TARGETED INTERVENTION RISK & ASSURANCE MILESTONES

The Risk Journey...

Where we were:

- No corporate level lead for risk within the organisation.
- The Corporate Risk Register was not routinely received by the Board or the Board Committees
- The Corporate Risk Register was not always clearly aligned to demonstrate Service to Board escalation where appropriate.
- Detailed risk training was captured in a "Managing Risk Safely Course" this was paused during the Health Board's response to Covid-19, however, will be offered again once restrictions have lifted.
- The Risk Management Policy and Risk Assessment Procedure required review and alignment to the new Operating Model.
- Datix was not used as the system to capture the risks on the Corporate Risk Register. Datix was however used by Directorates and other functions within the Health Board.
- Engagement and communication between Corporate and Service Leads in respect of risk was limited.

Where we are now:

- An Assistant Director of Governance & Risk was appointed on the 27th April 2020.
- The Corporate Risk Register was reframed in format and name – now known as the Organisational Risk Register to reflect the Service to Board Escalation process.
- A Board Development Session was held in September 2020 where Board Members received a refresher on risk training as well as defining its Principal Risks and Risk Appetite.
- The Organisational Risk Register is now received at every Board and Audit & Risk Committee meeting. Board Committees where risks are assigned also regularly receive the Organisational Risk Register.
- The Risk Management Policy, Risk Management Strategy and Risk Assessment Procedure were reviewed and approved by the Health Board in January 2021.
- All risks on the Organisational Risk Register are now entered on the Datix Risk Management Module.
- An Internal Audit was undertaken reporting a Reasonable Assurance to the Audit & Risk Committee in February 2021.
- The follow up review between "HIW and Audit Wales" recognised the improvements made in the risk management journey to date.
- There is a defined "Risk Management Milestones" plan which is monitored at Board level.
- The Assistant Director of Governance & Risk meets monthly with the Chief Operating Officer as well as monthly meetings with the Heads of Quality & Patient Safety in the ILGs.
- The Assistant Director of Governance & Risk has undertaken a peer review of risks with the following functions to ensure processes align with the Risk Management Strategy:
  - Estates, Facilities, ICT, Learning & Disability, Workforce and Patient, Care and Safety, Hosted Organisations (EASC and WHSSC).
- With colleagues from other Health Boards across Wales the Assistant Director of Governance & Risk is developing a Risk Management Training Needs Analysis (TNA) and designing training programmes to support the requirements within the TNA which will include an awareness session, more in-depth training for those responsible for risk in their areas and a Board level session.
- The risk page on SharePoint has been revised and updated to reflect the latest policy, procedure and supporting documentation and contacts to aide staff in undertaking risk activity.
- Monthly Risk Management Awareness Sessions (Virtually via Teams) were implemented from January 2021 with increasing engagement and attendance growing month on month. The monthly sessions are set in the calendar until the end of 2021 and will continue beyond that date if required. Attendance Records to date:
  - January 2021 = 1
  - February 2021 = 8
  - March 2021 = 26
  - April 2021 = 52
  - May 2021 = 34

  Extracts of feedback from colleagues who have attended the session are captured below:
  - *"As a doctor who has clinics and lists that can't be moved or left unstaffed, please can I ask that when planning future sessions you move them to different days of the week and vary between morning and afternoon? This will increase the chances of more doctors being able to access this session, which I found very helpful and which I have recommended to the other consultants in my directorate."* In responding to this email an offer was made to tailor a session for the doctors at a time and date of their choice."
  - *"That was a really good and informative presentation".*
  - *"This is really really helpful thank you and I found this morning's session informative and helped clarify some questions I had"*
  - *"I have to say that was one of the best training sessions I have been on for a very long time. Clear, concise and informative. A perfect update for me as I've no doubt slipped into bad habits over the years. I shall review my risks with confidence now."*

	1. BASIC LEVEL Principle accepted and commitment to action	2. EARLY PROGRESS Early progress in development	3. RESULTS Initial achievements achieved	4. MATURITY Results consistently achieved	5. EXEMPLAR Others learning from our consistent achievements
RISK, AND ASSURANCE	Risk management is in place, but not systematically used across the health board. Board Assurance Framework (BAF) is recognised as required but may not be up to date. Board committees exist to support the Board in a scrutiny function.	Risk management arrangements are in place for identifying, recording, managing risks across the organisation. A Board Assurance Framework (BAF) is in place and drives Board discussions on risk and confidence in assurance mechanisms and assurance in place. The Board committees are proportionate in their scrutiny of quality, resources, performance	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation. A Board Assurance Framework (BAF) is in place and drives Board discussions with a good understanding of assurance gaps and work progressing to address these. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework.	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. A Board Assurance Framework (BAF) is in place and drives Board discussions with a good understanding of assurance, with limited gaps to address. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework, using sub-groups to improve oversight of Q&S across the whole organisation.	Robust risk management arrangements are in place for identifying, recording, managing and escalating risks across the organisation, with risks managed from ward to board through clear escalation arrangements. The board have developed and articulated their risk appetite. The Board proactively learn from their risk management approach and risk appetite through regular reviews of their decisions around risk. A Board Assurance Framework (BAF) is in place and drives Board discussions with a complete understanding of assurance in place, with few/no gaps in assurance to address. The Board committees are proportionate in their scrutiny of quality, resources, performance. With a committee responsible for scrutinising Quality and Safety reflecting the health boards Quality strategy and Quality and Safety framework, using sub-groups to improve oversight of Q&S across the whole organisation. These committees and sub-groups are regularly reviewed for their effectiveness and changes made to reflect best practice.
Outcome Measures		• Risk Strategy in place • Risk Management Policy in place • Risk Register exists and is received by Board	1. Organisational Risk Register updated regularly with each update approved by Management Board. **Status: Achieved May 2020.** 2. Organisational Risk Register received at every Board meeting. **Status: Achieved September 2020** 3. Board and Committees regular oversight and review of assigned risks. **Status: Achieved September 2020** 6. Strategy and Policy Documents up to date and	Board Development Session undertaken which reviews and identifies the Risk Appetite, Risk Tolerance levels and grading of principal risks aligned to the new Integrated Healthcare Strategy and the direction of travel for the Health Board – i.e. not necessarily cautious across all risk domains. **Anticipated to be undertaken by the 30th September** An efficient risk management process which is seen as efficient and not cumbersome – linked to the new Once For Wales Risk Management System. **Anticipated to be implemented by the 30th April 2022 - external dependency as an All Wales System.**	Board Assurance Report to Board and Committees triangulating risk, performance and assurance – ambition to link to live system risks. Risk appetite embedded within the organisation – Service to Board. Decisions are informed by relevant assessment of risks. Board and Committee scrutiny is effective and discussion is driven by the Board Assurance Report and the appetite and tolerance levels within the Health Board.

			approved within last 12 months: • Risk Management Strategy • Risk Management Procedure • Risk Assessment Procedure **Status:** ==Achieved January 2021== 7. Clear process map for Service to Board Escalation of risk. **Status:** ==Achieved January 2021== 8. Risk Training Awareness Session –rolling programme to be established – 1 hour open session a month. **Status:** ==Achieved January 2021== 9. Risk Training: including development of a Training Needs Analysis (TNA), dissemination of the TNA across the Health Board, new risk training programmes which are aligned to the TNA. **Status: Anticipated to be finalised by the 31st October 2021** *(some of the activity described above may be completed sooner e.g. the TNA is currently at draft stage as at May 2021)* 10. All ILG risks reviewed and updated following change in Operating Model. **Status: Anticipated to be finalised by the 31st October 2021** 11. Clear and consistent grading of risks that are calibrated and moderated across the Health Board. . **Anticipated to be finalised by the 31st October 2021** 12. Introduce a revised approach to the Board Assurance Framework and separate Board Assurance Report.	All risks reviewed and aligned to the Risk Management Strategy and upon audit/testing would demonstrate alignment to the Service to Board escalation. Organisational Risk Register shifts to a more Strategic Board Assurance report articulating the links between Strategic Objectives, Principal Risks, Gaps in Control and Assurance. Board Assurance Framework revisited in light of a shift to Strategic risk report. Attendance records for training demonstrate a consistent programme of learning within the Health Board. Clear ownership and responsibility of risks from Risk Owners, Risk Manager and Strategic Risk Owners. Detailed discussions at Committees on scrutiny of risks assigned to them with focus on adequacy of mitigations in place. Risk culture evident with a focus on quality and safety and the following factors evident through discussion at Board and Committees: • Strong and open communication - in accordance with the Risk Management Strategy risks are escalated as soon as identified • Positive attitude to risk management – seen as a dynamic tool. • Visibility and commitment at Board and Committees recognising it is a core element of business. • Risk and decision making going hand in hand. **Evidenced via:** • Board and Committee agendas, reports and minutes. • Audits – internal and external • IM "Ward to Board" touch points. • Risks dynamic and therefore stagnant trends limited. • Training Attendance Records • "Deep Dives" • Board Assurance Framework (BAF)	Robust training and education programme where a good risk culture and behaviours lead to: • Encouraging and educating others in risk and risk management. • A desire to be more risk aware and gain more risk management knowledge • Positive attitude to risk management A good "risk radar" that is constantly monitoring the internal and external environment. **Evidenced via:** • Board and Committee agendas, reports and minutes. • Audits – internal and external • IM "Ward to Board" touch points. • Risks dynamic and therefore stagnant trends limited. • Training Attendance Records • "Deep Dives". • Board Assurance Framework (BAF)

			==**Anticipated to be finalised by the 31st December 2021**==		
			Evidenced via: • Up to date Risk Management Strategy & Policy • Board and Committee agendas, reports and minutes. • Audits – internal and external • Review of risks on Datix. • TNA and training programmes, Training Attendance Records • Risk Documents. • Board Assurance Report		