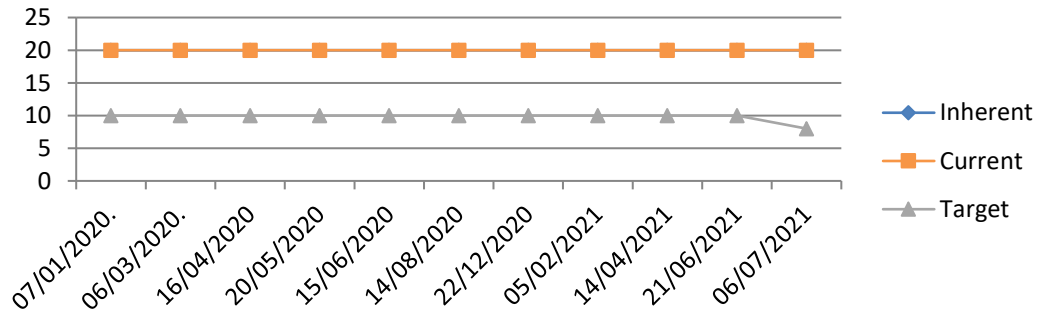
Full Corporate Tier 1 Risk Report (Health Board 15.7.21)

CRR20-01	**Director Lead:** Executive Director of Planning and Performance	**Date Opened:** 07 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 06 July 2021
	Risk: Asbestos Management and Control	**Date of Committee Review:** 06 July 2021
		Target Risk Date: 31 March 2022
There is a significant risk that BCUHB is non-compliant with the Asbestos at Work Regulations 2012. This is due to the evidence that not all surveys have been completed and re-surveys are a copy of previous years surveys. There are actions outstanding in some areas from surveys. This may lead to the risk of contractors, staff and others being exposed to asbestos, and may result in death from mesothelioma or long term ill health conditions, claims, HSE enforcement action including fines, prosecution and reputation damage to BCUHB.		



	Impact	Likelihood	Score
Inherent Risk Rating	5	4	20
Current Risk Rating	5	4	20
Target Risk Score (Risk Appetite – *low level)*	4	2	8
Movement in Current Risk Rating Since last presented to the Board in January 2021	unchanged		

Controls in place	**Assurances**
1. Asbestos Policy in place. 2. A number of surveys undertaken. 3. Asbestos management plan in place. 4. Asbestos register available. 5. Targeted surveys where capital work is planned or decommissioning work undertaken. 6. Training for operatives in Estates. 7. Air monitoring undertaken in premises where there is limited clarity on asbestos condition.	1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Experience Committee.

Links to	
Strategic Priorities	**Principal Risks**
Effective use of our resources Safe, secure & healthy environment for our people	BAF21-13 BAF21-17

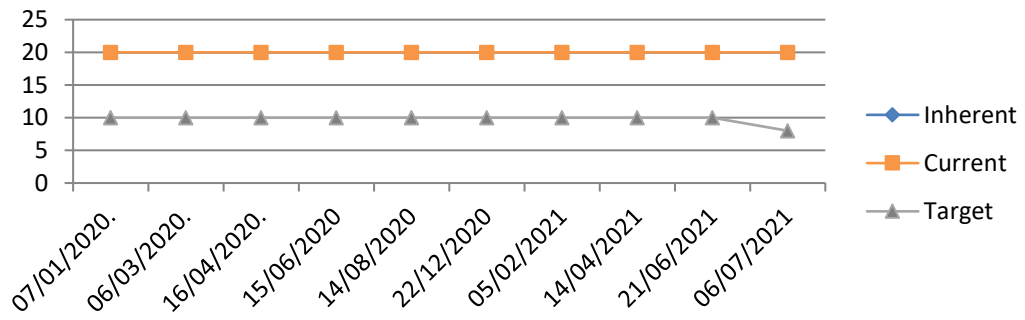
Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12241	Undertaking a re-survey of 10-15 premises to determine if the original Asbestos surveys are valid. This is problematic as finances are not available for this work, increasing the risk of exposure to staff and contractors.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Action Closed - 14/04/2021. Re-survey of existing asbestos surveys, sample 10 – complete and assurance provided that surveys are robust. Resampling will be included with the updated management plan as an ongoing compliance work stream. 14.04.2021 (DT, updates from RT/GB) Completion of this action was reported to the asbestos management group in Jan 2021.	Complete
	12242	Update and review the Asbestos Policy and Management Plan.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Action Closed - 14/04/2021. This updated policy and plan will ensure consistency across the Health Board in the management of Asbestos and support the mitigation of the risk should it materialise.	Complete

	12243	Review schematic drawings and process to be implemented to update plans from Safety Files etc. This will require investment in MiCad or other planning data system.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	This action will help us to identify the areas of asbestos and thus better mitigate and manage any potential impact by enabling to a web supported system to access records remotely.	On Track
	12244	Ensure priority assessments are undertaken and highest risk escalated.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Action Closed 05/02/21. Priority assessments and risk reviews – Actions complete and removal / management plan in place.	Complete
	12245	Evaluate how contractors are provided with information and instruction on asbestos within their work environment. Ensure work is monitored.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Action Closed 05/02/21. Contractor management and control – actions complete with updated permit to work system and contractor control framework	Complete
	12246	Ensure all asbestos surveys are available at all sites and there is a lead allocated for premises.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Action Closed - 14/04/2021. Asbestos surveys – all site have access to site-specific registers (hard copy). Following the roll out of the asbestos management modal within MICAD, all sites will have access to digital register which will improve management and oversight in support of managing the likelihood of the risk materialising.	Complete

	12247	Annual asbestos surveys to be tracked and monitor for actions providing positive assurance of actions taken to mitigate risks.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Action Closed 05/02/21. Annual re-inspections – Asbestos Management Group providing oversight and governance with escalation to SOH&SG. Appointed Independent Asbestos Consultants.	Complete
	12248	Update intranet pages and raise awareness with staff who may be affected by asbestos.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Creating staff awareness of the presence of asbestos thus reducing may potential impact.	On Track
	12249	QR Code identification to be provided on all areas of work with identified asbestos signage in non-public areas.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Action Closed - 14/04/2021. Action should be closed as not required as there is no legal requirement none one on grounds of best practice.	Complete
	12250	Lack of completed asbestos registers on all sites picked up in H&S Gap Analysis Action Plan.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Action Closed 05/02/21. Corporate Health and Gap analysis – Action plan updated and progress against actions recorded and included within escalation report to SOH&SG.	Complete
	15032	Air Monitoring in all premises where there is limited clarity on asbestos condition.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2022	Action Closed - 14/04/2021. Improve safety and ongoing compliance with the Regulations. Action completed.	Complete

CRR20-02	**Director Lead:** Executive Director of Planning and Performance	**Date Opened:** 07 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 06 July 2021
	Risk: Contractor Management and Control	**Date of Committee Review:** 06 July 2021
		Target Risk Date: 30 September 2022

There is a risk that BCUHB fails to achieve compliance with Health and Safety Legislation due to lack of control of contractors on sites. This may lead to exposure to substances hazardous to health, non compliance with permit to work systems and result in injury, death, loss including prosecution, fines and reputation damage.



	Impact	Likelihood	Score
Inherent Risk Rating	5	4	20
Current Risk Rating	5	4	20
Target Risk Score (Risk Appetite – *low level)*	4	2	8
Movement in Current Risk Rating Since last presented to the Board in January 2021	unchanged		

Controls in place	**Assurances**
1. Control of contractors procedure in place. 2. Induction process being delivered to new contractors. 3. Permit to work paper systems in place across the Health Board. 4. Pre-contract meetings. 5. Externally appointed CDMC Coordinator (Construction, Design and Management Regulations) in place. 6. Procurement through NHS Shared Services Procurement market test and ensure contractor compliance obligation.	1.Health and Safety Leads Group. 2.Strategic Occupational Health and Safety Group. 3.Quality, Safety and Experience Committee.

Links to	
Strategic Priorities	**Principal Risks**
Safe, secure & healthy environment for our people	BAF21-13

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12251	Identify current guidance documents and ensure they are fit for purpose.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021	Action Closed - 31/03/2021. The Control of Contractors Guidance Document is currently being reviewed and updated.	Complete
	12252	Identify service Lead on each site to take responsibility for Contractors and H&S Management within H&S Policy).	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Resources within Operational Estates have been reviewed as part of the Corporate Health and Safety gap analysis. The resources business case has identified a requirement for additional staff resources to support the current management structure. Service based Health and Safety team leaders will be appointed with each of the Operational Estates geographical areas to manage COSHH and Inspection process to ensure compliance.	On Track
	12253	Draft and implement a Control of Contractors Policy that all adhere to including IT and other services who work on BCUHB premises.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021	Action Closed - 31/03/2021. The Control of Contractors Policy Document is currently being drafted.	Complete

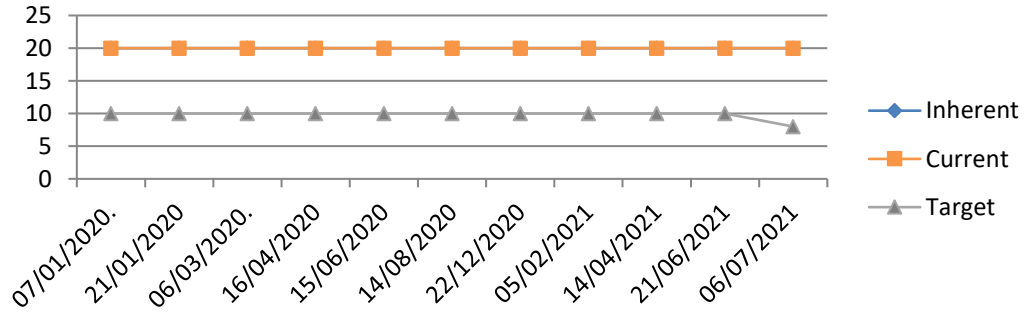
	12254	Identify current tender process & evaluation of contractors, particularly for smaller contracts consider Contractor Health and Safety Scheme on all contractors. This will ensure minimum H&S are implemented and externally checked prior to coming top site.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Implementation of 'Management of Contractor' software (SHE) will ensure a robust guidance for contractor's appointment criteria. The process and system will be a Health Board wide management system.	On Track
	12255	Evaluate the current assessment of contractor requirements in respect of H&S, Insurance, competencies etc. Is the current system fit for purpose and robust?	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Implementation of 'Management of Contractor' software (SHE) will ensure a robust guidance and compliance for contractor's appointment criteria across the Health Board.	On Track
	12256	Identify the current system for signing in / out and/or monitoring of contractors whilst on site. Currently there is no robust system in place. Electronic system to be implemented such as SHE data base.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Implementation of 'Management of Contractor' software (SHE) will ensure a robust guidance and compliance for contractor's appointment criteria across the Health Board.	On Track
	12257	Identify level of Local Induction and who carry it out and to what standard.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Implementation of 'Management of Contractor' software (SHE) will ensure a robust guidance and compliance for contractor's appointment criteria across the Health Board. NB – Management of Contractors within the Health Board	On Track

					includes other service areas outside of Estates and Facilities responsibilities e.g. Capital Development, IMT and Radiology etc. An additional work stream will be required to by these divisions to ensure compliance with contractor management across the Health Board.	
	12258	Identify responsible person to review RA's and signs off Method Statements (RAMS), skills, knowledge and understanding to be competent to assess documents (Pathology, Radiology, IT etc.).	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Implementation of 'Management of Contractor' software (SHE) will ensure a robust guidance and compliance for contractor's appointment criteria across the Health Board. NB – Management of Contractors within the Health Board includes other service areas outside of Estates and Facilities responsibilities e.g. Capital Development, IMT and Radiology etc. An additional work stream will be required to by these divisions to ensure compliance with contractor management across the Health Board.	On Track
	12259	Identify the current Permit To Work processes to determine whether is it fit for purpose and implemented on a pan BCUHB basis.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	A Permit to Work system will be adopted as part of implementation of SHE software.	On Track
	12260	Lack of consistency and standardisation in implementation of contractor management procedure picked up in H&S Gap Analysis Action Plan.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Implementation of 'Management of Contractor' software (SHE) will ensure a robust guidance and compliance for contractor's appointment criteria across the Health Board. NB – Management of Contractors within the Health Board	On Track

					includes other service areas outside of Estates and Facilities responsibilities e.g. Capital Development, IMT and Radiology etc. An additional work stream will be required to by these divisions to ensure compliance with contractor management across the Health Board.	
	12552	Induction process to be completed by all contractors who have not yet already undertaken.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Resources within Operational Estates have been reviewed as part of the Corporate Health and Safety gap analysis. The resources business case has identified a requirement for addition staff resources to support the current management structure. Service based Health and Safety team leaders will be appointed with each of the Operational Estates geographical areas to manage COSHH and Inspection process to ensure compliance.	On Track
	12553	Evaluation of standing orders and assessment under Construction Design and Management Regulations.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2021	Action Closed - 31/03/2021. The Control of Contractors Guidance Document is currently being reviewed and updated.	Complete

CRR20-03	**Director Lead:** Executive Director of Planning and Performance	**Date Opened:** 07 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 06 July 2021
	Risk: Legionella Management and Control	**Date of Committee Review:** 06 July 2021
		Target Risk Date: 30 September 2022

There is a significant risk that BCUHB is non-compliant with COSHH Legislation (L8 Legionella Management Guidelines). This is caused by a lack of formal processes and systems, to minimise the risk to staff, patients, visitors and General Public, from water-borne pathogens (such as Pseudomonas). This may ultimately lead to death, ill health conditions in those who are particularly susceptible to such risks, and a breach of relevant Health & Safety Legislation.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score (Risk Appetite – *low level)*	2	4	8
Movement in Current Risk Rating Since last presented to the Board in January 2021	unchanged		

Controls in place	**Assurances**
1. Legionella and Water Safety Policy in place. 2. Risk assessment undertaken by clear water. 3. High risk engineering work completed in line with clearwater risk assessment. 4. Bi-Annual risk assessment undertaken by clear water. 5. Water samples taken and evaluated for legionella and pseudomonis. 6. Authorising Engineer water safety in place who provides annual report. 7. Annual Review of the H&S Self Assessments undertaken by the Corporate H&S Team. 8. Water safety Group has been established to better provide monitoring, oversight and escalation. 9. Internal audit of compliance checks for water safety management regularly undertaken.	1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Patient Experience Committee.

Links to	
Strategic Priorities	**Principal Risks**
Effective use of our resources Safe, secure & healthy environment for our people	BAF21-13 BAF21-17

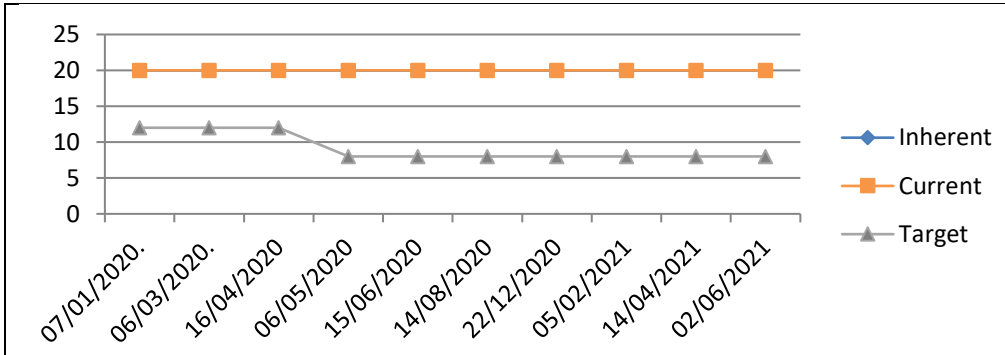
Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12262	Ensure that engineering schematics are in place for all departments and kept up to date under Estates control. Implement MiCAD/database system to ensure all schematics are up to date and deadlegs easily identified.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	MiCAD (IT) system being rolled out on a phased basis and work has commenced on polylining site drawings (digital site drawings) for migration to MiCAD. Schematic drawings for all sites for water safety being reviewed as part of the new Water Safety Maintenance Contract, which has been approved by the Health Board in January 2021.	On Track
	12263	Departments to have information on all outlets and deadlegs, identification of high risk areas within their services to ensure they can be effectively managed	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	All water outlets within managed departments have outlets run as part of the cleaning schedule undertaken by domestic services. Dead legs are removed on identification and assessment of risk.	On Track
	12264	Departments to have a flushing and testing regime in place, defined in a Standard Operating Procedure, with designated responsibilities and recording mechanism Ward Manager or site responsible person.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	A policy for the Management of Safe Water Systems in place to ensure water safety compliance. A programme of flushing of little use outlets in place for un-occupied areas and recorded by Operational Estates for each site.	On Track

	12265	Water quality testing results and flushing to be logged on single system and shared with or accessible by departments/services - potential for dashboard/logging system (Public Health Wales).	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Pseudomonas and Legionella sample testing carried out within augmented care areas, exception reports are presented at the Water Safety Group in an excel format. All water testing across BCUHB is undertaken by Operational Estates through Public Health Wales.	On Track
	12266	Standardised result tracking, escalation and notification procedure in place, with appropriate escalation route for exception reporting.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Escalation and notification process is contained within Policy for the Management of Safe Water Systems (Appendix B).	On Track
	12267	Awareness and training programme in place to ensure all staff aware. Departmental Induction Checklist.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	A training and development structure for Operational Estates is being reviewed as part of new Water Safety Contract, which has just been approved by the Health Board.	On Track
	12268	BCUHB Policy and Procedure in place and ratified, along with any department-level templates for SOPs and check sheets.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	A policy for water safety management is currently in place – A consultant has been appointed to review current procedural documents for each area with the objective to develop one policy document.	On Track
	12269	Water Safety Group provides assurance that the Policy is being effectively implemented across all sites, this requires appropriate clinical and microbiology support to be effective	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Water Safety Group provides assurance that the Policy is being effectively implemented across all sites; this requires appropriate clinical and microbiology support to be effective. The Water Safety Groups reports issues of significance and	On Track

					assurance to the Infection Prevention Sub-Group (IPSG) and Strategic Occupational Health and Safety Group (SOH&SG).	
	12270	Lack of consistency and standardisation in the implementation of the Legionella and Water Safety Policy picked up in the H&S Gap Analysis Action Plan.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Independent Consultant appointed to review the current procedural documents for each area with the objective to develop one policy document.	On Track

CRR20-04	**Director Lead:** Executive Director of Planning and Performance	**Date Opened:** 07 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 02 June 2021
	Risk: Non-Compliance of Fire Safety Systems	**Date of Committee Review:** 06 July 2021
		Target Risk Date: 30 September 2022

There is a risk that the Health Board is non-compliant with Fire Safety Procedures (in line with Regulatory Reform (Fire Safety Order 2005). This is caused by a lack of robust Fire Safety Governance in many service areas /infrastructure (such as compartmentation), a significant back-log of incomplete maintenance risks and lack of relevant operational Risks Assessments. This may lead to a major Fire, breach in Legislation and ultimately prosecution against BCUHB.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score (Risk Appetite – *low level)*	4	2	8
Movement in Current Risk Rating Since last presented to the Board in January 2021	unchanged		

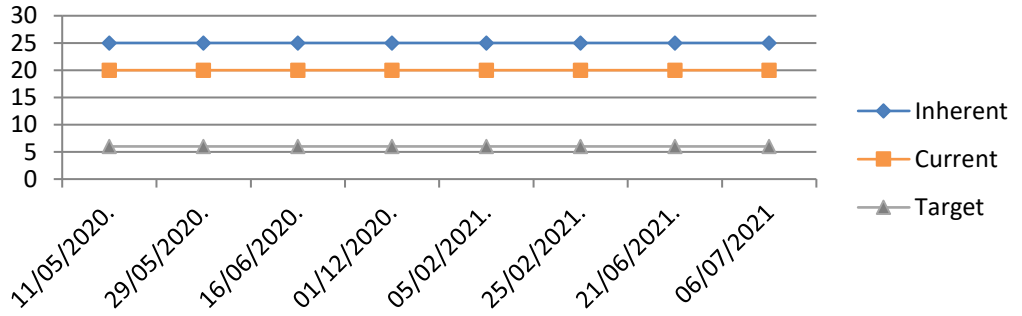
Controls in place	**Assurances**
1. Fire risk assessments in place. 2. Evacuation routes Identified and evaluation drills established and implemented. 3. Fire Safety Policy established and implemented. 4. Fire Engineer regularly monitor Fire Safety Systems. 5. Fire Safety Mandatory Training and Awareness session regularly delivered to BCUH Staff. 6. Fire Warden Mandatory Training established and being delivered to Nominated Fire Warden.	1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Patient Committee.

Links to	
Strategic Priorities	**Principal Risks**
Effective use of our resources Safe, secure & healthy environment for our people	BAF21-13 BAF21-17

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12273	Review Internal Audit Fire findings and ensure all actions are taken.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Governance actions completed and operational elements are captured within the gap analysis areas below.	On Track
	12274	Identify how actions identified in the site FRA are escalated to senior staff and effectively implemented.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Complete with escalation through Hospital Management Teams, Area Terms and MH&LD management teams with site responsible persons.	On Track
	12275	Identify how site specific fire information and training is conducted and recorded.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Database located within the fire safety files, managed and updated by the fire safety trainer.	On Track
	12276	Consider how bariatric evacuation training - is undertaken define current plans for evacuation and how this is achieved?	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Work in progress. To be included in site specific manual and training developed with Manual Handling team.	On Track

	12279	AlbaMat training - is required in all service areas a specific training package is required with Fire and Manual Handling Team involved.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Albac mat training is undertaken as part of the induction programme for clinical staff and as part of the refresher-training programme delivered by the Manual Handling team.	On Track
	12554	Commission independent shared services audits.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Independent, Shared Services (Specialist Estates Services) audits commissioned on an annual basis to ensure the appropriate fire safety measures, process and procedures are in place within Acute and Community hospital sites.	On Track
	12555	Information from unwanted fire alarms and actual fires is collated and reviewed as part of the fire risk assessment process.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Unwanted Fire signals (Uwfs) and fire safety data collated within an All-Wales management system and annual report collated and published. Details shared with the SOH&SG and escalated to QSE as necessary. Information reviewed as part of the annual Fire Risk Assessment process and appropriate action taken.	On Track
	15036	Fire Risk Assessments in place Pan BCUHB	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Improve safety and compliance with the Order.	On Track

CRR20-05	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 11 May 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 06 July 2021
	Risk: Timely access to care homes	**Date of Committee Review:** 06 July 2021
		Target Risk Date: 31 December 2021
There is a risk that there will be a delay in residents accessing placements in care homes and other community closed care settings. This is caused by the need to protect these vulnerable communities from the transmission of the virus during the pandemic. This could lead to individual harm, debilitation and delay in hospital discharges impacting on quality of care, wider capacity and patient flow.		



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score (Risk Appetite – *low level)*	3	2	6
Movement in Current Risk Rating Since last presented to the Board in January 2021	unchanged		

Controls in place	**Assurances**
1. Multi-agency care home cell established as part of the emergency planning arrangements. 2. PPE distribution system operational including identification and support for residents with aerosol generating procedures. 3. Testing for residents and staff in place aligned with national guidance. 4. Unified “One contact a day” data gathering from care homes established with 6 Local Authorities. 5. Systems for Access to specialist advice via Public Health Wales and the Environmental Health Teams in place to manage isolation and outbreaks. 6. Personalised care and support plans promoted led by specialist palliative care team. 7. New arrangements in place for the timely provision of pharmacy and medication support at the end of life.	1. Oversight via the Care Home Cell which includes representatives from Care Forum Wales, Local Authority members and Care Inspectorate Wales (CIW). 2. Oversight via Gold and Silver Strategic Emergency Planning. 3. Oversight as part of the Local Resilience Forum via SCG. 4. Oversight by the Recovery Group.

8. Remote consulting offered by general practice. 9. Home first bureaus established by the 3 area teams to facilitate sensitive and collaborative decision making on hospital discharge, transfer between care homes and admissions from home. 10. Regular formal communication channels with care homes at a local level and across BCU.	

Links to	
Strategic Priorities	**Principal Risks**
Continuing to provide care under 'essential' services & safe stepping up planned care	BAF21-03

Risk Response Plan	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
Actions being implemented to achieve target risk score	14936	Establish separate discharge cell.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Action Closed - 02/06/2021. This will help eradicate delays in discharge through better co-ordination.	Complete
	14937	Develop a BCU wide approach to primary care support and intervention, including GPOOH.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Action Closed - 02/06/2021. This will improve communication and support direct admission to care homes.	Complete
	14938	Develop electronic daily reporting metrics.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Action Closed - 02/06/2021. This will help eradicate delays in discharge through better co-ordination.	Complete

	14939	Complete and implement a North Wales care home escalation and support tool.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	This will help eradicate delays in discharge through better co-ordination.	On Track
	14940	Ensure that all new national guidance on testing for care home staff and residents is widely communicated and implemented.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Ongoing weekly reviews will ensure that regular guidance is shared and implemented to reduce the risk likelihood of the risk re-occurring.	On Track
	14941	Embed the new ways of working in all home first bureau.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Action Closed - 02/06/2021. This will help eradicate delays in discharge through better co-ordination.	Complete
	14942	Develop communication with care homes at a local level and across North Wales.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	This will help eradicate delays in discharge through better co-ordination.	On Track
	14943	Deliver a revised financial support package for care homes.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	This action will support access to care homes.	On Track

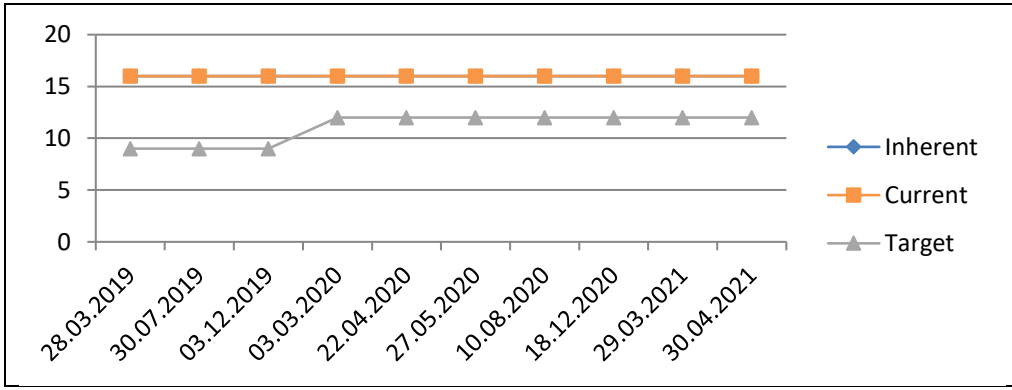
	14944	Adopt care home DES for primary care.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Action Closed - 02/06/2021. This will support the quality of provision in care homes and reduce demand on unscheduled care.	Complete
	14945	Increasing the frequency for multiagency care home cell.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Action Closed - 02/06/2021. This will improve communication and support direct admission to care homes.	Complete
	14946	Update the 2020 care home monitoring levels and escalation framework.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Action Closed -28/05/2021. This will support the quality of provision in care homes and reduce demand on unscheduled care.	Complete
	14947	Development of proactive risk triggers.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Action Closed - 02/06/2021. This will support the quality of provision in care homes and reduce demand on unscheduled care.	Complete
	14948	Diversion of CHC priorities.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	This will help eradicate delays in discharge through better co-ordination.	On Track

	14949	Development of resources support capacity and demand for care homes.	Mrs Marianne Walmsley, Lead Nurse Primary and Community	30/06/2021	This will help eradicate delays in discharge through better co-ordination.	On Track
	14951	Increase MDT Care Home group to weekly or as the need arises due to C-19 pressures.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	This will help eradicate delays in discharge through better co-ordination.	On Track
	14952	Implementation of reactive support to in crisis care homes.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	Action Closed - 02/06/2021. This will support the quality of provision in care homes and reduce demand on unscheduled care.	Complete
	14954	Contribute to the development and implementation of national guidance.	Kathryn Titchen, Commissioning Manager CHC	30/06/2021	This will support the quality of provision in care homes and reduce demand on unscheduled care.	On Track
	15272	Infection Prevention and Control.	Ms Jane Trowman, Care Home Programme Lead	04/01/2021	Action Closed 25/02/2021. Identify outbreaks in care homes at an earlier stage and prevent escalation. Develop triggers which identify which homes are most at risk	Complete

	15273	Vaccination of Care Home Staff.	Ms Jane Trowman, Care Home Programme Lead	30/04/2021	Action Closed 25/02/2021. High uptake of the vaccination will reduce the spread of Covid within the care home, if staff are positive then vaccination will reduce the severity of the illness relieving staffing pressures. Process for new staff to access the vaccine in a timely way.	Complete

CRR20-06	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 28 March 2019
	Assuring Committee: Digital and Information Governance Committee	**Date Last Reviewed:** 30 April 2021
	Risk: Informatics - Patient Records pan BCU	**Date of Committee Review:** 18 June 2021
		Target Risk Date: 30 September 2024

There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.



	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score (Risk Appetite – *low level)*	4	3	12
Movement in Current Risk Rating Since last presented to the Board in January 2021	unchanged		

Controls in place	**Assurances**
1. Corporate and Health Records Management policies and procedures are in place pan-BCUHB. 2. iFIT RFID casenote tracking software and asset register in place to govern the management and movement of patient records. 3. Escalation via appropriate committee reporting. 4. Key performance indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group).	1. Chairs reports from Patient Record Group. 2. ICO Audit. 3. HASCAS Audit.

Links to	
Strategic Priorities	**Principal Risks**

Effective use of our resources	BAF20-18 BAF20-28

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12422	Enable actions to meet the regulatory recommendations from the ICO, HASCAS/Ockenden and Internal Audit reports.	Mrs Danielle Edwards, Head of Digital Records	31/03/2021	Action Closed - 29/03/2021 All actions are complete. The only recommendation not delivered to the expectation of the ICO is with regards to 'verbal requests' for a patient's information (handling a SAR request from a patient by ANY member of staff working in the Health Board) in the context of a large organisation and the risks this would introduce. Managed and controlled actions have been put in place to meet verbal request in a safe way e.g. directing to the centralised ATHR team where they are handled over the phone rather than a form being sent out; update to web-pages to give advice on recognising a verbal SAR request and signposting to the team to fulfil; new agreement in place to actively encourage the provision of	Complete

					Clinic Letters/Results at the point of patient care when requested (or directly following). Analysis will be undertaken in Q4 to catch any recommendations not already covered.	
	12423	Development of a local Digital Health Records system	Mrs Danielle Edwards, Head of Digital Records	30/09/2024	UPDATE Mar 2021 - Project remains on track with key deliverables for this quarter: Project Board agreed a formal project start of 1st March 2021 with an established Project Team; Phase 2.0 Project Plan has been agreed to deliver a Minimum Viable Product and implement with two early adopters with key targets for 2021 - Infrastructure ready by late Spring, Test Environment by early Summer, Early Adopters Go Live early Autumn; Engagement with a Clinical Task & Finish Group to design and development of the Cito product for BCU delivered the folder structure; risk sub-group is established with register baselined; DPIA in place.	On Track

	12424	Improve the assurance of Results Management	Mrs Danielle Edwards, Head of Digital Records	30/09/2021	UPDATE Mar 2021 - (WS1) - WCP 3.11.4 (moved on version) has been through UAT and whilst all showstoppers for RN have been addressed to a level that can be managed through SOPs, there are some other areas of the release that are still being reviewed. Business Case in process of being submitted to secure the funding required to deliver the project. (WS2) - for the 10 users that have the access (provided directly by NWIS which will in future need to come with the Project Board agreement to ensure readiness to govern and support) plans are being formed to test an 'Acceptable Use statement to ensure safe practice. (WS3) ETR - improved forms that have been developed by NWIS with local SME engagement will be available in WCP 3.12. (WS4) Radis 2.4 upgrade planned for later in Spring.	On Track

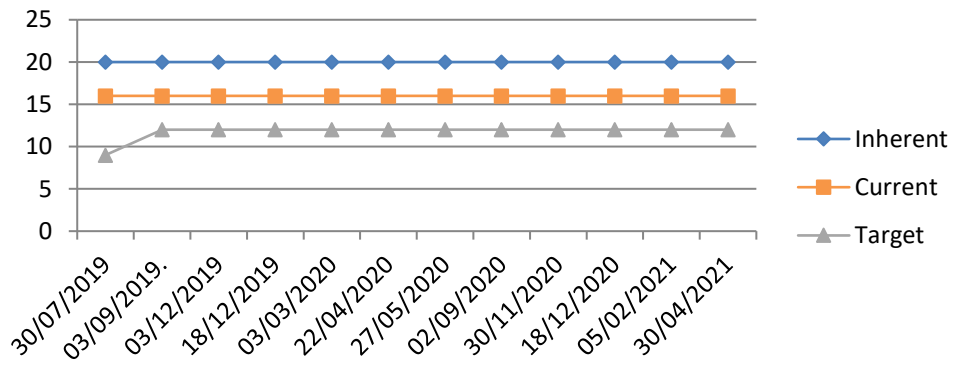
	12425	Digitise the clinic letters for outpatients	Mrs Danielle Edwards, Head of Digital Records	30/06/2021	UPDATE Mar 2021 - Project remains on track - (West) the recovery activity for the PiMs integration is complete with the integration running well. Cancer Services, Pain Team went live 08/03 followed by the Anaesthetics Team on 15/03. The full roll out is in development with the West Operational leads, with an aim to run on a weekly go live schedule. (Central) Care of the Elderly team went live with EPRO on the 25/01, Gastro team on the 02/02, closely followed by Renal team 03/02 and Community Paediatrics planned 12/04. The Project team will take advantage of any gaps to the West roll out plan by seizing the opportunity to address the soft roll out list for Central if and when possible.	On Track
	12426	Digitise nursing documentation through engaging in the WNCR	Mrs Danielle Edwards, Head of Digital Records	31/05/2021	UPDATE Mar 2021 - Due to pressures with the Nursing Lead supporting IPC (Covid) and other competing priorities within the Informatics team this was delayed, however work has picked back up with this to complete over the next few	Delay

					weeks as a draft for review, but will roll into next AOP year.	
	12428	Baseline the; storage, processes, management arrangements and standards compliance	Mrs Danielle Edwards, Head of Digital Records	31/03/2021	Action Closed - 29/03/2021 UPDATE Mar 2021 - The initial report is now complete covering (i) the approach to measuring standards for this priority stage 1 areas and onwards for BAU and (ii) presenting the audit recommendations for Acute, Mental Health, CAHMS. The report has been signed off by the Head of Patient Records & Digital Integration Department and is being reviewed for sign off by the CIO, prior to being presented to the Patient Records Group (PRG), Information Governance Group (IGG) and finally the DIGC (June). This all aligns with the IG toolkit compliance requirements for all NHS providers. Progress against actions will be monitored by the PRG and exception reporting to the IGG and DIGC. This closes this action handing over the ongoing reviews and progress monitoring to the PRG.	Complete

	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Mrs Danielle Edwards, Head of Digital Records	31/05/2021	UPDATE Mar 2021 - Meeting to review the status of the Mental Health development business case is planned for April which will inform the next steps for this long standing action.	On Track

CRR20-07	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 28 March 2019
	Assuring Committee: Digital and Information Governance Committee	**Date Last Reviewed:** 30 April 2021
	Risk: Informatics infrastructure capacity, resource and demand	**Date of Committee Review:** 18 June 2021
		Target Risk Date: 15 December 2021

There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:
(a) A lack of capacity and resource to deliver services / guide the organisation.
(b) Increasing demand (internally from users e.g. For devices/ training and externally from the public, government and regulators e.g. Growing need for digital services).
(c) the moving pace of technology.
This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber attack.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score (Risk Appetite – *moderate level)*	4	3	12
Movement in Current Risk Rating Since last presented to the Board in January 2021	unchanged		

Controls in place	**Assurances**
1. Governance structures in place to approve and monitor plans. Monitoring of approved plans for 2019 2020 (Capital, IMTP and Operational. Approved and established process for reviewing requests for services. 2. Integrated planning process and agreed timescales with BCU and third party suppliers. 3. Key performance metrics to monitor service delivery and increasing demand. 4. Risk based approach to decision making e.g. Local hosting v's National hosting for WPAS etc.	1. Annual Internal Audit Plan. 2. WAO reviews and reports e.g. structured assessments and data quality. 3. Scrutiny of Clinical Data Quality by CHKS. 4. Auditor General Report - Informatics Systems in NHS Wales. 5. Regular reporting to DIGC (for Governance).

5. National Infrastructure Review (Independent Welsh Government Review undertaken by Channel 13).	

Links to	
Strategic Priorities	**Principal Risks**
Effective use of our resources	BAF20-18 BAF20-20 BAF20-28

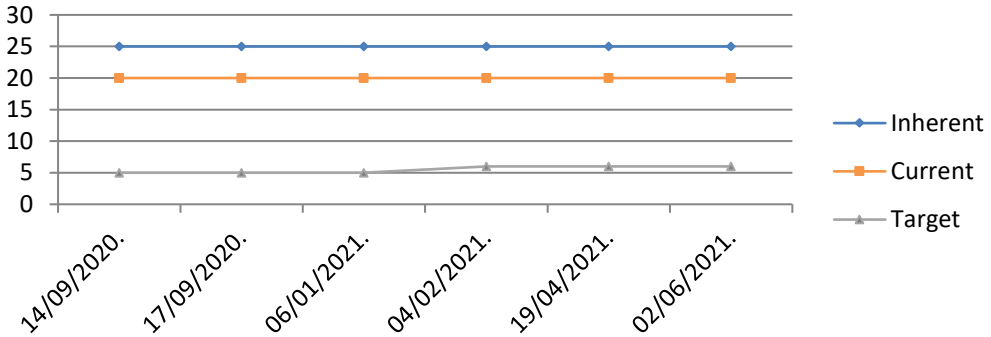
Risk Response Plan	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
Actions being implemented to achieve target risk score	12379	Review workforce plans and establish future proof informatics/digital capability and capacity.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/09/2021	The development of a Workforce Planning Strategy will take into account the service capability and capacity to deliver on the Digital Strategy.	On Track
	12380	Review governance arrangements e.g. DTG whose remit includes review of resource conflicts has not been replaced.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/06/2021	This will be undertaken now the Digital Strategy has been approved and will ensure appropriate governance arrangements are in place to monitor implementation of the strategy.	On Track
	13182	To develop a Digital Strategy	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2021	Action Closed - 31/03/2021 This high level digital strategy will set the strategic direction and support the prioritisation of work which will support	Complete

					and make the case for capacity and resources. It will also influence the governance and mapping to clinical services requirements.	

CRR20-08	**Director Lead:** Executive Director of Nursing and Midwifery	**Date Opened:** 14 September 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 02 June 2021
	Risk: Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients.	**Date of Committee Review:** 06 July 2021
		Target Risk Date: 28 February 2022

There is a risk that patients may come to harm of permanent vision loss. This may be caused by reduced capacity resulting from Covid-19 and increase in waiting times for clinic review as clinics have been cancelled.

This may negatively impact on patients through untreated proliferative diabetic retinopathy, untreated glaucoma, untreated age related macular degeneration, prolonged suffering and may result in falls from impaired vision due to lack of cataract secondary capacity due to prolonged surgical capacity reduction during the pandemic. This could negatively also impact on patient safety and experience, the quality of care, finance through claims, and the reputation of the Health Board.



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score (Risk Appetite – *low level)*	3	2	6
Movement in Current Risk Rating Since last presented to the Board in – New Risk	New Risk		

Controls in place	**Assurances**
1. Reviewing list of patients affected to get fast-track or book those who may deteriorate to clinics. 2. Cataract - All cataracts have been stratified in order of visual impairment, to deal with the most clinically pressing cases first. 3. Once surgery resumes across all sites patients who are already clinically prioritised may be shared across all three units in North Wales to ensure equity of access as part of the 'Once for North Wales' process. 4. More clinic slots are being made available to accommodate clinically pressing patients.	1. Risk is regularly reviewed at local Quality and Safety meetings.

Links to	
Strategic Priorities	**Principal Risks**
Continuing to provide care under 'essential' services & safe stepping up planned care	BAF21-02 BAF21-04

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	14907	Age related macular degeneration – A business case is awaiting approval to increase staffing and treatment capacity. The resources have been identified in the HBs Annual Business Plan for 2021/22 and is being progressed to final approval stages.	Mr Eoin Guerin, Consultant Ophthalmologist	31/12/2021	This action will enable the service to robustly mitigate and manage this risk to its target score.	On Track
	14908	The retinal cameras have been procured as part of a larger equipment replacement scheme and are expected to be commissioned soon. Date awaited from internal sources.	Mr Eoin Guerin, Consultant Ophthalmologist	31/12/2021	This action will enable the service to effectively mitigate and manage this risk so as to achieve its target score.	On Track
	15662	Proliferative diabetic retinopathy – Pan BCUHB pathway has been initiated to get optometry review of the backlog. Referrals are being sent out from secondary care to primary care optometrists and are at various stages of progression but positive progress.	Mr Eoin Guerin, Consultant Ophthalmologist	31/12/2021	This action will enable the service to appropriately mitigate and manage this risk in attaining its target score.	On Track

CRR21-11	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 28 September 2020
	Assuring Committee: Digital and Information Governance Committee	**Date Last Reviewed:** 13 April 2021
	Risk: Cyber Security	**Date of Committee Review:** 18 June 2021
		Target Risk Date: 12 December 2022

REDACTED DUE TO THE NATURE OF THE RISK AT THE REQUEST OF THE DIGITAL AND INFORMATION GOVERNANCE COMMITTEE		Impact	Likelihood	Score
	Inherent Risk Rating			
	Current Risk Rating			
	Target Risk Score (Risk Appetite – *Moderate level)*			
	Movement in Current Risk Rating Since last presented to the Board – New Risk	New Risk		

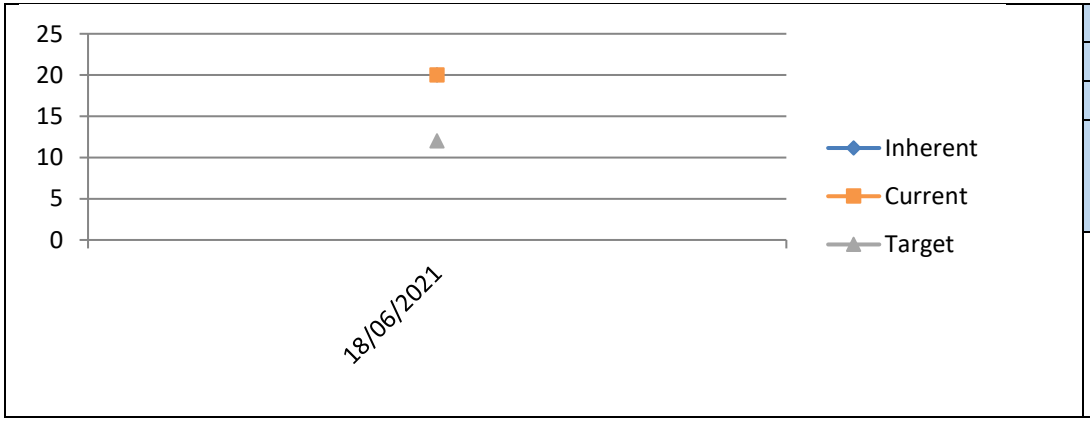
Controls in place	**Assurances**

Links to	
Strategic Priorities	**Principal Risks**
Safe, secure & healthy environment for our people	BAF20-18

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score						

CRR21-12	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 23 October 2017
	Assuring Committee: Digital and Information Governance Committee	**Date Last Reviewed:** 9 April 2021
	Risk: National Infrastructure and Products	**Date of Committee Review:** 18 June 2021
		Target Risk Date: 31 March 2022

There is a risk that the national infrastructure, technical architecture and products are not fit for purpose and do not allow the organisation to deliver benefits when planned. This may be caused by
a) a one size fits all approach.
b) products which are not delivered as specified (e.g. time, functionality and quality).
c) the approach of the National Programme to mandate/design systems rather than standards.
d) poor resilience and a "lack of focus on routine maintenance".
e) Supplier capacity leading to commitment or delivery delays.
f) Historic pricing models that are difficult to influence / may not be equitable.
g) DHCW Lack of alignment with BCUHB planning cycles and an understanding from a DHCW perspective.
This could result in negative impacts in several key areas including:- Patient outcomes. An inability to support the strategic direction of the Health Board. Delays to delivery of transformational change. Inefficient work flows, poor system usage. Increased costs as we maintain multiple systems / pay inequitable prices. Delays with the delivery of cost saving schemes.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score (Risk Appetite – *Moderate level)*	4	3	12
Movement in Current Risk Rating Since last presented to the Board in – Re-opened Risk	Re-opened Risk		

Controls in place	**Assurances**
1. Scrutiny of DHCW by DIGC who escalate any areas of concern to the Health Board.	1. Public Accounts Committee Review of NWIS.

2. Project Management Framework with strong governance. 3. Technical Oversight Group for WPAS and other National Programme Groups.	2. Reports from the Digital Transformation Group to IGIC / EMG. 3. WAO - review. 4. National Architecture and Informatics Governance Reviews.

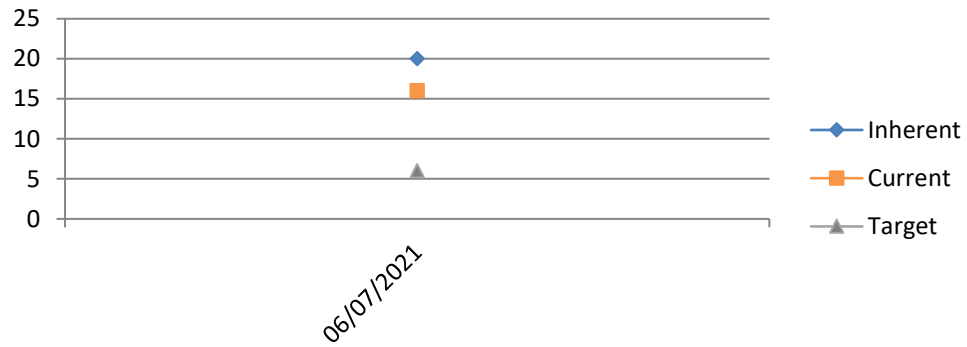
Links to	
Strategic Priorities	**Principal Risks**
Effective use of our resources	BAF20-18

Risk Response Plan	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
Actions being implemented to achieve target risk score	15284	A joint digital plan to be developed with Digital Health and Care Wales for 2021/22 which will include all projects and upgrades	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/04/2021	Having an agreed plan in place will enable better monitoring of delivery and scrutiny by DIGC.	Delay
	15285	To meet with DHCW on a quarterly basis to review delivery of agreed plan	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	This will enable performance management of the plan and escalations can be made sooner.	On Track

	15286	Action Plan to be scrutinised by DIGC quarterly	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/06/2021	Increased performance management of supplier to reduce the likelihood of the risk.	On Track
	15287	To strengthen the governance by agreeing escalation levels within existing and new national projects	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	Having agreed escalation levels will result in issues being dealt with quicker.	On Track
	15474	CCIO & CIO to influence the National Strategic Direction through National Groups	Mr Dylan Williams, Assistant Director of Informatics	31/03/2022	Influencing the National Strategy should increase alignment with BCUHB Digital Plans.	On Track

CRR21-13	**Director Lead:** Executive Director of Nursing and Midwifery	**Date Opened:** 07 December 2017
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 06 July 2021
	Risk: Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce)	**Date of Committee Review:** 06 July 2021
		Target Risk Date: 30 December 2022

There is a risk to the provision of high quality safe and effective nursing care due to the number of nursing vacancies across the Health Board. This may be caused by the increasing age profile within the nursing workforce, difficulties with recruitment and retention of nursing staff across the Health Board, geographical challenge and competition with other hospitals across the borders. There is also the precarious position of Bank & Agency staffing in terms of continuity of supply and the impact this has on skill mix and patient experience.This has been further exacerbated by the impact on the resilience of the workforce due to the ongoing Covid 19 pandemic.
This could lead to negative impact on the safe delivery of highly quality, timely patient-centred care and enhanced experience, financial loss due to reduction in business/operational activities and potential reputational damage to the Health Board.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score (Risk Appetite – *low Level)*	3	2	6
Movement in Current Risk Rating Since last presented to the Board in – New Risk.	New Risk approved at QSE Committee on the 6th July 2021		

Controls in place	**Assurances**
1. Safe Care supports the daily review of staffing in Acute and Community Areas across the Health Board to ensure safe deployment in line with existing Safe Staffing Act. 2. Double sign off of nursing rosters to ensure effective deployment. 3. Nurse staffing policy outlines standards and escalation. 4. Safe staffing legislation being extended into Paediatric inpatient areas from Q3 2021. 5. District Nursing principle compliance review undertaken bi-annually in line with AW approach.	1. Risk is regularly reviewed and monitored at the Site Quality and Safety meeting. 2. Review exercise of all Nurses working in

6. Biannual staffing Inpatient reviews - reviewing establishments and association of harms with reports to QSE/Board. 7. Workforce recruitment and retention strategy in place. 8. Recruitment and Retention operational group insitu with HB wide representation. 9. Targeted Recruitment Campaign for Band 5 nurses developed and rolled out. 10. Annual Commissioning requirements calculated triangulating service development / staffing review and national planning information. 11. International Nurse recruitment programme in place informed by data analysis. 12. Clinical Fellows for Nursing programme being rolled out. 13. AND appointment to lead and support nurse recruitment. 14. Workforce/Service planning process to triangulate requirements. 15. Introduction of new roles to support e.g. Band 4 roles across the HB where applicable. 16. Daily redeployment meeting with Senior Nursing Leadership chair during pandemic surge. 17. MDT staffing support across the Health Board during surge due to inability to respond to demand. 18. Objective setting via the PADR process to ensure staff are working to 'top of license' and have opportunity.	corporate services and elsewhere with the Health Board. 3. Risk is regularly reviewed and monitored at the Senior Nursing Meeting.

Links to	
Strategic Priorities	**Principal Risks**
Continuing to provide care under 'essential' services & safe stepping up planned care Effective use of our resources Safe unscheduled care	BAF21-02 BAF21-09 BAF21-11 BAF21-18

Risk Response Plan	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
Actions being implemented to achieve	15633	Analysis of current vacancy, turnover and recruitment data to better inform recruitment intentions.	Mrs Alison Griffiths, Associate Director of Nursing Workforce	31/05/2021	Gain a clear understanding of the current position which will help drive the way forwards in terms of mitigating the risk.	Complete

target risk score					A new suite of metrics have been developed that better inform our current vacancies, but also enable us to forecast future trends taking planned recruitment activity into account. In having this information, we can monitor performance on our recruitment campaigns and take timely action when necessary.	
	15634	Development of a clinical fellowship model for nursing.	Mrs Alison Griffiths, Associate Director of Nursing Workforce	31/05/2021	This action will assist to appropriately mitigate the potential impact and/or likelihood of this risk were it to materialise. This is a further pipeline for staff into the organisation, it is an attraction method which in turn will also support retention.	Complete
	15635	Development of a recruitment and resourcing business case to go to Executives.	Mr Nick Graham, Associate Director of Workforce Planning & Performance	01/07/2021	This action will assist to appropriately mitigate the potential impact and/or likelihood of this risk were it to materialise. This will increase the ability to expedite recruitment and increase volume. The individual benefits and KPIs of the business case are linked to the relevant sections of our corporate risk register.	On Track
	15636	Extension of the International Nurse Programme.	Mr Nick Graham, Associate Director of Workforce Planning & Performance	01/07/2021	The pipeline of international recruits has been developed and strong links with overseas partners have been created. The anticipated approval of extending this programme will see new recruits joining each month through to spring 2022, offering a consistent and	On Track

					manageable number of nurses to integrate into our workforce. This action will assist to create a sustainable workforce in the longer term whilst continuing to recruit nationally.	
	15637	Put in place a targeted specialist recruitment campaign Band 5 nurses.	Mr Nick Graham, Associate Director of Workforce Planning & Performance	31/07/2021	We have enlisted the support of a specialist company to run a comprehensive marketing campaign. To date, the marketing material has been created and the campaign is due to launch in the early July. A further campaign has been initiated for Mental Health and Learning Disability division, which includes CAMHS, to increase our numbers of mental health trained staff, across a range of staff groups. A key factor in this is that a new team will be established which can be mobilised to respond to situations more readily. This action will assist with creating and delivering an innovative, digital attraction strategy and help limit the over-reliance on temporary agency staff.	On Track

					To assist this campaign, a new SharePoint site of online guidance and material has been created that supports our recruiting managers. Moreover, a series of proposals to streamline the recruitment process have been taken forward which will shorten the time it takes to recruit, but also reduce the admin burden on Ward managers.	
	15638	Introduce targeted monitoring across rosters, through KPI management to reduce agency expenditure and maximise substantive staff usage.	Mrs Alison Griffiths, Associate Director of Nursing Workforce	31/07/2021	A new suite of metrics are in development to provide a clearer picture of how rosters are being managed, which in turn will enable us to monitor staffing levels for patient safety and staff wellbeing. These metrics will link roster data together with recruitment and temporary staffing information to provide a rounded picture of wards in difficulty. This action will put in place a formal Review and Approve process to maximise e-Rostering efficiency and support the creation of safe and effective rosters in line with Health Board KPIs.	On Track
	15639	Introduction of leadership	Sian Knapper, Senior Organisational	31/3/2022	This action will support retention with providing developing opportunities but	On Track

		development programmes commencing with Matrons which will extend to include Ward Managers, Heads of Nursing and subsequently aspirant programmes.	Development Officer		also aid delivery of the Quality & Safety strategy within the Nursing workforce.	
	15640	Review of band 4 roles across the HB as to maximising opportunity.	Mrs Alison Griffiths, Associate Director of Nursing Workforce	31/8/2021	This action will continue to further develop career pathway opportunities and aid stability within the current workforce.	On Track