

Bundle Finance Committee 26 August 2020

- 3.2 Finance Operational Risks
Presenter: Huw Thomas
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 - 3.2 Appendix 1 Finance ORR August 2020.xlsx
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**PWYLLGOR CYLLID
FINANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

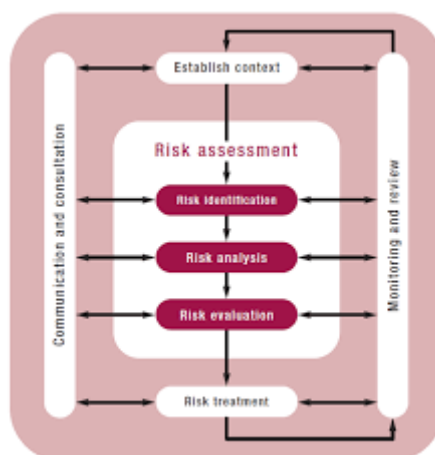
Sefyllfa / Situation

The Finance Committee is responsible for providing assurance to the Board that risks affecting finance are being identified, assessed and managed effectively.

The Committee is asked to seek assurance from Lead Officers/ representatives of the Directorates that the operational risks identified in the attached reports are being managed effectively.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place, to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda

University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group which will be responsible for gaining assurance that risks within their remit are being managed effectively. Appendix 1 shows the different levels of Risk Registers within HDdUHB. Appendix 2 shows how risk is reported within the Health Board.

A monthly reminder is circulated to Management Leads requesting that risk assessments and risks actions are reviewed and updated in line with the following timescales for review:

	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee, Sub-Committee and Group is responsible for:

- Scrutinising operational risks within their remit; either through receiving the Risk Registers or through Service Reports;
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented;
- Challenging pace of delivery of actions to mitigate risk;
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility;
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report;
- Using Risk Registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Directorates, and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the Finance Committee Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)), and any other risks, as appropriate.

Asesiad / Assessment

The Finance Committee's Terms of Reference state that it will:

- Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee (financial risks), and provide assurance to the Board that risks are being managed

effectively, reporting any areas of significant concern e.g. where risk appetite is exceeded, lack of timely action.

- Consider and keep under review the organisation's medium-term financial strategy in relation to both revenue and capital risks.

The 7 risks presented in the attached Risk Register (Appendix 3) as at 11th August 2020 have been extracted from Datix, based on the following criteria:

- The Finance Committee has been selected by the Risk Lead as the 'Assuring Committee' on Datix;
- The current risk score exceeds the tolerance level, as discussed and agreed by the Board on 27th September 2018;
- Risks have been approved at Directorate level on Datix;
- Risks have not been escalated to the CRR.

All 7 risks have been scored against the *Finance, including Claims* 'impact' domain.

Below is a **summary** of the 7 risks, ranked highest to lowest by current score, which meet the criteria for submission to the Finance Committee on 26th August 2020.

TOTAL NUMBER OF RISKS	7
NEW RISKS ENTERED ON DATIX	0
NEW RISK ESCALATED TO DIRECTORATE LEVEL (238)	1
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ↔	6
REDUCTION IN RISK SCORE ↓ 693 down from 16 to 12	1
REMOVED RISKS 817- Service level risk 795 - Archived closed risk pertained to the year 2019/2020 132 - Archived closed not applicable in the current climate C-19 802 - Service level risk 526 - Archived closed Risk has materialised and is now an issue for the service 819 - Service level risk	6
EXTREME (RED) RISKS (based on 'Current Risk Score')	1
HIGH (AMBER) RISKS (based on 'Current Risk Score')	6

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the Current Risk Score	Target Risk Score
525	18/06/2018	Scheduled care financial pressure due to continuation of the Bronglais General Hospital (BGH) theatres compensatory rest policy.	Scheduled Care	16 ↔	This is now being dealt with via the HR process. Further work with the support of HR is being undertaken. Date for resolution is now uncertain.	4
693	05/11/2018	Withybush Hospital will exceed the financial budget.	Unscheduled Care: WGH, Stroke and Care of the	12 ↓	There is a delay in transfer of care back to the community and or Primary Care due to short falls in	8

			Elderly (COTE)		<p>Local Authority domiciliary care and re-ablement packages.</p> <p>Over reliance of agency medical and nursing staff due to recruitment issues.</p> <p>It has been identified that some drugs and medical equipment have also become a financial driver to HB over-spend.</p> <p>Covid-19 has required medical teams to split to ensure cover for Red & Green areas. This rota pattern increases payment rates for senior medical staff who are currently doing more unsociable hours. Nursing spend has reduced due to temporary inpatient bed reductions.</p>	
238	30/05/2017	Financial Plan: Risk to service delivery at BGH unable to deliver £1.5m savings plan.	USC: BGH, Gastrology and Neurology	12 ↔	<p>Despite the control measures above, recruitment, especially for nursing staff, continues to be a high risk. Financial savings focus has been on increasing efficiencies and Length of Stay (LOS) reduction.</p> <p>The clinical risk is mitigated by the use of high cost agency nurses to back-fill vacancies, however of course, this impacts negatively on the financial position</p>	8
523	18/06/2018	Scheduled Care General Surgery, Financial cost pressure due to Locum use to cover employee relations issues at Glangwili General Hospital (GGH) & WGH.	Scheduled Care	12 ↔	Financial risk remains fixed due to the need to provide clinical teams.	3
134	08/01/2015	HB wide, financial loss arising from inability to trace potentially contaminated surgical instruments.	Central Operations	10 ↔	There is no system currently available on the market to track supplementary instruments on an individual basis.	10
516	27/05/2016	Health Board-wide risk regarding VAT advice on historic	Finance	8 ↔	No rationale added in Datix.	8

		Design for Life Schemes is incomplete.				
513	01/05/2016	Lack of modernisation of the Finance Directorate resulting in limited financial support across the Health Board.	Finance	8 ↔	No rationale added in Datix.	2

The Risk Register at Appendix 3 details the responses to each risk, i.e. the Risk Action Plan.

The Finance Directorate will continue to review the Finance ‘themed’ Risk Register, which has increased from 17 to 25 risks in this submission. The Finance Directorate, through its business partnership arrangements, will discuss and agree the level of risk in regard to the following areas and work with operational services to ensure these risks are reflected on their Risk Registers and that services are allocated the appropriate support to manage them effectively:

- Failure to remain within allocated budget in the current financial year
- Failure to remain within allocated budget over the medium term

The Finance ‘themed’ Risk Register is included at Appendix 4.

Argymhelliad / Recommendation

The Finance Committee is asked to:

- Review and scrutinise the risks included within this report to seek assurance that all relevant controls and mitigating actions are in place.
- Discuss whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

This in turn will enable the Committee to provide the necessary assurance to the Board that these risks are being managed effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y
Pwyllgor:

5.3 Seek assurance on the management of principal risks within the Board Assurance Framework and Corporate Risk Register allocated to the Committee (financial risks), and provide assurance to the Board that risks are being managed effectively and that any areas of significant concern are reported e.g. where risk appetite is exceeded, or where there is a lack of timely action.

Cyfeirnod Cofrestr Risg Datix a
Sgôr Cyfredol:

Contained in the report

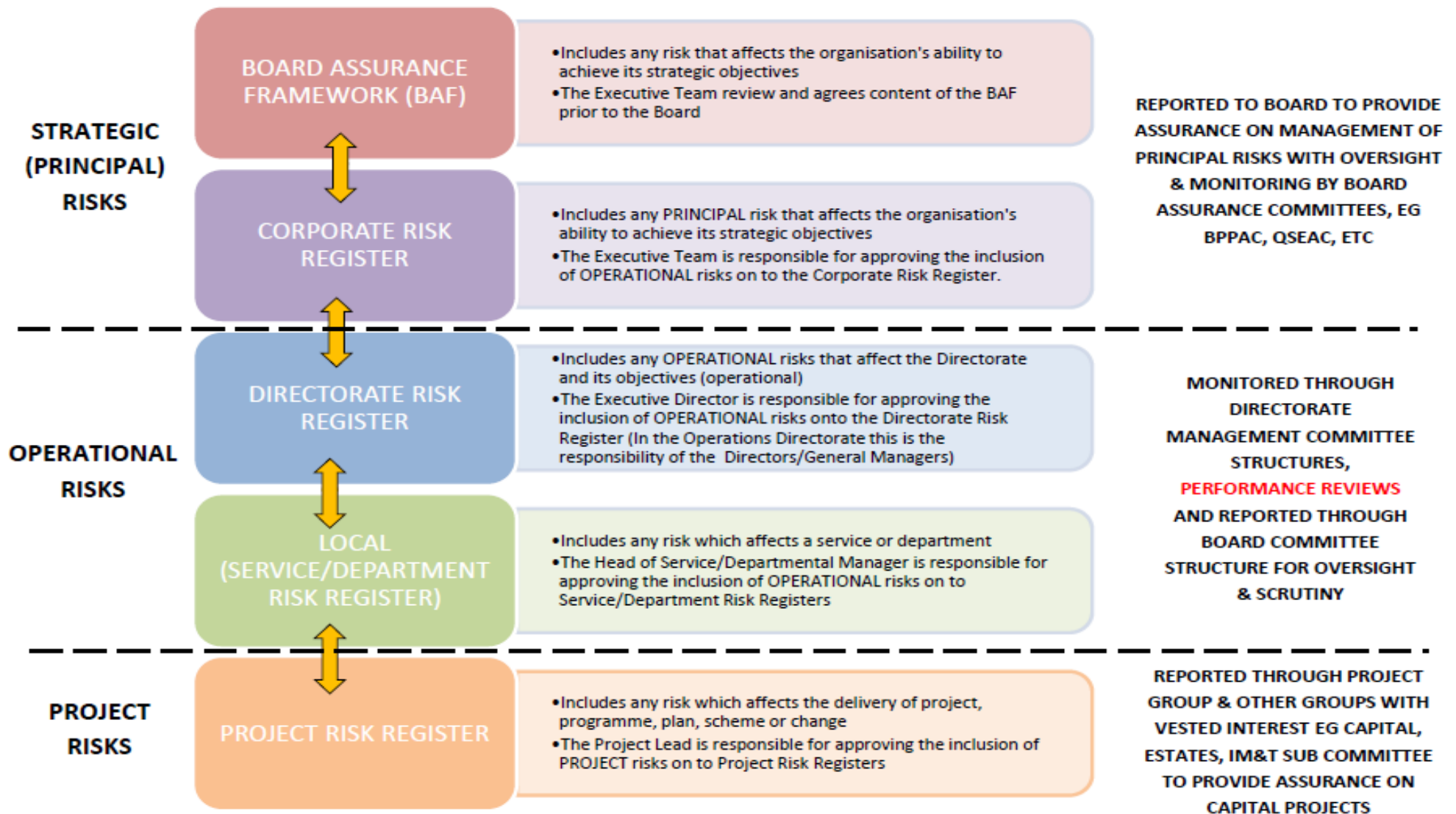
Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/ owners
Rhestr Termau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009) Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable although Risk Registers are submitted to Performance Reviews.

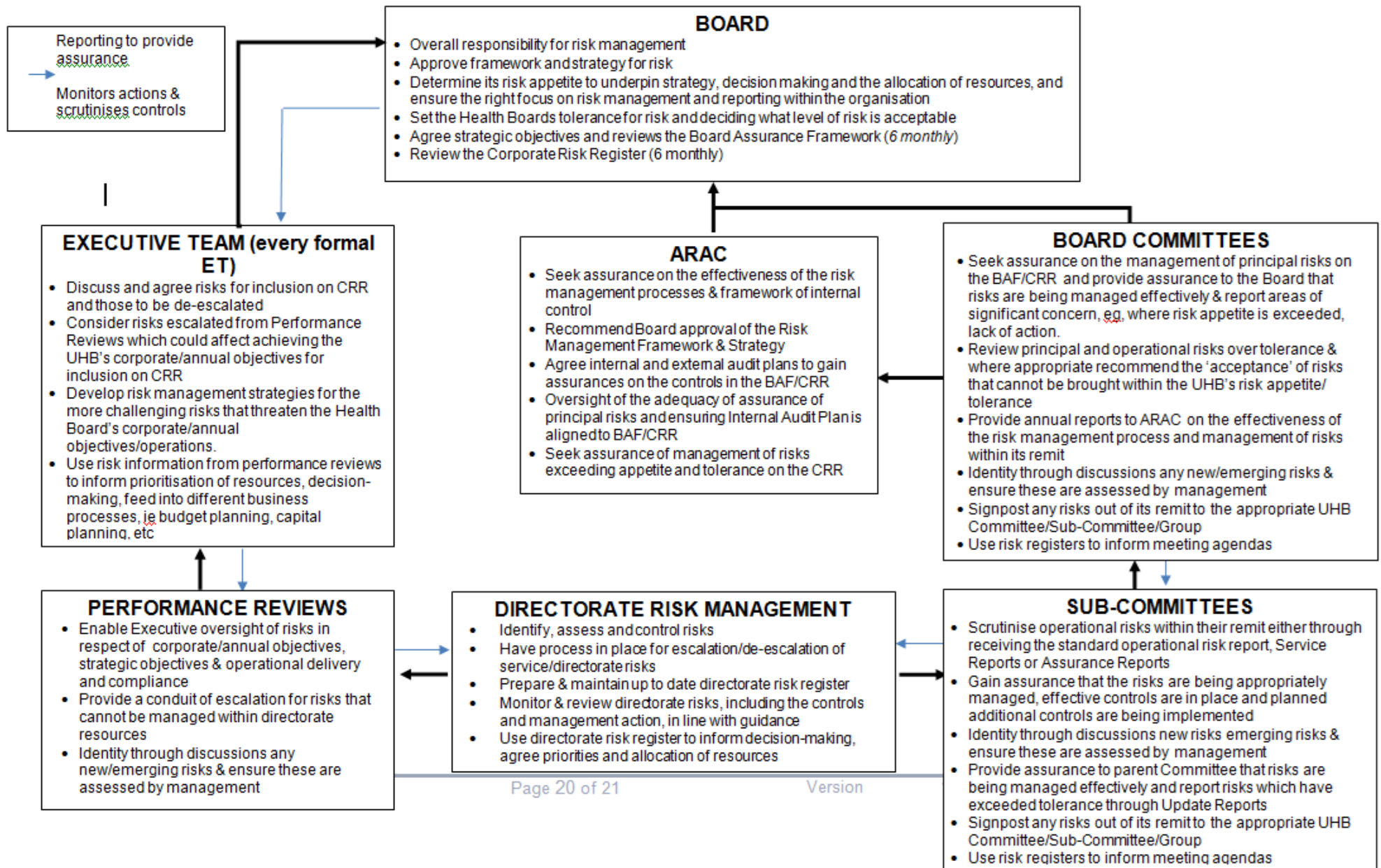
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/ eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/ mitigate risks.

Gyfrinachedd: Privacy:	No direct impacts from report however impacts of each risk are outlined in risk description.
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Appendix 1 – Risk Registers



14. Appendix 2 Committee reporting structure



Risk Ref	Status of Risk	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact
525	Directorate Level Risk	Standard 7.1 Workforce	Scheduled Care: Theatres	Hlre, Stephanie	Knight, Diane	18-Jun-18	<p>There is a risk of financial pressure for the department through both payments and the requirement for an increased nursing and Operating Department Practitioners (ODP) workforce to provide safe staffing levels.</p> <p>This is caused by the site specific policy for compensatory rest following on-call weekend shifts.</p> <p>This will lead to an impact/affect on the financial sustainability of the service. Safe staffing levels through pressure to recruit a larger workforce.</p> <p>Risk location, Bronglais General Hospital.</p>	Maintenance of current model of compensatory rest, which contradicts Agenda for Change agreements as identified by the Internal Audit review of theatres.	Finance inc. claims	6	4	4	16	<p>SBAR for removal of compensatory rest has been submitted for review by the Nursing Directorate.</p> <p>Implementation plan following the Executive decision to be drafted and agreed with the BGH Theatre team and TU reps.</p>	<p>By Whom: Knight, Diane</p> <p>By When: Completed</p>	Subsequent request for Executive Team paper.	Finance Committee	1	4	
693	Directorate Level Risk	USC: WGH		Cole-Williams, Janice	Johns, Helen	5-Nov-18	<p>There is a risk of WGH exceeding the financial budget.</p> <p>This is caused by We have an over reliance of agency staff due recruitment issues. Medication and medical equipment has also become a driver to the overspend. Covid-19 has meant that medical teams need to split to ensure cover for Red & Green areas. This rota pattern increases payment rates for senior medical staff who are currently doing more unsociable hours. Nursing spend has reduced due to temporary inpatient bed reductions.</p> <p>This will lead to an impact/affect on overall poor financial forecast for the Health Board.</p> <p>Potential risk in a reduction of service as WGH site strives to reduce its burden.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Health Board savings plan.</p> <p>Active recruitment drive to reduce variable pay spend. Monthly budget meeting with in-patient departments and management accounts officer.</p> <p>Allocated Business Partner to working alongside the Triumvirate team. WGH Management team will be holding weekly staff meetings.</p> <p>Twice weekly meetings with Community and LA to review all medical optimised patients within acute and community hospitals.</p>	Finance inc. claims	6	3	4	12	<p>Allocation of Business Partner to work alongside with the Triumvirate team.</p> <p>Active recruitment drive for Medical and nursing staff to aid in the reduction of agency spend.</p>	<p>By Whom: Cole-Williams, Janice</p> <p>By When: Completed</p>	<p>Meeting have already started.</p> <p>On going recruitment drive. Staff held up abroad due to covid-19 lockdown</p>	Finance Committee	4	2	
238	ate Level Risk	USC: BGH		Davies, Hazel	Davies, Claire	30-May-17	<p>There is a risk of BGH site being unable to deliver within its savings plan and achieve turnaround.</p> <p>This is caused by the totality of</p>	The clinical strategy for Bronglais which recognises its place within Mid Wales is now well understood and sits within the wider Health Board TCS strategy. This is now supported by a developed 5 year	ice inc. claims	6	3	4	12	Develop A clinical strategy for Bronglais General Hospital and agree key themes.	Davies, Hazel	Completed	Clinical strategy for Bronglais General Hospital will be informed by the current improvement programme of transforming clinical strategy	ce Committee	2	4

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	Directorate						<p>variable pay of nursing staff (approx. 40% vacancy deficit) and doctors, due to a national shortage as well as the site's rurality and relative isolation resulting in recruitment constraints. increased cost of agency premium therefore required.</p> <p>This will lead to an impact/affect on the inability to invest and progress other service plans at pace. Increased internal scrutiny of service through performance reviews and increased external scrutiny on Health Board from Welsh Government and other stakeholders.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Nursing Workforce strategy which will drive local nurse education and enable the growth of our own local workforce. The senior team are working closely with Swansea and Aberystwyth Universities to achieve this.</p> <p>Short term actions - driving down unit price for nurse agency Financial recovery plan which accounts for actions to improve HCSW and Band 4 role development (2 year plan) Incentivised bank - awaiting approval for second launch Bronglais Summit - held in November to ensure executive colleagues are sighted on the risks and supportive of all actions to improve</p>	Finan					<p>Develop a Complimentary workforce strategy which takes account of other non traditional workforce options.</p> <p>Explore ALL options to reduce agency in nursing and medics - including roster improvement to increase utilisation of our own existing staff (links to nursing plan above).</p> <p>Agree a clinical model for colorectal cancer surgery at Bronglais General Hospital. 1 colorectal consultant starts January 2019 2nd consultant awaiting start date CRC model intrinsically linked to the timeline for opening of new theatres at BGH (Scheduled care plan)</p> <p>Monitor cost of HCSW over establishment</p>	Davies, Hazel Davies, Hazel Davies, Hazel Jones, Dawn	Completed Completed Completed 1-Aug-20	<p>New ANP posts are currently being advertised to support our clinical model with an ANP in cardiology commenced in post. We have also recently appointed an ANP in COTE</p> <p>We have two high cost medics in post, one agency (capped rate) and one NHS (enhanced rate). Both of these will be displaced when the medics recruited are in post. We have successfully recruited doctors to fill the deanery vacancies on</p> <p>Subject to start date of second CRC surgeon and opening of new theatres, the colorectal model will be able to go live at BGH. Still awaiting appointment of 2nd colorectal surgeon</p> <p>Hospital Head of Nursing to monitor/ action controls re NSA assessments</p>	Finan		
523	Directorate Level Risk		Scheduled Care: General Surgery	Hire, Stephanie	Lewis, Caroline	18-Jun-18	<p>There is a risk of financial cost pressure.</p> <p>This is caused by the requirement to engage locum clinicians to provide cover for staff currently not in work as a result of employee relation issues.</p> <p>This will lead to an impact/affect on the ability to provide care within the departmental budget. The ability to provide continuity of care to patients. The moral and motivation of the clinical teams involved.</p> <p>Risk location, Glangwili General Hospital, Withybush General Hospital.</p>	<p>Probity on the locum contracts being agreed to ensure continuity of service.</p> <p>Adherence to Health Board HR Policies in the management of cases.</p>	Finance inc. claims	6	4	3	12	<p>Develop management plans for continued locum payments to cover GGH consultant off work due to employment relation issues to be specified, including time line for likely conclusion of situation.</p> <p>Develop a management plan for continued locum payments to cover WGH consultant off work due to long term sickness, including time line for likely conclusion of situation.</p> <p>Develop management plans for continued locum payments to cover WGH middle grade covering a consultant off work due to employment relation issues to be specified, including time line for likely conclusion of situation.</p>	Lewis, Caroline Lewis, Caroline Lewis, Caroline	Completed 13/08/2018 31/03/2020 Completed	<p>In progress.</p> <p>HR issues ongoing</p> <p>In progress.</p>	Finance Committee	1	3

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134	Directorate Level Risk	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	Central Operations: HSDU	Rees, Gareth	Flear, Philip	8-Jan-15	<p>There is a risk of needing to destroy large numbers of surgical instruments following suspected prion contamination arising during invasive procedures.</p> <p>This is caused by the inability to be able to mark individual instruments to enable them to be tracked and traced through the decontamination processes as there is no instinctually reliable system available on the market.</p> <p>This will lead to an impact/affect on an inability to trace instruments should a look back exercise be required e.g. possible patient infection. Unable to defend possible litigation claims. In the event of detected contamination all similar instruments will need to be destroyed with consequential financial impacts.</p> <p>Risk location, Health Board wide.</p>	<p>Supplementary instruments are colour coded to allow the surgical speciality to be identified;</p> <p>Where the same supplementary instrument is used for the same procedure, these have been added to the relevant instrument sets;</p> <p>Stock of supplementary instruments within theatres have been reduced and continue to be monitored with the aim of reducing further;</p> <p>Single use instruments are used where available;</p> <p>All Wales Group representing organisation;</p>	Finance inc. claims	6	2	5	10	<p>HSDU management to continue reviewing new technologies which could possible mitigate this risk.</p> <p>Discuss with other Health Boards in England to establish how others are approaching this challenge. Continue to review technology for an acceptable resolution.</p> <p>Head of HSDU attending All Wales Group to identify a Wales wide approach.</p>	Flear, Philip Flear, Philip Flear, Philip	13/06/2018 31/01/2019 31/12/2020 Completed	<p>Currently there is no systems being within current knowledge and invention to do so safely. Regular update of no progress</p> <p>Discussed with other health boards and with Hospital Sterilisation and Decontamination Unit (HSDU) management from Derriford, who have etch marked their single instruments. However</p> <p>There is no instinctually reliable system available on the market.</p>	Finance Committee	2	5
516	Directorate Level Risk	Finance	Thomas, Huw	Hayes, Rebecca		27-May-16	<p>There is a risk of the Health Board recovering an incorrect amount of VAT on advice given on historic and incomplete Design for Life Schemes.</p> <p>This is caused by difficulty in obtaining VAT advice from D4L nominated VAT advisor.</p> <p>This will lead to an impact/affect on the capital program with any incorrect or blocked VAT claims needing to be repaid. This may increase as final reviews are undertaken.</p> <p>Risk location, Health Board wide.</p>	<p>This contract is managed by NHS Shared Services on behalf of Welsh Government.</p> <p>Welsh Government are informed through Capital Review Meetings. It is likely any issues will be funded by Welsh Government as they arise from an all Wales VAT advice contract.</p>	Finance inc. claims	6	4	2	8	<p>Identify a provider for VAT advice.</p> <p>Work with Shared Services and Deloitte LLP to resolve the older D4L schemes.</p>	Eve, David (Inactive User) Thomas, Huw	Completed 30/09/2017 31/01/2019 30/09/2019 30/09/2020	<p>For new D4L schemes the VAT advisory work will be undertaken by the HB current VAT advisors. The issue for new D4L schemes is resolved.</p> <p>2 schemes are currently with HMRC for closure, another 3 schemes remain outstanding and 1 scheme is on-going. Work continues to resolve the older schemes. Deloitte are supporting the HB with current HMRC queries and correspondence. Discussions between HMRC Policy Team and Deloitte took place in December 2017. with internal</p>	Finance Committee	4	2

Finance Committee Risk Register

Date: 11/08/2020

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513	Directorate Level Risk		Finance	Thomas, Huw	Hayes, Rebecca	1-May-16	<p>There is a risk of lack of modernisation of the Finance Directorate.</p> <p>This is caused by withdrawal of the earlier Organisational Change Plan OCP.</p> <p>This will lead to an impact/affect on the level of financial support will be less than optimal.</p> <p>Risk location, Health Board wide.</p>	<p>The Director of Finance is in close liaison with the Senior Finance Team on budget performance, the underlying run-rate and Savings profiles.</p> <p>Temporary agency staff are filling some of the vacancies, until permanent recruitment is made, within the department and this will be retained until permanent solutions are concluded as part of the consultation.</p>	Finance inc. claims	6	4	2	8	Recruit finance staff for vacant positions.	Thomas, Huw	29/05/2018 31/03/2019 30/06/2019	Director appointment in Dec18. OCP commenced its implementation in Jul18 and is on-going; Senior Finance Team appointed and in post by Nov18. OCP process being cascaded down the team. Bands 5, 4 and 3 are in process.	Finance Committee	1	2

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245	Directorate Level Risk	Standard 3.5 Record Keeping	Central Operations: Health Records	Rees, Gareth	Bennett, Mr Steven	1-Dec-11	<p>There is a risk of avoidable interruption to business continuity affecting all clinical teams.</p> <p>This is caused by poor and inadequate facilities within the Health Records Service with insufficient storage capacity to meet patient records demand added to a lack of investment in electronic systems to deliver a sustainable model.</p> <p>This will lead to an impact/affect on patient record service rendering it unable to store records securely with potential for loss, damage or inappropriate disclosure of patient records leading to breach of confidentiality, review and sanction by the ICO, significant service disruption with several localities compromised, indirect adverse impact to patient safety arising from inappropriate clinical decisions, leading to poor patient care, complaints and litigation.</p> <p>Risk location, Health Board wide.</p>	<p># Annual weeding and destruction programme agreed and facilitated across the Health Board up to 2018/19.</p> <p># Electronic clinic systems including: PACS (radiology), LIMS (Pathology), WAP e-referrals, CANIS (Cancer), Diabetes 3, Selma, Myrddin & Secretarial systems/shared drives (Clinic Letters).</p> <p># Alteration to current racking and purchase of additional racking for the offsite facility.</p> <p># Agreed and approved Health Records strategies, policies and procedures (approved Aug15).</p> <p># Electronic Records Project Group undertaking scoping work for Turnaround Project for long term solution (Sep18).</p> <p># Health Records Modernisation Programme Group reviewing records management arrangements and e-working (May 19)</p> <p># Overtime process for condensing offsite storage facility supported by BPPAC and Exec Team.</p>	Service/Business interruption/disruption	6	5	4	20	<p>Implement the agreed weeding plan for 2018/2019.</p> <p>Implementation of the weeding and destruction plan 2017/2018.</p> <p>Full implementation of Welsh Admin Portal (WAP) electronic referral system.</p> <p>Develop a business case for the implementation of a scanning solution to deal with long term issue.</p> <p>Re-establish Health Records Group.</p> <p>Include on Internal Audit Plan.</p> <p>Development of an implementation plan to improve management of storage arrangements for current records by information asset owners across the UHB.</p> <p>Develop a Health Records management paper identifying current issues and including an options appraisal to resolve the interim lack of storage capacity for presentation at BPPAC and Exec team.</p> <p>Implementation of the agreed overtime process for condensing records at the Health Records storage facility.</p> <p>Implementation of agreed weeding plan for 2019/2020</p> <p>Implementation of a scanning solution</p>	<p>Bennett, Mr Steven</p> <p>Bennett, Mr Steven</p> <p>Tracey, Anthony</p> <p>Rees, Gareth</p> <p>Bennett, Mr Steven</p> <p>Wilson, Joan</p> <p>Bennett, Mr Steven</p> <p>Bennett, Mr Steven</p> <p>Bennett, Mr Steven</p> <p>Bennett, Mr Steven</p> <p>Rees, Gareth</p>	<p>Completed</p> <p>Completed</p> <p>31/12/2018 31/03/2020 31/03/2021</p> <p>31/03/2019 31/03/2021 31/07/2021</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/03/20 21</p> <p>31/03/20 23</p>	<p>All non active 2016 records have now been relocated from the Health Records departments to the offsite storage facility.</p> <p>The weeding plan for 2017/2018 was agreed and the plan was implemented in priority order. The plan has now been completed for all hospital</p> <p>The e-referral has now been fully implemented within 15 specialties across the health board. Training is currently underway in 3 specialties and mapping has been completed and submitted to NWIS in another 5 specialties. Without additional resource the process</p> <p>The Health Records Modernisation Programme Group has identified 5 specific work streams and to accelerate progress it was considered essential that dedicated resources were provided to augment the efforts. To ensure delivery there was a</p> <p>First meeting of the Health Records Group took place on the 19th October 2018.</p> <p>Already included on IA Plan 2018/19 - planned for Q3.</p> <p>Implementation plan has been endorsed by the Executive Team in Dec18 however funding resources will need to be appropriately supported to deliver the outcomes.</p> <p>Paper submitted to BPPAC on 27th June 2019 and option 5 within the paper noted by group members as most appropriate option. Paper also presented at Executive Team by Deputy CEO & Director of Operations for approval.</p> <p>Process implemented on 13th July 2019, with agreed reviews every 5 weeks.</p> <p>Both GGH and PPH have relocated all 2017 and 2018 non-active records to the off</p> <p>An SBAR was submitted to the Exec Team in March 2020 outlining the requirement for</p>	People, Planning & Performance Assurance Committee	1	4

Risk Ref	Status of Risk	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact
847	Service or Department Level Risk	Standard 2.6 Medicines Management	P.C,LTC: Medicines Management	Pugh-Jones, Jenny	Tyrrell, Gareth	16-Mar-20	<p>There is a risk of due to the ages of the isolator technology used in Aseptic units in both Withybush and Bronglais Hospital. This equipment is used to manufacture sterile medicines for cancer therapy within the UHB.</p> <p>This is caused by isolators are approaching 10 years of age, which is the life span of an isolator before replacement is required. Whilst isolator lifespan can be prolonged by addressing individual issues that occur within the isolator when they arise, this is costly, and reactive which may result in a potential for the quality of medicines to be adversely effected and risk harm to patients.</p> <p>This will lead to an impact/affect on the quality and safety of medicines given to cancer patients within the health board would be adversely affected by aging, and malfunctioning equipment. Added to that, where repair is required the cost of purchasing commercially supplied medicines risks an increased cost to the UHB of up to £10,000/day.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Daily assessment and recording of operating parameters</p> <p>Daily physical and microbiological testing.</p> <p>Weekly physical and microbiological testing.</p> <p>Monthly physical and microbiological testing.</p> <p>6 monthly servicing</p>	Quality/Complaints/Audit	8	3	5	15	Ensure routine maintenance schedule is kept up to date to confirm operational performance levels	Tyrrell, Gareth	31/08/2020	Current service engineer visit for WGH isolator scheduled on 30/31st July 2020	Operational Quality, Safety & Experience Sub Committee	1	5
														Ensure daily performance monitoring of isolators in both BGH and WGH hospitals with documented data of performance parameters such as leak testing, air changes and speed as well as internal critical zone pressures	Tyrrell, Gareth	31/08/2020	This is an ongoing action that will continuously monitor the performance of the equipment. Any internal records of non-conformance will be documented here			
														Ensure SLA with commercial suppliers in date and covers all UHB products. Failure of any isolators within the UHB will leave the organization exposed to increase drug costs of up to £10000/day	Tyrrell, Gareth	Completed	SLA up to date and ordering requirements updated to ensure there is adequate contingency for patient therapy to continue unaffected			
														Obtain quotations for new isolator equipment	Tyrrell, Gareth	31/08/2020	Awaiting quotations back from isolator companies			
817	Service or Department Level Risk	Standard 2.6 Medicines Management	P.C,LTC: Medicines Management	Pugh-Jones, Jenny	Isaac, Sarah	19-Dec-19	<p>There is a risk of failure to meet financial targets.</p> <p>This is caused by national increase in cost of Cat M drugs and NCSO.</p> <p>This will lead to an impact/affect on overspend by the HB, may have impact on sustainability of patient services.</p> <p>Risk location, Health Board wide.</p>	<p>National contracts with the Department of Health.</p> <p>Review and track NCSO and provide local guidance where appropriate.</p> <p>High cost drugs regular review of formulary.</p>	Finance inc. claims	6	4	3	12	HB raising concerns via Welsh Government, negotiations for pricing of Cat M drugs is undertaken at a UK government level.	Isaac, Sarah	31/12/2020	Outside HB control this issue is decided at a National UK level.	Finance Committee	4	3

Risk Ref	Status of Risk	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact
824	Service or Department Level Risk	Standard 3.1 Safe and Clinically Effective Care	Scheduled Care: Critical Care	Hire, Stephanie	Knight, Diane	7-Oct-19	<p>There is a risk of not being able to provide the appropriate number of nurses as per the guidelines for the provision of critical care services (GPICS).</p> <p>This is caused by ITU in WGH only being funded for 6 nurses during the day and 5 at night. The unit often surges above the 5 x level 3 capacity. Nurses are often taken from the unit to fill deficits on the wards.</p> <p>This will lead to an impact/affect on delays in timely access to critical care services for patients needing admission. Delays in timely management of patients if supervisory clinical coordinator is not safeguarded. Increased risk to patients due to staffing ratios - medication errors, pressure damage, falls etc. Difficulty in retention of staff. Delays in providing in house education. Dependency on agency staff and financial implications.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Nursing numbers reviewed each shift with the aim of working to GPICS.</p> <p>Support provided from other HB ITU's if possible.</p> <p>CCB, on contract and off contract agencies utilised to support staffing numbers.</p> <p>On-going review of staff moved to the wards and impact on the ITU.</p>	Safety - Patient, Staff or Public	6	4	3	12	Review of nursing establishment in line with funded beds, against GPICS and the safe staffing act.	Lewis, Lisa	31/03/2020 31/03/2021	Service in discussion with Nurse Staffing Programme Lead who is undertaking a review of safe staffing levels.	Operational Quality, Safety & Experience Sub Committee	3	3

Risk Ref	Status of Risk	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact
917	Service or Department Level Risk	Standard 3.4 Information Governance and Communications Technology	Central Operations: Out of Hours	Rees, Gareth	Davies, Nick	29-Apr-20	<p>There is a risk of that the OOH service will have access to its clinical IT solution "Adastra", owned by One Advanced, terminated in April 2021.</p> <p>This is caused by One Advanced having served 'notice' to all HBs in Wales stating they will terminate access to Adastra on 14 April 2021. This is in relation to the pan-Wales procurement of a new IT solution, led by the 111 project team, to which they were not awarded contract.</p> <p>This will lead to an impact/affect on the ability of the HB to deliver OOH services in line with clinical and IT governance frameworks; efficient & automated transmission of medical records from 111 (WAST) into the HB and also from the HB on to in-hours primary care providers; potential adverse affect on patient care and experience due to a breakdown in the transmission of information.</p> <p>Risk location, Health Board wide.</p>	<p># In the event of a system outage, service delivery currently reverts to paper call sheets and fax transmissions as required. Contingency plans are devised & in place-but for sustained outage, this is not a fully viable alternative;</p> <p># HDUHB (Dir Ops) has responded and issued a challenge to Advanced on the basis of existing service agreements;</p> <p># National coordination of response has been assumed by the 111 project director with support from WAST IT</p>	Service/Business interruption/disruption	6	3	4	12	secured and continuous access to Adastra is essential to maintain current level of clinical and IT governance.	Archer, Dr Richard	4-Jan-21	Negotiations are being led by the 111 programme team on behalf of the HB. To date, no costings have been supplied by the company and engagement appears poor. A formal request has now been submitted by 111 to request an extension, pending the launch of the new (replacement) IT solution.	Information Governance Sub Committee	2	4
911	Health and Safety	USC: WGH		Williams, Janice	Johns, Helen	29-Jul-20	There is a risk of that WGH will be unable to accommodate all services & staff who are currently based / requesting accommodation on site. The COVID-19 pandemic has	Full scoping exercise undertaken of all services & staff based on the WGH site. This has been completed to include social distancing requirements. Summary report to be formulated and	Health and Safety	6	3	4	12	Continue to monitor through the Social Distancing sub group in line With COVID-19 Welsh Government guidelines.	Johns, Helen	28/08/2020	Ongoing Monitoring	Health and Safety Sub Committee	3	2

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	Service or Department	Standard 2.1 Managing Risk and Promoting Health		Cole-Wilkinson			<p>worsened the already challenging position with social distancing requirements having to be factored in to accommodation & service area allocation and usage.</p> <p>This is caused by The COVID-19 pandemic has worsened the already challenging position with social distancing requirements having to be factored in to accommodation & service area allocation and usage. There are some staff who hold corporate roles and are based at WGH but only spend a proportion of their working week here. 3 staff have had to move onto the WGH site following the conversion of a Community Health Centre into a 'Red' COVID response facility</p> <p>This will lead to an impact/affect on Service delivery - some services have had to relocate in response to the COVID-19 pandemic Availability of office space for staff who have been previously based on the WGH site Staff wellbeing - some staff may need to continue to work from home in the longer term or relocate their base away from WGH</p>	<p>presented to the Health Board's social distancing cell for review and consideration Services relocated across the site to areas which have had less activity on site during the COVID pandemic Wherever possible staff have been advised to work from home Working patterns spread over 7 days and longer hours to support less staff on site at any given time All clinical areas scoped against social distancing requirements Perspex screens placed in reception / public facing areas</p>	Service/Business interrupt					additional storage obtained to support social distancing within all areas. Inventory list in place, all areas to go through Hospital service team if needing storage.	Johns, Helen	28/08/2020	Ongoing monitoring.	Operational Quality, Safety & Experience Subcommittee		
798	Service or Department Level Risk	Standard 3.1 Safe and Clinically Effective Care	USC: Radiology	Perry, Sarah	Evans, Amanda	7-Nov-19	<p>There is a risk of that Radiology will not be able to meet the requirements of several optimal pathways for patient care, including cancer and lung pathways.</p> <p>This is caused by lack of radiologists and key radiography staff.</p> <p>This will lead to an impact/affect on patient outcomes with delayed diagnosis and treatments.</p> <p>Risk location, Health Board wide.</p>	<p>Use of Single Cancer pathways moneys.</p> <p>Job plans revisited.</p> <p>Process in place for use of agency staff.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Run a recruitment campaign to attract additional radiologists.</p> <p>Communications department to launch a video campaign to attract radiologists.</p> <p>Review of workforce and systems to ensure right staff in right place at right time</p>	<p>Khan, Dr Liaquat</p> <p>Evans, Amanda</p> <p>Evans, Amanda</p>	<p>Completed</p> <p>Completed</p> <p>28/08/2020</p>	<p>Job descriptions have been approved by RCR.</p> <p>Campaign launched</p> <p>Project underway with support from PMO, HR and W&OD.</p>	Operational Quality, Safety & Experience Subcommittee	2	3

Risk Ref	Status of Risk	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact
900	Service or Department Level Risk	Standard 3.1 Safe and Clinically Effective Care	Scheduled Care: Audiology	Hlire, Stephanie	Lewis, Caroline	13-Jul-20	<p>There is a risk of poorer outcomes and lack of equality for Adult Audiology patients.</p> <p>This is caused by a historic underinvestment in the Adult Audiology service across the health board, resulting in underfunding of bilateral hearing aids for those adults who are clinically suitable. The HDUHB is the only health board in Wales that does not provide bilateral amplification in line with the adult All Wales Quality Standard.</p> <p>This will lead to an impact/affect on the wellbeing of adult Audiology service users and increased complaints. Evidence now indicates that there is a detrimental impact on maintaining a patients hearing ability and cognitive function if only monaural amplification is provided when binaural application is clinically indicated.</p> <p>Risk location, Health Board wide.</p>	At review appointments if a patient demonstrates (through data logging) that they are using their hearing aid for 6+ hours a day then binaural amplification is discussed. However, as some patients will have been 3 yrs + with only monaural amplification the likelihood of them adapting to binaural amplification will have been significantly reduced.	Quality/Complaints/Audit	8	4	3	12	To work with SDM and Finance Manager to look at funding streams.	Deans, Jane	30/11/2020	New action- Head of Audiology to make contact with SDM/Finance Manager to discuss.	Operational Quality, Safety & Experience Sub Committee	2	3
802	Service or Department Level Risk	Standard 3.5 Record Keeping	Central Operations: Health Records	Rees, Gareth	Bennett, Mr Steven	2-Apr-19	<p>There is a risk of expenditure exceeding budget at year-end.</p> <p>This is caused by cost pressures identified, not being met in budget setting.</p> <p>This will lead to an impact/affect on overspend in the order of £45,000 arising from subject access request charging ceasing in conjunction with the implementation of GDPR and rise in rates and rental costs at the offsite storage facility.</p> <p>Risk location, Health Board wide.</p>	<p>Expenditure scrutiny monthly.</p> <p>Hold to account meetings.</p> <p>Vacancy holds system in place.</p> <p>Budget Validation Process (identifying are budget shortfalls).</p> <p>Vacancy and procurement review panels.</p> <p>Monthly Health Records finance review meetings.</p> <p>Annual staffing review process.</p> <p>Savings proposals review.</p>	Finance inc. claims	6	4	3	12	<p>Implementation of Monthly finance/budget review meeting for 2019/2020.</p> <p>Implementation of monthly Health Records vacancy review meetings.</p> <p>Completion of health records staffing review for 2019/2020.</p> <p>Arrange a meeting with the Health Records Finance Business Partner identifying shortfalls in the budget against annual costs.</p>	<p>Bennett, Mr Steven Completed</p> <p>Bennett, Mr Steven Completed</p> <p>Bennett, Mr Steven Completed</p> <p>Bennett, Mr Steven Completed</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Monthly meeting dates agreed and implemented</p> <p>All vacancies reviewed as part of the monthly deputy managers meeting and dates agreed for 2019/20.</p> <p>Staffing review completed in May 2019 and reviewed on a monthly basis.</p> <p>Meetings have now been completed and financial shortfalls within the health records budget identified.</p>	Finance Committee	2	3

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842	Directorate Level Risk	Standard 5.1 Timely Access	MHLD	Carroll, Mrs Liz	Evans, Melanie	2-Jan-20	<p>There is a risk of of avoidable detriment to the quality of patient care.</p> <p>This is caused by absence of dedicated allocation of resources to fund an effective service.</p> <p>This will lead to an impact/affect on children and young people with disabilities and behaviours that challenge and their families. Increased clinical risk of harm, injury to self/others, family/social breakdown, increased reliance on residential or out of county placements, exclusion from educational settings, long term exclusion from community activities and increased likelihood of behaviours moving into adulthood.</p> <p>Risk location, Health Board wide.</p>	<p>A Positive Behavioural Service had been funded through Integrated Care Funds for a three year period. Recent staff departures have resulted in withdrawal of the service.</p> <p>There is a requirement for the organisation to look at a more sustainable service for children and young people with disabilities.</p> <p>The service has been restricted over the past year to reflect the reduced number of staff available to provide services across the Three Counties.</p> <p>Educational workshops in Positive Behavioural Support have been delivered to families and professionals at foundation level to increase resilience to a wider audience.</p> <p>Referrals of individuals with complex difficulties or those at threat of placement breakdown have been prioritised.</p> <p>Individual clinical risk is been assessed at discharge which identifies whether continued involvement from other</p>	Quality/Complaints/Audit	8	3	4	12	A cross organisational group will be established to develop a strategy in this area. The Director of Operations will pull together a cross-organisational group - Transforming Children's Services - to scope out current provision and future requirements.	Carroll, Mrs Liz	31/03/2020 30/09/2020	Due to COVID-19 pandemic, essential services only are being provided and all risks will be reviewed on a quarterly basis until the Health Board returns to business as usual.	Operational Quality, Safety & Experience Sub Committee	1	4
913	Service or Department Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	P,C,LTC: Primary Care - Dental and Optometry	Bond, Rhian	Owens, Mary	30-Jul-20	<p>There is a risk of that there could be a significant financial loss to the HB dental allocation.</p> <p>This is caused by a reduction in the amount of Patient Change Recovery (PCR) being recovered as a result of the dental contract red and amber phases.</p> <p>This will lead to an impact/affect on the overall financial position of the dental budget.</p> <p>Risk location, Health Board wide.</p>	<p>Issue raised with WG at every national meeting.</p> <p>Within monthly monitoring return from Finance to WG. From September 2020 reporting risk will be noted in its own right in the Dental monitoring return.</p> <p>Discussions taking place at all Wales DOFs and discussions at Directors of Primary Care meetings.</p> <p>Monitoring to ensure practices are recovering the income that they should be recovering for the patients they are seeing.</p>	Finance inc. claims	6	3	4	12				Operational Quality, Safety & Experience Sub Committee	1	1	
881	Department Level Risk	Health and Safety	Pembrokeshire	Lorton, Elaine	Hay, Sonia	27-May-20	<p>There is a risk of of harm to patients due to a lack of resilience within the domiciliary care and care home sectors as a result of covid 19.</p> <p>This is caused by domiciliary care</p>	<p>Daily community position updates are being reported and include care home and domiciliary care provision availability and highlight any staffing issues or concerns.</p> <p>Community teams are providing regular</p>	nt, Staff or Public	6	3	3	9	Review effectiveness of the reporting and overall position of care providers on a daily basis, escalating to community bronze as required	Hay, Sonia	31/07/2020	Review after 4 weeks	Sub Committee	2	3

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	Service or Department	Standard 2.1 Managing Risk and Promoting Health	3 Counties				<p>providers and care homes suffering reduced staffing levels as a result of covid related sickness and absence, such as shielding and self-isolation.</p> <p>This will lead to an impact/affect on on effective patient flow from acute and community hospitals; potential delayed discharges of care, increased acute admissions and additional pressure on community services to backfill and support care provision within community settings; and reluctance by care providers to accept additional patients without adequate and appropriate screening and assurances in place.</p> <p>Risk location, Health Board wide, Pembrokeshire.</p>	<p>contact and support to care homes to identify any early concerns including new and suspected cases of covid within residents, patients and staff.</p> <p>Local Authority are monitoring care providers and deploying additional staff/supporting with increased staffing needs as required.</p> <p>The Long Term Care Team are closely monitoring care homes and nursing homes and providing support and guidance as required.</p>	Safety - Patient					Ensure processes for regular daily communications with Local Authority are developed and maintained	Hay, Sonia	31/07/2020	Review after 4 weeks	Operational Quality, Safety & Experience		
929	Directorate Level Risk		USC: Cardiology	Perry, Sarah	Smith, Paul	31-Jul-20	<p>There is a risk of financial overspend for the community cardiac arrhythmia service which delivers timely and optimal care for cardiac patients experiencing palpitations or arrhythmia.</p> <p>This is caused by the reduction of Welsh Government funding from April 2020 by up to 20%, the cessation of funding from April 2021, and absence of identified (Health Board) funding.</p> <p>This will lead to an impact/affect on overspend by the service, and may have an impact on sustainability of the service in the long term.</p> <p>Risk location, Health Board wide.</p>	<p>Identified within the IMTP / 3 year plan.</p> <p>Quarterly report to Heart Conditions Implementation Group.</p> <p>Finance business partner sighted on this risk.</p>	Finance inc. claims	6	3	3	9	To establish from WHSSC if funding will be received.	Perry, Sarah	30/10/2020	Awaiting decision from WHSSC given overall COVID-19 impact this may not be funded.	Operational Quality, Safety & Experience Sub Committee	2	3
828	Service or Department Level Risk	Managing Health and Safety	Central Operations: Health Records	Rees, Gareth	Bennett, Mr Steven	1-Apr-19	<p>There is a risk of avoidable harm or injury to staff working in the Health Records services undertaking routine daily activities.</p> <p>This is caused by detrimental and unsafe working environments, specifically with insufficient storage capacity for patient records and a lack of investment to ensure the availability of adequate electronic systems to deliver a sustainable solution.</p> <p>This will lead to an impact/affect on</p>	<p>Health Board Corporate Induction Programme.</p> <p>Manual Handling Training.</p> <p>Health Records training and departmental induction.</p> <p>Corporate policies, manual handling policy, health & safety policy, risk management policy.</p> <p>Annual weeding and destruction programme agreed and facilitated across the Health Board.</p>	Safety - Patient, Staff or Public	6	3	3	9	<p>Implementation of weeding plan 2018/2019</p> <p>Develop a business case for the implementation of a scanning solution to deal with long term issue.</p>	<p>Bennett, Mr Steven</p> <p>Rees, Gareth</p>	<p>Completed</p> <p>31/03/2019 31/07/2021</p>	<p>All non active 2016 records have now been relocated from the Health Records departments to the offsite</p> <p>The Health Records Modernisation Programme Group has identified 5 specific work streams and to accelerate progress it was considered essential that dedicated resources were provided to augment the efforts. To ensure delivery there was a requirement for 1.8 WTE</p>	Information Governance Sub Committee	2	3

Risk Ref	Status of Risk	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact
		Standard 2.1 Managin					<p>This will lead to an impact on staff injury including slips, trips and falls. Increased complaints and possible litigation. Short term and long terms staff sickness, increased financial costs due to the utilisation of overtime to cover services and short term service disruption.</p> <p>Risk location, Health Board wide.</p>	<p>Scanning of deceased patient records.</p> <p>Alteration to current racking and purchase of additional racking at GGH.</p> <p>Resourcing of additional racking for the offsite storage facility</p> <p>Health Records Modernisation Programme Group reviewing records management arrangements and e-working (May 19)</p> <p>Overtime process for condensing offsite storage facility supported by BPPAC and Exec Team.</p> <p>Datix incident reporting is utilised within the health records service so we can identify any themes or trends around staff injury or impact on service delivery.</p> <p>Specific accident review process within the Health Records service.</p> <p>Provision of equipment, kick stools, ladders trolleys.</p> <p>Purchase of electric trolley as per recommendation from H&S review.</p> <p>H&S reviews and inspections</p>					<p>Implement weeding plan 2019/2020</p> <p>Develop action plans including costs and savings associated with each specific work stream identified at the HRMPG.</p>	Bennett, Mr Steven	31/03/2021	Both GGH and PPH have relocated all 2017 and 2018 non-active records to the off				
827	Service or Department Level Risk	on Governance and Communications Technology	Central Operations: Health Records	Rees, Gareth	Bennett, Mr Steven	1-Apr-19	<p>There is a risk of that the Health Board will receive enforcement notification from the Information Commissioner's Office (ICO).</p> <p>This is caused by non compliance with the legally agreed timescales and requirements of the General Data Protection Regulations (GDPR).</p> <p>This will lead to an impact/affect on financial penalty or fine, reputational harm or full review from the ICO.</p> <p>Risk location, Health Board wide.</p>	<p>Health records policies and procedures including the Access to Health Records Policy.</p> <p>GDPR guidelines and training materials.</p> <p>Staff prioritisation process.</p> <p>IG & GDPR training sessions.</p> <p>Health Board wide working arrangements.</p> <p>KPI's and monthly monitoring and review.</p> <p>Quarterly access to health records meeting.</p> <p>Staffing review process.</p>	Statutory duty/inspections	8	3	3	9	<p>Implement a quarterly access to health records staff meeting.</p> <p>Review of staff resource within the access to health records team.</p> <p>Relocate identified staff resource from the main health records department at Witybush into the subject access team.</p> <p>Contact other Health Boards in terms of staffing resource and staff structure responsible for dealing with access requests.</p>	<p>Bennett, Mr Steven</p> <p>Bennett, Mr Steven</p> <p>Bennett, Mr Steven</p> <p>Bennett, Mr Steven</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Meeting implemented from September 2019</p> <p>Review completed in October 2019 with additional staff resource identified from within Health Records budget/dept at</p> <p>Member of staff relocated.</p> <p>Health Records Managers at other health board contacted accordingly.</p>	Information Governance Sub Committee	2	2

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		Standard 3.4 Informati						Monthly deputy health records managers meetings.						Develop an SBAR for submission to the Executive Team requesting additional staff resource to deal with the current level of access requests received across the Health Board.	Bennett, Mr Steven	31/08/2020 31/03/2021	A draft SBAR was completed in July 2020 ready for presentation to IGSC, however issues have been identified in regards the process associated with subject access requests and particularly clinicians sign off, identification of 3rd party information and redaction. A separate SBAR is being presented to IGSC in November in regards these concerns and this has now taken priority. The new SBAR will be critical in terms of the requirement for additional staffing.			
516	Directorate Level Risk		Finance	Thomas, Huw	Hayes, Rebecca	27-May-16	<p>There is a risk of the Health Board recovering an incorrect amount of VAT on advice given on historic and incomplete Design for Life Schemes.</p> <p>This is caused by difficulty in obtaining VAT advice from D4L nominated VAT advisor.</p> <p>This will lead to an impact/affect on the capital program with any incorrect or blocked VAT claims needing to be repaid. This may increase as final reviews are undertaken.</p> <p>Risk location, Health Board wide.</p>	<p>This contract is managed by NHS Shared Services on behalf of Welsh Government.</p> <p>Welsh Government are informed through Capital Review Meetings. It is likely any issues will be funded by Welsh Government as they arise from an all Wales VAT advice contract.</p>	Finance inc. claims	6	4	2	8	<p>Identify a provider for VAT advice.</p> <p>Work with Shared Services and Deloitte LLP to resolve the older D4L schemes.</p>	<p>Eve, David (Inactive User)</p> <p>Thomas, Huw</p>	<p>Completed</p> <p>30/09/2017 31/01/2019 30/09/2019 30/09/2020</p>	<p>For new D4L schemes the VAT advisory work will be undertaken by the HB current VAT advisors. The issue for new D4L schemes is resolved.</p> <p>2 schemes are currently with HMRC for closure, another 3 schemes remain outstanding and 1 scheme is on-going. Work continues to resolve the older schemes. Deloitte are supporting the HB with current HMRC queries and correspondence. Discussions between HMRC Policy Team and Deloitte took place in December 2017, with internal HMRC discussions following in January 2018. HMRC visited the HB in July 2018 and reviewed all of the schemes in detail. As a result, Deloitte have prepared revised work in respect of final account assessment; this was submitted to HMRC in October 2018 for feedback. The fol</p>	Finance Committee	4	2
819	Department Level Risk	Standard 7.1 Workforce	Speech and Language	Reed, Lance	Large, Philippa	23-Dec-19	<p>There is a risk of reduction in funding from the three local authorities who commission children's speech and language therapy services when the Additional Learning Needs and Educational Tribunal (ALNET) Act reaches implementation stage in September 2021.</p>	<p>Interim Head of Speech and Language Therapy is maintaining good communication links with local authority partners and is working with Designated Educational Clinical Lead Officer (DECLO) to identify areas of greatest risk. Both are also engaging at regional and national levels to facilitate and influence representations to</p>	Finance inc. claims	6	2	4	8	Develop ALNET Act service implementation plan.	Large, Philippa	31/03/2020 30/09/2020	Speech and language therapy is represented within the Health Board implementation plan. More detailed service specific actions are now required.	Finance Committee	1	4

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	Service or		Therapies and Health Science:				<p>This is caused by new legislation - Additional Learning Needs and Educational Tribunal (ALNET) Act which transfers responsibility for securing provision of recommended interventions for those with additional learning needs aged birth to 25 years from local authorities to health boards.</p> <p>This will lead to an impact/affect on finances available for staffing and increased burden upon the speech and language therapy budget as the staff working under the current service level agreements are permanent members of staff.</p> <p>Risk location, Health Board wide.</p>	Welsh Government.						<p>Develop data base of individuals with statutory recommendations that include speech and language therapy. Conduct gap analysis of interventions delivered against recommendations</p> <p>Work with other therapy leads, multi agency colleagues and legal departments to use standard agreed SLA templates for streamlining SLA negotiation and sign off process</p>	Large, Philippa	31/12/2020	Service leads in each county have begun to collate data bases			
926	Directorate Level Risk	Standard 3.1 Safe and Clinically Effective Care	USC: Cardiology	Perry, Sarah	Smith, Paul	31-Jul-20	<p>There is a risk of patients with Inherited Cardiac Conditions failing to receive timely diagnosis and management of their condition.</p> <p>This is caused by lack of long-term funding and plans for the sustainability of the current short-term funded service (to October 2020 from Charitable Funds).</p> <p>This will lead to an impact/affect on reduced best practice, potential increased mortality and morbidity for patients with suspected/confirmed Inherited Cardiac Conditions, reputation of UHB.</p> <p>Risk location, Health Board wide.</p>	<p>ICC Steering Group set up between SBUHB and Hywel Dda Health Board.</p> <p>Staff in place with employment rights.</p>	Safety - Patient, Staff or Public	6	2	4	8	Application for Charitable Funds.	Perry, Sarah	31/08/2020	Application currently being written. If no substantive funding secured exit strategy will be developed.	Operational Quality, Safety & Experience Sub Committee	1	4
830	Department Level Risk	Working Health and Safety	Out of Hours	Rees, Gareth	Davies, Nick	3-Jan-20	<p>There is a risk of that patients requiring urgent primary care assessment and treatment during out of hours periods may not be seen within clinically acceptable time periods.</p> <p>This is caused by periodic staffing</p>	<p>Rota coordinators focus on maximising shift fill at all times.</p> <p>Remote working solutions have been identified and clinicians secured when available.</p> <p>Enhanced clinical support secured via the</p>	Patient, Staff or Public	6	2	4	8	Recruit and deploy clinical shift lead GPs (where engagement can be secured) at times of highest demand to direct demand to available clinicians and to allocate available resources. This will require cross-border agreements where GPs operate from their	Davies, Nick	Completed	Expressions of interest have been received. Clinical Lead, Deputy MD and 111 Clinical Advisor will all support with immediate pressures. Interviews to be arranged for remaining applicants	Assurance Committee	1	4

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	Service or	Standard 2.1 Managing Risk and Promote	Central Op				<p>shortfalls within the GP out of hours service coupled with increased 111 generated demand along with ambulance service and ED escalation.</p> <p>This will lead to an impact/affect on clinical safety impacts arising from delayed or no care provision along with poor patient experience. This could result in significant harm to patients and the potential for increased complaints and possible litigation towards the HB.</p> <p>Risk location, Carmarthenshire, Ceredigion, Pembrokeshire.</p>	<p>111 clinical support hub - when available.</p> <p>Escalation plan shared with hospital managers, Executive team and 111 managers.</p> <p>Additional ED resources can be secured for potential increased ED attendance if required.</p> <p>Ability to increase pay in recognition of poor working conditions in an attempt to increase resilience.</p> <p>Advanced Paramedic Practitioners (APP) rotation utilising WAST Advanced Paramedic Practitioners to support with HB wide activity- when available.</p>	Safety -					<p>Direction and challenge of current GP activity and cultural behaviour is required by Medical Directorate to ensure all GPs contribute fairly to HB wide demand (to include telephone advice and face to face consultation- including home visiting- regardless of geographical location.</p> <p>To hold a senior management/ service lead and 111 lead meeting to discuss current concern, understand risks and discuss potential solutions- to be chaired by Director of Operations</p> <p>Maximise clinician availability to support wider workforce pressure- while developing multi-disciplinary approach to service delivery. 2 month pilot utilising Acute Response Team (ART) staff on a bank basis to support OOH demand on a 3-county basis, ensuring access to patients (especially palliative care) is secured- without affecting capacity of existing ART caseload</p> <p>Increase the deployment of WAST Advanced Paramedic Practitioners into the OOH rotation. Currently utilises skills of 2 WTE, looking to increase to 3 WTE.</p> <p>Recruitment of additional clinicians (to include GP and Advanced Nurse Practitioners) upon the receipt of potential applications.</p> <p>Complete service redesign is needed and this work is being undertaken in collaboration with the Transformation Directorate.</p>	Davies, Nick	Completed	<p>Service leads and medical directors to meet and address issue and agree lines of communication</p> <p>Meeting has been arranged for 28/01/2020 and invite circulated- responses awaited</p> <p>Expressions of interest received and workforce approval gained- currently meeting with staff to ensure roles are appropriate and ascertain availability- rota to be prepared by 24/01/2020 with a view to initial deployment on 01/02/2020</p> <p>6/7/2020- proposal has been received including costing for increasing model- paper send to Dep Dir Ops for decision. Staff now operating within OOHs for a 3/12 supernumerary position, in preparation for final decision on expansion.</p> <p>Now have sufficient sessional GPs in place.</p> <p>Working group established and workstreams assigned. Workforce planning will be complex and may require a complete statistical review of</p>	People, Planning & Performance		

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384	Directorate Level Risk	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems	Central Operations: Clinical Engineering	Rees, Gareth	Hopkins, Mr Chris	23-Sep-17	<p>There is a risk of avoidable non-compliance with statutory and implied statutory standards where medical devices are concerned.</p> <p>This is caused by equipment not being maintained in accordance with manufacturers' instructions.</p> <p>This will lead to an impact/affect on overall treatment or suboptimal services with a potential impact of reputational harm and regulatory enforcement.</p> <p>Risk location, Health Board wide.</p>	<p>Medical and Non-Medical Devices Control Group has been reviewing performance. This group has now de-escalated and the risks are managed through relevant management structures and through the medical device group.</p> <p>HSE Action Plan is complete.</p> <p>Management information including regular reports provided for scrutiny to Medical Device Group.</p> <p>Identification of devices and categorisation and inventory refresh complete and new database procured and commissioned.</p> <p>System review processes operating to ensure missed inspections are not allowed to go unchecked.</p> <p>5 tier risk stratification system developed for Health Board device holding which facilitates high risk devices targeted for first attention.</p> <p>Increased capital allocation has been realised.</p> <p>Strategic replacement plan for the Health Board's medical device holding now in place and servicing capital decision making.</p> <p>Improved ultrasound governance in place.</p> <p>Training Needs Analysis has been undertaken in conjunction with L&D Team.</p> <p>Servicing and inspection capacity restored to 2015 levels in clinical engineering.</p> <p>Broader control over all aspects of all</p>	Statutory duty/inspections	8	2	4	8	<p>SDM to assess the potential benefit of a Triage Nurse service- and possible implementation- to support with current service demand and delivery</p> <p>Implement Medical Devices Action Plan (inc development of inventory, categorisation of incidents) - delivery is monitored by Medical Devices Control</p> <p>Operations Prioritisation System and Programme in place which feeds into annual capital planning process.</p> <p>Review Medical Devices Assurance Group which reports to Operational QSE Sub-Committee to improve reporting of assurance.</p> <p>Review Medical Devices Assurance Group which reports to Operational QSE Sub-Committee to improve reporting of assurance.</p> <p>Establish Information Governance requirements for medical devices.</p> <p>Complete a full 24 month schedule of Planned Preventative Maintenance work</p>	<p>Davies, Nick</p> <p>Rees, Gareth</p> <p>Rees, Gareth</p> <p>Rayani, Mandy</p> <p>Rayani, Mandy</p> <p>Rees, Gareth</p> <p>Hopkins, Mr Chris</p>	<p>29/05/2020 31/12/2020</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>14/04/2021</p>	<p>Benefit to nurse triage has been identified, SDM has now linked with resourcing and with Dep Director Primary Care to sponsor proposal and identify appropriate job descriptions,</p> <p>Agreement on funding arrangements for remaining action outstanding. Discussions taking place with Director of Nursing, Quality and Patient</p> <p>Completed.</p> <p>This has been resolved and the Medical Devices Group now formally reports to Operational QSE Sub-Committee with escalation to QSEAC.</p> <p>This has been resolved and the Medical Devices group now formally reports to Operational QSE Sub-Committee with escalation to QSEAC.</p> <p>List of all equipment that holds PII or connects to the internet has now been forwarded to the IG team.</p> <p>63% of inventory has now received a Planned Preventative Maintenance check.</p>	Operational Quality, Safety & Experience Sub Committee	1	4

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513	Directorate Level Risk		Finance	Thomas, Huw	Hayes, Rebecca	1-May-16	<p>There is a risk of lack of modernisation of the Finance Directorate.</p> <p>This is caused by withdrawal of the earlier Organisational Change Plan OCP.</p> <p>This will lead to an impact/affect on the level of financial support will be less than optimal.</p> <p>Risk location, Health Board wide.</p>	<p>The Director of Finance is in close liaison with the Senior Finance Team on budget performance, the underlying run-rate and Savings profiles.</p> <p>Temporary agency staff are filling some of the vacancies, until permanent recruitment is made, within the department and this will be retained until permanent solutions are concluded as part of the consultation.</p>	Finance inc. claims	6	4	2	8	Recruit finance staff for vacant positions.	Thomas, Huw	29/05/2018 31/03/2019 30/06/2019	Director appointment in Dec18. OCP commenced its implementation in Jul18 and is on-going; Senior Finance Team appointed and in post by Nov18. OCP process being cascaded down the team. Bands 5, 4 and 3 are in process.	Finance Committee	1	2
831	Service or Department Level Risk	Standard 3.1 Safe and Clinically Effective Care	Women and Children	Humphrey, Lisa	Owen, Lesley	20-Jan-20	<p>There is a risk of inefficient prudent health care delivery across community midwifery services.</p> <p>This is caused by lack of IT equipment within the community midwifery services.</p> <p>This will lead to an impact/affect on safe quality of patient care due to community midwifery services inability to access patients records.</p> <p>Risk location, Health Board wide.</p>	<p>Community midwives complete All Wales Handheld record and then input data into IT system. (which entails driving to nearest hospital base or GP facility)</p> <p>Independent practitioners governed by NMC standards.</p>	Safety - Patient, Staff or Public	6	3	2	6	Develop a business case to purchase portable IT devices for community midwives.	Owen, Lesley	Completed	new action.	Capital, Estates and IM&T Sub Committee	3	2
							<p>Purchase request submitted for new phones and laptops for all community midwives</p>	Jenkins, Mrs Julie	30/09/2020 30th September 2020	Purchase request submitted for new phones and laptops for all community midwives										
511	Directorate Level Risk		Finance	Thomas, Huw	Hayes, Rebecca	1-May-16	<p>There is a risk of operational problems in delivering adequate payment systems within NHS Wales Shared Services.</p> <p>This is caused by duplicate & incorrect payments, with no confidence that all incorrect or duplicates are recovered. Delayed payments, lost invoices, suppliers placing Health Board on hold, loss of reputation, failed Public Sector Payment Performance (PSPP)target, in excess of £3m of invoices on hold.</p> <p>This will lead to an impact/affect on reputational damage, service continuity issues and failure to meet Welsh Government(WG)targets for the prompt payment of suppliers.</p> <p>Risk location, Health Board wide.</p>	<p>Additional control measures have been implemented both within procurement and financial accounting in order to attempt to mitigate the current issues.</p> <p>Additional resources have been secured in order to deliver plan.</p> <p>Shared services have attended the Audit Risk and Assurance Committee (ARAC) in order to provide assurance that remedial action will be taken to put the action plan back on track.</p> <p>Regular updates have been provided to ARAC.</p>	Service/Business interruption/disruption	6	2	3	6	Improve the current performance and engagement in the payments process. Monitored to maintain progress within NHS Wales Shared Services Procurement NWSSP.	Thomas, Huw	30/09/2017 30/08/2018	<p>Monitoring and engagement in place. System enhancements (Oxygen) fully implemented in 2018 by Shared Services; contributing to compliance with the Health Board's prompt payment policy.</p> <p>The Health Board reported 96.7% compliance with the policy for Quarter 1 2018/19. This will however continue to be an on-going risk to monitor.</p>	Finance Committee	1	3

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515	Directorate Level Risk		Finance	Thomas, Huw	Hayes, Rebecca	27-May-16	<p>There is a risk of the Health Board is failing to comply with HMRC (IR35) regulations, in relation to Off payroll arrangements.</p> <p>This is caused by a request to identify individuals that are paid on average £220 per day over a 6 month period and seek assurance from these individuals, that they comply with UK Revenue and Tax obligations. As identified via a directive from Welsh Government (WG).</p> <p>This will lead to an impact/affect on the health board may be subject to a fine of over £1m.</p> <p>Risk location, Health Board wide.</p>	Medical staffing contact all doctors based on information received from Medacs and Staff Flow to seek assurance of compliance.	Finance inc. claims	6	2	2	4	The Director of Finance is to link with HR to establish a Health Board task and finish group to look at developing a work plan to ensure that compliance is achieved.	Thomas, Huw	9-Jan-17	New compliant system is now in place.	Finance Committee	1	2
512	Directorate Level Risk		Finance	Thomas, Huw	Hayes, Rebecca	1-May-16	<p>There is a risk of Her Majesty's Revenue and Customs (HMRC), querying on an All-Wales basis the operation of the Out Of Hours GP scheme, would rule that payments should be made net of tax and National Insurance (NI).</p> <p>This is caused by discussions with HMRC and Deloitte's advising Local Health Boards and Boards whereby Health Boards have agreed to bring General Practitioners (GP's) Out of Hours (OOH) doctors within tax and NI deduction at source from 1st November 2017.</p> <p>This will lead to an impact/affect on the stability of the OOH service which the Operations Directorate are working to mitigate. The remaining risk with HMRC relates to the backdating of Tax and NI liability to 6th April 2017 at significant cost.</p> <p>Risk location, Health Board wide.</p>	<p>Hywel Dda has commissioned Deloitte LLP to provide advice.</p> <p>Links have also been made with other Health Boards in Wales in order to ensure that a consistent approach is being adopted.</p> <p>Deloitte LLP are providing Tax advice to the Health Board on this issue.</p> <p>The HMRC have accepted that there will be no backdating of reclaim before 31/03/2017.</p> <p>From November 2017 all ad hoc OOH GPs have been processed through payroll in accordance with IR35 requirements.</p>	Service/Business interruption/disruption	6	3	1	3	HMRC have confirmed that OOH is within the scope of IR35. HMRC have accepted there will be no backdating of reclaim before 31/03/17; the period under risk is April - November 2017 in relation to the PAYE, Employee's and Employer's NIC. Professional advice from Deloitte is required.	Thomas, Huw	30/09/2017 31/01/2019	<p>Deloitte are co-ordinating the process in relation to the PAYE, Employee's and Employer's NIC for the period April - November 2017 on behalf of Health Boards in Wales to reach satisfactory settlement with HMRC.</p> <p>The maximum liability has now been confirmed by HMRC, and sufficient provision was made in 2017/18 to cover this maximum value. Negotiations are still on-going between HMRC and Deloitte.</p> <p>From November 2017, all ad hoc OOH GPs have been processed through payroll in accordance with IR35 requirements.</p>	Finance Committee	3	1