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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	17 December 2019	Agenda Item	4.2
Report Title	Performance & Finance Committee		
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Report Sponsor	Pam Wenger, Director of Governance		
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to inform the Performance & Finance Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Committee.		
Key Issues	<ul style="list-style-type: none"> • An Executive Team session on Risk Management was held on 24th July 2019 and a further session held in September 2019. • Executive Directors have updated their risk entries and discussed the full HBRR. The register contains eight risks assigned to the Performance & Finance Committee. • Highest risks recorded in the HBRR are rated 20, of which four are assigned to the Performance & Finance Committee: <ul style="list-style-type: none"> ➢ Access to Planned Care; ➢ Approved IMTP; ➢ Financial Plan and; ➢ Access to Cancer services. • A Risk Management Workshop was held in September to review all risks in Datix with Unit and corporate representatives to ensure the system wide risks are identified and recorded in the HBRR. The Workshop also reviewed the Unit Plans in respect of the IMTP process. This work informs and supports the Board Assurance Framework (BAF) • Revised HBRR was presented to the Audit Committee and Board in November 2019. 		

Specific Action Required (<i>please choose one only</i>)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>The Finance & Performance Committee are asked to:</p> <ul style="list-style-type: none"> • NOTE the updated Health Board Risk Register relating to risks assigned to the Committee. • DISCUSS the risks assigned to the Committee and agree, subject to amendments, the risks for the Committee to oversee. • NOTE the work being carried out to support the Board Assurance Framework. 			

HEALTH BOARD RISK REGISTER (HBRR) RISKS ASSIGNED TO THE FINANCE & PERFORMANCE COMMITTEE

1. INTRODUCTION

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

- progress to update the Health Board Risk Register (HBRR) and;
- set out the Performance and Finance risks assigned to the Committee to oversee.

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 followed by a further Executive Team session in September 2019. The HBRR risk have been assigned to sub-committees of the Board. There are eight risks assigned to the Performance & Finance Committee of which four (highlighted in bold) relate to the highest risks facing the Health Board:

- **16 (840) Access to Planned Care**
- **39 (1297) Approved IMTP – Statutory Compliance**
- **42 (1398) Financial Plan**
- 48 (1563) Sustain Child and Adolescent Mental Health Services (CAHMS)
- **50 (1761) Access to Cancer Services**
- 52 (1763) Statutory Compliance – Engagement & Impact
- 54 (1724) Brexit
- 55 (1764) Bridgend Boundary Change

3.2 HBRR Entries

Table 1 lists the risks contained in the HBRR and the Sub-committees of the Board assigned to oversee the risks. Members are requested to consider whether there needs to be any changes to the Sub-committees assigned to the Performance & Finance Committee.

Table 1

Strategic Objective	Risk Reference	Description of risk identified	Scrutiny Committee
Best Value Outcomes from High Quality Care	1 (738)	Tier 1 Targets Failure to comply with Tier 1 target for Unscheduled Care which could impact on patient and family experience.	Quality and Safety Committee
	4 (739)	Infection Control Targets Failure to achieve infection control targets set by Welsh Government	Quality and Safety Committee
	11 (837)	Ageing Population Failure to provide an appropriate healthcare model for the ageing population over the next 20 years.	Quality and Safety Committee
	13 (814)	Environment of HB Premises Failure to meet statutory health and safety requirements.	Health and Safety Committee
	64 (tbc)	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)	DoLS 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	Performance and Finance Committee
	57 (1799)	Controlled Drugs Non-compliance with Home Office Controlled Drug Licensing requirements.	Quality and Safety 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	Quality and Safety 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 there is poor records management in some wards.	Audit Committee
	44 (1564)	Emergency Department (ED) System Current Emergency department (ED) systems are not fit for purpose.	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
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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
	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

4. RECOMMENDATION

The Performance & Finance Committee are asked to:

- **NOTE** the updated Health Board Risk Register relating to risks assigned to the Committee.
- **DISCUSS** the risks assigned to the Committee and agree, subject to amendments, the risks for the Committee to oversee.

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	<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		
(please choose)	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 – Risks assigned to the Performance & Finance Committee