| Meeting Date | 19 September 2019 | Agenda Item | 2.1 |
|---|---|---|---|
| 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 provide the Audit Committee with an update on progress to revise the Health Board Risk Register (HBRR) | | |
| Key Issues | <ul><li>An Executive Team session on Risk Management was held on 24th July 2019.</li><li>Executive Directors have updated their risk entries and discussed the full HBRR.</li><li>Highest risks recorded in the HBRR are rated 20 and relate to:<ul><li>Unscheduled Care</li><li>Infection Control</li><li>TAVI Service</li><li>Ophthalmology Clinic Capacity</li><li>Access and Planned Care</li><li>Access to Cancer Services</li><li>Screening for Fetal Growth Assessment in line with Gap-Grow (G&G)</li><li>H&S Infrastructure</li><li>Integrated Medium Term Plan Statutory Responsibility</li><li>Financial Plan</li><li>Sustainable Corporate Services</li></ul></li><li>Risk Management Workshop will be held in September with the aim of reviewing all risks in Datix with Unit and corporate representatives to ensure the system wide risks are identified and recorded in the HBRR. The Workshop will also review the Unit Plans in respect of the IMTP process. The work will inform and support the final version of the Board Assurance Framework (BAF)</li></ul> | | |

| | |
|---|---|
| | • Revised HBRR and BAF will then be presented to the Executive Team in October and then reported to the Audit Committee. |

| Specific Action Required *(please choose one only)* | Information | Discussion | Assurance | Approval |
|---|---|---|---|---|
| | ☐ | ☒ | ☐ | ☐ |

| Recommendations | The Audit Committee are asked to: <br> • **NOTE** the updated Health Board Risk Register and the risks assigned to the Board and its Committees. <br> • **NOTE** the work being carried out to inform and finalise the Board Assurance Framework. |
|---|---|

Audit Committee – Thursday, 19th September 2019

# UPDATE ON THE HEALTH BOARD RISK REGISTER (HBRR)

## 1. INTRODUCTION

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

- progress to update the Health Board Risk Register (HBRR).

## 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

An Executive Team session on risk management was held on 24th July 2019 following which updates and changes from the Executive Team were received. The revised HBRR is attached as **Appendix 1.** A further review of the HBRR was undertaken in September 2019.

The main changes to the HBRR are as follows:

- New entry - Cyber Security ref 60.

- New entry 61: Paediatric Dental GA Service - Parkway ref 61.

- New entry - Corporate Workforce Sustainability ref 62 (replaces entries 56 & 59 now closed).

- New Entry: Health & Safety Infrastructure ref 64.

- New entry - Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) ref 63.

The Executive Team are presently reviewing risks which may result in new entries on the next version of the HBRR or a change in the risk score for existing HBRR entries. The risks being revised include:

- Workforce – clinical staff;
- Environment of premises/Health and Safety compliance; and
- Clinical Services – fracture neck of femur and vascular services.

**3.2 Highest scoring Risks**

Following a review of the Health Board Risk Register and Executive updates received, it is proposed the top risks facing the Health Board, in terms of delivering against our objectives, are identified based on a risk rating of 20 and above.  Currently, there are eleven risks rated as 20 as detailed in **Table 1.**

**Table 1**

| Ref | Risk Title | Risk Rating | Health Board Objective | Health & Care Standard | Executive Lead |
|---|---|---|---|---|---|
| 1 | Unscheduled care | 20 | Best Value Outcomes from High Quality Care | Timely Care | Chief Operating Officer |
| 4 | Infection Control | 20 | Best Value Outcomes from High Quality Care | Infection, Prevention, Control & Decontamination | Director of Nursing & Patient Experience |
| 16 | Access to Planned Care | 20 | Best Value Outcomes from High Quality Care | Timely Care | Chief Operating Officer |
| 39 | IMTP Statutory Responsibility | 20 | Demonstrating Value & Sustainability | Managing Risk | Director of Strategy |
| 42 | Financial Plan | 20 | Demonstrating Value & Sustainability | Managing Risk | Director of Finance |
| 49 | TAVI Service | 20 | Best Value Outcomes from High Quality Care | Timely Care | Medical Director |
| 50 | Access to Cancer Services | 20 | Best Value Outcomes from High Quality Care | Timely Care | Medical Director |
| 58 | Ophthalmology Clinic Capacity | 20 | Best Value Outcomes from High Quality Care | Timely Care | Chief Operating Officer |
| 13 | H&S Infrastructure | 20 | Demonstrating Value & Sustainability | Managing Risk & Promoting Health & Safety | Director of Nursing & Patient Experience |
| 62 | Sustainable Corporate Services | 20 | Demonstrating Value & Sustainability | Managing Risk | Chief Executive |
| 63 | Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) | 20 | Best Value Outcomes from High Quality Care | Timely Care | Director of Nursing & Patient Experience |

Audit Committee – Thursday, 19th September 2019

The remaining risks on the Health Board Risk Register are set out in **Table 2.**

**Table 2**

| Ref | Risk Title | Risk Rating |
|---|---|---|
| 3 | Workforce/Recruitment of Medical & Dental Staff | 16 |
| 45 | Discharge Information | 16 |
| 11 | Healthcare Model for Aging Population | 16 |
| 57 | Non Compliance with Home Office Controlled Drug Licencing | 16 |
| 43 | DoLS Authorisation & Compliance with Legislation | 16 |
| 48 | Child & Adolescence Mental Health Service (CAHMS) | 16 |
| 37 | Information led Decisions | 16 |
| 51 | Compliance with Nurse Staffing Levels | 16 |
| 61 | Paediatric Dental GA Service - Parkway | 16 |
| 53 | Compliance with Welsh Language Standards | 15 |
| 54 | No Deal Brexit | 15 |
| 60 | Cyber Security | 15 |
| 13 | Environment of Premises | 12 |
| 55 | Bridgend Boundary Service Change | 12 |
| 15 | Population Health Improvement | 15 |
| 27 | Sustainable Clinical Services for Digital Transformation | 12 |
| 36 | Electronic Patient Record | 12 |
| 44 | ED Information Systems | 12 |
| 52 | Engagement & Impact Assessment Requirements | 12 |

## 4. Board Assurance Framework

The updated HBRR and the work undertaken by the Risk Management Group during the workshop in September will be used to finalise the Board Assurance Framework and will be reported to the next Audit Committee meeting.

## 5. RECOMMENDATION

The Audit Committee are asked to:
- **NOTE** the updated Health Board Risk Register and the risks assigned to the Board and its Committees.
- **NOTE** the work being carried out to inform and finalise the Board Assurance Framework.

## 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 Committee to be notified of.

| Report History | • Senior Leadership Team bi monthly<br>• Quarterly report to the Audit Committee |
|---|---|
| Appendices | • Appendix 1: Swansea Bay University Health Board Risk Register September 2019 |