Meeting Date	12 March 2020	Agenda Item	2.5 i
Report Title	Audit Committee		
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Pam Wenger, Director of Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to inform the Audit Committee of the risks from the Health Board Risk Register (HBRR) and update on risk management work.		

Key Issues	➢ Members will recall that the Executive Team held two sessions on Risk Management (July and September 2019) and a Risk Management Workshop was held in September 2019. Executive Directors endorsed the updated HBRR for submission to the Board in November 2019 together with the Risk Management Policy which was ratified.
	
	➢ Executive Directors/nominated deputies update their risk entries on a monthly basis with any updates.
	
	➢ The Audit Committee is the overarching Committee which has responsibility for the oversight of the complete HBRR, attached as appendix 1.
	
	➢ There are a total of 35 HBRR risks of which 17 risks are rated as 20 or 25.
	
	➢ Each risk is assigned to a sub Committee of the Board as detailed in Appendix 1.
	
	➢ New Risks (6):
	
	    ➢ **65 CTG interpretation:** Central monitoring system required to reduce the risk of misinterpretation of abnormal CTG traces;
	    ➢ **66 SACT Treatment:** delays in Chemotherapy Day Unit;
	    ➢ **67 Radical Radiotherapy treatment:** delays in achieving target timescales to deliver the		

treatment;
- ➢ **68 Pandemic Framework:** Risk of declared pandemic due to **Coronavirus** Infectious Disease outbreak 2020;
- ➢ **69 CAHMS:** Adolescents being admitted to adult MH wards and;
- ➢ **70 National Data Centre outages** which disrupts Health Boards services

➢ Closed Risks (1)
  - ➢ **55 Bridgend Boundary Change**

➢ Risks escalated during December and January for consideration on the Health Board Risk Register are set out in section 4 of the report.

Specific Action Required *(please choose one only)*	Information	Discussion	Assurance	Approval
	☐	☒	☐	☐
Recommendations	The Audit Committee are asked to: • **NOTE** the updated Health Board Risk Register; and • **DISCUSS** the risks and highlight any changes required.			

RISK MANAGEMENT REPORT

1. INTRODUCTION

The purpose of this report is to provide an update on:

- progress to update the Health Board Risk Register (HBRR) and;
- an update on risk management work.

2. BACKGROUND

The Health Board Risk Register (HBRR) is intended to summarise the key 'live' extreme risks facing the Health Board and the actions being taken to mitigate them. It is also important to note that the Executives, as risk owners, are appropriately sighted and involved in the development of the health board risk register, providing updates, including reports on mitigating actions.

All organisational risks will have a lead Executive Director and the risk assigned to either the Board, or as appropriate, a Committee of the Board to ensure appropriate review, scrutiny and where relevant updating. Each Director is responsible for the ownership of the risk(s) and the reporting of the actions in place to manage/control and/or mitigate the risks.

3. GOVERNANCE AND RISK

3.1 Progress in developing the Refreshed HBRR

Members will recall that the Executive Team held two session on Risk Management (July and September 2019) and a Risk Management Workshop was held in September 2019. Executive Directors endorsed the updated HBRR for submission to the Board in November 2019 together with the Risk Management Policy which was ratified.

The HBRR risks have been assigned to sub-committees of the Board with the aim of the sub Committees overseeing and scrutinising the risks and ensuring the work programme of the relevant Committee is updated to ensure it includes a review of the risks assigned.

3.2 New Risks

Five new risks have been agreed by Executive Directors to be added to the Health Board Risk Register:

- **65 CTG interpretation:** Central monitoring system required to reduce the risk of misinterpretation of abnormal CTG traces;

- **66 SACT Treatment:** delays in Chemotherapy Day Unit;

- **67 Radical Radiotherapy treatment:** delays in achieving target timescales to deliver the treatment;

- **68 Pandemic Framework:** Risk of declared pandemic due to **Coronavirus** Infectious Disease outbreak 2020;

- **69 CAHMS:** Adolescents being admitted to adult MH wards and;

- **70 National Data Centre outages** which disrupts Health Boards services.

3.3 Closed Risks

One risk has been agreed by an Executive Director to be closed:

- **55 (1764) Bridgend Boundary Change**

3.4 Risk Assigned to Committees

Risks have been assigned by the Audit Committee to each sub Committee of the Board to oversee the risks and also to ensure that the work programmes of these Committees are aligned to the risks to ensure they review them and receive reports on the progress and plans to mitigate the risk in so far as possible. An update on the Committees discussions regarding the risks is set out below:

3.4.1 Audit Committee

There are six risks assigned to the Audit Committee:

- ➢ **37 (1217)** Operational and strategic decisions are not data informed;

- ➢ **57 (1799)** Controlled Drug **-** Non-compliance with Home Office Controlled Drug licensing requirements;

- ➢ **27 (1035)** Inability to deliver sustainable clinical services due to lack of Digital Transformation;

- ➢ **36 (1043)** Paper Record Storage;

- ➢ **45 (1565)** Discharge Information; and

- ➢ **60 (2003)** Cyber Security - high level risk.

Discharge Information (45(1565)) is now considered to be a quality issue as systems for capturing discharge summaries have been reviewed and are fit for purpose. It is therefore proposed that this risk is assigned to the Quality & Safety Committee.

A further risk falling under the Digitally Enabled Care strategic objective regarding national and local digital infrastructure, is currently being assessed by the Digital Services team. This new risk will then be considered as part of the risk escalation process and for consideration at the next review of the HBRR. It is proposed that the new risk will be assigned to the Audit Committee.

3.4.2 Risks Assigned to the Performance & Finance Committee

There was helpful discussion at the Performance & Finance Committee, held in December 2019. The Committee accepted the following risks assigned:

- **16 (840)** Access to Planned Care and

- **50 (1761)** Access to Cancer Services.

The Performance and Finance Committee have made the following suggestions for the Audit Committee to consider in March 2020.

- **1 (738)** Unscheduled Care be reported to the Committee as well as to the Quality & Safety Committee;

- **39 (1297)** Approved IMTP Statutory Compliance – should be overseen by the Board and not a sub Committee of the Board;

- **48 (1563)** Sustain Child Health & Adolescent Mental Health Services (CAMHS) should be reported to the Committee and also to the Quality & Safety Committee;

- **52 (1763)** Statutory Compliance – Engagement & Impact should be reported to the Board and the Quality & Safety Committee;

- **54 (1724)** Brexit – should be overseen by the Board and not a sub Committee of the Board;

3.4.3 Quality & Safety Committee

With the exception of the new risks, the Committee have accepted the risks aligned to them and have checked the work programme to ensure the risks are covered as agenda items to allow the Committee to spend sufficient time understanding the risks, the mitigating action being taken and timescales and the ability to scrutinise and challenge where sufficient assurance has not been provided to the Committee.

3.4.4 Health & Safety Committee

The Health & Safety Committee accepted the three risks they are assigned to oversee:

- **64** Health & Safety Infrastructure;
- **41** Fire Safety Compliance; and

➢ **13** Environment of Premises.

In addition to the above, the Committee requested to receive the HBRR entry, in addition to the overseeing Committee – Audit Committee, for:

➢ **36** Paper Record Storage in relation to potential fire hazard.

3.4.5 Workforce & OD Committee

This Committee will receive the risks in relation to HBRR assigned will be received in Q1 of 2020/21.

4. Risk Escalation

4.1 Risks Escalated in December 2019
Fifteen risks were escalated by the Units set out by Unit as follows:

- **Morriston Hospital Unit**
  ➢ 54 Morriston ED, Risk Score of 25
  This risk has been linked to HBRR Unscheduled Care 1 (738) following discussion with the Chief Operating Officer and the HBRR risk rating increased to 25.

  ➢ 1021 (25) Morriston Mental Health Assessment CAHMS
  Linked to HBRR 48 (1563)

  ➢ 49 HBRR TAVI – 922 this is a HBRR entry and updated corporately through the Gold Command meeting for TAVI.

  ➢ Five risks relating to capacity/access to planned care have been linked to HBRR 840 Access to Planned Care following discussions with the Chief Operating Officer and Associate Director of Performance:

    ❖ 796 RTT T&O
    ❖ 809 Spinal patients
    ❖ 1392 Medical bed capacity
    ❖ 1508 Lap chole patients waiting over 36 weeks
    ❖ 1449 Pancreatic Surgery

  ➢ 1984 HMRC tax changes affecting capacity for planned care. Initially linked to HBRR 840.

- **H & S Department**
Insufficient resource for the department. Following discussions with the Director of Nursing and Associate Director for Health & Safety HBRR 64 has been updated to reflect the risk in terms of the infrastructure of the department.

- **Infection Control**
2210 Lack of decent facilities. This risk has been liked to HBRR 4.

- **Mental Health & Learning Disabilities Unit**
    - ➢ Two **equipment risks** were escalated from 2051 and 1975. Both risks now appear to have received funding and a final check in terms of action will be undertaken.

    - ➢ 695 **Rapid Expansion of Prison Population - Prison in Reach Team** – Unit are considering the options in respect of this risks further at their Board in February and will then escalate for consideration to the HBRR.

    - ➢ 1418 **CAHMS:** Adolescents being admitted to adult MH wards. This risk has been accepted as a HBRR entry. Crisis pathway has been revised and a learning event arranged to review a number of recommendations eg location of the crisis assessment.

4.2 Risks Escalated in January 2020

One risk was escalated in January 2020:

- **National Data Centre outages** which disrupts Health Boards services. This has been accepted by the Chief Operating Officer as a new entry to the HBRR (2245) and has been included as a new risk on the HBRR.

5. RECOMMENDATION

The Audit Committee are asked to:
- **NOTE** the updated Health Board Risk Register; and
- **DISCUSS** the risks and highlight any changes required.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in the UHB.		
Financial Implications		
The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's IMTP processes.		
Legal Implications (including equality and diversity assessment)		
It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB.		
Staffing Implications		
Staff will be briefed on the changes through workshops and also meetings held with Executive Directors and Assistant Directors to support the changes required to meet the recommendations made by the Wales Audit Office.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
No implications for the Team to be notified of.		
Report History	• Senior Leadership Team bi monthly • Quarterly report to the Audit Committee and sub Committees of the Board.	
Appendices	• Appendix 1: Swansea Bay University Health Board Risk Register	