

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	Target Risk Score	Detailed Risk Decision	Review date
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 at GGH.</p> <p>Resourcing 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>Bennett, Mr Steven Completed</p> <p>Bennett, Mr Steven Completed</p> <p>Tracey, Anthony 31/12/2018 31/03/2020 31/03/2021</p> <p>Rees, Gareth 31/03/2019 31/03/2021 31/07/2021</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 localities removing and relocating all non-current records from 2015. The weeding programme for 2018/19 was unable to be undertaken due to the public inquiry into infected blood products during 1970s and 1980s.</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 will not be completed within the identified timescale.</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 support staff from the programme management office. A paper requesting additional support was submitted to the Executive Team in March 2020 and the outcome was further discussions were required. No further progress has been made since Covid.</p>	People, Planning & Performance Assurance Committee	1	4	4	Treat	6-Aug-20	

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														Re-establish Health Records Group.	Bennett, Mr Steven	Completed	First meeting of the Health Records Group took place on the 19th October 2018.						
														Include on Internal Audit Plan.	Wilson, Joanne	Completed	Already included on IA Plan 2018/19 - planned for Q3.						
														Development of an implementation plan to improve management of storage arrangements for current records by information asset owners across the UHB.	Bennett, Mr Steven	Completed	Implementation plan has been endorsed by the Executive Team in Dec18 however funding resources will need to be appropriately supported to deliver the outcomes.						
														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.	Bennett, Mr Steven	Completed	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.						
														Implementation of the agreed overtime process for condensing records at the Health Records storage facility.	Bennett, Mr Steven	Completed	Process implemented on 13th July 2019, with agreed reviews every 5 weeks.						
														Implementation of agreed weeding plan for 2019/2020	Bennett, Mr Steven	31/03/2021	Both GGH and PPH have relocated all 2017 and 2018 non-active records to the off site facility. WGH have also completed the 2017 records and should complete 2018 records by October 2020. BGH have completed 25% of the 2017 records and will be completed by September 2020. BGH should complete 2018 records by December 2020.						
														Implementation of a scanning solution	Rees, Gareth	31/03/2023	An SBAR was submitted to the Exec Team in March 2020 outlining the requirement for PMO support, financial investment and potential savings associated with a scanning solution. Further discussions will be required following any agreement to progress a business case for the procurement of a scanning solution.						

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794	Directorate Level Risk		Workforce and OD	Thomas, Annmarie	Owen, Sally	16-Oct-19	<p>There is a risk of not all health board existing staff have a DBS status recorded on ESR, which allow staff to work with children or vulnerable adults.</p> <p>This is caused by manual records held locally that have not been updated in ESR.</p> <p>This will lead to an impact/affect on the health boards ability to ensure that existing staff are suitable to work with children or vulnerable adults.</p> <p>Risk location, Health Board wide.</p>	Process in place for recording new staff electronically on the ESR system.	Workforce/OD	8	4	3	12	Develop a rolling programme to ensure that the DBS status of all staff is recorded on ESR.	Owen, Sally	31/12/2019 30/10/2020	Work had started on actions however due to COVID has not progressed at the planned pace. There will be a re-group in July 20.	People, Planning & Performance Assurance Committee	2	3	6	Treat	24-Jul-20
190	Directorate Level Risk	Standard 7.1 Workforce	Workforce and OD	Gostling, Lisa	Thomas, Annmarie	3-Oct-17	<p>There is a risk of of non-delivery of workforce efficiency projects identified, both within directorates and corporate led, linked to financial turnaround.</p> <p>This is caused by lack of capacity available to provide dedicated resource (on occasion specific W&OD expertise) to the delivery of projects within specific timescales.</p> <p>This will lead to an impact/affect on on failure to deliver the planned savings.</p> <p>Risk location, Health Board wide.</p>	<p>Workforce expenditure control guidance documents issued to all managers when Panel disbanded temporarily in March 2020.</p> <p>Terms of Reference for a Workforce Delivery Group approved at the first meeting of the Group.</p> <p>Allocation of resource confirmed from identified PMO to progress projects at pace to deliver the annual plan for 2019/20 confirmed on 09.10.19.</p>	Workforce/OD	8	3	3	9	<p>Develop a mechanism to monitor progress and the risk.</p> <p>Hold first meeting of Workforce Delivery Group. Liaise with the project team assembled for workforce efficiency programmes during this meeting. Agree priority workstreams, resource requirements and expected date of delivery for all projects.</p> <p>Develop a programme of work for 2020/21 linked to the ambition for financial savings.</p>	<p>Gostling, Lisa</p> <p>Completed</p> <p>Thomas, Annmarie</p> <p>Completed</p> <p>Thomas, Annmarie</p>	<p>31/12/2019 30/10/2020</p> <p>Completed</p> <p>31/03/2020 30/09/2020</p>	<p>Senior Workforce Team briefed on the projects at Senior Team Meeting 28.6.19. Leads identified for all projects and progress to date noted. Revised structure OCP consultation now being implemented. Proposal provides clarity on responsibility for workforce on efficiency & effectiveness projects. Mechanism to monitor progress and risk developed.</p> <p>First Meeting of Workforce Delivery took place on 16.10.19. PMO Project Lead was in attendance supporting the assessment of the key projects to be prioritised for delivery 19/20.</p> <p>Draft document being prepared, to be reviewed at the next Workforce Delivery Group meeting. The risk is on a slightly slower track due to the ongoing focus on Covid and second phase recruitment etc. the work has started and will have some ideas ready for the next update.</p>	People, Planning & Performance Assurance Committee	2	3	6	Treat	18-Aug-20

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54	Directorate Level Risk		Cancer Services	Humphrey, Lisa	Bennett, Debra	22-May-15	<p>There is a risk of non-achievement of agreed performance profiles for urgent and non-urgent suspected cancers.</p> <p>This is caused by major capacity pressures within the tertiary centres, complex diagnostic pathways in key high risk tumour sites (Respiratory and Upper Gastro-Intestinal) and capacity pressures in local specialties.</p> <p>This will lead to an impact/affect on failure to deliver Welsh Government Tier 1 target regarding this key performance indicator(KPI) impacting on the Health Board reputation.</p> <p>Risk location, Health Board wide.</p>	<p>Weekly cancer watchtower meetings to discuss patient progress throughout their pathways.</p> <p>Process in place to review key cancer pathways, from diagnostics to discharge, through collaborative working across primary, secondary and tertiary care.</p> <p>Health Board Operational Plan agreed detailing specific actions for each tumour site to improve diagnostic and treatment capacity.</p>	Business objectives/projects	6	3	3	9	<p>Senior Management continue to work collaboratively with tertiary centres to monitor the patient journey including identifying delays in treatment and escalation where appropriate.</p> <p>Provide remedial additional capacity solutions in key specialties to enhance the ability to comply with 10 Day rule of 1st out-patient appointment(OPA)and diagnostic assessment.</p> <p>Implement a process for weekly 'Cancer Watchtower' meetings to monitor patient progress through the pathway.</p>	Bennett, Debra	01/12/2018 31/12/2019	<p>Due to tertiary centres pressure currently the HB is unable to sustain the improvement in Urgent Suspected Cancer (USC) performance 84%.</p> <p>Non Urgent Suspected Cancer (NUSC) performance is generally above or within 5% of target.</p> <p>System in place and monitoring performance continues on a regular basis. Due to COVID current cancer target data is not being published by WG. The Minister for Health has agreed that when performance data publication data resumes, that health boards will only be reporting on the Single Cancer Pathway and not USC/NUSC Targets. No date for commencement of publishing as yet.</p>	People, Planning & Performance Assurance Committee	2	3	6	Treat	16-Jul-20
337	Directorate Level Risk		PPC: Planning	Williams, Paul	Hughes, Samantha	1-Sep-16	<p>There is a risk of key services will not be planned on a regional basis which is a requirement of Welsh Government.</p> <p>This is caused by timelines for immediate service pressures.</p> <p>This will lead to an impact/affect on the Health Board will fail to address service fragility within timescales required in key service areas e.g. Cardiology, Ophthalmology, Pathology etc.</p> <p>Risk location, Health Board wide.</p>	<p>The bi-monthly JRPDC are now well established attended by Director General NHS Wales, Chairs and CEOs of both UHBs along with other EDs of both UHBs</p> <p>Aligned transformational programmed through the joint regional clinical plan and will form an annexe to both UHBs IMTPs.</p>	Business objectives/projects	6	2	4	8	<p>Continue with bi-monthly regional Joint Planning and Delivery Forum meetings which are supported by the bi-weekly Joint Planning and Delivery Forum.</p> <p>Continue with bi-monthly regional Joint Planning and Delivery Forum meetings which are supported by the bi-weekly Joint Planning and Delivery Forum.</p>	Hughes, Samantha	03/01/2019 31/03/2021	<p>Bi-weekly Joint Planning & Delivery Forum Meetings have been set up to ensure work is undertaken between Committee meetings. Work is currently focusing on firming up Service Delivery Plans for the October 2019 Committee meeting and respective IMTPs</p> <p>Bi-weekly Joint Planning & Delivery Forum Meetings have been set up to ensure work is undertaken between Committee meetings. There is an expectation to extend the profile of delivery from 2021-2023 - this will be articulated through the Joint Clinical Service Plans which will form an annexe to both UHBs 3 year plans.</p>	People, Planning & Performance Assurance Committee	2	3	6		8-Jul-20