

**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Lisa Gostling, Director of Workforce & OD Karen Miles, Director of Planning, Performance and Commissioning
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

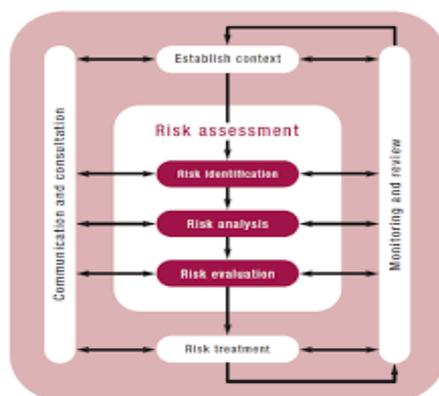
Sefyllfa / Situation

The People, Planning and Performance Assurance Committee (PPPAC) is responsible for providing assurance to the Board that operational risks aligned to PPPAC in the Datix Risk Module are being identified, assessed and managed effectively.

PPPAC is asked to seek assurance from executive directors from the directorates that the operational risks in the attached report are being managed effectively.

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)

Operational risks must be managed within directorates under the ownership and leadership of individual executive directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local

arrangements, there are formal monitoring and scrutiny processes in place within the HDdUHB with the aim of providing assurance to the Board that it is managing its risks effectively.

All risks identified within the Datix Risk Module must be aligned to a formal Board Committee, Sub-Committee or Group who will be responsible for monitoring and scrutinising risks which relate to their remit. Appendix 1 indicates the different levels of risk registers within the HDdUHB and Appendix 2 indicates how risk is reported within the HDdUHB.

The Committee, Sub Committee and Group structure is responsible for the monitoring and scrutiny of operational risks within their remit. They are responsible for:

- Scrutinising operational risks within their remit, either through receiving the risk registers or through service reports.
- Gaining assurance that risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented.
- Challenging pace of delivery of risk actions.
- Identifying through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent committee that risks are being managed effectively and report risks which have exceeded tolerance through its sub-committee/group update report.
- Using risk registers to inform meeting agendas.

It is therefore essential that the membership of these committees and sub-committees includes the appropriate representation from directorates and that they are in attendance to provide assurance and respond to queries.

The discussion should be reflected in the Committee Update Report to Board to provide assurance on the management of significant risks. This would include risks that are not being managed within tolerance levels ([see Risk Appetite Statement](#)) and any other risks, as appropriate.

Asesiad / Assessment

The PPPAC Terms of Reference state that it will:

- 4.8 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Report (CRR) allocated to the PPPAC and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 4.9 Recommend acceptance of risks that cannot be brought within the HDdUHB's risk appetite/tolerance to the Board through the PPPAC Update Report.
- 4.10 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the HDdUHB's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

The 5 risks presented in the attached risk register as at 18 August 2020 (Appendix 3) have been extracted from the Datix Risk Module based on the following criteria:

- PPPAC has been selected by the risk lead as the 'Assuring Committee' on Datix.
- The current risk score exceeds the tolerance level, (discussed and agreed by the Board on 27 September 2018).
- Risks are at Directorate level on Datix.

Below is a **summary** of the 5 risks, ranked highest to lowest by 'current risk score' that meet the criteria for submission to the PPPAC meeting 27 August 2020. There have been no changes in risk score since they were last reported (see above list). The risk register at Appendix 3 details the responses to each risk, i.e. the risk action plan.

TOTAL NUMBER OF RISKS	5
NEW RISKS ENTERED ON DATIX	0
NEW RISK DE-ESCALATED FROM CORPORATE (245)	1
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ↔	4
REDUCTION IN RISK SCORE ↓	0
REMOVED RISKS (187)	1
EXTREME (RED) RISKS (based on 'Current Risk Score')	1
HIGH (AMBER) RISKS (based on 'Current Risk Score')	4

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the current risk score	Target Risk Score
245	07/02/18	Inadequate facilities to store patient records and investment in electronic solution for sustainable solution.	Central Operations: Health Records	20 DE-ESCALATED FROM CORPORATE	Acute and mental health services are no longer able to transfer records for storage to the UHB's offsite facility. As a result of historical abuse and blood transfusion cases, further weeding and destruction programmes have been curtailed exacerbating the current situation. The relocation of deceased and non active records has also ceased from all main hospital localities.	4
794	16/10/19	HB Wide: Risk of not all Health Board existing staff have a DBS status recorded on ESR.	Workforce & OD	12 ↔	Current Likelihood is scored as a '4' because we do not have an assurance around the number of staff who may not have had a DBS check or a check at the right level. The Impact Score is '3' linked to the impact if an adverse incident occurred involving a member of staff where it was identified that they did not have a DBS.	6
54	22/05/15	Non achievement of agreed performance for urgent & non-urgent suspected cancers affects the whole Health Board.	Cancer Services	9 ↔	The risk is to remain unchanged at present as challenges to further performance improvement continue.	6
190	03/10/17	HB wide: Ineffectiveness of the Workforce Efficiency and Effectiveness Programme.	Workforce & OD	9 ↔	Current Likelihood is scored as a '3' as the programme of work has only recently benefited from dedicated support from the PMO team. The Impact Score is '3' because the financial savings target for workforce efficiency is exceptionally challenging.	6
337	01/09/16	Regional Joint Planning & Delivery Forum & A Regional Collaborative for Health (ARCH)	PP&C: Planning	8 ↔	Restricted input from Operational Teams due to ongoing service pressures.	6

Argymhelliad / Recommendation

PPPAC is asked to:

- review and scrutinise the risks that have been included to seek assurance that all relevant controls and mitigating actions are in place.
- discuss whether the planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

This in turn will enable PPPAC to provide the necessary assurance (or otherwise) to the Board that HDdUHB is managing these risks effectively.

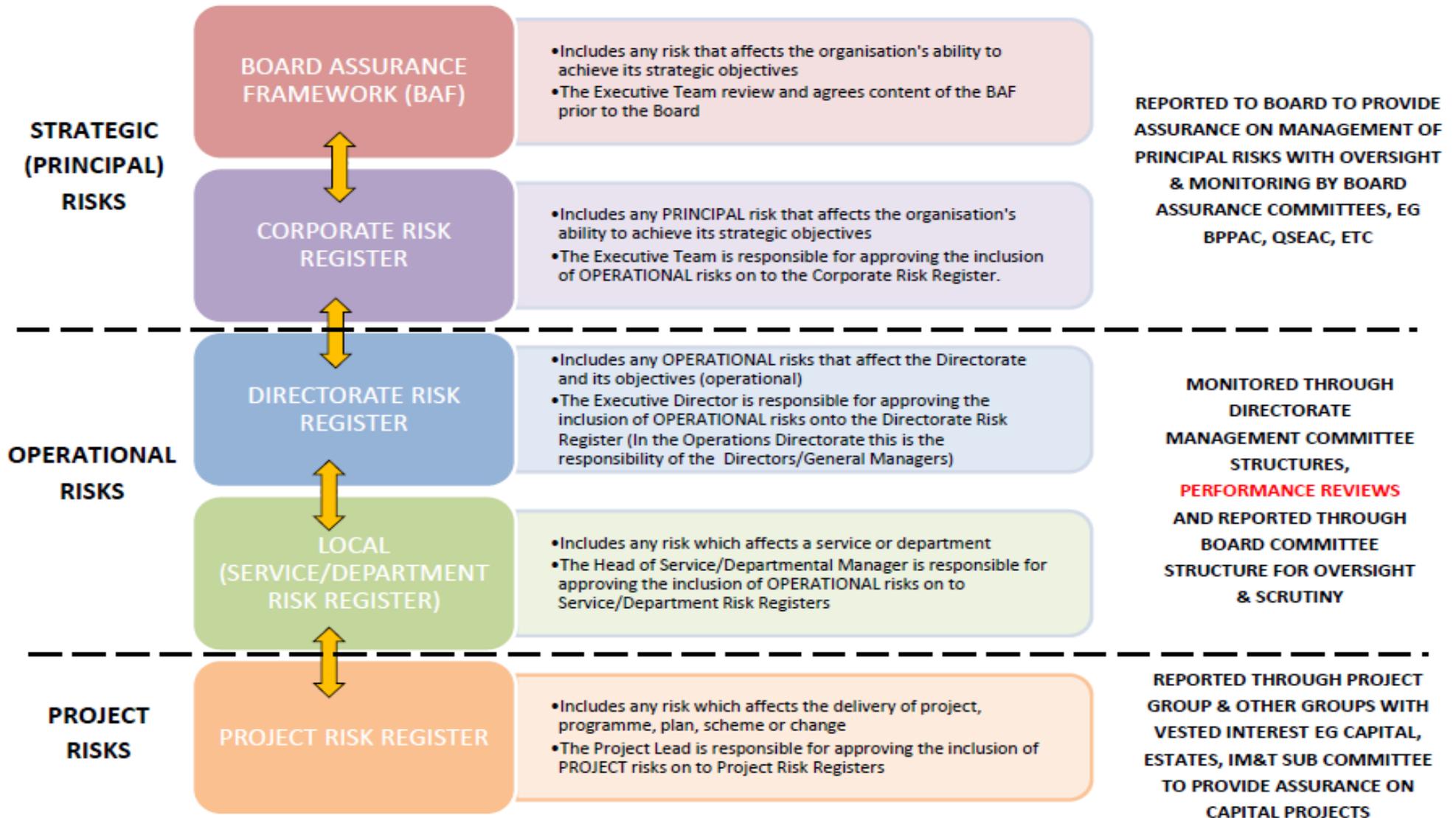
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Contained within the body of the report
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the body of the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
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 2019-19	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk registers on the Datix Risk Module from across the HDdUHB's services reviewed by risk leads/owners
Rhestr Termiau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009) Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009) Hyperlinked
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance 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 – Risk Registers



14. Appendix 2 Committee reporting structure

