



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	21 November 2019	Agenda Item	2.2
Report Title	Audit Committee		
Report Author & 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) and development of the Risk Management Policy.		
Key Issues	<ul style="list-style-type: none"> • Two Executive Team sessions on risk management were held in July and September 2019. • Executive Directors have updated their risk entries and following discussion of the full HBRR agreed that the highest risks facing the Health Board delivering against its objectives are rated 20 and relate to: <ul style="list-style-type: none"> ➢ Unscheduled Care ➢ Infection Control ➢ TAVI Service ➢ Ophthalmology Clinic Capacity ➢ Access and Planned Care ➢ Access to Cancer Services ➢ Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) ➢ H&S Infrastructure ➢ Integrated Medium Term Plan (IMTP) Statutory Responsibility ➢ Financial Plan ➢ Sustainable Corporate Services • Risk Management Workshop was held in September with the aim of reviewing the Unit IMT Plans and their Unit risk registers to align the two processes. This work is informing and supporting the Board Assurance Framework (BAF). • The HBRR entries have been aligned to the sub Committee of the Board and the sub Committees will receive quarterly reports from January 2020 onwards. 		

Specific Action Required (<i>please choose one only</i>)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the updated Health Board Risk Register and the risks assigned to the Board and its Committees; • ENDORSE the HBRR for onward submission to the Board in November and; • ENDORSE the Risk Management Policy to be submitted to the Board in November 2019 for ratification. 			

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); and
- development of the Risk Management Policy.

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

Two Executive Team sessions on risk management were held in July and September 2019 following which updates and changes from the Executive Team were received. The revised HBRR is attached as **Appendix 1**.

3.2 Highest Scoring Risks on the HBRR

Following a review of the Health Board Risk Register and Executive updates received, 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 twelve 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
65	CTG Monitoring on Labour Wards	20	Best Value Outcomes from High Quality Care	Timely Care	Director of Nursing & Patient Experience

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

Ref	Risk Title	Risk Rating
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

The total HBRR entries aligned to sub Committees of the Board are detailed in Table 3.

Table 3

Strategic Objective	Risk Reference	Description of risk identified	Scrutiny Committee
Best Value Outcomes from High Quality Care	1 (738)	Unscheduled Care Failure to comply with Tier 1 target for Unscheduled Care could impact on patient and family experience of care.	Quality and Safety Committee
	4 (739)	Infection Control Failure to achieve infection control targets set by Welsh Government could impact on patient and family experience of care.	Quality and Safety Committee
	11 (837)	Ageing Population Failure to provide an appropriate healthcare model for the ageing population over the next 20 years could impact on patient and family experience of care.	Quality and Safety Committee
	13 (814)	Environment of HB Premises Failure to meet statutory health and safety requirements.	Health and Safety Committee
	64 (2159)	Health and Safety Infrastructure Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance.	Health and Safety Committee

16 (840)	Access to Planned Care Failure to achieve compliance with waiting times, there is a risk that patients may come to harm. Also, financial risk not achieving targets.	Performance and Finance Committee
37 (1217)	Information Led Decisions Operational and strategic decisions are not data informed.	Audit Committee
39 (1297)	Approved IMTP – Statutory Compliance If the Health Board does not have an approved IMTP signed off by Welsh Government, primarily due to the inability to align performance and financial plans it will remain in escalation status, currently “targeted intervention”.	Performance and Finance Committee
41 (1567)	Fire Safety Compliance Fire Safety notice received from the Fire Authority – MH&LD Unit. Uncertain position in regard to the appropriateness of the cladding applied to Singleton Hospital in particular (as a high rise block) in respect of its compliance.re safety regulations.	Health and Safety Committee
42 (1398)	Financial Plan If the Board is unable to successfully deliver a sustainable service and develop a balanced financial plan to support the Statutory Breakeven Financial Duty.	Performance and Finance Committee
43 (1514)	Deprivation of Liberties If the Health Board is unable to complete timely completion of DoLS Authorisation then the Health Board will be in breach of legislation and claims may be received in this respect.	Quality and Safety Committee
48 (1563)	CAMHS Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	Performance and Finance Committee
49 (922)	Trans-catheter Aortic Valve Implementation (TAVI) Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)	Quality and Safety Committee

	63 (1605)	Screening for Fetal Growth Assessment in line with Gap-Grow Due to the scanning capacity there are significant challenges in achieving this standard.	Quality and Safety Committee
	50 (1761)	Access to Cancer Services Failure to sustain services as currently configured to meet cancer targets could impact on patient and family experience of care.	Performance and Finance Committee
	57 (1799)	Controlled Drugs Non-compliance with Home Office Controlled Drug Licensing requirements.	Audit Committee
Excellent Staff	3 (843)	Workforce Recruitment Failure to recruit medical & dental staff	Workforce and OD Committee
	51 (1759)	Nurse Staffing (Wales) Act Risk of Non Compliance with the Nurse Staffing (Wales) Act	Workforce and OD Committee,
	62 (2023)	Sustainable Corporate Services Health Board's Annual Plan and organisational strategy, and with the skills, capability, behaviours and tools to successfully deliver in support of the whole organisation, and to do so in a way which respects and promotes the health and well-being of our staff and their work-life balance.	Workforce and OD Committee
Digitally Enabled Care	27 (1035)	Sustained Clinical Services Inability to deliver sustainable clinical services due to lack of digital transformation.	Audit Committee
	36 (1043)	Storage of Paper Records Failure to provide adequate storage facilities for paper records then this will impact on the availability of patient records at the point of care. Quality of the paper record may also be reduced if	Audit Committee
	45 (1565)	Discharge Information If patients are discharged from hospital without the necessary discharge information this may have an impact on their care	Audit Committee
	(2003)	Cyber Security – High level risk The level of cyber security incidents is at an unprecedented level and health is a known target.	Audit Committee

	65 (329)	CTG Monitoring on Labour Wards Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	Quality and Safety Committee
Partnerships for Improving Health and Wellbeing	58 (146)	Ophthalmology - Excellent Patient Outcomes There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty.	Quality and Safety Committee
	15 (737)	Population Health Targets Failure to achieve population health improvement targets leading to an increase in preventable disease amongst the population resulting in increased morbidity impacting on operational and financial pressures.	Quality and Safety Committee
	61 (1587)	Paediatric Dental GA Service – Parkway Identify alternative arrangements to Parkway Clinic for the delivery of dental paediatric GA services on the Morriston Hospital SDU site consistent with the needs of the population and existing WG and Health Board policies.	Quality and Safety Committee
Partnerships for Care	52 (1763)	Statutory Compliance The Health Board does not have sufficient resource in place to undertake engagement & impact assess in line with Statutory Duties	Performance & Finance Committee
	53 (1762)	Welsh Language Standards Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the University Health Board.	Health Board (Welsh Language Group)
	54 (1724)	Brexit Failure to maintain services as a result of the potential no deal Brexit	Health Board (Emergency Preparedness Resilience and Response)
	55 (1764)	Bridgend Boundary Change 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.	Performance and Finance Committee

The HBRR entries have been aligned to the sub Committee of the Board and the sub Committees, as identified in Table 3, will receive quarterly reports from January 2020 onwards.

4. Risk Management Policy

The Risk Management Policy has previously been reported, in draft, to the July Risk Management Group. Comments have been used to update the document and the main comments received are detailed in Table 4, together with the decision in relation to whether the change has been accepted or declined.

Table 4

Page/Section	Current	Proposed Change	Decision
Page 6, section 4.3	Refers to Directorate Risk Registers. Section refers to the Executive Directors responsibilities in the Scheme of Delegation within the Health Boards Standing Orders.	Clarity was requested in relation to Executive Directors responsibilities for specialty areas eg Health & Safety.	Not Accepted
Page 7, section 4.7	Refers to Unit Directors of Nursing & Patient Experience.	Remove reference to Patient Experience in the Unit Nurse Directors title.	Accepted
Page 7, section 4.7	No reference to the Unit Risk Registers linking to their Integrated Medium Term Plan.	Include reference to the requirement for Unit Risk Registers to be linked to the Integrated Medium Term Plan.	Accepted
Page 7, section 4.8	Ward/Departmental Managers to report risks identified from risk assessments into the Unit's risk register. Clarification sought in terms of the level of risk.	Ward/Departmental risks to be reported into the Unit's risk register when the risks are rated at 9 and above.	Accepted
Page 7, section 4.10	No reference to individual to identify training needs.	Employees to identify training needs.	Accepted
Page 9, section 5.2	Wales Internal Audit Standards	Public Sector Internal Audit Standards	Accepted
Page 9, section 5.4.2	Risk Management Scrutiny Panel role.	Panel role to be expanded to cover receiving themes across the Unit Risk Registers as well as escalated risks from the Units rated at 16 and above.	Accepted

Page/Section	Current	Proposed Change	Decision
Page 11, section 5.4.2.8	Director of Corporate Governance excluded for the list of Corporate Directorates.	Include the Director of Corporate Governance	Accepted
Page 12, section 6.1	Policy refers to risks rated at 16 and above, as a minimum, to be included on the risk management database (RL Datix) risk module.	Risks rated at risk rating 9 and above to be included on the risk management database, risk module.	Accepted
Page 15, Section 6.5.2	No mention of what happens when treatment of risks is out of control.	Section on escalation included – 6.5.5.	Accepted
Page 16, section 6.6	No reference to how risks also relevant to another Health Board can be transferred/reported to another Health Board as actioned for incidents.	Reference as to how risks relating to more than one Health Board can be communicated outside of the Health Board now included.	Accepted.
Page 17, section 8.	No referenced to training being included in Electronic Staff Record.	Reference to Electronic Staff Record now included.	Accepted

The amended Policy is attached as **Appendix 2** for endorsement to be submitted to the Audit Committee and then the Board for ratification.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the updated Health Board Risk Register and the risks assigned to the Board and its Committees;
- **ENDORSE** the HBRR for onward submission to the Board in November and;
- **ENDORSE** the Risk Management Policy to be submitted to the Board in November 2019 for ratification.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
Outstanding Research, Innovation, Education and Learning		<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
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	<ul style="list-style-type: none"> • Senior Leadership Team bi monthly • Quarterly report to the Audit Committee 	
Appendices	<ul style="list-style-type: none"> • Appendix 1: Swansea Bay University Health Board Risk Register November 2019 • Appendix 2: Risk Management Policy 	

