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WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



|   |  |                   |                    |                 |
|---|--|-------------------|--------------------|-----------------|
| <b>Meeting Date</b>   | <b>6<sup>th</sup> December 2018</b>  |                   | <b>Agenda Item</b> | <b>5b</b>       |
| <b>Report Title</b>   | <b>Corporate Risk Register (Q&amp;S Risks)</b>   |                   |                    |                 |
| <b>Report Author</b>  | Hazel Lloyd, Head of Patient Experience, Risk & Legal Services   |                   |                    |                 |
| <b>Report Sponsor</b>   | Gareth Howells, Director of Nursing & Patient Experience   |                   |                    |                 |
| <b>Presented by</b>   | Gareth Howells, Director of Nursing & Patient Experience   |                   |                    |                 |
| <b>Freedom of Information</b>                                 | Open   |                   |                    |                 |
| <b>Purpose of the Report</b>                                  | This report provides an update on the work being undertaken to update the Corporate Risk Register.   |                   |                    |                 |
| <b>Key Issues</b>   | <ul style="list-style-type: none"> <li>• New Corporate Risk Register template developed and attached as <b>Appendix 1</b>.</li> <li>• Executive Team have been requested to send additional entries for the CRR to Hazel Lloyd by 8<sup>th</sup> November and note that this is a transitional phase moving from the old style CRR to the new style template and reviewing entries to ensure they are current or close them down.</li> <li>• Process for escalation of risk is set out on page 3 and was approved by the Senior Leadership Team.</li> <li>• Simple Guide to Risk Assessment and Management developed and attached as <b>Appendix 2</b>.</li> </ul> |                   |                    |                 |
| <b>Specific Action Required</b><br><i>(please ✓ one only)</i> | <b>Information</b>   | <b>Discussion</b> | <b>Assurance</b>   | <b>Approval</b> |
|   | ✓  |                   |                    |                 |
| <b>Recommendations</b>  | <p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the report;</li> <li>• <b>NOTE</b> the revised Corporate Risk Register template that has been approved by the Senior Leadership Team;</li> <li>• <b>NOTE</b> the escalation flow of risks and;</li> <li>• <b>NOTE</b> the Simple Guide to Risk Assessment and Management.</li> </ul>   |                   |                    |                 |

# STRATEGIC RISK REPORT

## 1. INTRODUCTION

This report provides an update on the work being undertaken to review and refresh the Corporate Risk Register and the risk management processes in the organisation.

## 2. BACKGROUND

The corporate Risk Register 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 corporate 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

### **Refreshed Corporate Risk Register**

The Corporate Risk Register (CRR) template has been developed, following discussions with the Executive Team and is attached, as **Appendix 1**. The document contains examples of risks in order to show the new style template and is not the full CRR.

At the last Audit Committee, it was agreed that the developing refreshed Corporate Risk Register would be in place for December. At the last meeting, members noted that the process of risk management required a significant overhaul and as part of this work individual meetings would be held with each of the Executive Directors.

Further work is being carried out with the Executive Team which includes a review of all risks on the previous CRR template to ensure they are transferred and updated or closed down following Executive approval. New entries are also being considered for the CRR and will be considered at the Risk Management Group on 14<sup>th</sup> November 2018. All Units have also been asked to review risks at 16+ and to escalate this through to the Corporate Risk Register as considered appropriate. This work is currently ongoing and it is anticipated that a populated revised Risk Register will be in place by December 2018. However, due to the timing of the Audit Committee, this work has not been finalised in time for this meeting.

The following was some of the examples of the risks identified as part of this process include:

- Failure to recruit sufficient numbers of registered nursing staff and to comply with the Nurse Staffing Act,

- Increasing dependency on agency staff to cover registered nursing and medical staff gaps,
- Deprivation of Liberties Safeguards (DoLS) mainly associated with the volume / backlog of related assessments,
- Sustainability of a safe & effective Ophthalmology Service.
- Sustainability of a safe & effective TAVI Service.
- Failure to achieve reduction in infection control rates
- Failure to sustain services as currently configured to meet cancer targets
- Failure to achieve Referral to Treatment targets.
- Failure to achieve the 4 and 12 hour emergency (A&E) waiting times targets.
- Failure to achieve the financial control total as set by Welsh Government
- Failure to maintain services as a result of a no deal Brexit,
- Capacity of Workforce and OD Function within ABMU link to Work of the future & Digital Workforce & Employee Engagement/Culture
- Bridgend Boundary Change,
- Welsh Language Standards Compliance

The Workforce Risks that were presented to the Audit Committee have been developed into a risk register and an update is being presented to the Workforce and OD Committee in November. These risks will be reflected in the Corporate Risk Register where appropriate.

### **Structured Assessment 2017/18**

There were a number of recommendations agreed as part of the Structured Assessment for 2017/18.

Progress against recommendations is as follows:

- In taking forward its plans to improve risk management, the Health Board needs to ensure that:
  - It more clearly identifies risks to the achievement of objectives on the corporate risk register, rather than just listing issues such as “unscheduled care” and “public health”.

### **Progress**

Entries using the revised template are specific to each Health Board objective.

- It critically reviews the number of risks on the corporate risk register, as there are too many for proper collective scrutiny.

### **Progress**

The risks have been critically reviewed by Executive Directors and work is continuing to close down historic risks from the CRR and populate the new template for the CRR.

Wales Audit Office in a recent meeting confirmed that it was not so much the numbers of risks more the linkage of risks to sub Committees of the Board to ensure sufficient oversight and scrutiny. Each risk on the CRR is

aligned to a Committee of the Board and the proposal going forward is that the Committees would receive the risks linked to that Committee on a quarterly basis.

- It re-maps risks to committees to reflect the new committee structure – actioned

### Progress

This is being actioned using the new CRR template.

- All committees provide oversight and scrutiny for the risks assigned to them.

### Progress

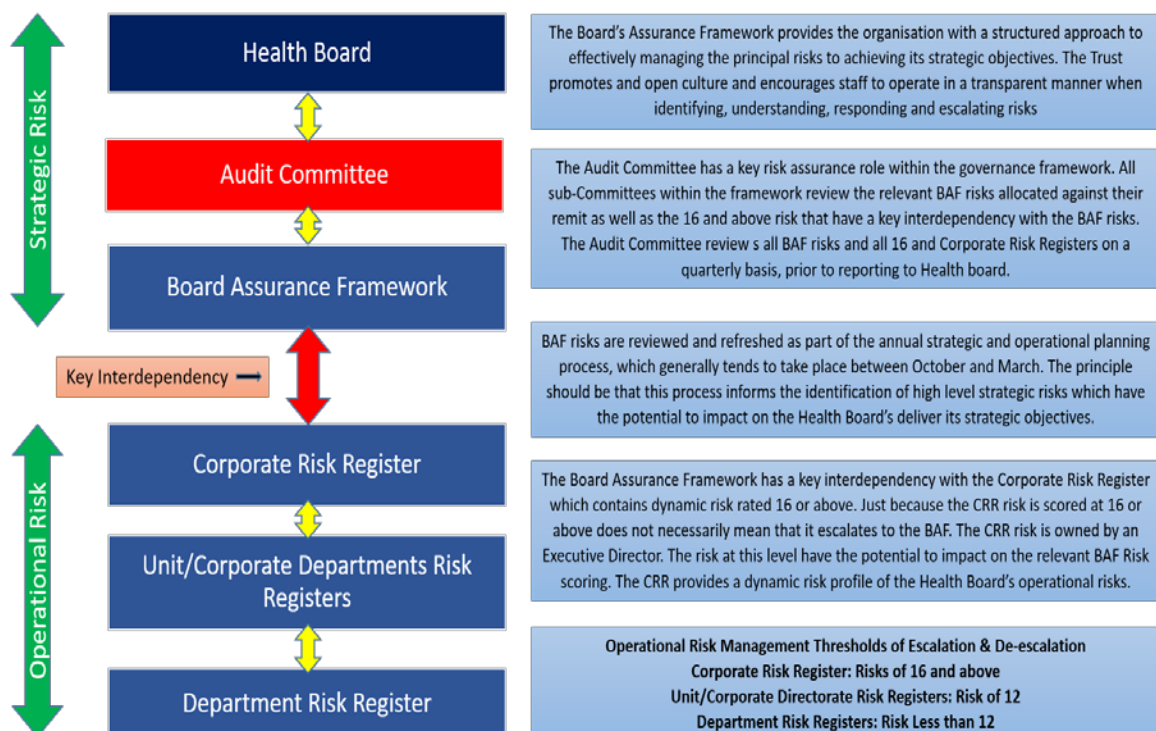
By January 2019 all risks linked to a sub Committee of the Board will receive them on a quarterly basis for oversight and scrutiny.

## Risk Escalation

The risk escalation process, set out below, has been agreed by the Senior Leadership Team and provides an overview of the process for the escalation of risk between Units and the Corporate Risk Register.

The Risk Management Group will consider the current appetite for risk against each strategic objective and principal risks and will make recommendations to the Senior Leadership Team.

It is proposed that the Board, in quarter 4, review the Health Boards risk appetite and consider the recommendations from the Senior Leadership Team.



A simple Guide to Risk Assessment and management has been developed and is attached as **Appendix 2**, approved by the Senior Leadership Team.

#### **4. FINANCIAL IMPLICATIONS**

No financial implications in terms of carrying out the actions recommended by the Wales Audit Office.

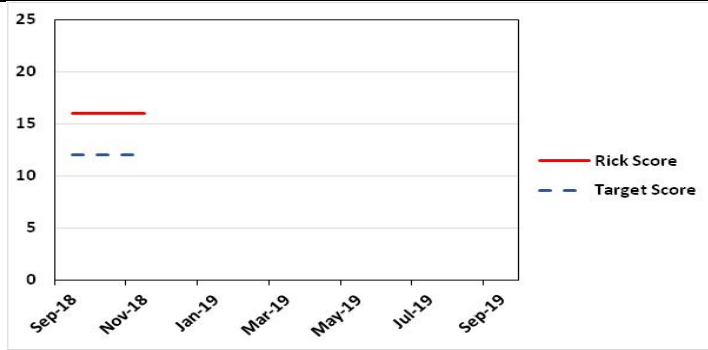
#### **5. RECOMMENDATION**

Members are asked to:

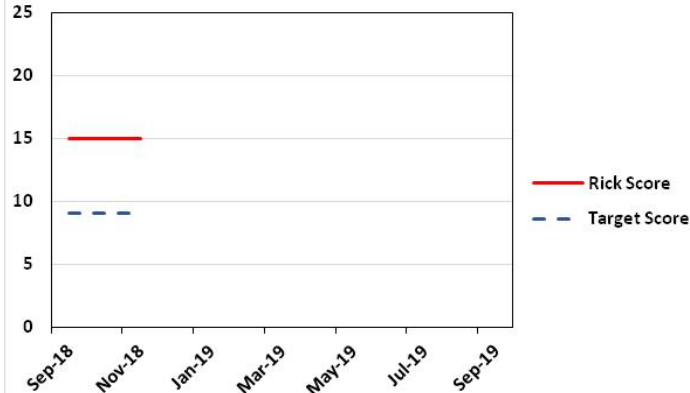
- **NOTE** the contents of the report;
- **NOTE** the revised Corporate Risk Register template that has been approved by the Senior Leadership Team;
- **NOTE** the escalation flow of risks and;
- **NOTE** the Simple Guide to Risk Assessment and Management

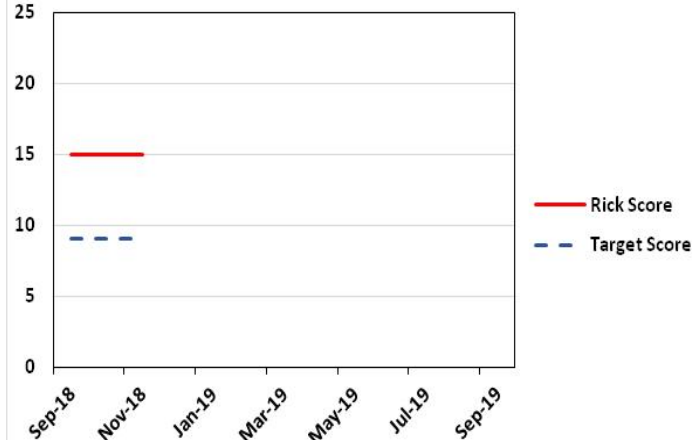
| <b>Governance and Assurance</b>   |   |  |  |  |   |
|---|---|--|--|--|---|
| <b>Link to corporate objectives</b><br>(please ✓)   | Promoting and enabling healthier communities  | Delivering excellent patient outcomes, experience and access | Demonstrating value and sustainability | Securing a fully engaged skilled workforce | Embedding effective governance and partnerships |
|   |   |  |  |  | ✓   |
| <b>Quality, Safety and Patient Experience</b>   |   |  |  |  |   |
| 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. |   |  |  |  |   |
| <b>Financial Implications</b>   |   |  |  |  |   |
| 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.   |   |  |  |  |   |
| <b>Legal Implications (including equality and diversity assessment)</b>   |   |  |  |  |   |
| 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.   |   |  |  |  |   |
| <b>Staffing Implications</b>  |   |  |  |  |   |
| 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.  |   |  |  |  |   |
| <b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>   |   |  |  |  |   |
| No implications for the Committee to be notified of.  |   |  |  |  |   |
| <b>Report History</b>   | Senior Leadership Team 7 November 2018<br>Quarterly reported to the Audit Committee                                   |  |  |  |   |
| <b>Appendices</b>   | Appendix 1: Corporate Risk Register draft new template<br>Appendix 2: Simple Guide to Risk Assessment and management. |  |  |  |   |

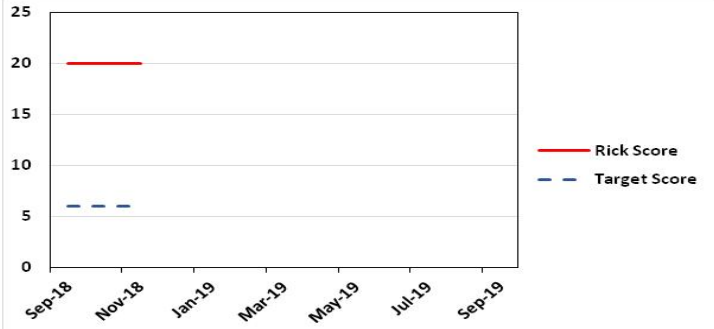
## **Appendix 1: Suggested Corporate Risk Register Template**

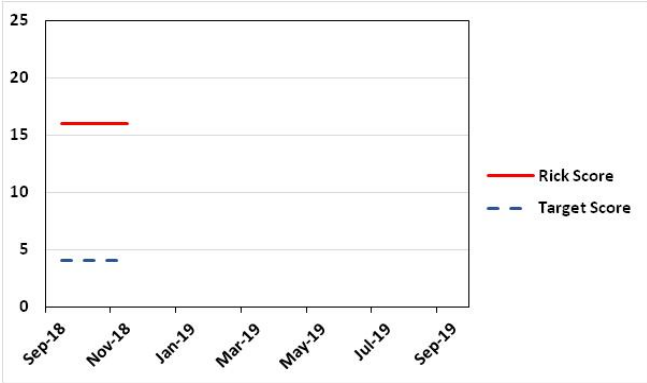
|   |  |   |                      |                     |
|---|--|---|----------------------|---------------------|
|   |  | CRR Ref No:   |                      |                     |
| Objective: Delivering Excellent Patient Outcomes, Experience and Access   |  | Director Lead: Chief Operating Officer<br>Assuring Committee: Finance, Performance & Workforce                      |                      |                     |
| Risk: Failure to sustain services as currently configured to meet cancer targets  |  | Date last reviewed: October 2018  |                      |                     |
| <div><div>Risk Rating<br/>(consequence x likelihood):<br/>Initial: 5 x 4 = 20<br/>Current: 4 x 4 = 16<br/>Target: 4 x 3 = 12</div><div>Level of Control<br/>=70%</div><div>Date added to the risk register<br/>April 2014</div></div> <div></div>   | <div>Rationale for current score:<br/>An overall reducing trend in current risk assessed score. Whilst target not consistently being met, general improvement trajectory which needs to be sustained.</div> <div>Rationale for target score:<br/>Target score reflects the challenge this area of work present the Board and where small numbers of patients impact on the potential to breach target.</div> |   |                      |                     |
| Controls (What are we currently doing about the risk?)  |  | Mitigating actions (What more should we do?)  |                      |                     |
| <ul style="list-style-type: none"><li>Tight management processes to manage each individual case on the unscheduled care (USC) Pathway.</li><li>Initiatives to protect surgical capacity to support USC pathways have been put in place in RGH and PCH to protect core activity.</li><li>Prioritised pathway in place to fast track USC patients.</li><li>Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies.</li><li>Overall Cancer target performance plateau at around 90% with ongoing monitoring of related actions in place at F,P&amp;W Committee.</li><li>Small numbers of patients breaching which is impacting on sustained delivery of the 31 and 62 day target.</li></ul> |  | Action  | Lead                 | Deadline            |
|   |  | Introduction of revised models for rapid diagnostic review / assessment in cancer pathways being introduced.        | COO / DPC&MH Med Dir | In Progress (Nov17) |
|   |  | Continue close monitoring of each patient on the USC pathways to ensure rapid flow of patients through the pathway. | COO / DPC&MH Med Dir | Ongoing             |
|   |  | Some speciality challenges remain in Lung and Urology - Action plans in place, along with monitoring.               | COO / Med Dir        | Ongoing             |
| Assurances<br>(How do we know if the things we are doing are having an impact?)   |  | Gaps in assurance (What additional assurances should we seek?)  |                      |                     |
| General improvement (sustained) trajectory. Need to continue improvement actions and close monitoring. Early diagnosis pathway launched and impact being closely monitored.   |  | The need to deliver sustained performance.  |                      |                     |
| Current Risk Rating = 16  |  | Additional Comments   |                      |                     |

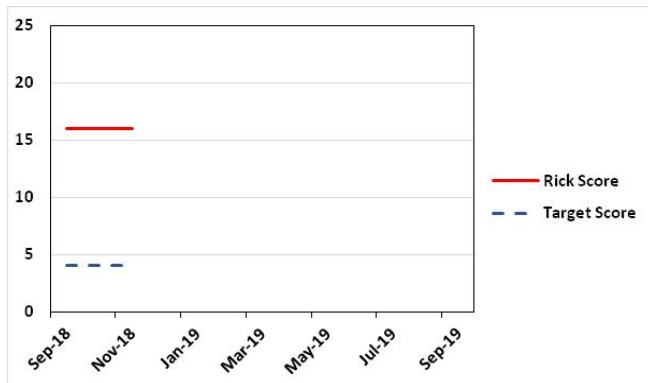


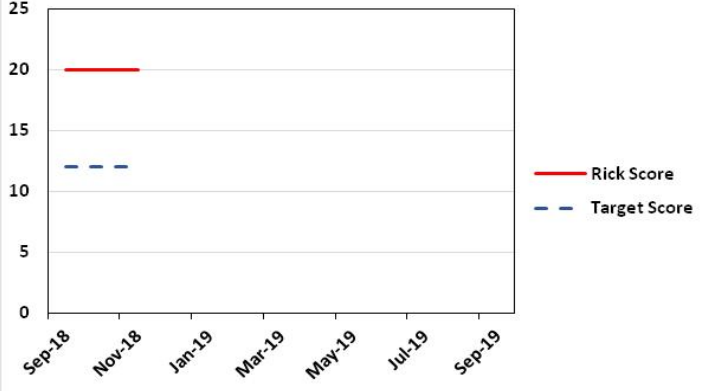
|   |  |  |                            |            |
|---|--|--|----------------------------|------------|
| <b>Objective:</b> Demonstrating Value and Sustainability  |  | <b>Director Lead:</b> Director of Transformation   |                            |            |
| <b>Risk:</b><br>Failure to ensure successful implementation of the Welsh Governments decision to realign the Health Boundary, as it applies to the resident population of the Bridgend County Borough.  |  | <b>Assuring Committee:</b> Joint Transition Programme Board  |                            |            |
|   |  | <b>Date last reviewed:</b> November 2018   |                            |            |
| <b>Risk Rating</b><br>(consequence x likelihood):<br>Initial: 5 x 3 = 15<br>Current: 5 x 3 = 15<br>Target: 3 x 3 = 9  |  | <b>Rationale for current score:</b><br><br>The current score reflects the programme arrangements in place and that there is a programme structure and critical path to achieve the 1 April 2019 timescale. |                            |            |
| <b>Level of Control</b><br>=70%   |  | <b>Rationale for target score:</b><br><br>As the critical milestones are achieved the target score reflects assurances required to deliver the programme within the timescales set.                        |                            |            |
| <b>Date added to the risk register</b><br>November 2018   |  |  |                            |            |
| <b>Controls (What are we currently doing about the risk?)</b>   |  | <b>Mitigating actions (What more should we do?)</b>  |                            |            |
| <ul style="list-style-type: none"><li>Joint Transition Board in place across ABMU HB and CTUHB</li><li>Programme Management Arrangements in place</li><li>Programme Director / Team appointed</li><li>Agreed work streams established along with related reported arrangements</li><li>Internal Audit involvement being agreed</li><li>External Audit (critical Friend observer status) on Transition Board</li><li>Strong Partnership arrangements already established, which are a strong platform to deliver the revised legislative programme / change.</li></ul> |  | Action   | Lead                       | Deadline   |
|   |  | Ensure delivery of the Programme's agreed milestones   | Director of Transformation | April 2019 |
|   |  | That established work streams deliver on their key products and routinely provide exception reports into Programme Structure   | Director of Transformation | April 2019 |
|   |  | Ensure partners remain involved and updated on related progress and play their part where appropriate to deliver the requirements of the change.   | Director of Transformation | April 2019 |
| <b>Assurances</b><br>(How do we know if the things we are doing are having an impact?)  |  | <b>Gaps in assurance (What additional assurances should we seek?)</b>  |                            |            |
| Compliance with the revised legislative changes proposed as a consequence of the Bridgend Boundary change.  |  | Delivery of the Programme within the proposed timescales, which all recognise is extremely tight / challenging.  |                            |            |
| Current Risk Rating = 15  |  | Additional Comments  |                            |            |

|  |   | CRR Ref No:  |                        |               |
|--|---|--|------------------------|---------------|
| Objective: Effective Governance  |   | Director Lead: Director of Corporate Governance<br>Assuring Committee: Health Board (Welsh Language Group)   |                        |               |
| Risk: Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the University Health Board.   |   | Date last reviewed: November 2018  |                        |               |
| <div>Risk Rating<br/>(consequence x likelihood):<br/>Initial: 3 x 5 = 15<br/>Current: 3 x 5 = 15<br/>Target: 9 x 3 = 9</div>   | <div><p>The graph displays two data series over time from September 2018 to September 2019. The Y-axis represents the score, ranging from 0 to 25 in increments of 5. The X-axis shows specific dates: Sep-18, Nov-18, Jan-19, Mar-19, May-19, Jul-19, and Sep-19. A solid red line, labeled 'Risk Score' in the legend, remains constant at a value of 15. A dashed blue line, labeled 'Target Score' in the legend, remains constant at a value of 9.</p></div> | <div>Rationale for current score:<br/>As a consequence of an internal assessment of the Standards and their impact on the UHB, it is recognised that the Health Board will not be fully compliant with all applicable Standards.</div> |                        |               |
| Level of Control<br>=60%   |   | Rationale for target score:<br>Working through its related improvement plan the likelihood of non compliance will reduce as awareness and staff training in response to the Standards, is raised.                                      |                        |               |
| Date added to the risk register<br>November 2018   |   |  |                        |               |
| Controls (What are we currently doing about the risk?)   |   | Mitigating actions (What more should we do?)   |                        |               |
| <ul style="list-style-type: none"><li>The Welsh Language Officer has undertaken a self-assessment of the requirements of the Standards and how they apply to Cwm Taf</li><li>Close constructive working relationships are in place with the Welsh Language Commissioner's Office</li><li>Strong networks are in place amongst Welsh Language Officers across NHS Wales to inform learning and development of responses to the Standards.</li></ul> |   | Action   | Lead                   | Deadline      |
|  |   | To develop an implementation plan including the identification of resources to deliver the Welsh Language Standards  | Director of Governance | December 2018 |
|  |   | Ensure the Board is fully sighted on the UHB's position through regular reporting to the Health Board  | Director of Governance | Bi-annually   |
|  |   | To review the terms of reference for the Welsh Language Group and ensure appropriate representation across the organisation  | Director of Governance | December 2018 |
| Assurances<br>(How do we know if the things we are doing are having an impact?)  |   | Gaps in assurance (What additional assurances should we seek?)   |                        |               |
| Compliance with Statutory requirements outlined in Welsh Language Act and related Standards.   |   | The self-assessment has confirmed that the Health Board is not able to fully comply with all the Standards and that the Health Board will need to take a risk management approach to the delivery of the standards.                    |                        |               |
| Current Risk Rating= 15  |   | Additional Comments  |                        |               |

|  |   | CRR Ref No:  |                      |              |
|--|---|--|----------------------|--------------|
| Objective: Effective Governance  |   | Director Lead: Director of Strategy<br>Assuring Committee: Health Board/EPRR Strategy Group  |                      |              |
| Risk: Failure to maintain services as a result of the potential no deal Brexit   |   | Date last reviewed: November 2018  |                      |              |
| <div>Risk Rating<br/>(consequence x likelihood):<br/>Initial: 4 x 5 = 20<br/>Current: 4 x 5 = 20<br/>Target: 2 x 3 = 6</div>   | <div></div> | <div>Rationale for current score:<br/>The initial risk assessment is based on the fact that significant work needs to take place to understand the risks in terms of the Health Board's ability to maintain services as business as usual</div> <div>Rationale for target score:<br/>By undertaking the actions highlighted it is anticipated that the arrangements put in place will ensure business as usual in light of a no deal Brexit.</div> |                      |              |
| Level of Control<br>=40%   |   |  |                      |              |
| Date added to the risk register<br>November 2018   |   |  |                      |              |
| Controls (What are we currently doing about the risk?)   |   | Mitigating actions (What more should we do?)   |                      |              |
| <ul style="list-style-type: none"><li>• All services to identify high risks related to Brexit on risk register Engagement in health national groups</li><li>• Welsh Government is working with NWSSP procurement to commission a review of devices and consumables supply chain in Wales to complement the work already completed at UK level.</li><li>• Welsh Government has put in place national communication and co-ordination arrangements, including:</li><li>• A Brexit Ministerial Stakeholder Advisory Forum made up of senior leaders from across the sector, and led by the Cabinet Secretary for Health and Social Services and the Minister for Children, Older People and Social Care;</li><li>• An EU Transition Leadership Group, chaired by Welsh Government, focusing on ensuring operational readiness arrangements for both health and social services in Wales (terms of reference attached);</li><li>• Regular meetings of NHS emergency planners, chaired by Welsh Government, as part of established resilience arrangements;</li><li>• A 4 Nations public health group addressing public health associated risks and health security concerns, and a joint Welsh Government – Public Health Wales working group considering specific Welsh issues;</li><li>• Working in partnership with the Welsh NHS Confederation to ensure ongoing flexible and effective communication and engagement between us and other stakeholders in the health and care system; and</li><li>• Regular updates on Brexit to the monthly NHS Wales Executive Board meetings.</li></ul> |   | Action   | Lead                 | Deadline     |
|  |   | To review and rehearse promptly the existing business continuity and resilience/contingency arrangements, and to do so working with your local and regional partners, including through your local resilience forums.  | Director of Strategy | January 2019 |
|  |   | To review 'services supply chains' for potential risks, with a particular focus on repair and maintenance of critical machinery and equipment  | Director of Strategy | January 2019 |
| Assurances<br>(How do we know if the things we are doing are having an impact?)  |   | Gaps in assurance (What additional assurances should we seek?)   |                      |              |
| <ul style="list-style-type: none"><li>• Work programme in place and monitored via EPRR Strategy Group</li><li>• All services to complete business continuity plans</li></ul>   |   | To understand from the review what arrangements need to be in place to minimise the risks in relation to a potential no deal Brexit.   |                      |              |
| Current Risk Rating = 20   |   | Additional Comments<br>There is an obligation to maintain critical services and business as usual in an emergency and this includes Brexit and consequently there is the potential for disruption in commercial and public services and therefore supplies, services, transport, fuel, border issues, EU national issues, immigration, critical infrastructure, energy and command resilience etc.   |                      |              |

|   |   |   |                     |          |
|---|---|---|---------------------|----------|
|   |   | CRR Ref Number:   |                     |          |
| Objective: Effective Governance   |   | Director Lead: Director of Nursing<br>Assuring Committee:   |                     |          |
| Risk: Risk of non Compliance with the Nurse Staffing Levels (Wales) Act 2016  |   | Date last reviewed: October 2018  |                     |          |
| <div><div>Risk Rating<br/>(consequence x likelihood):<br/>Initial: 4 x 4 = 16<br/>Current: 4 x 4 = 16<br/>Target: 1 x 4 = 4</div><div>Level of Control<br/>= 80%</div><div>Date added to the risk register<br/>September 2018</div></div> <div></div>   | <div>Rationale for current score:<br/>Section 25B places a duty on LHBs and NHS Trusts to calculate and take steps to maintain nurse staffing levels in specified settings, which are currently adult acute medical and surgical inpatient wards.</div> <div>Rationale for target score:<br/>The Health Board is ensuring we have the structures and processes in place to provide reassurance under the Act and are allocating resources accordingly.<br/>Health Boards are duty bound to take all reasonable steps to maintain nurse staffing levels.</div> |   |                     |          |
| Controls (What are we currently doing about the risk?)  |   | Mitigating actions (What more should we do?)  |                     |          |
| <ul style="list-style-type: none"><li>A Key priority is to reassure the public.</li><li>Provide reassurance to the board and Welsh Government</li><li>Organisational responsibility, from the ward to the Board to ensure appropriate nurse staffing levels</li><li>Health Boards are ensuring they have the structures and processes in place to provide reassurance under the Act and are allocating resources accordingly.</li><li>Health Board/NHS Trusts are duty bound to take all reasonable steps to maintain nurse staffing levels.</li><li>Requirement to adopt National, Strategic and operational steps to maintain the nurse staffing.</li></ul> |   | Action  | Lead                | Deadline |
|   |   | The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally appraised.   | Director of Nursing |          |
|   |   | The responsibility for decisions relating to the maintenance of the nurse staffing level rests with the Health Board should be based on evidence provided by and the professional opinions of the Executive Directors with the portfolios of Nursing, Finance, Workforce, and Operations. | Director of Nursing |          |
|   |   | The Board should ensure a system is in place that allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster.   | Director of Nursing |          |
|   |   | Health Board should agree the operating framework for these decisions to include actions to be taken, and by whom.  | Director of Nursing |          |
| Assurances (How do we know if the things we are doing are having an impact?)  |   | Gaps in assurance<br>(What additional assurances should we seek?)   |                     |          |
| Current Risk Rating = 16  |   | Additional Comments   |                     |          |



| Objective: To improve quality, safety and patient experience   |  | Director Lead: Director of Workforce and Operational Development<br>Assuring Committee: Finance, Performance & Workforce  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
|--|--|---|----------------|--------------|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|---|--|
| Risk: Capacity of Workforce and OD Function within ABMU link to Work of the future & Digital Workforce & Employee Engagement/Culture   |  | Date last reviewed: October 2018  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| <div>Risk Rating<br/>(consequence x likelihood):<br/>Initial: 5 x 4 = 20<br/>Current: 5 x 4 = 20<br/>Target: 4 x 3 = 12</div>  | <div><table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Period</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Sep-18</td><td>20</td><td>12</td></tr><tr><td>Nov-18</td><td>20</td><td>12</td></tr><tr><td>Jan-19</td><td>20</td><td>12</td></tr><tr><td>Mar-19</td><td>20</td><td>12</td></tr><tr><td>May-19</td><td>20</td><td>12</td></tr><tr><td>Jul-19</td><td>20</td><td>12</td></tr><tr><td>Sep-19</td><td>20</td><td>12</td></tr></tbody></table></div> | Period  | Risk Score     | Target Score | Sep-18 | 20 | 12 | Nov-18 | 20 | 12 | Jan-19 | 20 | 12 | Mar-19 | 20 | 12 | May-19 | 20 | 12 | Jul-19 | 20 | 12 | Sep-19 | 20 | 12 | <div>Rationale for current score:<br/>Since the establishment of the Health Board in 2009 there has been a significant reduction in the workforce and OD staffing levels. The current capacity of the team and the team's ability to provide appropriate, high quality and timely advice on both operational and strategic issues is a significant area of professional concern. Current resourcing levels have been benchmarked with other Health Boards (to date only for the core workforce arm of the function) demonstrates that ABMU has the lowest ratio of workforce staff to staff headcount of all Health Boards in Wales.</div> <div>Rationale for target score:</div> |  |
| Period   | Risk Score   | Target Score  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Sep-18   | 20   | 12  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Nov-18   | 20   | 12  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Jan-19   | 20   | 12  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Mar-19   | 20   | 12  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| May-19   | 20   | 12  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Jul-19   | 20   | 12  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Sep-19   | 20   | 12  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Level of Control<br>=70%   |  |   |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Date added to the risk register<br>Oct 2018  |  |   |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Controls (What are we currently doing about the risk?)   |  | Mitigating actions (What more should we do?)  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Director of Workforce and OD reported risk stock take to W&OD Committee. A Workforce and OD risk register has been generated as a consequence. Reported at Corporate Performance review with CEO. Reported to Audit Committee. |  | Action  | Lead           | Deadline     |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
|  |  | Risk Stock Take reported to W&OD Committee, Audit Committee and Corporate Performance Review.   | Director W&OD. | In Progress  |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
|  |  | Review of resourcing to take into account Boundary Change.  | Director W&OD. | Ongoing      |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
|  |  | Development of W&OD Risk Register.  | Director       | Ongoing      |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Assurances<br>(How do we know if the things we are doing are having an impact?)  |  | Gaps in assurance (What additional assurances should we seek?)  |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| General situation monitored through W&OD committee.  |  |   |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |
| Current Risk Rating = 20   |  | Additional Comments<br>Utilise temporary funded continue to raise resourcing issue at corporate level and through committee governance arrangements. Run at risk. |                |              |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |        |    |    |   |  |



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## *A Simple Guide to...*

# RISK ASSESSMENT AND MANAGEMENT

- HOW DO I SCORE A RISK?
- WHAT IS THE DIFFERENCE BETWEEN A RISK AND AN ISSUE?
- WHAT'S THE DIFFERENCE BETWEEN A CONTROL AND AN ACTION?
- WHY DO I NEED TO COMPLETE THE MATRIX THREE TIMES?
- WHY ARE THERE DIFFERENT RISK REGISTERS IN THE HEALTH BOARD?
- HOW TO CALCULATE THE RISK SCORE?

**Risk can be defined as the likelihood of something happening that will have an impact/consequence on objectives.** When a risk is identified the first step is for the risk to be assessed which includes a number of basic steps:

- Determine the nature of the risk - is it a risk to patient safety, health and safety, workforce and OD, information governance or our finances for example
- Consider the consequence that will arise if the risk were to actually happen - this is typically thinking about how; for example will it cause harm to a patient or will a patient's experience of care be adversely affected
- Decide how often the risk is likely to occur - this may range from something that is expected to happen every week (if the risk materialises) to something that is unlikely to happen in the near future.

The Health Board provides training to support staff to develop the skills to become effective at risk management and each ward or department has someone who is trained in level 2 risk management and can help individual staff members undertake risk assessments. To find out who this is, please contact your ward or department manager.

Once the risk has been identified and analysed the next stage is to ensure the risk is recorded on a risk assessment form. This form can be found on the Risk and Assurance web page. If the risk is scored at 9 or above the risk will need to be entered on to Datix Web Risk Register Module which will report into the Unit's Risk Register.

Escalation is via your line Manager, and will be considered by your Delivery Unit's Quality & Safety Committee for acceptance.



## • HOW DO I SCORE A RISK?

**ALWAYS** ensure you use the Health Board Risk Assessment Matrix when scoring a risk. A copy can be located on pages 3 & 4 of this guide. Here's the web link for the Risk and Assurance page with more detailed information:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&pid=37464>

Scoring a risk starts with defining the risk you have identified. Consider expressing your risk as "a risk of" or a "risk that" – avoid describing the cause of the risk. One of the most important aspects of accurately rating your risk is to be clear under which of the ten different risk categories your risk may fall.

The risk score is a combination of the likelihood of the risk occurring and its impact/ consequence if it were to occur.

The Health Board's matrix uses a scale of 1 to 5 for each dimension, thus the maximum score a risk could achieve would be 25 – this would represent a risk that is predicted to occur every day, with catastrophic consequences!

Risks should always be assessed based upon activity in your area, and you should attempt to assess the most likely as opposed to the worst case scenario. When thinking about the likelihood, consider your evidence for the rating – if scored a 5, do you have incident reports coming through every week?

### AN EXAMPLE MAY BE:

A patient has fallen on a ward and fortunately sustained no harm. When risk assessing the situation at the time of the incident, or the potential risk of re-occurrence, many staff will say that falls happen on a daily basis in their department which equates to 5 - Expected (daily occurrence) and sometimes they can result in a hip fracture requiring surgical intervention which would be classed as 4 - Major (major harm).

By doing the assessment of the 'worst case scenario' they have come up with a score of 20 – Catastrophic, this is incorrect.

What should have been recorded is a likelihood of 5 - Expected (daily), but as the majority of falls on the ward result in little or no injury the consequence would be either 1 - Negligible or 2 - Minor, based upon previous incidents indicating which was the most likely outcome.

The risk assessment for a fractured neck of femur requiring surgical intervention would be a consequence of 4 - Major but the likelihood would be 1 - Rare or 2 - Unlikely as these types of injuries happen very infrequently on the ward.

## • WHAT IS THE DIFFERENCE BETWEEN A RISK AND AN ISSUE?

Risks and issues often get confused:

- **RISKS** are things that might happen and stop us achieving objectives, or otherwise impact on the success of the organisation.
- **ISSUES** are things that have happened, were not planned and require management action.
- Issues should not be recorded on the Datix System or any Risk Registers.

If you require any further advice please contact the Risk and Assurance Team on ext 44603

## • WHAT'S THE DIFFERENCE BETWEEN A CONTROL AND AN ACTION?

Quite simply, a **CONTROL** is something that is already in place to mitigate a risk, where an **ACTION** is something you intend to do which will limit the impact of a risk in the future, or will reduce the likelihood of it occurring at all. Once complete an action may become a new control.

For example, a member of staff may have an action to produce a Standard Operating Procedure (SOP), which when followed would reduce the likelihood of a risk arising.

Once the SOP has been produced and implemented it becomes a control.

A further action might be to plan to train a group of staff in a procedure to reduce the likelihood of errors occurring, once the staff are trained this is then a control. Controls and actions must be recorded on the risk assessment form and datix web system.

## • WHY DO I NEED TO COMPLETE THE MATRIX THREE TIMES?

Within Datix you are required to complete the matrix with the following three scores:

### • Initial Risk Score

The level of the risk without controls. It will give an indication of what may happen if the controls you have to mitigate against your risk fail.

### • Current Risk Score

The level of the risk taking into account the controls already in.

### • Target Risk Score

The expected level of the risk once any planned actions have been completed.

## • HOW TO CALCULATE THE RISK SCORE?

For each risk identified, the **LIKELIHOOD & CONSEQUENCE** mechanism will be utilised. Essentially this examines each of the risks and attempts to assess the likelihood of the event occurring (**PROBABILITY**) and the effect it could have on the Health Board (**IMPACT**). This process ensures that the Health Board will be focusing on those risks which, require immediate attention, rather than spending time on areas which are, relatively, a lower priority.

| RISK MATRIX      | LIKELIHOOD (*) |              |              |              |              |
|------------------|----------------|--------------|--------------|--------------|--------------|
| CONSEQUENCE (**) | 1 - Rare       | 2 - Unlikely | 3 - Possible | 4 - Probable | 5 - Expected |
| 1 - Negligible   | 1              | 2            | 3            | 4            | 5            |
| 2 - Minor        | 2              | 4            | 6            | 8            | 10           |
| 3 - Moderate     | 3              | 6            | 9            | 12           | 15           |
| 4 - Major        | 4              | 8            | 12           | 16           | 20           |
| 6 - Catastrophic | 5              | 10           | 15           | 20           | 25           |

| LIKELIHOOD (*)  |      |          |          |          |          |
|---|------|----------|----------|----------|----------|
| LIKELIHOOD SCORE  | 1    | 2        | 3        | 4        | 5        |
| DESCRIPTOR  | RARE | UNLIKELY | POSSIBLE | PROBABLE | EXPECTED |
| <b>Frequency:</b><br>How often might it/<br>does it happen? | 1    | 2        | 3        | 4        | 5        |
| <b>Probability:</b><br>Will it happen<br>or not?            | 2    | 4        | 6        | 8        | 10       |



| CONSEQUENCE (**) - Severity of Harm                                     |   |   |   |  |   |
|---|---|---|---|--|---|
| LIKELIHOOD SCORE  | 1   | 2   | 3   | 4  | 5   |
| DOMAINS   | NEGLIGIBLE  | MINOR   | MODERATE  | MAJOR  | CATASTROPHIC  |
| <b>Patient Safety</b>   | Minimal injury requiring no/minimal intervention or treatment.<br>Category 1 pressure ulcer.                | Minor injury or illness, requiring minor intervention.<br>Increase in length of hospital stay for 1-3 days.<br>Category 2 pressure ulcer.   | Moderate injury requiring professional intervention.<br>Increase in length of stay by 4-15 days.<br>Category 3 pressure ulcer. An event which impacts on a small number of patients.  | Major injury leading to long-term incapacity/disability.<br>Fall requiring surgical intervention.<br>Category 4 pressure ulcer.<br>Mismanagement of patient care with long-term effects.                                 | Incident leading to death.<br>Multiple permanent injuries or irreversible health effects.<br>An event which impacts on a large number of people.  |
| <b>Health and Safety</b>  | No obvious injury.<br>No time off work.   | An injury sustained at work requiring time off or reduced duties up to 7 days.  | RIDDOR Reportable<br>7 Days or more off due to work related injury or reduced duties.<br>Any Reportable Occupational Disease.   | RIDDOR Reportable.<br>Regulation 4 Specified Injuries to Workers.<br>(Formally classified as major injuries).  | RIDDOR Reportable. Incident leading to death.<br>An event which impacts on a large number of staff.   |
| <b>Governance and Assurance</b>   | Peripheral element of treatment or service suboptimal.<br>Informal inquiry.                                 | Overall treatment or service suboptimal.<br>Single failure to meet internal standards.<br>Minor implications for patient safety if unresolved.<br>Reduced performance rating if unresolved.   | Treatment or service has significantly reduced effectiveness.<br>Formal complaint.<br>Repeated failure to meet internal standards.<br>Major patient safety implications if findings are not acted on.   | Non-compliance with national standards with significant risk to patients if unresolved.<br>Multiple complaints/independent review.<br>Low performance rating.<br>Critical report.  | Totally unacceptable level or quality of treatment/service.<br>Gross failure of patient safety if findings not acted on.<br>Inquest/ombudsman/inquiry.<br>Gross failure to meet national standards.                 |
| <b>Workforce and Organisational Development</b>                         | Lower than expected staffing level that temporarily reduces service quality for 1 day or less.              | Lower than expected staffing level that temporarily reduces service quality for 1 day or more.  | Late delivery of key objective/service due to lack of staff.<br>Unsafe staffing level or skill mix (1 - 5 days).<br>Low staff morale.<br>Poor staff attendance for mandatory/key training.  | Uncertain delivery of key objective/service due to lack of staff.<br>Unsafe staffing level or skill mix (5 days or more).<br>Loss of key staff.<br>Very low staff morale.  | Non-delivery of key objective/service due to lack of staff.<br>Ongoing unsafe staffing levels or skill mix.<br>Loss of several key staff.<br>No staff attending mandatory training/key training on an ongoing basis |
| <b>Compliance with Legislation and Statutory/Regulatory inspections</b> | No or minimal impact or breach of guidance/statutory duty.  | Breach of statutory legislation.<br>Reduced performance rating if unresolved.   | Single breach in statutory duty.<br>Challenging external recommendations/improvement notice.  | Enforcement action.<br>Multiple breaches in statutory duty.<br>Improvement notices/Critical Report.<br>Low performance rating.   | Multiple breaches in statutory duty or prosecution.<br>Complete systems change required.<br>Zero performance rating.<br>Severely critical report.   |
| <b>Information Governance</b>   | There is absolute certainty that no adverse effect can arise from the breach.                               | A minor adverse effect must be selected where there is no absolute certainty.<br>A minor adverse effect may be the cancellation of a procedure but does not involve any additional suffering.<br>It may also include possible inconvenience to those who need the data to do their job. | An adverse effect may be release of confidential information into the public domain leading to embarrassment or it prevents someone from doing their job such as a cancelled procedure that has the potential of prolonging suffering but does not lead to a decline in health. | There has been reported suffering and decline in health arising from the breach or there has been some financial detriment occurred.<br>Loss of bank details leading to loss of funds.<br>There is a loss of employment. | A person dies or suffers a catastrophic occurrence.   |
| <b>Sustainable Services</b>   | Insignificant cost increase/schedule slippage.<br><br>Loss/interruption of service >1 hour.                 | <5 % over project budget.<br>Minor schedule slippage <1 month.<br>Loss/interruption of service >8 hours.  | 5-10 % over project budget.<br>Schedule slippage <2 months.<br>Loss/interruption of service >1 day.   | 10-25% over project budget.<br>Schedule slippage <3 months.<br>Loss/interruption of service >1 week.   | >25 % over project budget.<br>Schedule slippage >3 months.<br>Key objectives not met.<br>Permanent loss of service or facility.   |
| <b>Financial Management</b>   | Small loss.   | Loss of 0.1 - 0.25 % of budget*   | Loss of 0.25 - 0.5 % of budget*   | Loss of 0.5-1.0 per cent of budget* Uncertain delivery of key objective.   | Loss of >1 % of budget*<br>Non-delivery of key objective.   |
| <b>Environment, Estates and Infrastructure</b>                          | Minimal or no impact.   | Minor impact on environment.  | Moderate impact on environment.   | Major impact on environment.   | Catastrophic impact on environment.   |
| <b>Medical Devices, Equipment and Supplies</b>                          | Minimal injury requiring no/minimal intervention or treatment. Negligable disruption to a clinical service. | Minor injury or illness, requiring minor intervention. Minor short term disruption to a clinical service.   | Moderate injury requiring professional intervention.<br>Re-scheduling of a clinical service.  | Major injury leading to long-term incapacity/disability. Cancellation of a clinical service.   | Incident leading to death or permanent irreversible health effects. Cessation or closure of a clinical service.   |