



HEALTH & SAFETY ASSURANCE COMMITTEE PWYLLGOR ANSAWDD IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 June 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary Charlotte Beare, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

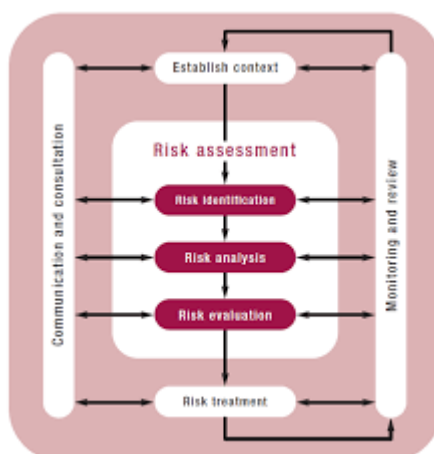
ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Committee is asked to request assurance from Executive Directors that the corporate risks in the attached report are being managed effectively, prior to submission to the Board in July 2020.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of principal risks on the Board Assurance Framework (BAF)/Corporate Risk Register (CRR) and providing assurance to the Board

that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.

- Reviewing principal and operational risks over tolerance and where appropriate recommend the 'acceptance' of risks that cannot be brought within HDdUHB's risk appetite/tolerance to the Board.
- Provide annual reports to Audit & Risk Assurance Committee (ARAC) on the effectiveness of the risk management process and management of risks within its remit.
- Identify through discussions any new/emerging risks & ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate UHB Committee.
- Use risk registers to inform meeting agendas.

These risks have been identified by individual Directors via a top down and bottom up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant operational risks escalated that are of significant concern and need corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised, and an assessment made as to the level of assurance it provides, taking into account the validity and reliability i.e. source, timeliness, methodology behind its generation and its compatibility with other assurances. This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence about the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within the UHB is outlined at Appendix 1.

Asesiad / Assessment

The Health and Safety Assurance Committee (HSAC) Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state that:

- 5.1.3 Provide assurance that risks relating to health, safety, security, and fire are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate), and provide assurance that effective risk assessments are undertaken and addressed.

Following the Board in April 2020, Executive Directors were asked to consider their existing corporate risks in light of COVID-19 pandemic. They were asked to:

- Reflect the impact of COVID-19 on existing risks and how this may reduce/increase the level of risk facing the Health Board.
- De-escalate risks that do not reflect the current priorities of the Health Board.
- Assess new and emerging risks relating to the potential impact of COVID-19 planning and management.
- Consider risks from their Directorate risk registers as to whether they should be considered for escalation to CRR.

Following the review, there are 2 risks aligned to HSAC (out of the 27 that are currently on the CRR) as the potential impacts of the risks relate to the health and safety of patients, staff and visitors.

A summary of these 2 corporate risks can be found at Appendix 2. Each of these risks have been entered onto a 'risk on a page' template which includes information relating to the strategic objective, controls, assurances, performance indicators and action plans to address any gaps in controls and assurances. These can be found at Appendix 3.

Whilst this is the first corporate risk report to the HSAC, prior to the new governance structure introduced from 1 April 2020, these 2 risks would have been reported to the Business Planning and Performance Assurance Committee (now disestablished and replaced by the People, Planning and Performance Assurance Committee). Below is a summary of changes since these 2 risks were last reported to the Board in March 2020:

Total number of risks	2	
New / escalated risks	0	
De-escalated/Closed risks	0	
Reassigned risks	2	
Increase in risk score ↑	0	
Reduction in risk score ↓	1	See note 1
No change in risk score →	1	See note 2

Note 1 – Increase/Decrease in Current Risk Score

Since the previous report to Board in March 2020, there have been the following change to the current risk score.

Risk Reference & Title	Previous Risk Report to Board (LxI)	Risk Score Jun-20 (LxI)	Date of Review	Update
718 – Failure to undertake proactive health and safety (H&S) management	4x4=16	2x4=8	15/06/20	Significant amount of work has progressed since the last review of this risk in Feb 20. The UHB received 8 improvement notices and 13 material breaches following a HSE inspection in Jul19. In response, the UHB developed a number of action plans covering each of the improvement notices and material breaches. The work

			<p>completed and outstanding actions are to be presented to the HASAC on 22nd June 20. The Health and Safety and Security Team now have additional staff in place to assist with compliance against the HSE enforcement action. Improvements in violence and aggression management and the ability to audit departments is now being achieved. In Mar20, Internal Audit undertook a review of health and safety and awarded a rating of 'Reasonable Assurance'.</p> <p>The additional staff and the focused work have reduced this risk to the target risk level of 2x4=8.</p>
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Note 2 - No change in risk score

Since the previous report to Board in March 2020, there has been no change in level of risk in the following risk.

Risk Reference & Title	Previous Risk Report to Board (LxI)	Risk Score Jun-20 (LxI)	Date of Review	Update
Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO)	3x5=15	3x5=15	20/05/20	<p>Despite significant progress being made since the NWSSP IA Fire Precautions Report in May 2017 with regards to the key recommendations, such as, the establishment of a fully resourced fire safety team, the embedding of appropriate reporting arrangements for fire safety and addressing the backlog of out of date fire risk assessments across the UHB. There are still some significant challenges faced by the UHB to fully comply with the fire safety order.</p> <p>Whilst the fire safety team are in a position to provide support now to the UHB in the form of</p>

			expertise and technical knowledge. The UHB still needs to manage and address the physical backlog of fire safety across its estate. Also successfully embed an improved fire safety management culture and management ownership for fire safety. This is evident from the recent fire safety improvement notices (FSIN) served on the UHB in Sep19 for Withybush General Hospital and Glangwili General Hospital on 17Apr20.
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Argymhelliad / Recommendation

The Committee is asked to seek assurance that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable the Committee to provide the necessary assurance to the Board, through its Committee Update Report, that the UHB is managing these risks effectively.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.1.3 Provide assurance that risks relating to health, safety, security, and fire are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate), and provide assurance that effective risk assessments are undertaken and addressed.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the body of the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability

Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across the UHB's services reviewed by risk leads/owners
Rhestr Termau: Glossary of Terms:	<p>Current Risk Score - Existing level of risk taking into account controls in place</p> <p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – Risk Appetite Statement</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Assurance Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective risk management systems in place.

Cyfreithiol: Legal:	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Appendix 1 – Committee Reporting Structure

