

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

4. GOVERNANCE AND RISK

4.1 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. 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. While it has been subject to ongoing review, the risk appetite limit of 20 and above has remained in place since the start of the pandemic.

Feedback from the September 2021 meeting of the Health & Safety Committee has indicated that in addition to expressing a low tolerance to risk affecting patient care, it should also reflect a low tolerance to risks to the safety of staff.

The Board will need to approve the extension of its risk appetite limit at 20 for the next Quarter (indicating risks assessed at a score of 20 or above should be addressed as a priority) and its low tolerance to risks with a high impact on the quality and safety of staff and patient care.

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 Health Board Risk Register and process ongoing to enhance and refresh its content;
- **CONSIDER** whether further assurance is required on action to address risks identified or to enhance the register entries;

- **ENDORSE** the extension of the risk appetite score of 20 for the next Quarter (indicating risks assessed at a score of 20 or above should be addressed as a priority) and the low tolerance to risks with a high impact on the quality and safety of staff and patient care, ahead of consideration and approval by the Board.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	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"> Adapted from report to Management Board on 20th October 2021, with adjustments approved by Executive risk leads. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) 	