

Bridgend Integrated Locality Group – Review of Risk

Background & Context

- **HIW / Audit Wales Review**
 - Improving its Service Group to Board risk management – review and update risk management strategy and framework.
 - Ensure there are clear and comprehensive risk management systems at directorate and corporate level, including the review and population of risk registers. This should include clarity around the escalation of risks and responsibilities at directorate and corporate level for risk registers.
- **Internal Audit (IA) Report on Risk - January 2021 – Key Recommendations for ILG's by October 2021:**
 - Review of risks and Clinical Service Group (CSG) risk registers ensuring it continues to be embedded in the ILG via a standing agenda item for the CSG and ILG Quality, Safety & Experience meetings.
 - ILG Heads of Quality & Safety will continue to work with CSG's to both rationalise and standardise the CSG risk register.
 - Through the delivery of dedicated monthly training slots ensure that CSG's have awareness/training in the Service to Board Escalation process and align their risk management approach to the recently revised Health Board Risk Management Strategy

IA Action 1: Review of risks and Clinical Service Group (CSG) risk registers ensuring it continues to be embedded in the ILG via a standing agenda item for the CSG and ILG Quality, Safety & Experience meetings.

What we did in BILG:

- Embedded the Service to Board Escalation Process within the Risk Management Strategy.
- Established a timeline/process for escalating and updating risks on a monthly basis.



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10th of
each month

- By 10th of each month at latest, **all risks 12 and over** must be reviewed by each CSG. CSG Manager should inform Head of Quality of any New, De-escalated and Closed risks since preceding month.

15th of
each month

- On 15th of each month, (or soonest working day after) Head of Quality will review all ILG risks 12 and over, and prepare the ILG's ORR monthly submission.
- HQS will share any arising queries with CSG triumvirates and Governance Team within 2 working days for them to address via assurance meetings prior to HQS making submission to ILGD's for approval.

20th of
each month

- On the 20th of each month (or closest date possible) the HQS and ILGD's will meet to review new risks over 12 and Bridgend ILG's ORR monthly submission.
- Head of Quality will subsequently be informed of any risks which have not been approved.
- Any risks not approved by ILG Directors will be sent back to CSG triumvirate with feedback for further review.

30th of
each month

- Head of Quality to send the approved Bridgend ILG ORR monthly submission to the Assistant Director of Risk for presentation at Management Board.

Following
Mx B

- Feedback from Board to be sent to Head of Quality who will share with ILG Directors and CSG triumvirates

In addition to this process, risks scoring 12 or over should be presented at the monthly CSG Performance Review for discussion, assurance and support. The format for presenting risks to **CSG Performance Review** will be a 'lite' version of a risk register comprising: Risk title, ID Ref, Current Controls, Next Steps and Current scoring.

Risks scoring **over 15 and appearing on the Organisational Risk Register** should be presented at the monthly ILG Business Performance Review

The ILG Risk Register of 12 and over will be presented to **ILG QSE Group** and **ILG HS & F Group** respective meetings.

IA Action 2: ILG Heads of Quality & Safety will continue to work with CSG's to both rationalise and standardise the CSG risk register.

What we did in BILG:

- ILG wide cleansing exercise initiated for all risks.
- The Head of Quality & Safety developed a Compliance Report monitoring review within CSG's.
- Regular meetings established with CSG's to support and align with Health Board Risk Management Strategy and revised approach.
- At a glance risk profile maintained tracking progress.
- Bespoke training and support provided upon request
- The Risk Register a standing agenda item at ILG Quality, Safety and Experience Meetings; Health and Safety Meeting and at CSG Performance Meetings

IA Action 3: Through the delivery of dedicated monthly training slots ensure that CSG's have awareness/training in the Service to Board Escalation process and align their risk management approach to the recently revised Health Board Risk Management Strategy

- Monthly Risk Awareness Sessions established since January 2021. Led by the Assistant Director of Governance & Risk and the Heads of Quality & Safety in the ILG.
- Sessions promoted across the ILG.
- Training received well with positive feedback as demonstrated in the TI Improvement Milestones shared with the Committee.
- Service to Board Escalation process contained within the Risk Management Strategy is captured in the monthly training.
- The process flow chart shared with the CSG aligns to the Risk Management Strategy.
- Heads of Quality & Safety meet monthly with the Assistant Director of Governance & Risk – two way feedback and communication.
- Heads of Quality & Safety engaged with the All Wales work on a risk Training Needs Analysis and offered the opportunity to comment on the module 1 risk training programme in development.

Where are we now?

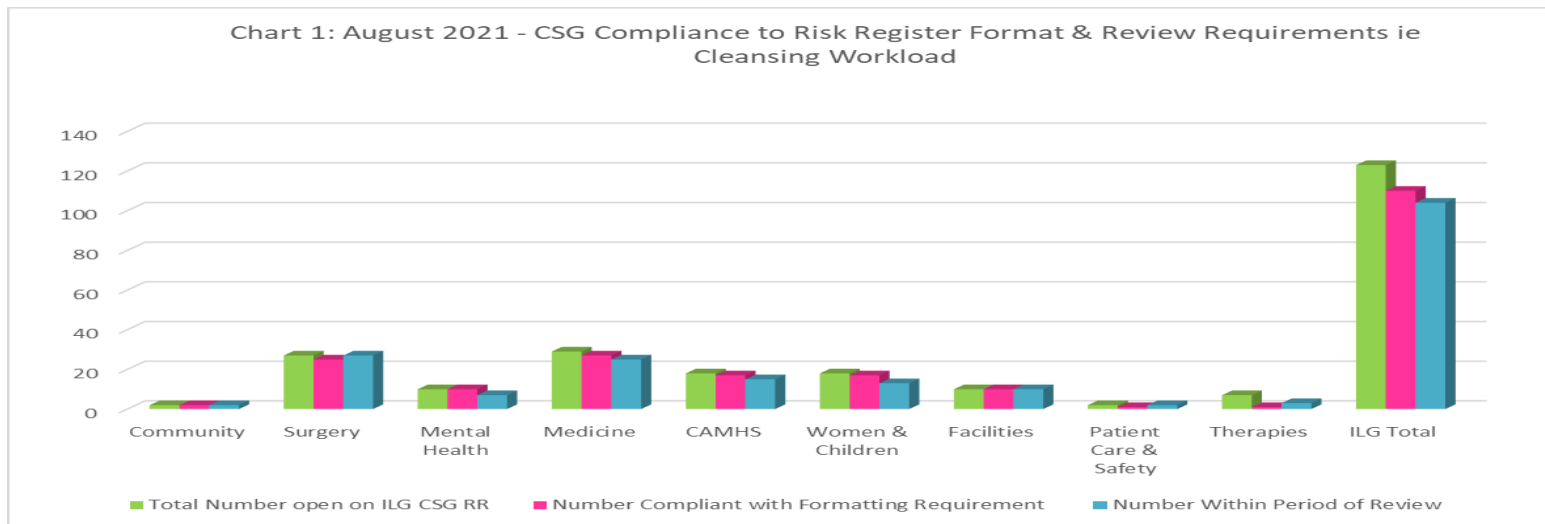


Chart 1: All CSGs continue to make significant improvement on July 21's position regarding cleansing and reviewing all open CSG/ILG risk. 86% of all open risks are in the required format of "If, Then, Resulting In", and currently the compliance for the ILG is 89%. The requisite review date has passed for 15% of all open risks. Further work is required to bring therapies risk register into full compliance with formatting and review standards.

What's next for BILG?

- Continued focus on Risk Governance
- Maturing the approach to risk standardisation across the ILG
- Maturing the approach to risks versus issues
- Progressing the risk register to use as a tool to aid CSG planning
- Looking forward to what the Once For Wales Risk Module offers

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