![GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board]

PWYLLGOR ARCHWILIO A SICRWYDD RISG **AUDIT AND RISK ASSURANCE COMMITTEE**	

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 February 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Risk Assurance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Joanne Wilson, Director of Corporate Governance/Board Secretary
SWYDDOG ADRODD: **REPORTING OFFICER:**	Charlotte Wilmshurst, Assistant Director of Assurance and Risk Rachel Williams, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation
The purpose of this report is to provide assurance to the Audit and Risk Assurance Committee (ARAC) on the effectiveness of the Risk Management Framework, and the implementation of the Risk Management Strategy.
Cefndir / Background
This report has been developed to address feedback received during the ARAC Self-Assessment 2021/22 process where it was identified that Committee required specific assurance on effectiveness of risk management in the Health Board.
Asesiad / Assessment
This report will aim to provide assurance on the effectiveness of the Risk Management Framework and the implementation of the recently approved Risk Management Strategy. The Risk Management framework, approved by the Board in July 2022, sets out the components that provide the foundation and organisational arrangements for supporting risk management processes in Hywel Dda UHB. The Risk Management Strategy, approved by the Board in January 2023, provides a supportive framework that ensure the integration of risk management into policy making, planning and decision-making processes, and specifically: - To improve the quality of service and protect patients, carers, staff and others who come in to contact with the Health Board;   - To create awareness through the Health Board about the importance of recognising and managing risk in a timely manner and providing staff with the appropriate knowledge, skills and support;   - To promote positive risk taking in the context of clinical care and in controlled circumstances;

- To provide a robust basis for strategic and operational planning through structured consideration of key risk elements;
- To enhance partnership working with stakeholders in the delivery of services;
- To improve compliance with relevant legislation and national best practice standards; and
- To enhance openness and transparency in decision-making and management.

In order to provide the committee with assurance that these objectives are being met and that the risk management framework is effective, this report will outline the risk management activity that has taken place since the previous meeting in December 2022, and detailed in Appendix 1.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:
- Take assurance on effectiveness of the Risk Management Framework and the implementation of the Risk Management Strategy, and the work being undertaken to strengthen risk management as outlined in the report; and
- To note that this paper will be presented bi-annually to ARAC.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4 The Committee's principal duties encompass the following: 2.4.1 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical. 2.4.3 Work with the Quality, Safety and Experience Committee, the People Organisational Development and Culture Committee, Strategic Development and Operational Delivery Committee and Sustainable Resources Committee to ensure that governance and risks are part of an embedded assurance framework that is 'fit for purpose'.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Included within the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.

Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019](#)	10. Not Applicable
	Choose an item.
	Choose an item.
	Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Datix Risk Module
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	No direct impacts from this report however late or non-reporting of risks could mean that the UHB is not addressing any gaps in control and exploiting opportunities to achieve value for money.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	No direct impacts from this report however late or non-reporting of risks could mean that the UHB is not addressing any gaps in control in relation to patient quality and care.
Gweithlu: **Workforce:**	No direct impacts from this report however late or non-reporting of risks could mean that the UHB is not addressing any gaps in control in relation to workforce issues and risks.
Risg: **Risk:**	Risk implications are inherent within the report.
Cyfreithiol: **Legal:**	No direct impacts from this report however late or non-reporting of risks could mean that the UHB is less likely to defend itself in a legal challenge which could lead to larger fines/penalties and damage to reputation.
Enw Da: **Reputational:**	No direct impacts from this report however late or non-reporting of risks could mean that the UHB is less likely to defend itself in a legal challenge which could lead to larger fines/penalties and damage to reputation.
Gyfrinachedd: **Privacy:**	No direct impacts from this report
Cydraddoldeb: **Equality:**	No direct impacts from this report

Purpose of the report

The purpose of the report is to provide assurance to the Audit and Risk Assurance Committee (ARAC) on the effectiveness of the Risk Management Framework as approved by Board in June 2022), and the implementation of the Risk Management Strategy, as approved by Board in January 2023.

The overall aim of risk management is to:

- Ensure conformity with applicable rules, regulation and mandatory obligations;
- Provide assurance to the Board and the Audit and Risk Assurance Committee (ARAC) that risk management and internal control activities are proportionate, aligned, comprehensive, embedded and dynamic;
- Support decision-making through risk based information; and
- Provide effective and efficient strategy, operations and compliance activities.

The Health Board's Risk Management Strategy provides a supportive framework that ensure the integration of risk management into policy-making, planning and decision-making processes, and specifically:

- To improve the quality of service and protect patients, carers, staff and others who come in to contact with the Health Board;
- To create awareness through the Health Board about the importance of recognising and managing risk in a timely manner and providing staff with the appropriate knowledge, skills and support;
- To promote positive risk taking in the context of clinical care and in controlled circumstances;
- To provide a robust basis for strategic and operational planning through structured consideration of key risk elements;
- To enhance partnership working with stakeholders in the delivery of services;
- To improve compliance with relevant legislation and national best practice standards; and
- To enhance openness and transparency in decision-making and management.

In order to provide the committee with assurance that these goals are being met, and that the risk management framework is effective, this report will outline the risk management activity that has taken place since the previous meeting. The risk management framework is made up of the risk architecture, strategy and protocols (RASP), which wraps round the Health Board's risk management process.
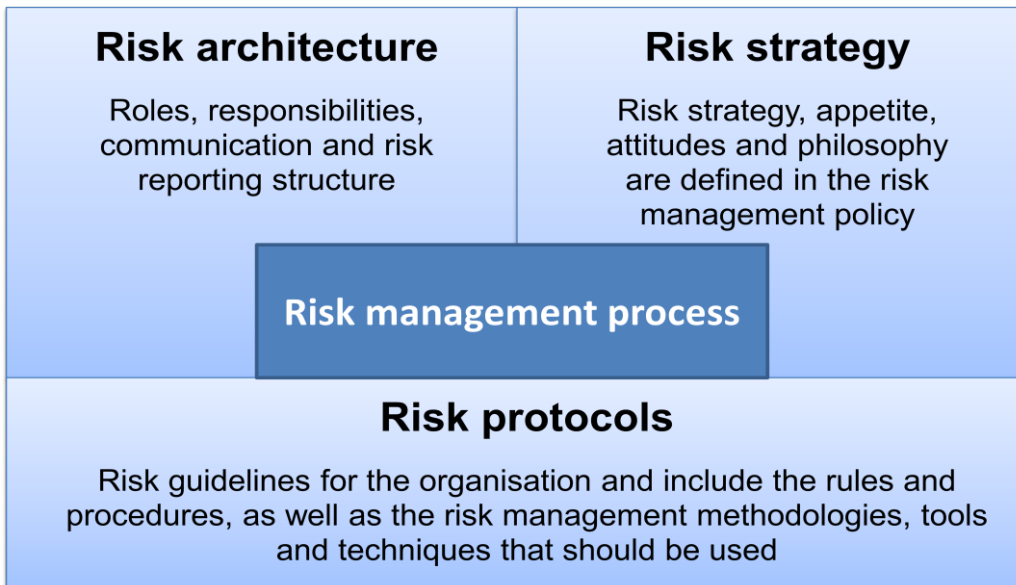
Risk management process

The Health Board's risk management process is recorded via the Datix Risk Module and reported via risk register reports to both assurance and management meetings. The Datix Risk Module enables risks to be recorded at either Corporate, Directorate or Service level (definitions of which can be found in the Risk Management Framework), ensuring that risks are reported and scrutinised at the correct forums. The Health Board has an escalation process in place to ensure that risks which require escalation or de-escalation are done via the appropriate approval process. This can also be found within the Risk Management Framework.

The Health Board has 568 open risks on the Datix Risk Module as at 1 February 2023, split as follows:

Risks per Risk Level

Since 1st December 2022, when there were 559 risks noted on Datix, the following changes have occurred:

| Risk Level	Movement in risks					
	Risks as at Dec 22	New risks	Re-opened risks	Escalated / De-escalated risks	Closed risks	Risks as at Feb-23
Principal	16	0	0	0	0	16
Corporate	17	2	0	1	0	18
Directorate	117	6	0	1	8	116
Service or Department	409	25	12	0	28	418
Total	**559**	**33**	**12**	**0**	**36**	**568**

The graph below highlights that the Health Board currently has 443 risks (78%) classified as either Extreme or High. This level of risk which the Health Board is carrying indicates that it may be taking risks beyond its capacity. The definition of risk capacity is "the maximum level of risk to which the organisation should be exposed, having regard to financial and other resources".   Further discussion is needed by the Board on risk appetite and tolerance to better align these to our capacity as an organisation to manage risk. This is one of our Risk Management Objectives for 2023 discussed later in the report.
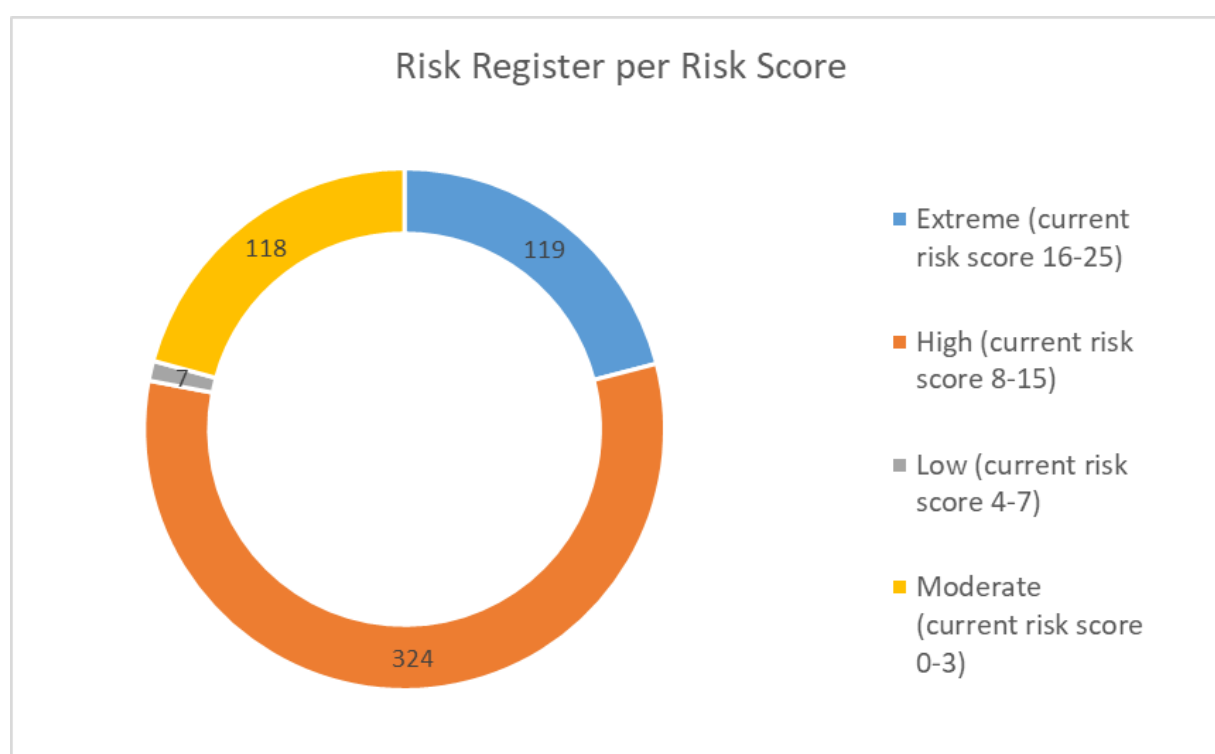
The graph below illustrates the number of risks assigned per Directorate, and highlighting how many are within the Board-accepted tolerance level (as discussed and agreed by the Board at its meeting on 27 September 2018), and how many are in excess of these thresholds. 431 of the 568 (76%) risks as at 1 February 2023

currently exceed Board tolerance thresholds, further indicating that the Health Board is carrying risk beyond its capacity.

Risks per Service Area
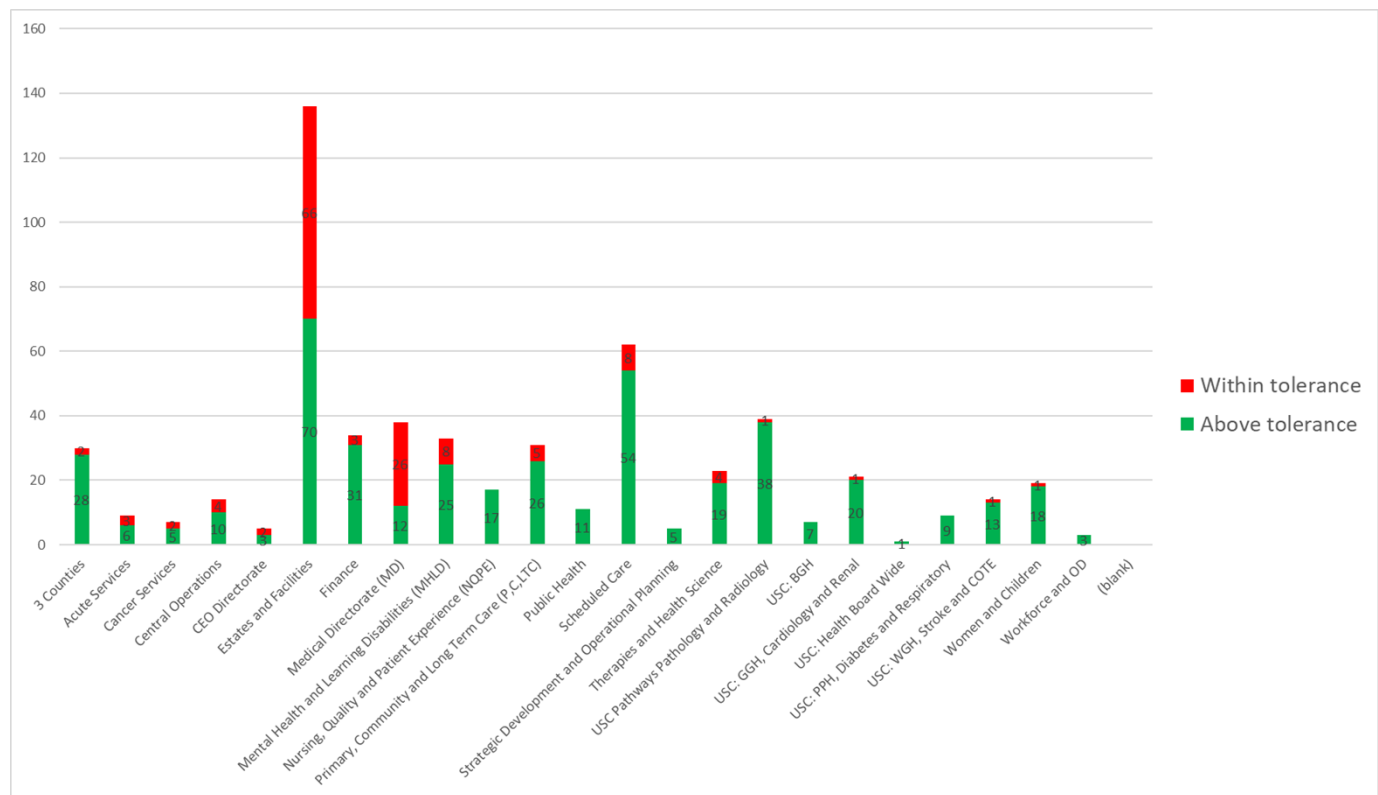
Directorates across the Health Board identify risks that affect their services, however risks are not always added to Datix in a timely manner due to operational demands and pressures. This also applies with regards reviewing risks within required timescales. The Assurance and Risk Team continue to support colleagues across the Health Board via a business-partnering approach, and as noted within the Health Boards' Risk Management Strategy.

There are 108 risks (19%) currently overdue for review. Risk owners are contacted by the Assurance and Risk Team when risks are overdue, and provide support where required to update. Overdue risks are also reported via local Governance meetings and forums, and through the Board Committee reports. E-mail correspondence is sent to Directorate leads and to lead Executive Directors as part of the Assurance and Risk Team's bi-monthly service update process to notify of overdue risks within their remit. It is noted that current operational demands across the Health Board have affected services' ability to update their risks within required timescales. Overdue risks as at February 2023 are highlighted in the graph below broken down by Directorate:
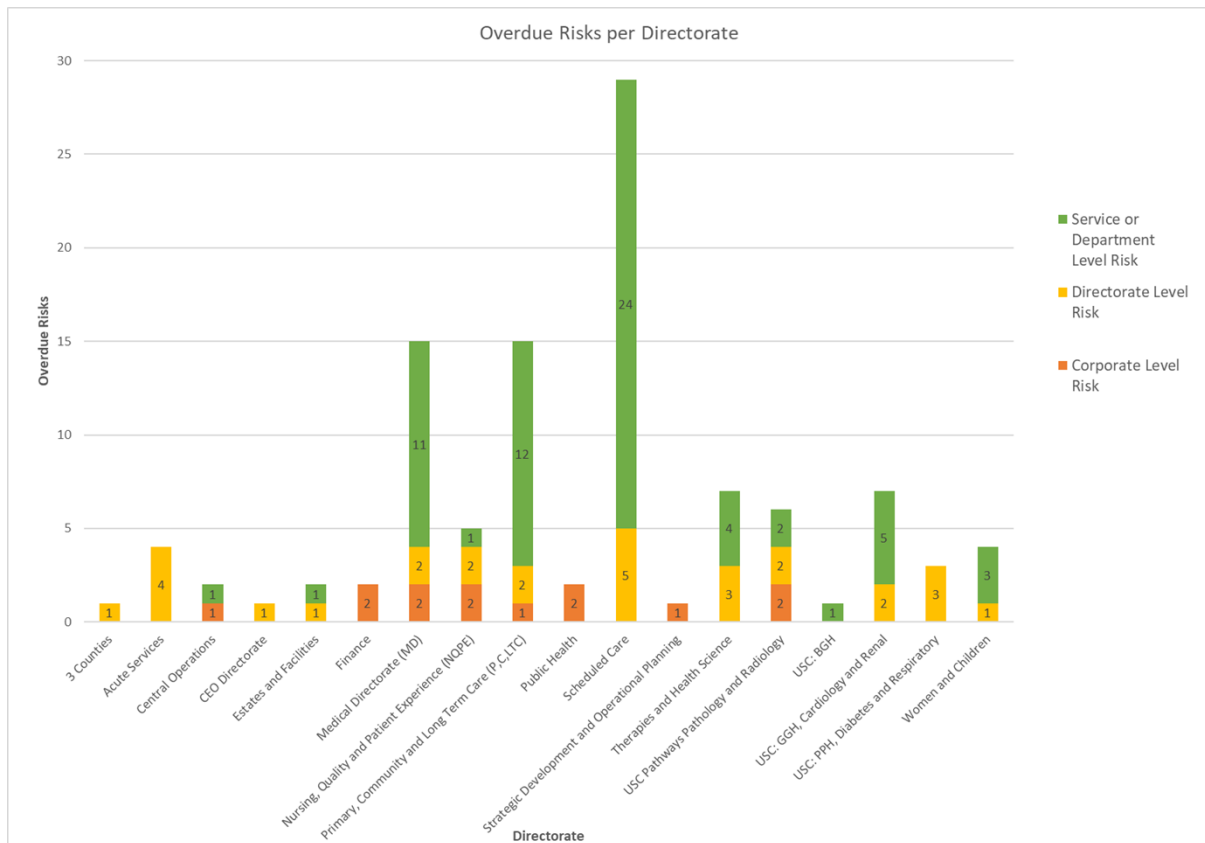
The Health Board operates within the widely accepted "Three Lines of Defence" model, to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.
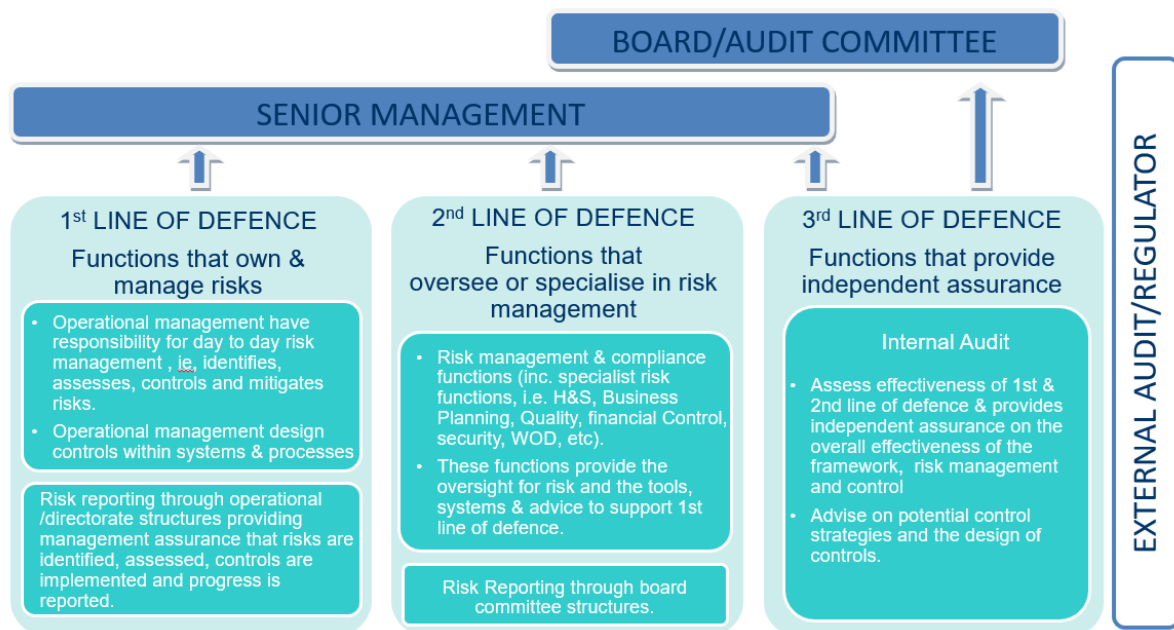
<u>First Line of Defence</u>

The first line of defence are those with responsibility to identify and assess risks, and to identify appropriate controls and further actions required to manage and mitigate risks to a tolerable level. The Health Board has a top-down, bottom-up approach to identification of risk, in that the Executives Team will identify principal and corporate risks, whilst operational risks are identified and escalated from operational services and directorates. The Assurance and Risk Team continue to support colleagues across the Health Board in the identification, assessment and management of risks via a business-partnering approach, risks are not always entered on to Datix in a timely manner due to operational demands and pressures. This also applies about reviewing risks within required timescales. This can affect the Health Board's ability to prioritise and make timely and safe decisions.

<u>Second Line of Defence</u>

The 2nd line of defence are those who oversee and support risk management, providing advice, guidance and relevant systems to the first line of defence. The Health Board provides this support via the Assurance and Risk Team, who are qualified risk management practitioners, and provide support and training to colleagues across the Health Board with all aspects of risk management, and ensuring appropriate guidance is followed as per the Risk Management Framework, Strategy and supporting policies and procedures.

The Assurance and Risk Team provide training to colleagues across the Health Board on the Datix Risk Module, which is required prior to access being granted to the Module. Technical risk training is also provided when requested by services.

The 2nd line of defence also provide risk reports to the Board and supporting committee structures – details on risk reporting within the Health Board can be found [further in the report.](#) Risk owners can assign a 'theme' to their risks. Risks can be assigned multiple 'themes', which allows the Health Board to share risk information on specific areas, such as health and safety, information governance, etc, with the relevant experts within the Health Board This provides assurance that a holistic approach to risk management is undertaken, support and guidance can be offered to risk owners in the management of risk and that areas of concern or trends can be identified. It can also enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks or generic type of risk. Detail on the reporting of themed risk registers can be found below (the Health Board as at February 2023 have 22 risk themes). Each theme has assigned owners, based on their subject matter expertise, and who receive both a notification when risks are added to the system, and are provided with the relevant thematic risk register on a bi-monthly basis. Upon receipt, theme risk owners review risks which have been assigned a theme to ensure that they have been correctly allocated, and review the risk, controls and planned actions from an expert perspective, and provide oversight and guidance to the relevant manager of any further controls that need to be undertaken to manage the risk to an acceptable level. The theme owner is also able to utilise a thematic risk register in order to identify trends, or risk clusters, and to consider whether there are gaps in controls in

the Health Boards' control framework, and to determine whether further action is required to prevent risks from materialising.

Risk Theme	Number of risks assigned to theme	Theme owner	Month risks last sent to theme owner	Forum which theme reported to, and date last reported
Business Continuity / Service disruption	145	Emergency Planning Officer	October 2022	Not currently reported
Capital - Estates	90	Head of Estates Risk and Compliance	January 2023	Capital Sub Committee, December 2022
Capital - Equipment	35	Deputy Director of Operations	January 2023	Capital Sub Committee, December 2022
Capital – Digital	14	Digital Director	January 2023	Capital Sub Committee, December 2022
Estates	107	Head of Estates Risk and Compliance	January 2023	Central Compliance and Assurance Audit Meeting, January 2023
Environmental	35	Head of Facilities Information and Capital Management	January 2023	Not currently reported
Finance	45	Assistant Director of Finance	October 2022	Not currently reported
Fire	12	Head of Fire Safety	December 2022	Fire Safety Group, December 2022
Fraud	1	Local Counter Fraud Specialist	February 2023	Not currently reported
Health and Safety	44	Head of Health, Safety and Security	February 2023	Health & Safety Committee, January 2023
IM&T	30	Digital Director	November 2022	Not currently reported
Infection Control	17	Senior Nurse, Infection Prevention	February 2023	Not currently reported
Information Governance	19	Head of Information Governance	January 2023	Information Governance Sub-Committee, January 2023
Medical Devices	27	Assistant Director of Therapies and Health Sciences	February 2023	Medical Devices Group, February 2023
Medication	19	Clinical Pharmacy Lead for Patient Services	January 2023	Not currently reported
NICE/National Guidance	13	Head of Effective Clinical Practice and Quality Improvement	February 2023	Clinical Standards and Guidelines Group, February 2023
Patient Safety	204	Head of Quality and Governance	February 2023	Not currently reported

Risk Theme	Number of risks assigned to theme	Theme owner	Month risks last sent to theme owner	Forum which theme reported to, and date last reported
Quality	146	Head of Quality and Governance	February 2023	Not currently reported
Reputation	113	Communications Director	January 2023	Not currently reported
Safeguarding	23	Head of Safeguarding	January 2023	Not currently reported
Security	12	Head of Health, Safety and Security	November 2022	Not currently reported
Workforce	122	Assistant Director of Workforce and Organisational Development	January 2023	People, Organisational Development and Culture Committee *

*While a thematic report has not recently been submitted to PODCC, the Workforce and Organisational Development Directorate are actively engaged with the Assurance and Risk Team to identify improved theme categories for reporting and monitoring purposes.

The reporting structures regarding thematic risk registers is currently under review to address gaps in reporting as noted above. Due to operational pressures, no themed risk registers were sent during December 2022.

Third Line of Defence

The third line of defence are those who provide independent assurance over the risk management arrangements in place, and where appropriate can advise on control strategies. Internal Audit regularly undertake reviews across the Health Board, and present their findings to each ARAC meeting, identifying recommendations whereby improvements can be made to strengthen existing controls. In addition, further assurance is given via external regulators such as Audit Wales (AW). During financial year 2022/23, the following reports have been issued specifically in relation to risk management arrangements at the Health Board:

- Audit Wales – Structured Assessment 2022 (presented to Board in January 2023) - AW found that *the Health Board generally has good governance arrangements in place at a corporate level, supported by a robust Board Assurance Framework (BAF) and improving sources of assurance. However, further opportunities exist to refine operational structures and performance management arrangements to support the Health Board address the significant challenges and risks it faces.* While no formal recommendations have been raised via the Structured Assessment, the findings in respect of supporting operational structures have been incorporated into the Health Board's Risk Management Strategy, and its corresponding objectives to strengthen operational risk management arrangements.
- Internal Audit – Risk Management and Board Assurance Framework (Substantial Assurance) – It was concluded that the *Health Board has an effective risk management process in place, incorporating a robust Board Assurance Framework aligned to strategic objectives.* 1 recommendation was raised in the report regarding the monitoring and reporting of principal risks, which has since been implemented.

Risk Management Framework

Risk Architecture

Risk architecture is the organisational arrangements for risk management which details the roles, responsibilities and the lines of communication for reporting on risk management.

Committee and Reporting Structures

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place. The Health Board's risk reporting structure is outlined in Appendix 3 of the Risk Management Strategy.

    1.   The Board

The Board is responsible for oversight of the Health Board's principal risks, which are those that affect its ability to achieve its strategic objectives. The 6 strategic objectives are included within the BAF:

1. Putting people at the heart of everything we do	4. The best health and wellbeing for our communities
2. Working together to be the best we can be	5. Safe, sustainable, accessible, and kind care
3. Striving to deliver and develop excellent services	6. Sustainable use of resources

Principal risks are reported to the Board 3 times a year, with the last report provided in November 2022, as part of the Board Assurance Framework Dashboard.

The Board is also responsible for oversight of the corporate risks, defined as significant risks that affect the Health Board's ability to deliver the healthcare services in the 'here and now'. Corporate risks are reported to the Board 3 times a year, with the last report provided in January 2023.

    2.   Board Committees and Sub-Committees

Terms of References (TORs) are in place for each committee at the Health Board, which outline their responsibility to review and to seek assurance that risks aligned to their Committee are being effectively managed across the Health Board, and report any areas of significant concern. Risks on Datix that are at Directorate level and above tolerance are reported to the Board Committees. The table below outlines recent reporting activity:

Committee	Risk Reporting frequency	Last reported	Number of risks reported	Matters arising from last meeting
Charitable Funds Committee (CFC)	Corporate Risks Assigned to CFC (reported to every other meeting) Operational Risks Assigned to CFC (reported to every other meeting)	No risks currently assigned to CFC	N/A	N/A
Health and Safety Committee (HSC)	Corporate Risks Assigned to HSC (reported to every other meeting)	January 2023	Corporate Risks: 3	Corporate Risks: Update requested on Routine and Emergency Services, and that the corporate risk relating to fire safety to be reviewed and updated.
	Operational Risks Assigned to HSC (reported to every other meeting)	January 2023	Operational Risks: 4	Operational Risks: No specific actions. Operational risks were requested to be presented at the March 2023 meeting.
People, Organisational Development and Culture Committee (PODCC)	Corporate Risks Assigned to PODCC (reported to every other meeting)	December 2022	Corporate Risks: 1	Corporate risk: the risk needs to be broken down further in order to identify meaningful actions.
	Operational Risks Assigned to PODCC (reported to every other meeting)	December 2022	Operational Risks: 0	N/A
Quality, Safety and Experience Committee (QSEC)	Corporate Risks Assigned to QSEC (reported to every other meeting)*	December 2022	Corporate Risks: 9	Corporate risk: Clarity on the risk level of the patient presentation challenges at Minor Injury Unit in Prince Philip Hospital requested. Noted that one new corporate risk relating to industrial action presented, and that a risk on the tissue viability service was escalated and de-escalated in the period since the previous risk
	Operational risks are discussed via the Operational Quality, Safety and Experience Committee (OQSEC) at every other meeting,	N/A		

	with updates provided to QSEC via the sub-committee report			report presented to QSEC.
	Deep dive on risks when requested	December 2022 (Winter Planning)	N/A	No actions noted
Strategic Development and Operational Delivery Committee (SDODC)	Corporate Risks Assigned to SDODC (reported to every other meeting)	December 2022	Corporate Risks: 2	Corporate Risks: To address difference between performance delivery in terms of the planned care risk, and the delivery of agreed performance trajectory whilst accounting for the potential patient safety risk of long waiting lists.
	Operational Risks Assigned to SDODC (reported to every other meeting)	November 2022	Operational Risks: 1	Operational Risks: The risk relating to Women and Children Phase 2 project had been closed since previous meeting, despite concerns have been raised despite delivery of scheme being on track. The risk has since been re-opened on Datix.
Sustainable Resources Committee (SRC)	Corporate Risks Assigned to SRC (reported at every meeting)	December 2022	Corporate Risks: 3	Corporate Risks: No specific matters arising
	Operational Risks Assigned to SRC (reported at every meeting)	December 2022	Operational Risks: 8	Operational Risks: No specific matters arising

Sub-committees, each of whom have delegated authorities from the parent committee, support Board-level committees. Risks are reported to sub-committees at regular intervals (detailed in the table overleaf), with sub-committee update reports presented to the parent committee at each meeting.

Sub-Committee	Parent Committee	Risk Reporting	Last reported	Number of risks reported
Capital Sub Committee (CSC)	SDODC	Operational Risks (reported at every other meeting)	November 2022 As above for committees	6
Information Governance Sub Committee (IGSC)	SRC	Operational Risks (reported at every meeting)	January 2023	1
Operational Quality, Safety and Experience Sub Committee (OQSESC)	QSEC	Operational Risks (reported at every other meeting)	January 2023	75
Research and Innovation Sub Committee (RISC)	PODCC	Operational Risks (reported at every other meeting)	November 2022	11

NB there are other sub committees, however not included above as currently there are no risks aligned to them.

3. Management and Directorate Monitoring Arrangements

In addition to the formal committee structures noted above, Directorates and Services should review and monitor their risks through their own committee structures, and relevant risks reported through the Board Committee structure for oversight and scrutiny. .

Executive Risk Group

Principal risks are reviewed by the Executive Team ahead of presentation to the Board 3 times a year. These are scheduled to be considered at Executive Team on 22 February 2023.

Corporate risks are reviewed on a monthly basis by the Executive Team via the Executive Risk Group. New corporate or escalated risks are discussed and approved for addition to the Corporate Risk Register, as are any corporate risks that can be closed or de-escalated.

Executive Risk Reviews

Since the Autumn of 2021, services and directorates falling under the remit of the Director of Operations have also been involved in a series of Executive Risk Register Reviews to try to address the concerns raised by Audit Wales in their Quality Governance Review. Audit Wales found that the Health Board is committed to providing safe, high quality services and has aligned its strategy and plans with risk and quality improvement. However it was found that there were inconsistencies in operational arrangements and weaknesses in operational risk management structures, therefore limiting the provision of assurance. This provided the opportunity for fresh review and scrutiny of existing risks, along with discussion on any new risks, and a table of actions generated from these meetings are reported to the Executive Risk Group on a monthly basis, along with their inclusion in relevant directorate Governance meetings. Due to the success of these reviews, the process

has since been expanded to corporate functions within the Health Board, commencing in the Autumn of 2022. Below is the current performance of all Directorates in the implementation of the actions generated from the Executive Risk Register Review as at February 2023. For Directorates with low compliance rates, the Assurance and Risk Team liaise with relevant action owners to obtain progress updates, support the completion of actions where possible, and identify any issues which may be impacting on the ability to complete the noted actions. This process will be superseded by the newly introducing Improving Together sessions where any outstanding actions will be picked up.

Directorates with 100% of actions completed	Total number of actions	%age completed	Number of reviews
Ceredigion	50	100%	2
Estates	34	100%	2
Radiology	10	100%	2
Carmarthenshire	87	100%	2
Directorates with 75% to 99% of actions completed			
Women and Childrens	20	95%	1
GGH	62	92%	2
Pembrokeshire	46	91%	2
BGH	31	90%	2
Cancer Services	50	84%	2
Pathology	60	82%	2
Cardiology	31	81%	1
WGH	65	80%	2
MHLD	59	80%	2
Therapies	31	77%	1
Directorates with 50% to 74% actions completed			
Central Operations	22	73%	2
Digital	30	70%	1
Scheduled Care	85	68%	2
PPH	67	67%	2
Medicines Management	19	63%	1
Primary Care	15	60%	1

Service and Directorate Level Monitoring Arrangements

Risks are discussed by services and directorates via quality governance meetings for operational areas, or senior management meetings. These forums allow for the discussion of existing risks in detail by service leads and relevant Directors, and the identification of any new or emerging risks. The frequency of these meetings vary dependant on the service. For operational services, corporate risks are also reported to the Director of Operation's Senior Operational Business (SOB) meetings which are held monthly.

The table overleaf details the risk reports which have been provided by the Assurance and Risk Team since December 2022, recognising that there are services whereby arrangements require to be strengthened.

Directorate	Forum of risk presentation	Frequency of risk reporting	Meeting risks last presented
Acute Services	No formal governance meeting	N/A	N/A
Bronglais General Hospital	BGH Quality Forum	Monthly	January 2023
Cancer Services	Oncology Quality and Safety Meeting	Bi-monthly	August 2022
Carmarthenshire	Quality Assurance Senior Management Team / Nursing Quality Assurance Senior Management Team	Monthly	January 2023
Central Operations	No formal governance meeting	N/A	N/A
Communications	No formal governance meeting	N/A	N/A
Ceredigion	Ceredigion Community County Management Meeting	Monthly	January 2023
Digital	Finance, Digital and Performance Senior Management Meeting	Monthly	February 2023
Facilities	Central Compliance and Assurance Audit Meeting	Monthly	January 2023
Finance	Finance, Digital and Performance Senior Management Meeting	Monthly	February 2023
Glangwili General Hospital *(includes Cardiology and Gastroenterology)*	GGH Quality, Safety and Assurance Meeting	Bi-monthly	January 2023
Governance	Risk and Assurance Governance Meeting	Monthly	N/A – no risks currently assigned
Medical	Research and Development Senior Management Team	Bi-monthly	December 2022
Medicines Management	Medicines Management Operational Group (MMOG)	Monthly	January 2023
Mental Health and Learning Disabilities	MH&LD Quality, Safety and Experience Group / Business, People and Planning Assurance Group	Monthly	January 2023
Nursing, Quality and Patient Experience	Nursing Core Team Meeting	Monthly	January 2023
Pathology	Pathology Strategy Group Meeting	Bi-monthly	October 2022
Pembrokeshire	Pembrokeshire Community County Management Meeting	Bi-monthly	January 2023

Directorate	Forum of risk presentation	Frequency of risk reporting	Meeting risks last presented
Performance	Finance, Digital and Performance Senior Management Meeting	Monthly	N/A – no risks currently assigned
Prince Philip Hospital *(includes Respiratory and Diabetes service)*	PPH Governance Meeting	Bi-monthly	December 2022
Primary Care and Long Term Care	Primary Care Quality and Safety meeting currently being embedded	Bi-monthly (TBC)	N/A
Public Health	Public Health & Wellbeing Directorate Quality, Safety & Experience Meeting	Every 4 months	November 2022
Radiology	Radiology Quality, Safety and Patient Experience Meeting	Bi-monthly	January 2023
Scheduled Care	Scheduled Care Quality, Safety and Experience Meeting	Bi-monthly	October 2022
Strategic Development and Operational Planning	No formal governance meeting	N/A	N/A
Therapies	Therapies Directorate Risk Meeting	Bi-monthly	December 2022
Withybush General Hospital *(includes Stroke service)*	WGH Quality and Governance Meeting	Bi-monthly	January 2023
Women and Children's	Women and Children's Quality, Safety and Experience Meeting	Monthly	January 2023
Workforce and Organisational Development	Workforce and OD Business Group	Monthly	December 2022

In the absence of formal arrangements being in place in some areas, regular meetings with service leads are in place to review and update risks with the relevant Assurance and Risk Officer, who support these services as part of their role as business partners across all Directorates, and is a process which works well. Several scheduled meetings were stood down in December 2022 and January 2023 and rescheduled due to operational pressures.

Again, in response to the AW Review into Quality Governance Arrangements, the Director of Operations and the Director of Corporate Governance are undertaking a review of operational structures with a view to strengthen and standardise operational governance arrangements.

Risk Management Strategy

The Risk Management Strategy (the Strategy), approved by Board in January 2023, sets out the Health Board's risk management policy statement and objectives in respect of strengthening risk management over the next 12 months.

The Strategy aims to support a dynamic and systematic approach to risk management, and to ensure prompt and comprehensive identification, assessment and management of risks that threaten the delivery of its strategic objectives and day-to-day operations.

The Strategy contains the following three objectives:

1. Define the Organisation's Risk Appetite and Tolerance Statement

The Health Boards' risk appetite will be reviewed and updated, and to be approved by Board in 2023. This will be an annual process.

It is anticipated that a Board seminar will be held in Spring/Summer 2023 to raise their awareness of risk appetite. Risk appetite statements for each of the strategic objectives will also be completed.

Risks as noted on the Health Board's risk register are assigned a domain, for which each has a Board accepted tolerance level as follows:

Domain	Board accepted tolerance level *(linked to the risk scoring matrix)*	Number of risks assigned to the domain	Number of risks which are at or below Board tolerance
Adverse publicity / reputation	8	4	4 (100%)
Business objectives / projects	6	24	4 (17%)
Finance inc. claims	6	34	11 (32%)
Health Inequalities / Equity	*Not yet agreed – interim proposal is 8*	5	1 (20%)
Quality / Complaints / Audit	8	49	16 (33%)
Safety – Patient, Staff or Public	6	305	56 (18%)
Service / Business interruption / disruption	6	104	28 (27%)
Statutory duty / inspections	8	22	10 (45%)
Workforce / OD	8	21	7 (33%)
Total	**N/A**	**568**	**137 (24%)**

Revised definitions of the four methods of treating risks (commonly referred to as the 4Ts) were approved by the Executive Team in December 2022. These definitions support the discussion on whether risks are actively being treated or tolerated by the Health Board. Risks which are currently noted as tolerated on Datix Risk Module will be reported to the March 2023 Executive Risk Group for retrospective approval. Any risks requiring approval for the risk tolerate option to be amended to "tolerate", in line with the Health Board's Escalation Guidance will be presented on a monthly basis to Executive Risk Group - this process will commence in March 2023.

2. <u>Support Operational and Corporate Functions to strengthen their Risk Management Arrangements</u>

The Assurance and Risk Team is comprised of 3 Assurance and Risk Officers, an Assurance and Risk Administrator, and a Head of Assurance and Risk who support the whole Health Board. The team operates within a business-partnering approach, with each Directorate assigned a dedicated Assurance and Risk Officer (A&R Officer) who is an accredited member of the Institute of Risk Management (IRM), having successfully completed the IRM Certificate in Enterprise Risk Management. A&R Officers support the Health Board by preparing risk reports for the relevant directorate or service governance meeting, and attending in order to facilitate discussion on risk identification and the escalation or de-escalation of risks. A&R Officers provide training to staff across the Health Board on using the Datix Risk Management System, and technical risk training where appropriate. In undertaking their role, A&R Officers provide general support to services in the regular risk management and review process, continually embedding the principles of the revised Risk Management Framework, to ensure a consistent approach is adopted across the Health Board to risk management, and risk language. Services are encouraged to link risks where appropriate to encourage a holistic approach to risk management, and A&R Officers are able to share examples of best practice where necessary in the aim to further improve the managing and mitigation of risk.

The Head of Assurance and Risk is currently in the process of streamlining the existing process of bi-monthly service updates (whereby risk registers are sent for review and update to risk owners, along with highlighting any key issues or matters to note) in order to align with the newly-introduced Improving Together meetings.

The development of performance dashboards, which includes data from the Datix Risk Module, allows staff across the organisation to view all risks, this increasing the visibility and awareness of risks facing the Health Boards. The [risk-specific dashboard](#) is updated twice a month, and risk data in the [Health Board wide dashboard](#) is refreshed on a monthly basis and provides a snapshot of the risk landscape.

The Datix Risk Module is due to be upgraded, with a current projected date of launch by 31 March 2024. The availability of the current system will remain live until this date. The Assistant Director of Assurance and Risk is a member of the All-Wales group and is involved with the project planning of the upgrading process. A risk assessment is underway and will be added to the Datix risk module as it looks likely that the current web-based system will not be supported after 31 March 2024, and it is not yet clear whether the new Once for Wales Risk Management system will be able to address our needs for reporting risks. A pilot is due to run from February to the end of April 2024, prior to implementation across NHS Wales.

3. <u>Strengthen the Assurance that the Board receives on Risk Management Activities</u>

A risk maturity exercise will be undertaken in Q2 2023/24, once an approved revised risk appetite statement is in place. The risk maturity exercise will be assessed

against a recognised standard, the outcomes of which will inform a plan to enable the Health Board to continue to strengthen its risk management arrangements, culture and attitude. This will be undertaken annually to help inform the Health Board's Risk Management Strategy and objectives going forward.

The production of a Risk Assurance Report will aim to provide assurance to the Board, via ARAC, that the risk management framework is effective and outline the risk management activities that are being undertaken, and where any gaps are identified, these will be addressed and implemented. It will also provide assurance that the objectives outlined in the Risk Management Strategy are being progressed.