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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	15 July 2019	Agenda Item	2b
Report Title	Audit Committee		
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Pam Wenger, Director of Governance		
Presented by	Pam Wenger, Director of Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on Risk Management work in the Health Board since the last meeting.		
Key Issues	<ul style="list-style-type: none"> • Health Board Risk Register (HBRR) has been updated and is attached as Appendix 1. Unscheduled care risk has been increased from risk rating 16 to 25. Top 5 risks on the HBRR relate to. <ul style="list-style-type: none"> - Unscheduled Care Pressures (1) - Balanced Financial Plan (42) – Risk that the Health Board will not be able to deliver the Statutory Breakeven Financial Duty. - Capacity within WODS (56)- Insufficient capacity of Workforce and OD Function support and deliver the strategic and operational workforce agenda, plans and priorities of the Health Board. - Discharge Information (45) - If patients are discharged from hospital without the necessary discharge information this may have an impact on their care - Brexit (54) - Failure to maintain services as a result of the potential no deal Brexit. • Operational risks rated 16 and above have been reviewed and linked to risks on the HBRR and are being reviewed by the Risk Management Group members following which they will be reported to relevant sub Committees of the Board to ensure overview of the risks aligned to the HBRR entries. • Risk Management Policy and Framework have been updated and are being further reviewed in light of the draft Quality and Safety Framework issued for consultation. 		
	Information	Discussion	Assurance
			Approval

Specific Action Required <i>(please choose one only)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	The Audit Committee are asked to: <ul style="list-style-type: none"> • DISCUSS and NOTE the updated Health Board Risk Register and the risks assigned to the Board and its Committees. 			

UPDATE ON RISK MANAGEMENT

1. INTRODUCTION

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

- Risk management progress and an update on 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

Members will recall in Q3, 2018/19, the HBRR was revised and developed following updates and changes from the Executive Team. The revised HBRR is attached as **Appendix 1**.

IMTP (39) and the risk of not having it signed off currently has a rating of 15. The Executive Team have requested the Executive Lead to review this risk and provide an update on the level of risk given it is a statutory duty of the Health Board.

H&S entries will be considered by the H&S Committee before inclusion on the HBRR:

- Health & Safety Systems - this would be a new entry on Datix and would include reference to 9 notices being received from the Health & Safety Executive and;
- Violence & Aggression- (842) currently closed from a Health Board Risk Register perspective as it is being overseen by the Health & Safety Committee, although following a Health & Safety Executive notice being issued relating to V&A consideration is being given as to whether this should be escalated back to the HBRR.

These two risks have been discussed previously however, further information is awaited before escalation onto the Health Board Risk Register. As part of this review,

consideration will be given whether to include as part of the current risk (HBRR11) in terms of Health and Safety.

The following risks have been reviewed and as a result of plans in place to mitigate the risk have been reduced from risk rate of 20 to a risk rate of 12.

- **Sustained Clinical Services (27)** - Inability to deliver sustainable clinical services due to lack of digital transformation.
- **Storage of Paper Records (36)** - 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

3.2 Summary of Health Board Risks

As at 28th June 2019, there are 29 risks outlined on the HBRR which is presented as **Appendix 1** for review.

The 29 risks are categorised by rating against the Health Board's enabling values:

Enabling Objective	High (rated 16 -25)	Moderate (rated 9-15)
Best Value Outcomes from High Quality Care	11 (+2)	5
Excellent Staff	3	1
Digitally Enabled Care	4	0
Partnerships for Improving Health and Wellbeing	0	1
Partnerships for Care	2	2
Total No of Risks	20	9

Note – The total number of risks will feature a “+” or “-” in future to denote any new risks added or removed.

3.3 Highest scoring Risks

Presently the HBRR contains one risk rated 25 and four risks which are risk rated at level 20:

- **Unscheduled Care Pressures (1)**
- **Balanced Financial Plan (42)** - Risk the Health Board will not be able to deliver the Statutory Breakeven Financial Duty.
- **Discharge Information (45)** - If patients are discharged from hospital without the necessary discharge information this may have an impact on their care. **The Executive Director Lead for this risk has been asked to review in light of additional controls in place.**
- **Capacity within WODS (56)**- Insufficient capacity of Workforce and OD Function within ABMU to support and deliver the strategic and operational workforce agenda, plans and priorities of the Health Board.

- **Brexit (54)** - Failure to maintain services as a result of the potential no deal Brexit

The Senior Leadership Team will review the HBRR and further consider whether these are a true reflection of the risks facing the Health Board in delivering against the enabling objectives.

3.4 Service Delivery Unit Operational Risks – 16 and above

There are 100 operational risks rated 16 and above and are shown in **Appendix 2**. Subject to any amendments identified by the Units it is proposed that the operational risks, linked to an overarching risk(s) in the HBRR will be reported to the sub Committees of the Board as identified in **Appendix 2** in Q2 of 2019/20. In summary the risks linked to the sub Committees of the Board are as follows:

Q&S Committee	Audit Committee	W&D Committee	Performance & Finance Committee	H&S Committee
Patient Safety Risks – inc falls, infection control and pressure ulcer risks.	Oversees all risks on HBRR	Workforce planning risks - Staff shortages	Performance risks eg Sustainable Services - Access	H&S Risks inc V&A and Fire
Medical Devices Risks	Compliance with Legislation/ Regulation	Legal compliance re employment law eg DBS	Financial planning risks	Estates Risks
Infections Control Risks	IT and Information Governance risks	Occupational Health & Wellbeing risks		Security Risks
Research & Development risks.		Education, learning and development risks.		Emergency Planning risks

4. INTERIM RISK MANAGEMENT FRAMEWORK

In light of the Bridgend Boundary changes and the work ongoing to update Risk Management processes, the Board approved an Interim Risk Management Framework for Swansea Bay University Health Board. This allowed engagement with stakeholders through a Risk Management Workshop held in March.

The Risk Management Policy and Framework have been updated and are being reviewed in light of the draft Quality & Safety Framework issued for comment. The Policy and Framework will therefore be re circulated to members of the Risk Management Group by 19th July 2019 and comments will be requested on these documents by 16th August 2019 to be sent to the Head of Patient Experience, Risk and Legal Services.

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

The Audit Committee are asked to:

- **DISCUSS** and **NOTE** the updated Health Board Risk Register and the risks assigned to the Board and its Committees.

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 type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
Outstanding Research, Innovation, Education and Learning		
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input 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: SBU Health Board Risk Register June 2019. • Appendix 2: Operational Risk rated 16 – 25. 	

Service Delivery Unit Operational Risks rated 16 and above – June 2019

Ref	Title	Type of Risk	Unit	Sub Committee of the Board
1020	Crisis Team not available 24/7 in Morriston.	Sustainable Services	Morriston	Performance & Finance
1091	Waiting times – clerk service.	Sustainable Services	Morriston	Performance & Finance
1705	Additional Learning needs and educational Tribunal (Wales) Act 2018 – impact on HB.	Legislation, Regulation and Compliance	NPT ? HB Wide	Audit
772	Continuing Healthcare budget over spent.	Financial Risk	MH+LD	Performance & Finance
1847	DBS Checks.	Legislation, Regulation and Compliance	MH+LD ? HB Wide Risk	Audit
1431	Suicide Risk	Patient Safety	MHLD	Q&S
1426	Delay Transfer of Care	Sustainable Services	MH+LD	Performance & Finance
1417	Fire Security	Environment security	MH+LD	H&S
1611	Storage of health records	Environment	MH+LD	H&S
1048	Workforce	Staff shortages medical staff	MH+LD	Workforce & OD Committee
1581	Workforce	Staff shortages SLT	MH+LD	W&OD
1470	Nutrition + dietetic services	Sustainable services	NPT	Performance & Finance
771	Workforce	Shortages	MH+LD	W&OD
998	Slips/trips/falls	Patient Safety	MH+LD	Q&S
227	Failure of the autoclaves/washers/disinfectors in HSDU medical devices.	Equipment in use post manufacturers guidance	Morriston	Q&S
467	HSDU Air Handling Unit	Environment/Estates. Roof space inadequate	Morriston	H&S
1669	Workforce + OD	Staff shortage – junior doctors	Morriston	W&OD
1781	Workforce + OD	Staff-Radiologist shortage	Singleton	W&OD
712	Burns Theatre	Environment + Estates	Morriston	H&S
1345	Staff – junior + consultant doctors. ED	Workforce + OD	Morriston	W&OD
1719	Trolleys in Ed	Medical devices & Equipment	Morriston	Q&S
1418	Patient Safety – Safeguarding	Adolescents being admitted to adult mental health wards	MH+LD	Q&S

1435	Self-harming/safeguarding Rapid expansion of prison population on wards.	Patient Safety	MH+LD	Q&S
695	Access to MH services.	Sustainable Services	MH+LD	Performance & Finance
929	Neuroxial Connectors - equipment	Patient Safety	Morrison	Q&S
242	Workforce + OD	Junior doctors	Morrison	W&OD
796	Orthopaedics RTT	Sustainable Services	Morrison	Performance & Finance
1021	Mental Health Assessments under 18's	Sustainable services	Morrison	Mental Health
54	Unscheduled Care	Sustainable services	Morrison	Performance & Finance
1842	Non-invasive ventilation equipment on ICU end of life	Medical Devices + equipment	Morrison	Q&S
62	V+A in ED + CDU	H+S	Morrison	H&S
72	Slips/trips/falls leading to harm and increased stay	Patient Safety	Morrison	Q&S
950	Patients in areas of the department nurses in mixed set areas – ED	Environment + Estates	Morrison	H&S
1911	Radiology – Intercom not available in some areas	Environment + Estates	Morrison	H&S
1956	Internal defibrillator paddles – processed outside of IFU, risk to accreditation. Cardiac theatres	Medical Devices + equipment	Morrison	Q&S
951	V+A – ED	H+S	Morrison	Health & Safety Committee
1508	Treatment of Lap and patients	Sustainable services	Morrison	Performance & Finance
1832	Difficulty in discharging medically fit patients	Sustainable services	Morrison	Performance & Finance
1449	Timely pancreatic surgery for patients	Sustainable services	Morrison	Performance & Finance
1740	Vulnerability of theatres re security	Environment + Estates	Morrison	H&S
1924	Warming Cabinet	Medical devices + equipment	Morrison	Q&S
1797	WAST delay in handover	Environment +Estates	Morrison	H&S
1861	Class II safety cabinets IVF	Medical devices + equipment	NPT	Q&S
1493	Storages of therapy records	Environment + Estates	NPT	H&S
447	Aseptic unit – capital work	Environment & Estates	Singleton	H&S
1605	Screening for fatal growth Assessment in line with Gap & Grow.	Sustainable services	Singleton	Performance & Finance
1894	WAST escalation – delay	Environment + Estates – Transport.	NPT	H&S
8405	GP sustainability	Sustainable Services	Primary Care	Performance & Finance
1392	Medical bed capacity + outliners – 12590 occupancy	Sustainable services	Morrison	Performance & Finance

809	Spinal patients affected by unscheduled care pressures	Sustainable services	Morrleston	Performance & Finance
941	Nurse Staffing Act – medical areas	W+OD	Morrleston	W&OD
231	Patient isolation facilities – infection control	Environment + Estates	Morrleston	H&S
1902	AMAU East + West	Sustainable services	Morrleston	Performance & Finance
1880	Single handed sarcoma surgeon	Sustainable service	Morrleston	Performance & Finance
529	Theatre workforce	W+OD	Morrleston	W&OD
1811	Additional learning needs + education tribunal (Wales) act 2018	Compliance with legislation/ regulation	NPT	Audit
1099	Car parking – singleton	Environment + Estates	Singleton	H&S
1270	Storage health records – child health services	H+S	Singleton	H&S
1967	Bariatric capacity mortuary	H&S	Singleton	H&S
1112	Neonatal incubators – facility	Medical devices + equipment	Singleton	Q&S
1627	Controlled drug security – endoscopy	Environment + estates	Singleton	H&S
1523	Timelines of blood films reporting	Sustainable Services	Singleton	Performance & Finance
778	Alpha radiation treatment facility	Environment + estates	Singleton	Q&S
1783	Specialist palliative care service	Sustainable services	Singleton	Performance & Finance
1534	Access to SACT treatment – chemotherapy	Sustainable services	Singleton	Performance & Finance
196	Equipment + SMV gamma camera	Medical devices + equipment	Singleton	Q&S
1824	Fibrascanning equipment availability BBV service	Medical devices + equipment	Singleton	Q&S
1278	Cellular Pathology – Tissue microrarray machine	Medical devices + equipment	Singleton	Q&S
1653	Medical device regulatory	Medical devices + equipment	Singleton	Q&S
1966	Mortuary – Freezer capacity	Medical devices + equipment	Singleton	Q&S
329	CTG monitoring on labour wards	Medical devices + equipment	Singleton	Q&S
1772	Nuclear medicine – PET scanner services	Medical devices + equipment	Singleton	Q&S
323	Gynae – medical cover	W+OD	Morrleston	W&OD
10	Neonatal capacity	Sustainable services	Singleton	Performance & Finance
853	Neonatal staffing	W+OD	Singleton	W&OD
1965	Mortuary – HTA standards	Compliance with legislation/regulation	Singleton	Audit

1821	Nuclear medicine	Medical devices + equipment	Singleton	Q&S
1525	Pathology wide influence	Financial merit	Singleton	Performance & Finance
1223	Radiotherapy	Compliance with legislation + regulation	Singleton	Audit
1873	Oncology + haematology	Environment + Estates	Singleton	H&S
835	SALT support for MU	W+OD	Singleton	W&OD
1896	Special care – dentistry	Sustainable services	Primary Care	Performance & Finance
1354	Birth rate plus – compliance maternity	Sustainable services	Singleton	Performance & Finance
1454	CFM monitors fragility	Medical devices + equipment	Singleton	Q&S
89	Radical radiotherapy treatment baiting time borders	Sustainable services	Singleton	Performance & Finance
1269	Neurodevelopmental disability team – demand for service	Sustainable services	Singleton	Performance & Finance
1130	Embedding centres replacement – cellular pathology	Sustainable services	Singleton	Performance & Finance
137	Cellular Pathology – temperatures	Environment + estates	Singleton	H&S
1141	Child health capacity administration	Sustainable services	Singleton	Performance & Finance
342	Neonates limited 24 hour transport incubator	Medical devices + equipment	Singleton	Q&S
1524	Cellular pathology – resilience	Sustainable services	Singleton	Performance & Finance
1745	Mortuary – internal inspection	Compliance with legislation + regulation	Singleton	Audit
543	Medicines management anticoagulation service	Patient safety	Singleton	Q&S
1283	Pathology	Environment + estates	Morrison	H&S
10	Neonatal capacity	Sustainable Services	Singleton/WHSSC	Performance & Finance
302	Child health	W+OD	Singleton	W&OD
1699	Radiotherapy treatment machines	Medical devices + equipment	Singleton	Q&S
1542	SAU	Environment + estates	Singleton	H&S
292	Therapy support to paediatrics	W+OD	Singleton	W&OD
67	Upper GI emergency role	W+OD	Singleton	W&OD