



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER

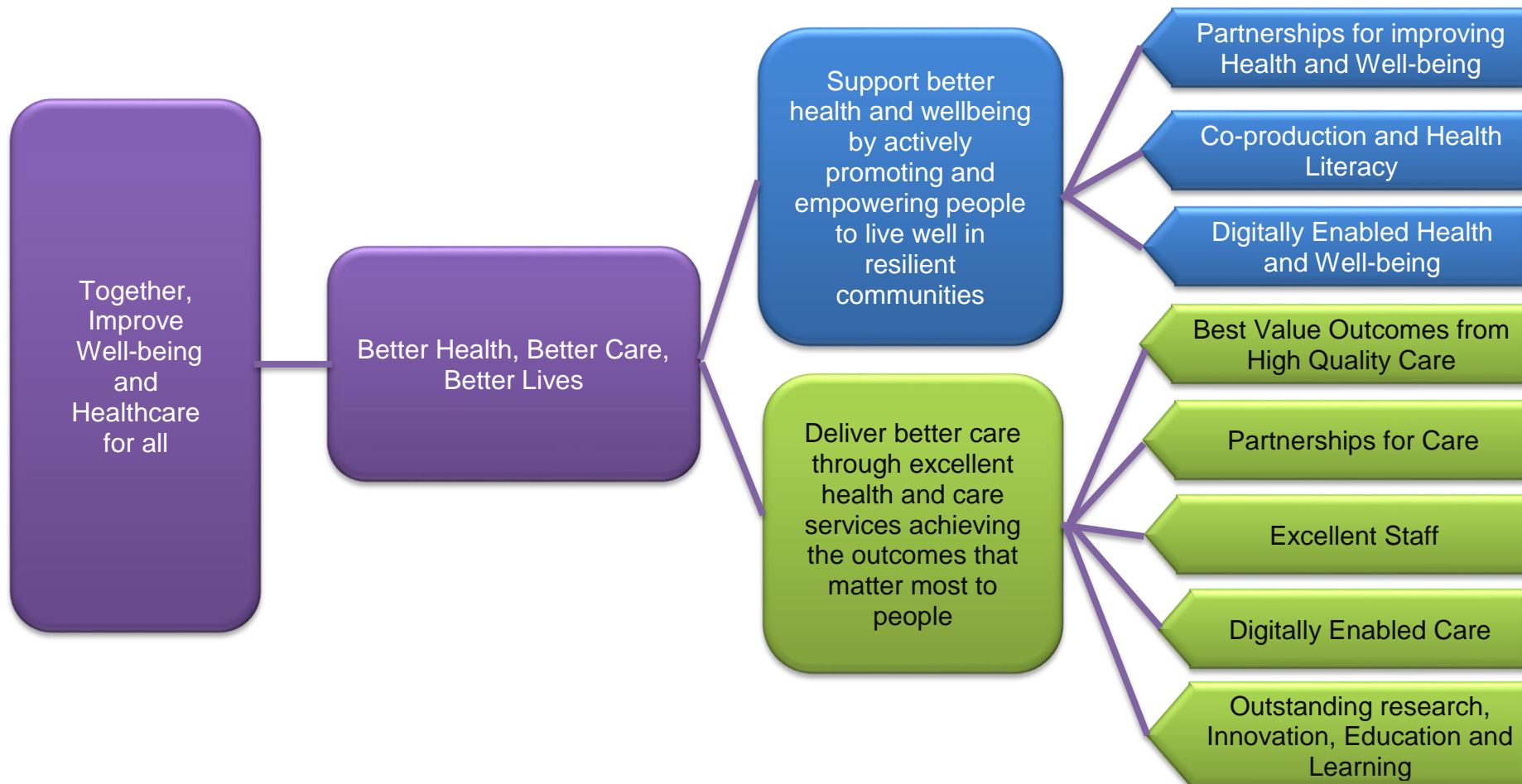
October 2019

Risks assigned to Q & S Committee



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

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



**HEALTH BOARD RISK REGISTER
DASHBOARD OF ASSESSED RISKS – September 2019**

Impact/Consequences	5				1: Tier 1 Unscheduled Care Targets 4: Infection Control 49: TAVI Service 58: Ophthalmology Clinic Capacity 63: Screening for Fetal Growth Assessment in line with Gap-Grow G&G)	
	4				11: Healthcare Model for Aging Population 51: Compliance with Nurse Staffing Levels (Wales) Act 2016 43: DOLS Authorisation and Compliance with Legislation 57: Non-compliance with Home Office Controlled Drug Licensing requirements	
	3					15: Population Health Improvement 61: Paediatric Dental GA Service - Parkway
	2					
	1					
C X L	1	2	3	4	5	
	Likelihood					

Risk Register Dashboard

Strategic Objective	Risk Reference	Description of risk identified	Initial Score	Current Score	Trend	Controls	Last Reviewed	Scrutiny Committee
Best Value Outcomes from High Quality Care	1 (738)	Tier 1 Targets Failure to comply with Tier 1 target for Unscheduled Care which could impact on patient and family experience.	25	20	↓	↑	September 2019	Quality and Safety Committee
	4 (739)	Infection Control Targets Failure to achieve infection control targets set by Welsh Government	20	20	↑	→	September 2019	Quality and Safety Committee
	11 (837)	Ageing Population Failure to provide an appropriate healthcare model for the ageing population over the next 20 years.	16	16	→	→	September 2019	Quality and Safety Committee
	43 (1514)	DoLS If the Health Board is unable to complete timely completion of DoLS Authorisation then the Health Board will be in breach of legislation and claims may be received in this respect.	16	16	→	→	September 2019	Quality and Safety Committee
	49 (922)	Trans-catheter Aortic Valve Implementation (TAVI) Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)	25	20	↑	→	September 2019	Quality and Safety Committee
	63 (1605)	Screening for Fetal Growth Assessment in line with Gap-Grow Due to the scanning capacity there are significant challenges in achieving this standard.	20	20	→	→	September 2019	Quality and Safety Committee

57 (1799)	Controlled Drugs Non-compliance with Home Office Controlled Drug Licensing requirements.	20	16	↓	→	September 2019	Quality and Safety Committee
51 (1759)	Nurse Staffing (Wales) Act Risk of Non Compliance with the Nurse Staffing (Wales) Act	16	16	→	→	September 2019	Quality and Safety Committee,

Partnerships for Improving Health and Wellbeing	58 (146)	Ophthalmology - Excellent Patient Outcomes There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty.	16	20	↑	→	September 2019	Quality and Safety Committee
	15 (737)	Population Health Targets Failure to achieve population health improvement targets leading to an increase in preventable disease amongst the population resulting in increased morbidity impacting on operational and financial pressures.	15	15	→	→	September 2019	Quality and Safety Committee
	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.	15	15	→	→	September 2019	Quality and Safety Committee

Risk Schedules

Datix ID Number: 738 Health & Care Standard: 5.1 Timely Care		HBR Ref Number: 1																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Chris White, Chief Operating Officer Assuring Committee: Quality and Safety Committee																																								
Risk: If we fail to comply with Tier 1 target - Unscheduled Care then this will have an impact on patient and family experience. Challenges with capacity /staffing across the Health and Social care sectors.		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 3 x 4 = 12	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>12</td><td>16</td></tr> <tr><td>Oct-18</td><td>12</td><td>16</td></tr> <tr><td>Nov-18</td><td>12</td><td>16</td></tr> <tr><td>Dec-18</td><td>12</td><td>16</td></tr> <tr><td>Jan-19</td><td>12</td><td>16</td></tr> <tr><td>Feb-19</td><td>12</td><td>16</td></tr> <tr><td>Mar-19</td><td>12</td><td>16</td></tr> <tr><td>Apr-19</td><td>12</td><td>16</td></tr> <tr><td>May-19</td><td>12</td><td>16</td></tr> <tr><td>Jun-19</td><td>12</td><td>25</td></tr> <tr><td>Jul-19</td><td>12</td><td>25</td></tr> <tr><td>Aug-19</td><td>12</td><td>20</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	12	16	Oct-18	12	16	Nov-18	12	16	Dec-18	12	16	Jan-19	12	16	Feb-19	12	16	Mar-19	12	16	Apr-19	12	16	May-19	12	16	Jun-19	12	25	Jul-19	12	25	Aug-19	12	20	Rationale for current score: At the end of Quarter performance the Health Board did not achieve performance trajectories. Due to current pressures in MH A&E it was requested by the Q&S Forum that the risk score was upgraded.	
Month	Target Score	Risk Score																																								
Sep-18	12	16																																								
Oct-18	12	16																																								
Nov-18	12	16																																								
Dec-18	12	16																																								
Jan-19	12	16																																								
Feb-19	12	16																																								
Mar-19	12	16																																								
Apr-19	12	16																																								
May-19	12	16																																								
Jun-19	12	25																																								
Jul-19	12	25																																								
Aug-19	12	20																																								
Level of Control = 50%	Rationale for target score: The service delivery units have been implementing models of care that reflect National priorities and there is evidence that these are starting to impact positively on patient flow, length of stay and demand management. Workforce capacity issues continue to be challenging in some key specialty areas.																																									
Date added to the risk register 26.01.16	Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> • Programme management arrangements in place to improve Unscheduled Care performance. • Daily Health Board wide conference calls/ escalation process in place. • Regular reporting to Executive Team, Executive Board and Health Board/Quality and Safety Committee. • Increased reporting as a result of escalation to targeted intervention status. • Targeted unscheduled care investment to support changes to front door service models/ workforce redesign/ patient flow. • Weekly unscheduled care meeting implemented, led by COO and attended by Service Directors 																																									
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> • Executive monitoring/support to achieve improvement plans on a weekly basis. 		Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Bed utilisation audit being undertaken to support USC system redesign programme in NPT and Swansea.</td> <td>Assistant Chief Operating Officer</td> <td>October 2019</td> </tr> <tr> <td>Clinical services plan for USC is being finalised.</td> <td>Assistant Chief Operating Officer</td> <td>October 2019</td> </tr> <tr> <td>Breaking the Cycle implemented Board-wide for first two weeks of July to help address pressures</td> <td>Chief Operating Officer</td> <td>October 2019</td> </tr> <tr> <td>Implement findings of Kendall Bluck report once supported by Executive Team</td> <td>Chief Operating Officer</td> <td>October 2019</td> </tr> </tbody> </table>		Action	Lead	Deadline	Bed utilisation audit being undertaken to support USC system redesign programme in NPT and Swansea.	Assistant Chief Operating Officer	October 2019	Clinical services plan for USC is being finalised.	Assistant Chief Operating Officer	October 2019	Breaking the Cycle implemented Board-wide for first two weeks of July to help address pressures	Chief Operating Officer	October 2019	Implement findings of Kendall Bluck report once supported by Executive Team	Chief Operating Officer	October 2019																								
Action	Lead	Deadline																																								
Bed utilisation audit being undertaken to support USC system redesign programme in NPT and Swansea.	Assistant Chief Operating Officer	October 2019																																								
Clinical services plan for USC is being finalised.	Assistant Chief Operating Officer	October 2019																																								
Breaking the Cycle implemented Board-wide for first two weeks of July to help address pressures	Chief Operating Officer	October 2019																																								
Implement findings of Kendall Bluck report once supported by Executive Team	Chief Operating Officer	October 2019																																								
Current Risk Rating 5x 4 = 20		Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.																																								
		Additional Comments																																								

Datix ID Number: 739 Health & Care Standard: 2.4 Infection Prevention & Control & Decontamination		HBR Ref Number: 4																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Gareth Howells, Director of Nursing and Patient Experience Assuring Committee: Quality and Safety Committee																																								
Risk: Failure to achieve infection control targets set by Welsh Government, increase risk to patients and increased costs associated with length of stays.		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 5 x 4 = 20 Target: 4 x 3 = 12	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>12</td><td>20</td></tr> <tr><td>Oct-18</td><td>12</td><td>20</td></tr> <tr><td>Nov-18</td><td>12</td><td>20</td></tr> <tr><td>Dec-18</td><td>12</td><td>20</td></tr> <tr><td>Jan-19</td><td>12</td><td>20</td></tr> <tr><td>Feb-19</td><td>12</td><td>20</td></tr> <tr><td>Mar-19</td><td>12</td><td>12</td></tr> <tr><td>Apr-19</td><td>12</td><td>12</td></tr> <tr><td>May-19</td><td>12</td><td>12</td></tr> <tr><td>Jun-19</td><td>12</td><td>12</td></tr> <tr><td>Jul-19</td><td>12</td><td>12</td></tr> <tr><td>Aug-19</td><td>12</td><td>20</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	12	20	Oct-18	12	20	Nov-18	12	20	Dec-18	12	20	Jan-19	12	20	Feb-19	12	20	Mar-19	12	12	Apr-19	12	12	May-19	12	12	Jun-19	12	12	Jul-19	12	12	Aug-19	12	20	Rationale for current score: Currently under targeted intervention for rates of infection, achievement of targets are variable with monthly fluctuations	
Month		Target Score	Risk Score																																							
Sep-18	12	20																																								
Oct-18	12	20																																								
Nov-18	12	20																																								
Dec-18	12	20																																								
Jan-19	12	20																																								
Feb-19	12	20																																								
Mar-19	12	12																																								
Apr-19	12	12																																								
May-19	12	12																																								
Jun-19	12	12																																								
Jul-19	12	12																																								
Aug-19	12	20																																								
Level of Control = 40%	Rationale for target score: Once the infection control team is fully recruited to, ICNet is functioning to its full capability the infection control team will be able to support the clinical areas more and drive service improvements. In addition, a negative pressure isolation facility is being built into the new emergency department at Morriston hospital providing another facility to appropriately manage patients at the front door. Review and implementation of a robust clean of patient rooms following an infection will reduce the risk of cross infection.																																									
Date added to the risk register January 2016																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																								
<ul style="list-style-type: none"> Regular monitoring on infection rates Policies, procedures and guidelines in place Regular reporting through internal processes ICNet information management system for infections is in place Infection control team support the clinical teams for issues relating to infection control A permanent infection control doctor has been recruited Recruitment is ongoing and the decontamination lead and assistant director of nursing in infection control have been appointed Bug stop quality improvement programme Incident reporting 		Action	Lead	Deadline																																						
		Recruitment to ensure the team is fully established with the right skills and experience	Assist Dir Nursing Infection Control	October 2019																																						
		Ongoing infection control team involvement in site level estates projects to ensure appropriate isolation facilities are factored in from the outset	Senior Infection Control Nurse	December 2019																																						
		Review of reporting requirements to enable a focus on driving improvement and service delivery	Assist Dir Nursing Infection Control	October 2019																																						
		Review of environmental cleaning and decontamination	Senior Nurse Infection Prevention Control	October 2019																																						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Ongoing monitoring of infection control rates and feedback provided to delivery units 		Gaps in assurance (What additional assurances should we seek?) ICNet provides information linked with PAS relating to patients who have been																																								

<ul style="list-style-type: none"> • Infection Control Committee monitors infection rates and identifies key actions to drive improvement • Sub groups to the infection control committee such as the decontamination group provide the assurances and operationally drive key areas of work. 	<p>inpatients since the connection was made therefore additional manual records are maintained by the infection control team creating additional work and some duplication.</p>
<p style="text-align: center;">Current Risk Rating 5 x 4 = 20</p>	<p style="text-align: center;">Additional Comments</p> <p>Significant progress to date however trajectory not met overall. Work underway on recruitment to IPC, a work plan to improve practice and improved information available for reporting, oversight and also investigation.</p> <p>13/06/19 Continue to make progress against annual IMTP profiles, however, incidence within the Health Board remains above that for the NHS in Wales. Recruitment to Matron IPC post on 03/06/19. Work in progress to improve incident reporting in relation to infections and pilot to commence on post infection review process.</p> <p>Appropriate environmental decontamination resource to be identified and staff trained in its appropriate use.</p> <p>Compliance with IPC standard precautions and ANTT training and competence needs to be improved.</p> <p>A review of cleaning of shared equipment such as beds, commodes is required to reduce risks of transmission.</p> <p>Increase in cleaning hours across the Units is required to meet national minimum standards.</p> <p>Dedicated protected decant facilities are required for each Unit to ensure appropriate cleaning.</p> <p>Sufficient isolation rooms required to manage patient's appropriately.</p> <p>Estate needs to be updated and maintained to reduce risks.</p> <p>IPCC resources required to support community and primary care.</p>

Datix ID Number: 837		HBR Ref Number: 11																																								
Health & Care Standard: Staying Healthy 1.1 Health Promotion & Protection & Improvement																																										
Objective: Best Value Outcomes from High Quality Care		Director Lead: Gareth Howells, Director of Nursing and Patient Experience Assuring Committee: Quality and Safety Committee																																								
Risk: If we fail to provide an appropriate healthcare model for aging population over next 20 years care resident population will see a 24% increase in people of a pensionable age and 15% increase in people of non-working age. Providing services to enable citizens to live independently at home is a major challenge.		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 4 x 3 = 12	<table border="1"> <caption>Risk and Target Scores over time</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>12</td></tr> <tr><td>Oct-18</td><td>16</td><td>12</td></tr> <tr><td>Nov-18</td><td>16</td><td>12</td></tr> <tr><td>Dec-18</td><td>16</td><td>12</td></tr> <tr><td>Jan-19</td><td>16</td><td>12</td></tr> <tr><td>Feb-19</td><td>16</td><td>12</td></tr> <tr><td>Mar-19</td><td>16</td><td>12</td></tr> <tr><td>Apr-19</td><td>16</td><td>12</td></tr> <tr><td>May-19</td><td>16</td><td>12</td></tr> <tr><td>Jun-19</td><td>16</td><td>12</td></tr> <tr><td>Jul-19</td><td>16</td><td>12</td></tr> <tr><td>Aug-19</td><td>16</td><td>12</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	16	12	Oct-18	16	12	Nov-18	16	12	Dec-18	16	12	Jan-19	16	12	Feb-19	16	12	Mar-19	16	12	Apr-19	16	12	May-19	16	12	Jun-19	16	12	Jul-19	16	12	Aug-19	16	12	Rationale for current score: New Service Module being developed	
Month		Risk Score	Target Score																																							
Sep-18		16	12																																							
Oct-18	16	12																																								
Nov-18	16	12																																								
Dec-18	16	12																																								
Jan-19	16	12																																								
Feb-19	16	12																																								
Mar-19	16	12																																								
Apr-19	16	12																																								
May-19	16	12																																								
Jun-19	16	12																																								
Jul-19	16	12																																								
Aug-19	16	12																																								
Level of Control = 70%	Rationale for target score: New models of care will reduce the risk to be at an acceptable level																																									
Date added to the risk register January 2013																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																								
<ul style="list-style-type: none"> Twelve standards of care for older people in hospital have been developed jointly by clinical staff, patient groups and voluntary sector organisations. The 'See It Say It' campaign was established to make it easier for staff, patients and visitors to raise concerns – anonymously if they wish – by phone, text or email Introduction of the '15 Step Challenge' to improve the first impression patients and visitors get when they enter a ward 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Move to a balanced service model with bed provision reducing over time, development of community OPMH Hubs, community development and essential infrastructure services such as support & stay, care home support, memory clinics and Day Services.</td> <td>Chief Operating Officer</td> <td>October 2019</td> </tr> </tbody> </table>	Action	Lead	Deadline	Move to a balanced service model with bed provision reducing over time, development of community OPMH Hubs, community development and essential infrastructure services such as support & stay, care home support, memory clinics and Day Services.	Chief Operating Officer	October 2019																																		
Action	Lead	Deadline																																								
Move to a balanced service model with bed provision reducing over time, development of community OPMH Hubs, community development and essential infrastructure services such as support & stay, care home support, memory clinics and Day Services.	Chief Operating Officer	October 2019																																								
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)																																								
Current Risk Rating 4 x 4 = 16		Additional Comments																																								

Datix ID Number: 1514		HBR Ref Number: 43																																								
Health & Care Standard: Safe Care 2.1 Managing Risk & Promoting Health & Safety																																										
Objective: Best Value Outcomes from High Quality Care		Director Lead: Gareth Howells, Director of Nursing & Patient Experience Assuring Committee: Quality and Safety Committee																																								
Risk: If the Health Board is unable to complete timely completion of DoLS Authorisation then the Health Board will be in breach of legislation and claims may be received in this respect.		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 2 = 6	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>6</td></tr> <tr><td>Oct-18</td><td>16</td><td>6</td></tr> <tr><td>Nov-18</td><td>16</td><td>6</td></tr> <tr><td>Dec-18</td><td>16</td><td>6</td></tr> <tr><td>Jan-19</td><td>16</td><td>6</td></tr> <tr><td>Feb-19</td><td>16</td><td>6</td></tr> <tr><td>Mar-19</td><td>16</td><td>6</td></tr> <tr><td>Apr-19</td><td>16</td><td>6</td></tr> <tr><td>May-19</td><td>16</td><td>6</td></tr> <tr><td>Jun-19</td><td>16</td><td>6</td></tr> <tr><td>Jul-19</td><td>16</td><td>6</td></tr> <tr><td>Aug-19</td><td>16</td><td>6</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	16	6	Oct-18	16	6	Nov-18	16	6	Dec-18	16	6	Jan-19	16	6	Feb-19	16	6	Mar-19	16	6	Apr-19	16	6	May-19	16	6	Jun-19	16	6	Jul-19	16	6	Aug-19	16	6	Rationale for current score: Although processes have been planned or implemented, the impact is yet to be measured over a longer term, and the challenges of managing a large backlog of breaches.	
Month		Risk Score	Target Score																																							
Sep-18		16	6																																							
Oct-18	16	6																																								
Nov-18	16	6																																								
Dec-18	16	6																																								
Jan-19	16	6																																								
Feb-19	16	6																																								
Mar-19	16	6																																								
Apr-19	16	6																																								
May-19	16	6																																								
Jun-19	16	6																																								
Jul-19	16	6																																								
Aug-19	16	6																																								
Level of Control = 40%	Rationale for target score: Consequences of DoLS breaches for the Health Board will not change. With controls in place, over time likelihood should decrease.																																									
Date added to the risk register July 2017																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																								
<ul style="list-style-type: none"> Supervisory body signatories increased from 3 to 7 BIA rota now implemented 2 x substantive BIA posts and additional admin post advertised DoLS database updated and DoLS dashboard devised to enable more accurate monitoring and reporting Process in place within P&C Unit for management of authorisations and identifications of breaches in timescales. The Corporate Safeguarding Team is monitoring this. 31.07.19 2 WTE BIA's and a Band 4 Administrator have been appointed since April 2019. These individuals are managed by the Interim Head of Long Term Care, primary & Community Service Delivery Unit 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Delivery of DOLS Action plan reviewed monthly</td> <td>Head of Safeguarding</td> <td>Monthly Review</td> </tr> </tbody> </table>	Action	Lead	Deadline	Delivery of DOLS Action plan reviewed monthly	Head of Safeguarding	Monthly Review																																		
Action	Lead	Deadline																																								
Delivery of DOLS Action plan reviewed monthly	Head of Safeguarding	Monthly Review																																								
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Regular scrutiny at Safeguarding Committee and by DoLS Internal Audit; monitoring via DoLS Dashboard which is due to be rolled out imminently and will provide real-time accurate data. 		Gaps in assurance (What additional assurances should we seek?)																																								
Current Risk Rating 4 x 4 = 16		Additional Comments																																								

Datix ID Number: 922 Health & Care Standard: Effective Care 3.1 Clinically Effective Care		HBR Ref Number: 49																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Richard Evans, Medical Director Assuring Committee: Quality and Safety Committee																																								
Risk: Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 5 x 5 = 25 Current: 4 x 5 = 20 Target: 3 x 4 = 12	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>25</td><td>12</td></tr> <tr><td>Oct-18</td><td>20</td><td>12</td></tr> <tr><td>Nov-18</td><td>20</td><td>12</td></tr> <tr><td>Dec-18</td><td>16</td><td>12</td></tr> <tr><td>Jan-19</td><td>16</td><td>12</td></tr> <tr><td>Feb-19</td><td>16</td><td>12</td></tr> <tr><td>Mar-19</td><td>16</td><td>12</td></tr> <tr><td>Apr-19</td><td>16</td><td>12</td></tr> <tr><td>May-19</td><td>16</td><td>12</td></tr> <tr><td>Jun-19</td><td>16</td><td>12</td></tr> <tr><td>Jul-19</td><td>16</td><td>12</td></tr> <tr><td>Aug-19</td><td>20</td><td>12</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	25	12	Oct-18	20	12	Nov-18	20	12	Dec-18	16	12	Jan-19	16	12	Feb-19	16	12	Mar-19	16	12	Apr-19	16	12	May-19	16	12	Jun-19	16	12	Jul-19	16	12	Aug-19	20	12	Rationale for current score: <ul style="list-style-type: none"> Patients waiting in excess of 36 weeks for TAVI procedure as a result of lack of service infrastructure as well as increasing demand. Mortality review undertaken which has indicated that patients have come to serious harm as a result of excessive waits. Recovery plan commenced on 5th November and has begun to reduce number of patients waiting over 36 weeks however without sustainable service in place from early 2019, backlog will increase again. Given reduction in number of patients waiting over 36 weeks since 5th November, risk score has reduced from 25 to 16. Remains significant reputational risk to the Health Board 	
Month	Risk Score	Target Score																																								
Sep-18	25	12																																								
Oct-18	20	12																																								
Nov-18	20	12																																								
Dec-18	16	12																																								
Jan-19	16	12																																								
Feb-19	16	12																																								
Mar-19	16	12																																								
Apr-19	16	12																																								
May-19	16	12																																								
Jun-19	16	12																																								
Jul-19	16	12																																								
Aug-19	20	12																																								
Level of Control = 50%	Rationale for target score: Recovery plan provides funded temporary capacity to reduce backlog of patients awaiting procedure. The service projects 0 patients waiting over 36 weeks by the end of December 2018. This will reduce risk of harm however risk of reoccurrence will remain until recurrent service infrastructure is established. External review by the royal College of Physicians will provide a view on improvement required immediately and for sustainability.																																									
Date added to the risk register July 2016	Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> TAVI Recovery Plan implemented with aim of reducing backlog of patients by end of financial year. Operational service meets weekly to oversee this plan. Plan is supported with Executive oversight at weekly TAVI OG meeting. TAVI has been prioritised for consideration in next year's WHSSC ICP. TAVI Executive OG Group therefore considering options to mitigate a further increase in TAVI backlog following completion of the recovery plan. The UHB has commissioned the Royal college of Physicians to undertake a review of the service. 																																									
Assurances (How do we know if the things we are doing are having an impact?) Reduction in waiting times for TAVI. Appointment to key posts (medical & nursing).		Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Commission external review of the service by the Royal College of Physicians</td> <td>Directorate Manager</td> <td>October 2019</td> </tr> </tbody> </table>		Action	Lead	Deadline	Commission external review of the service by the Royal College of Physicians	Directorate Manager	October 2019																																	
Action	Lead	Deadline																																								
Commission external review of the service by the Royal College of Physicians	Directorate Manager	October 2019																																								
Current Risk Rating 4 x 5 = 20		Gaps in assurance (What additional assurances should we seek?)																																								
		Additional Comments																																								

No patients now waiting > 36 weeks. Agreement to go out to advert to establish one list per week from April therefore closing down TAVI risk. Awaiting response from RCP report.
Service awaiting outcome of RCP invited service review
Business case for WHSSC funding has been agreed. There is considerable reputational risk to the organisation on the outcome of the Royal College of Physicians review.

Datix ID Number: 1799 Health & Care Standard: Controlled Drug 2.6 Medicines Management		CRR Ref Number: 57																																								
Objective: Best Value Outcomes of High Quality Care		Director Lead: Richard Evans, Executive Medical Director Assuring Committee: Quality and Safety Committee																																								
Risk: Non-compliance with Home Office Controlled Drug Licensing requirements		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 4 x 4 = 20 Target: 5 x 2 = 10	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>10</td><td>20</td></tr> <tr><td>Oct-18</td><td>10</td><td>20</td></tr> <tr><td>Nov-18</td><td>10</td><td>20</td></tr> <tr><td>Dec-18</td><td>10</td><td>20</td></tr> <tr><td>Jan-19</td><td>10</td><td>20</td></tr> <tr><td>Feb-19</td><td>10</td><td>20</td></tr> <tr><td>Mar-19</td><td>10</td><td>20</td></tr> <tr><td>Apr-19</td><td>10</td><td>20</td></tr> <tr><td>May-19</td><td>10</td><td>20</td></tr> <tr><td>Jun-19</td><td>10</td><td>16</td></tr> <tr><td>Jul-19</td><td>10</td><td>16</td></tr> <tr><td>Aug-19</td><td>10</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	10	20	Oct-18	10	20	Nov-18	10	20	Dec-18	10	20	Jan-19	10	20	Feb-19	10	20	Mar-19	10	20	Apr-19	10	20	May-19	10	20	Jun-19	10	16	Jul-19	10	16	Aug-19	10	16	Rationale for current score: The Health Board has no assurance regarding whether or not it is compliant with Home Office Controlled Drug Licensing requirements at the present time, nor does it have processes in place to ensure any future service change complies. Risk: That the Health Board is operating in breach of the law by managing controlled drugs without an appropriate Home Office Controlled Drug License. Recent legal advice provided to the Health Board has indicated that failure to comply with the Home Office Controlled Drug licensing requirements could result in criminal and civil action, both against responsible individuals and the Health Board as a public body. Risk: That the Health Board is maintaining unnecessary Home Office Controlled Drug Licenses. Each Home Office Controlled Drug license costs around £3k plus additional administrative set-up and maintenance costs. Health Board wide scrutiny is required to ensure no unnecessary licenses are held (one such example has recently been discovered).	
Month	Target Score	Risk Score																																								
Sep-18	10	20																																								
Oct-18	10	20																																								
Nov-18	10	20																																								
Dec-18	10	20																																								
Jan-19	10	20																																								
Feb-19	10	20																																								
Mar-19	10	20																																								
Apr-19	10	20																																								
May-19	10	20																																								
Jun-19	10	16																																								
Jul-19	10	16																																								
Aug-19	10	16																																								
Level of Control = 40%	Rationale for target score:																																									
Date added to the risk register January 2019																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																								
Legal advice received and principles upon which to decide whether a Home Office Controlled Drug License would be required have been drafted. Head of Pharmacy is currently working with Corporate Governance team to provide a corporate response based on advice we have received from barrister. Additionally we are involved in work with Corporate Governance Director to review accountability and responsibility for controlled drugs with the delivery units. Discussed at NPTU performance r/v. COO & MD offered CDAO support to resolve this.		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>The Health Board to develop and implement a corporate Health Board wide policy and control system to ensure compliance with Home Office Controlled Drug licensing requirements both now and in the future including: A baseline audit and assessment of current Controlled Drug management across the Health Board (including the degree of 'management and control' exercised) against the recently received legal advice. A baseline audit and review of any Home Office Controlled Drug licenses currently held by the Health Board.</td> <td>Clinical Director of Medicines Management</td> <td>December 2019</td> </tr> </tbody> </table>	Action	Lead	Deadline	The Health Board to develop and implement a corporate Health Board wide policy and control system to ensure compliance with Home Office Controlled Drug licensing requirements both now and in the future including: A baseline audit and assessment of current Controlled Drug management across the Health Board (including the degree of 'management and control' exercised) against the recently received legal advice. A baseline audit and review of any Home Office Controlled Drug licenses currently held by the Health Board.	Clinical Director of Medicines Management	December 2019																																		
Action	Lead	Deadline																																								
The Health Board to develop and implement a corporate Health Board wide policy and control system to ensure compliance with Home Office Controlled Drug licensing requirements both now and in the future including: A baseline audit and assessment of current Controlled Drug management across the Health Board (including the degree of 'management and control' exercised) against the recently received legal advice. A baseline audit and review of any Home Office Controlled Drug licenses currently held by the Health Board.	Clinical Director of Medicines Management	December 2019																																								
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)																																								

<ul style="list-style-type: none"> To date the HB has received legal advice. Pending policy development, the principles contained within the legal advice are referred to when issues are raised in order to provide consistency in arrangements. 	<p>The Health Board could develop and implement a corporate Health Board wide policy and control system to ensure compliance with Home Office Controlled Drug licensing requirements both now and in the future.</p>
<p style="text-align: center;">Current Risk Rating 4 x 4 = 16</p>	<p style="text-align: center;">Additional Comments</p> <p>The Home Office are aware that the Health Board have sought independent legal advice regarding the situations where a Home Office Controlled Drug license is required. Advice received to date from the Home Office regarding particular scenarios of Controlled Drug management by the Health Board has differed from the independent legal advice received. The Home Office are currently awaiting the Health Board policy on this matter so that they can review our position.</p>

Datix ID Number: 1759 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 51																																								
Objective: Excellent Staff		Director Lead: Gareth Howells, Director of Nursing Assuring Committee: Quality and Safety Committee, NMB																																								
Risk: Non Compliance with Nurse Staffing Levels Act (2016)		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 4 x 2 = 8	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>16</td><td>8</td></tr> <tr><td>Oct-18</td><td>16</td><td>8</td></tr> <tr><td>Nov-18</td><td>16</td><td>8</td></tr> <tr><td>Dec-18</td><td>16</td><td>8</td></tr> <tr><td>Jan-19</td><td>16</td><td>8</td></tr> <tr><td>Feb-19</td><td>16</td><td>8</td></tr> <tr><td>Mar-19</td><td>16</td><td>8</td></tr> <tr><td>Apr-19</td><td>16</td><td>8</td></tr> <tr><td>May-19</td><td>16</td><td>8</td></tr> <tr><td>Jun-19</td><td>16</td><td>8</td></tr> <tr><td>Jul-19</td><td>16</td><td>8</td></tr> <tr><td>Aug-19</td><td>16</td><td>8</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-18	16	8	Oct-18	16	8	Nov-18	16	8	Dec-18	16	8	Jan-19	16	8	Feb-19	16	8	Mar-19	16	8	Apr-19	16	8	May-19	16	8	Jun-19	16	8	Jul-19	16	8	Aug-19	16	8	Rationale for current score: <ul style="list-style-type: none"> Section 25B places a duty on LHBs and NHS Trusts to calculate and take steps to maintain nurse staffing levels in specified settings, which are currently adult acute medical and surgical inpatient wards timescale. 	
Month		Risk Score	Target Score																																							
Sep-18		16	8																																							
Oct-18	16	8																																								
Nov-18	16	8																																								
Dec-18	16	8																																								
Jan-19	16	8																																								
Feb-19	16	8																																								
Mar-19	16	8																																								
Apr-19	16	8																																								
May-19	16	8																																								
Jun-19	16	8																																								
Jul-19	16	8																																								
Aug-19	16	8																																								
Level of Control = 80%	Rationale for target score: <ul style="list-style-type: none"> The Health Board is ensuring we have the structures and processes in place to provide reassurance under the Act and are allocating resources accordingly. Health Boards are duty bound to take all reasonable steps to maintain nurse staffing levels. 																																									
Date added to the risk register November 2018																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																								
The Health board has put the following controls in place:- <ul style="list-style-type: none"> Confirmed the designated person Represented the All-Wales Nurse Staffing Group and its sub groups Contributed with the work undertaken at an all-Wales level on Acuity levels of care. Undertaken a formal review across all acute Service Delivery Units for calculating and reporting nurse staffing requirements to ensure a Health Board wide consistent approach is adopted. Presented a Health Board position status paper to both Board & Executive team outlining the preparedness for the Nurse Staffing Act (Wales). Conducted a review of workforce planning procedures, for 2018 to 2021, which includes; Health Board recruitment events, retention, workforce Planning & redesign, training and development. Developed a monthly Health Board Multidisciplinary Nurse Staffing Act Task & Finish Group, chaired by the Interim Deputy Director of Nursing & Patient Experience, which reports to Nursing and Midwifery Board and Workforce & Organisational Development Committee. Provided acuity feedback sessions to all Service Delivery Units included in the June audit. Formally launched the Nurse Staffing (Wales) Act Guidance. Raised the issue regarding Information Technology barriers around the capture of data required for the Act on an All- Wales and Health Board basis. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally appraised.</td> <td>Director of Nursing & Patient Experience</td> <td>November 2019</td> </tr> <tr> <td>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.</td> <td>Director of Nursing & Patient Experience</td> <td>November 2019</td> </tr> <tr> <td>The responsibility for decisions relating to the maintenance of the nurse staffing level rests with the Health Board should be based on evidence provided by and the professional opinions of the Executive Directors with the portfolios of Nursing, Finance, Workforce, and Operations.</td> <td>Director of Nursing & Patient Experience</td> <td>November 2019</td> </tr> <tr> <td>Health Board should agree the operating framework for these decisions to include actions to be taken, and by whom.</td> <td>Director of Nursing & Patient Experience</td> <td>November 2019</td> </tr> </tbody> </table>		Action	Lead	Deadline	The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally appraised.	Director of Nursing & Patient Experience	November 2019	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.	Director of Nursing & Patient Experience	November 2019	The responsibility for decisions relating to the maintenance of the nurse staffing level rests with the Health Board should be based on evidence provided by and the professional opinions of the Executive Directors with the portfolios of Nursing, Finance, Workforce, and Operations.	Director of Nursing & Patient Experience	November 2019	Health Board should agree the operating framework for these decisions to include actions to be taken, and by whom.	Director of Nursing & Patient Experience	November 2019																								
Action	Lead	Deadline																																								
The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally appraised.	Director of Nursing & Patient Experience	November 2019																																								
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.	Director of Nursing & Patient Experience	November 2019																																								
The responsibility for decisions relating to the maintenance of the nurse staffing level rests with the Health Board should be based on evidence provided by and the professional opinions of the Executive Directors with the portfolios of Nursing, Finance, Workforce, and Operations.	Director of Nursing & Patient Experience	November 2019																																								
Health Board should agree the operating framework for these decisions to include actions to be taken, and by whom.	Director of Nursing & Patient Experience	November 2019																																								

<ul style="list-style-type: none"> • Circulated the Welsh Levels of Care and Operational Handbook to Service Delivery Unit Leads. • Confirmed the 32 acute medical & surgical clinical areas that fall within the Act. These areas have been agreed using the criteria set out in the Operational Handbook. • A Rigorous data approval process has been put in place to ensure accuracy of the 6 monthly acuity data prior to sign off. There has also been a number of workshops organised across the organisation to ensure a consistent approach to data collection and there is national work on solutions for electronic capture of acuity data. <ul style="list-style-type: none"> • The NSA Steering group continues to meet on a monthly basis. • Risks are presented at each meeting • Scrutiny panels are held for each SDU following the submission of acuity templates. • Impact assessment work is being undertaken to prepare for further roll out of the Act. 			
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Ongoing robust recruitment and retention plans in place to reduce vacancies in key clinical areas, which is in line with the Health Board recruitment plan. • Accurate reporting of Acuity data and governance around sign off. • Agreed establishments to funded. • Implementation of E-Rostering to enable accurate reporting of Compliance • Implement all Wales Templates, which are visible and signed within the agreed 32 ward areas, informing patients of planned roster. • At least Yearly Board reports outlining compliance and any key risks. • In line with the Boundary changes there are now 29 reportable wards which excludes POW. • E-rostering has been rolled out in Singleton and Morriston is in the process of being rolled out. Scrutiny panels are in place. • Following the investment already provided to the funded establishments. The overall risks have reduced as outlined above. • The quality and accuracy of the Acuity data has improved. 	<p>Gaps in assurance (What additional assurances should we seek?)</p>		
<p>Current Risk Rating 4 x 4 = 16</p>	<p>Additional Comments</p>		

Datix ID Number: 146		CRR Ref Number: 58																																								
Health & Care Standard: Effective Care 3.1 Clinically Effective Care																																										
Objective: Excellent Patient Outcomes		Director Lead: Chris White. Chief Operating Officer Assuring Committee: Quality and Safety Committee																																								
Risk: There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty. The consequence of this failure is a delay in patients with chronic eye conditions accessing ongoing secondary care monitoring of diagnosed conditions with the potential risk of permanently impairing eyesight.		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 5 x 5 = 25 Current: 4 x 5 = 20 Target: 4 x 1 = 4	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Sep-19</td><td>25</td><td>4</td></tr> <tr><td>Oct-19</td><td>25</td><td>4</td></tr> <tr><td>Nov-19</td><td>25</td><td>4</td></tr> <tr><td>Dec-19</td><td>25</td><td>4</td></tr> <tr><td>Jan-20</td><td>25</td><td>4</td></tr> <tr><td>Feb-20</td><td>25</td><td>4</td></tr> <tr><td>Mar-20</td><td>25</td><td>4</td></tr> <tr><td>Apr-20</td><td>16</td><td>4</td></tr> <tr><td>May-20</td><td>16</td><td>4</td></tr> <tr><td>Jun-20</td><td>16</td><td>4</td></tr> <tr><td>Jul-20</td><td>20</td><td>4</td></tr> <tr><td>Aug-20</td><td>20</td><td>4</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Sep-19	25	4	Oct-19	25	4	Nov-19	25	4	Dec-19	25	4	Jan-20	25	4	Feb-20	25	4	Mar-20	25	4	Apr-20	16	4	May-20	16	4	Jun-20	16	4	Jul-20	20	4	Aug-20	20	4	Rationale for current score: Sustainable plans underway - short term measures in process of being implemented. Serious incidents being reported to WG. Gold Command exec-led oversight established November 2018. Risk rating increased to 25 January 2019 as instructed by Gold Command. LJ advised change risk score to 16, 03/04/2019 as Probable x Major.	
Month	Risk Score	Target Score																																								
Sep-19	25	4																																								
Oct-19	25	4																																								
Nov-19	25	4																																								
Dec-19	25	4																																								
Jan-20	25	4																																								
Feb-20	25	4																																								
Mar-20	25	4																																								
Apr-20	16	4																																								
May-20	16	4																																								
Jun-20	16	4																																								
Jul-20	20	4																																								
Aug-20	20	4																																								
Level of Control = 40%	Rationale for target score:																																									
Date added to the risk register December 2014																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																								
<ul style="list-style-type: none"> All patients are categorised by condition in order to quantify issue. Second glaucoma consultant appointed November 2018. Additional accommodation secured to increase capacity; implementation plan under development. Welsh government funding secured for 2019/20 to employ additional activity and deliver some services in a community setting. Virtual clinics established. Service Manager for Ophthalmology providing regular updates via Planned Care Programme 		Action	Lead	Deadline																																						
		Strawberry Place ODTC clinics planned to commence in April 2019	Service Group Manager Surgical Specialties	31/10/19																																						
		Further additional Glaucoma practitioner and Visual Field Technician posts are to be advertised and recruited to increase Glaucoma capacity further as part of an OPDTC Outreach Community Clinic in Strawberry Place GP Surgery	Service Group Manager Surgical Specialties	31/10/19																																						
		Vacant Orthoptist post within AMD filled, start date TBC.	Service Group Manager Surgical Specialties	31/10/19																																						
		Several posts out for recruitment	Service Group Manager Surgical Specialties	31/10/19																																						
		An overall Sustainability Plan to be delivered	Service Group Manager Surgical Specialties	30/04/2020																																						

<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> A Welsh Government pilot programme was implemented in June 2014. The purpose of the HES project is to use clinic capacity to assess, review and treat patients within clinical priority rather than prioritising new patients based on their waiting time. A Project Management Lead was in post to deliver on the HES objectives. 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Extended waiting times for patients requiring routine clinical intervention, but these are still listed as per RTT guidance.</p>
<p style="text-align: center;">Current Risk Rating 4 x 5 = 20</p>	<p style="text-align: center;">Additional Comments</p> <p>Additional Glaucoma practitioner (temporary for 12 months) commenced in post 11/06/2018. 2nd Glaucoma Consultant started 05/11/2018.</p> <p>Accommodation in Corridor 3 reconfigured 08/02/2019. Further work needed on accommodation and additional rooms required. Ongoing discussions continue with Singleton Unit so that space can be created to house a co-located Ophthalmology Department Middle grade doctor to commence in post April 2019.</p> <p>Monthly tracker of glaucoma backlog patients indicates reduction of over 800 patients to end of January 2019.</p> <p>Diabetic Retinopathy Virtual Review clinics are to be increased via a WG funded successful bid.</p>

Datix ID Number: 1587 Health & Care Standard: 3.1 Safe and Clinically Effective Care		HBR Ref Number: 61																																								
Objective: Identify alternative arrangements to Parkway Clinic for the delivery of dental paediatric GA services on the Morrision Hospital SDU site consistent with the needs of the population and existing WG and Health Board policies.		Director Lead: Chris White, Chief Operating Officer Assuring Committee: Strategy Planning and Commissioning Committee																																								
Risk: Paediatric dental GA/Sedation services provided under contract from Parkway Clinic, Swansea. Risk to patient safety with no immediate access to crash team/ICU facilities in Parkway Clinic Sustainability issue within Parkway Clinic due to reduced commissioning Financial risk to Parkway in reduction of remuneration received		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 Current: 5 x 3 = 15 Target: 4 x 2 = 8	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Sep-19</td> <td>8</td> <td>15</td> </tr> <tr> <td>Oct-19</td> <td>8</td> <td>15</td> </tr> <tr> <td>Nov-19</td> <td>8</td> <td>15</td> </tr> <tr> <td>Dec-19</td> <td>8</td> <td>15</td> </tr> <tr> <td>Jan-20</td> <td>8</td> <td>15</td> </tr> <tr> <td>Feb-20</td> <td>8</td> <td>15</td> </tr> <tr> <td>Mar-20</td> <td>8</td> <td>15</td> </tr> <tr> <td>Apr-20</td> <td>8</td> <td>15</td> </tr> <tr> <td>May-20</td> <td>8</td> <td>15</td> </tr> <tr> <td>Jun-20</td> <td>8</td> <td>15</td> </tr> <tr> <td>Jul-20</td> <td>8</td> <td>15</td> </tr> <tr> <td>Aug-20</td> <td>8</td> <td>15</td> </tr> </tbody> </table>		Month	Target Score	Risk Score	Sep-19	8	15	Oct-19	8	15	Nov-19	8	15	Dec-19	8	15	Jan-20	8	15	Feb-20	8	15	Mar-20	8	15	Apr-20	8	15	May-20	8	15	Jun-20	8	15	Jul-20	8	15	Aug-20	8	15	Rationale for current score: There is no immediate access to crash team/ICU facilities in Parkway Clinic – the client group are undergoing G/A/sedation. Paediatric GA/Sedation services provided under contract from Parkway Clinic, Swansea continue due to lack of capacity for these patients to be accommodated in Secondary Care
Month	Target Score	Risk Score																																								
Sep-19	8	15																																								
Oct-19	8	15																																								
Nov-19	8	15																																								
Dec-19	8	15																																								
Jan-20	8	15																																								
Feb-20	8	15																																								
Mar-20	8	15																																								
Apr-20	8	15																																								
May-20	8	15																																								
Jun-20	8	15																																								
Jul-20	8	15																																								
Aug-20	8	15																																								
Level of Control =	Rationale for target score:																																									
Date added to the risk register 4 th July 2018	Relocation of the paediatric GA service [provided by Parkway Clinic] to a hospital site being treated as a priority																																									
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																								
<ul style="list-style-type: none"> • Consultant Anaesthetist present for every General Anaesthetic clinic. • Assurance Documentation supplied by Parkway Clinic including confirmation of arrangements in place with WAST and Morrision Hospital for transfer and treatment of patients • New care pathway implemented - no direct referrals to provider for GA. • Multi -drug sedation ceased from Sep 2018 in line with WHC 2018 009 • Revised SLA/Service Specification • HIW Inspection Visit Documentation provided to HB • All extended GA cases require approval from paediatric specialist prior to treatment 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Theatre review to facilitate paediatric dental general anaesthetics delivered from MHSDU.</td> <td>UDD/HOPC</td> <td>December 2020</td> </tr> <tr> <td>Transfer of services from parkway</td> <td>UDD/HOPC</td> <td>March 2020</td> </tr> </tbody> </table>	Action	Lead	Deadline	Theatre review to facilitate paediatric dental general anaesthetics delivered from MHSDU.	UDD/HOPC	December 2020	Transfer of services from parkway	UDD/HOPC	March 2020																															
Action	Lead	Deadline																																								
Theatre review to facilitate paediatric dental general anaesthetics delivered from MHSDU.	UDD/HOPC	December 2020																																								
Transfer of services from parkway	UDD/HOPC	March 2020																																								
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)																																								
<ul style="list-style-type: none"> • 1.RMC collate referral and treatment outcome data for review by Paediatric 		ToR for the task and finish group should continue to include																																								

<p>Specialist</p> <ul style="list-style-type: none"> • 2. Regular clinical meeting arranged with Parkway to discuss individual cases/concerns • 3. Regular clinical/ management meeting for CDS/primary care management team to discuss service pathway /concerns/issues arising • 4. Roll out of new pathway to encompass urgent referrals 	<p>consideration of the pressures on the POW special care dental GA list and this service is considered alongside any plans for the Parkway contract.</p>
<p>Current Risk Rating 5 X 3 = 15</p>	<p>Additional Comments 4th July 2019 – discussed in Risk Management Committee</p>

Datix ID Number: 737 Health & Care Standard: Staying Healthy 1.1 Health Promotion		HBR Ref Number: 15																																								
Objective: Partnerships for Improving Health and Wellbeing		Director Lead: Sandra Husbands, Director of Public Health Assuring Committee: Quality and Safety Committee																																								
Risk: If we fail to achieve population health improvement targets leading to an increase in preventable disease amongst the population resulting in increased morbidity impacting on operational and financial pressures.		Date last reviewed: September 2019																																								
Risk Rating (consequence x likelihood): Initial: 5 x 3 = 15 Current: 5 x 3 = 15 Target: 3 x 3 = 9	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>9</td><td>15</td></tr> <tr><td>Oct-18</td><td>9</td><td>15</td></tr> <tr><td>Nov-18</td><td>9</td><td>15</td></tr> <tr><td>Dec-18</td><td>9</td><td>15</td></tr> <tr><td>Jan-19</td><td>9</td><td>15</td></tr> <tr><td>Feb-19</td><td>9</td><td>15</td></tr> <tr><td>Mar-19</td><td>9</td><td>15</td></tr> <tr><td>Apr-19</td><td>9</td><td>15</td></tr> <tr><td>May-19</td><td>9</td><td>15</td></tr> <tr><td>Jun-19</td><td>9</td><td>15</td></tr> <tr><td>Jul-19</td><td>9</td><td>15</td></tr> <tr><td>Aug-19</td><td>9</td><td>15</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	9	15	Oct-18	9	15	Nov-18	9	15	Dec-18	9	15	Jan-19	9	15	Feb-19	9	15	Mar-19	9	15	Apr-19	9	15	May-19	9	15	Jun-19	9	15	Jul-19	9	15	Aug-19	9	15	Rationale for current score: If we fail to prevent a serious outbreak by effectively achieving herd immunity in the population through immunisation and vaccination programmes, or to effectively manage an outbreak by disrupting the spread, this will result in serious harm to individual, maybe death, and pressure on health services, disruption to flow, business continuity and reputational damage to the health board and public health team.	
Month	Target Score	Risk Score																																								
Sep-18	9	15																																								
Oct-18	9	15																																								
Nov-18	9	15																																								
Dec-18	9	15																																								
Jan-19	9	15																																								
Feb-19	9	15																																								
Mar-19	9	15																																								
Apr-19	9	15																																								
May-19	9	15																																								
Jun-19	9	15																																								
Jul-19	9	15																																								
Aug-19	9	15																																								
Level of Control = 60%	Rationale for target score: Manage preventable disease																																									
Date added to the risk register 26.01.16																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																								
<ul style="list-style-type: none"> Public Health Strategy and work plan Internal Audit Management Plan Strategic Immunisation Group MMR Task & Finish group Childhood Imms Group; Primary Care Influenza Group Support from PHW Health Protection 		Action	Lead	Deadline																																						
		Deliver immunisation awareness training for pre-school settings to promote key vaccination messages	Consultant Public Health Medicine	October 2019																																						
		Contribute to the implementation of recommendations made in the "MMR Immunisation: process mapping of the child's journey" report.	Consultant Public Health Medicine	October 2019																																						
		Continue to promote the benefits of immunisation through Healthy Schools and Pre-Schools e-bulletins	Consultant Public Health Medicine	October 2019																																						
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> School imms target is over 70%, we are the 2nd highest in Wales. All other childhood imms targets below trajectory. 		Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.																																								
Current Risk Rating 5 x 3 = 15		Additional Comments Scrutiny by internal audit, raise awareness, encourage uptake, target population. Co-production work with the public.																																								

Datix ID Number: 1605 Health & Care Standard: 3.1 Safe and Clinically Effective Care		HBR Ref Number: 63																																									
Objective: Screening for Fetal Growth Assessment in line with Gap-Grow (G&G)		Director Lead: Gareth Howells, Director of Nursing and Patient Experience Assuring Committee: Quality and Safety Committee																																									
Risk: There is evidence a growth restricted/small for gestational age fetus (SGA), has an increased risk of intra-uterine death before or during the intrapartum period. Identification and appropriate management for SGA in pregnancy should lead to improved outcomes. GAP & Grow standards were implemented to contribute to the reduction of stillbirth rates in wales. Obstetric USS scan appointments are at capacity leading to delays in obtaining required appointments. In addition the guidance from Gap & Grow is for women requiring serial scanning with a risk factor for a growth restricted baby must have 3 weekly scans from 28 to 40 week gestation. Due to the scanning capacity there are significant challenges in achieving this standard.		Date last reviewed: September 2019 Rationale for current score: CSFM's leading on audit reviewing records of all women where SGA not identified in antenatal period. Scanning capacity under increasing pressure. Meeting arranged with radiology management to discuss introduction of midwife sonographer third trimester scanning. Staff to be informed to submit Datix incident where scan not available in line with standards.																																									
Risk Rating (consequence x likelihood): Initial: 4 x 3 = 12 Current: 4 x 5 = 20 Target: 3 x 4 = 12	<table border="1"> <caption>Graph Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sep-18</td><td>12</td><td>20</td></tr> <tr><td>Oct-18</td><td>12</td><td>20</td></tr> <tr><td>Nov-18</td><td>12</td><td>20</td></tr> <tr><td>Dec-18</td><td>12</td><td>20</td></tr> <tr><td>Jan-19</td><td>12</td><td>20</td></tr> <tr><td>Feb-19</td><td>12</td><td>20</td></tr> <tr><td>Mar-19</td><td>12</td><td>20</td></tr> <tr><td>Apr-19</td><td>12</td><td>20</td></tr> <tr><td>May-19</td><td>12</td><td>20</td></tr> <tr><td>Jun-19</td><td>12</td><td>20</td></tr> <tr><td>Jul-19</td><td>12</td><td>20</td></tr> <tr><td>Aug-19</td><td>12</td><td>20</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sep-18	12	20	Oct-18	12	20	Nov-18	12	20	Dec-18	12	20	Jan-19	12	20	Feb-19	12	20	Mar-19	12	20	Apr-19	12	20	May-19	12	20	Jun-19	12	20	Jul-19	12	20	Aug-19	12	20	Rationale for target score: Compliance with Gap & Grow requirements.		
Month		Target Score	Risk Score																																								
Sep-18		12	20																																								
Oct-18	12	20																																									
Nov-18	12	20																																									
Dec-18	12	20																																									
Jan-19	12	20																																									
Feb-19	12	20																																									
Mar-19	12	20																																									
Apr-19	12	20																																									
May-19	12	20																																									
Jun-19	12	20																																									
Jul-19	12	20																																									
Aug-19	12	20																																									
Level of Control = 60%	Date added to the risk register 1 st August 2018																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																									
All staff have received training on Gap & Grow and detection of small for gestational babies. Obstetric scanning capacity across the HB is being reviewed and compliance with criteria for scanning is being monitored. Ultrasound are assisting with finding capacity wherever possible in order to meet standards for screening and complying with Gap & grow recommendations.		Action	Lead	Deadline																																							
		Adherence to Gap/Grow Standards	Deputy Head of Midwifery	December 2019																																							
Assurances (How do we know if the things we are doing are having an impact?) Audit of compliance with guidance being undertaken, detection rates of babies born below the 10th centile is being monitored via datix and audited by the service. Ultrasound are assisting with finding capacity wherever possible in order to meet standards for screening and complying with Gap & grow recommendations.		Gaps in assurance (What additional assurances should we seek?)																																									
Current Risk Rating 4 X 5 = 20		Additional Comments																																									

Risk Score Calculation

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

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