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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 April 2022		Agenda Item	4.3
Report Title	Risk Management Report – Quality & Safety Risks			
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Report Sponsor	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services			
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to inform the Quality & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Quality & Safety Committee.			
Key Issues	<ul style="list-style-type: none"> The Health Board Risk Register was last presented to the Audit Committee and Board in March 2022. The Board endorsed continuation of the risk appetite score level of 20, but agreed to explore the adoption of a more nuanced approach in future. A future approach to expressing & using risk appetite is being developed. Since the above, risk entries have been circulated for review and update by Executive Directors and their nominated senior management leads. The March 2022 register reflects revisions made during that period. The HBRR currently contains 40 risks. Fourteen of these are assigned to the Quality & Safety Committee for oversight, 10 of which are at or above the Health Board's current risk appetite score of 20. Five further risks are included in the register extract for information, but overseen by other committees. 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality & Safety Committee. DISCUSS the risks assigned to the Quality & Safety Committee and endorse the mitigating action being taken to manage the risks. 			

RISK MANAGEMENT REPORT – QUALITY & SAFETY RISKS

1. INTRODUCTION

The purpose of this report is to inform the Quality & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Quality & Safety Committee for scrutiny.

2. BACKGROUND

2.1 Risk Management Framework

The Audit Committee is responsible for overseeing the overall operation of the risk management framework and providing assurance the Board in that respect. While this is the case, individual risks have been assigned to other Board committees for more detailed scrutiny and assurance, with the intention that committee work programmes be aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Health Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility.

Risk Register management is supported by a Risk Management Group (RMG) which is responsible for overseeing the operational management of risk, ensuring local systems and processes are in place and are operating effectively to ensure appropriate reporting and escalation. The Group meets quarterly and it last met in February 2022.

Additionally, a Risk Scrutiny Panel meets monthly, and is responsible for moderating new risks and escalated risks to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF). Executive Director review and approval is sought, as appropriate, for the escalation and de-escalation of risks. The Panel last met in March 2022.

2.2 Risk Appetite

Risk appetite and tolerance provide clarification on the level of risk the Board is prepared to accept.

Prior to the Covid-19 Pandemic, the Board's risk appetite required that action should be taken as a priority to address risks scored at 16 and above. There is a low tolerance to taking risk where it would have a high impact on the quality and safety of care being delivered to patients.

Following the onset of the Covid-19 pandemic, members of the Board agreed that the risk appetite score would increase to 20 and above for an initial period of 3 months. The risk appetite level of 20 and above has remained in place since the start of the pandemic. These arrangements are reviewed regularly by the Executive Team, Audit Committee and the Board. In accordance with Board wishes, a more nuanced approach to the expression of risk appetite is being developed.

2.3 Health Board Risk Register (HBRR)

The Health Board Risk Register (HBRR) is intended to summarise the greatest organisational risks facing the Health Board and the actions being taken to mitigate them.

Each Health Board risk has a lead Executive Director who is responsible for ensuring there are mechanisms in place for identifying, managing and alerting the Board to significant risks within their areas of responsibility through regular, timely and accurate reports to the Management Board/Executive Team, relevant Board Committees and the Board.

2.4 Covid-19 Risk Register

The Covid-19 risk register is managed within the Covid-19 Gold Command structure. It has not been included in recent reports as its operational risk scores were below the Board's current appetite of 20. Where scores rise above this level risks are summarised within this report. Consideration is being given to the future of Covid Command arrangements and the approach to the management of risks currently remaining on the Gold Command risk register.

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 Action to Update the HBRR

Health Board risk register entries were circulated to lead Executive Directors during March for review and update where required.

Comments received from Directors and their senior management leads have been reflected within the extract of the revised March 2022 HBRR attached at **Appendix 1**. Key changes made since the February 2022 HBRR received by the Board in March 2022 are highlighted in red font.

3.2 HBRR Quality & Safety Risks

The HBRR currently contains 40 risks. Fourteen of these are assigned to the Quality & Safety Committee for oversight, 10 of which are at or above the Health Board's current risk appetite score of 20. Five further risks are included in the register extract for information, but overseen by other committees.

Table 1 below highlights where there have been key changes of note (as captured at the cut off point for the March HBRR) since the last meeting of the Committee. Where there are changes in risk status or score these are highlighted in bold:

Table 1 – HBRR Risks Assigned to the Quality & Safety Committee

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
4 (739)	Infection Control This risk description has been refreshed: Failure to achieve Welsh Government infection reduction goals, and a higher incidence of Tier 1 infections than average for NHS Wales. Risk of nosocomial transmission of infection.	20	Executive Director of Nursing	<p>The risk score remains unchanged currently.</p> <p>Ongoing actions:</p> <ul style="list-style-type: none"> • Drive improvements in prudent antimicrobial prescribing • Develop ward to board Dashboard on key Tier 1 infections • Achieve compliance with IPC mandatory training <p>An Infection Prevention & Control Improvement Plan was approved in principle by Management Board on 9th March 2022, with amendments to be incorporated in the next iteration. The aim is to create a guiding coalition of responsible clinical leaders (not just nursing staff) at all levels in the organisation who see the intrinsic benefits, and reduction in harm from infection. Following presentation at Infection Control Committee, the Plan is for adoption by all Service Groups.</p>
43 (1514)	Deprivation of Liberty Safeguards (DoLS) Due to a lack of Best Interest Assessor resource, there is a risk of failure to complete and authorise the assessments associated with Deprivation of Liberty/Liberty Protection Safeguards within the legally required timescales, exposing the health board to potential legal challenge and reputational damage.	16	Executive Director of Nursing	<p>The risk score remains unchanged currently.</p> <p>The Controls section of the register has been refreshed. In terms of improvement actions, the following updates are noted:</p> <ul style="list-style-type: none"> • Agency Best Interest Assessors (BIA) have been commissioned utilising welsh government funding. • Four experienced competent BIAs are to undertake assessments from 28th March 2022. • Weekly allocation meetings are set up to track and monitor action on the backlog. The backlog at 24/03/22

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
				<p>stood at 97 referrals. It is anticipated that approximately 12 plus assessments will be completed per week.</p> <ul style="list-style-type: none"> • The DoLs Team Leader has arranged regular weekly coordination and allocation / peer support with external BIAs and will support with overseeing the Quality Assurance process required as the Supervisory Body (SB) function. • There are 6 signatories based within the Long Term Care Team that will be supporting the health board signatory functions, focusing on clearing the DoLs backlog over the subsequent months. • Options for a new service model have been presented and terms of reference have been drafted for a senior working group to support this work.
58 (146)	<p>Ophthalmology - Excellent Patient Outcomes</p> <p>Risk of failure to provide adequate clinic capacity for follow-up patients in Ophthalmology results in a delay in treatment and potential risk of sight loss.</p>	20	Chief Operating Officer	This risk score remains unchanged currently.
61 (1587)	<p>Paediatric Dental GA Service – Parkway</p> <p>Identify alternative arrangements to Parkway Clinic for the delivery of dental paediatric GA services on the Morriston Hospital SDU site consistent with the needs of the population and existing WG and Health Board policies.</p>	16	Chief Operating Officer	<p>This risk score remains unchanged currently.</p> <p>Transfer of services from Parkway is targeted for 31 May 2022.</p>

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
63 (1605)	Screening for Fetal Growth Assessment in line with Gap-Grow GAP & Grow standards were implemented to contribute to the reduction of stillbirth rates in Wales. Due to the scanning capacity there are significant challenges in achieving this standard.	20	Executive Director of Nursing	This risk score remains unchanged currently. Update: Ultrasound machine delivery is planned for March. Two midwife sonographers are to provide the service from the first week of April 2022.
65 (329)	CTG Monitoring on Labour Wards Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	20	Executive Director of Nursing	This risk score remains unchanged currently. Update: Central monitoring system Procurement process has been completed and order placed. A project board is to be set up.
66 (1834)	Access to Cancer Services Delays in access to SACT (Systemic Anti-Cancer Therapy) treatment in Chemotherapy Day Unit	20	Executive Medical Director	This risk score remains unchanged currently. The risk register entry has been substantially refreshed to record current controls and assurances. Action completed: <ul style="list-style-type: none"> • Business case endorsed by CEO for shift of capacity to home care to be considered by the Management Board (Phase 1 complete). Further actions: <ul style="list-style-type: none"> • Business Case for phase 2 home care expansion based on moving further treatments to community service: Paper developed for CEO & Business Case Assurance Group. • Paper to support extended day working every Saturday. Further action (longer term): Relocation of SACT linked to AMSR (Acute Medical Services Review) programme and phase 2 of home care expansion case brought

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
				forward (expected currently January 2023).
67 (89)	Risk target breaches – Radiotherapy Clinical risk – Target breeches of radical radiotherapy treatment	15	Executive Medical Director	This risk score remains unchanged currently. Update: New linear accelerator replacement work remains on track to be clinically operational at end of June 2022. Waiting on update from Hywel Dda in relation to support for prostate hypo fractionation case. Current action targets refreshed in register.
69 (1418)	Safeguarding Adolescents being admitted to adult MH wards resulting in potential safeguarding issues	20	Chief Operating Officer / Executive Director of Nursing	This risk score remains unchanged currently. The service group is reviewing the effectiveness of current controls for this risk.
74 (2595)	Delay in Induction of Labour (IOL) Swansea BAY UHB have developed a local guideline for the management of IOL based on NICE guidance. Women are booked for IOL by a senior obstetrician either for clinical reasons (which may be for fetal or maternal factors) and for prolonged pregnancy at 41+6 when spontaneous labour has not occurred.	20	Executive Director of Nursing	This risk score remains unchanged currently. Update: Recruitment of Band 6 midwives is underway. Introducing NICE guidelines for IOL (being managed by Ante Natal Forum). Working with Neo Natal services to ensure capacity issues for maternity & neo-natal services are managed appropriately. Continuing to monitor all IOL delays to identify any harm caused.
78 (2521)	Nosocomial Transmission (Risk also on Covid Gold Risk Register) Nosocomial transmission in hospitals could cause patient harm; increase	20	Executive Medical Director	The Executive Medical Director advises retaining a score of 20 given planned communication to families regarding learning from nosocomial COVID.

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
	staff absence and create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks			Controls and actions remain in place.
80 (1832)	Discharge of Clinically Optimised Patients If the health board is unable to discharge clinically optimised patients there is a risk of harm to those patients as they will decompensate, and to those patients waiting for admission.	20	Chief Operating Officer	This risk score remains unchanged currently. Update: The health board has procured 63 additional care home beds to provide additional discharge capacity • Phase 1 – Original bids received: 55 • Phase 2 – Original bids received: 4 • Phase 3 – Original bids received: 7. Plan to undertake another procurement round with the aim of increasing additional care home beds to 100 - Procurement aim to publish another expression of interest to join the framework by end of March.
81 (2788)	Critical staffing levels – Midwifery: Unplanned absence resulting from Covid-19 related sickness, shielding and isolation, alongside other current absences, has resulted in critical staffing levels, further reductions in which could result in unsafe service provision, poor patient outcomes and/or experience. In turn, poor service quality or reduction in services could impact on organisational reputation.	20	Executive Director of Nursing	This risk score remains unchanged currently. Update: Recruitment for Band 6 midwives is in train. Training study days have been suspended with a view of complete training year in May 2022 (with the exception of PROMPT training). Nurse bank are reviewing the potential to block book agency midwives. The service is continuing to request bank shifts as required. Welsh Government requested a briefing paper in relation to suspension of services at NPT Birth Centre. This was

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
				provided and the Director of Nursing and Head of Midwifery met with the Chief Nursing Officer at Welsh Government. The latter requested a timeline for re-opening of the service. This has been provided indicating the intention to reopen on 23 rd May 2022.
84	Cardiac Surgery – A Getting It Right First Time (GIRFT) The GIRFT review identified concerns in respect of cardiac surgery (including patient pathway/process issues) that present risks to ensuring optimal outcomes for all patients. Potential consequences include the outlier status of the health board in respect of quality metrics, including mortality following mitral valve surgery and aortovascular surgery. This has resulted in escalation of the service by WHSSC.	16 Newly added risk	Executive Medical Director	This risk has been added to the risk register to complete the capture of services escalated by WHSCC. Actions: <ul style="list-style-type: none"> • Implementation of local improvement plan targeting areas of concern and implementing actions to reduce variation • Commission an Invited Review of Service with support from Royal College of Surgeons Additional Notes: The Royal College of Surgeons have confirmed they will undertake a review of the service in 28 – 30th March 2022. WHSSC have de-escalated the service to Stage 3 following an agreed pathway for aorta-vascular cases.

Due to end of year annual leave amongst service management, progress against some risks is being updated as part of the April cycle of risk register review.

The Committee is requested to ensure that its agenda provides for the scrutiny and challenge of actions being taken to address the risks, and supports the reporting of assurance to the Board accordingly.

3.3 Risks Assigned to Other Committees

There are five risks which are assigned to other Committees in terms of overseeing actions to mitigate the risks, as outlined in table 2 below, noted here for information. As noted earlier, the detailed HBRR entries are also included in Appendix 1 for information. In view of the consequence to patients if the risks materialise, the

Committees have requested that the Quality & Safety Committee be made aware of these risks as well.

Table 2 - Risks Assigned to Other Committees with Referral to Q&S Committee for Information

Ref	Description of Risk Identified	Exec Lead	Committee	Current Score
1 (738)	Access to Unscheduled Care Service If we fail to provide timely access to Unscheduled Care then this will have an impact on quality & safety of patient care as well as patient and family experience and achievement of targets. There are challenges with capacity/staffing across the Health and Social care sectors. ¹	Chief Operating Officer	P&F Committee	25
16 (840)	Access to Planned Care Failure to achieve compliance with waiting times, there is a risk that patients may come to harm. Also, financial risk not achieving targets.	Chief Operating Officer	P&F Committee	20
48 (1563)	CAMHS Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	Director of Strategy	P&F Committee	16
50 (1761)	Access to Cancer Services Failure to sustain services as currently configured to meet cancer targets could impact on patient and family experience of care.	Chief Operating Officer	P&F Committee	25
82 (2554)	Risk of Closure of Burns Service (Risk score reduced) There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, potentially resulting in closure to this regional service and the associated reputational damage.	Executive Medical Director	P&F Committee	20

3.4 Operational Quality & Safety Risks

Each Service Group and Directorate hold their own risk registers, which outline the operational risks facing each Service Group/directorate.

Operational risks relating to quality and safety are monitored by the Quality & Safety Governance Group, and any quality & safety related risks that may need to be escalated for inclusion on the HBRR are brought to the attention of the Risk Management Group and/or Risk Scrutiny Panel and the Quality & Safety Committee for consideration.

¹ Risk has been re-articulated by the Chief Operating Officer.

4. COVID 19 RISK REGISTER – HIGHEST RISKS

Risks associated with the Covid-19 pandemic can be volatile in nature, with scores responding to the prevalence of the virus in the community and health board, and changes in other external circumstances. At the end of March, there was one risk with a score of 25 on the Gold Command risk log. This is summarised below for information:

Table 6: Risks increased on Covid-19 register

Covid-19 Register Ref	Risk Detail	Current Risk Score
COV 024	Fragility of External Domiciliary Care Market Significant reduced staffing levels in domiciliary care agencies due to staff exiting the care home sector for employment in alternative business such as hospitality and retail has resulted in a number of providers being unable to fulfil contracts with attendant handbacks of packages of care. This high level of additional demand has impacted flow from hospital, from bedded reablement and out of domiciliary reablement services where there is any recourse to long term care resulting in delays across all of the discharge pathways and many of the admission avoidance support routes for those in crisis in the community.	25 Risk level increased in February 2022

Risks remaining on the Covid-19 register are overseen by Gold Command and reviewed weekly. Consideration is being given to the future of Covid Command arrangements and the approach to the management of risks currently remaining on the Gold Command risk register.

5. GOVERNANCE AND RISK

5.1 Risk Appetite & Tolerance Levels

As noted earlier, members of the Board agreed that the risk appetite, whilst dealing with Covid-19, would increase to 20 and above for an initial period of 3 months. These arrangements have been reviewed regularly by the Executive Team, Audit Committee and the Board, but the appetite has not changed since and remains at 20 currently.

6. FINANCIAL IMPLICATIONS

There are financial implications to minimising the risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health Board, Service Groups and Directorates. Capital monies will also be required in relation to supporting the improvements required to improve and further detail is provided in the individual entry on the HBRR.

7. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality & Safety Committee.
- **DISCUSS** the risks assigned to the Quality & Safety Committee and endorse the mitigating action being taken to manage the risks.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in the UHB.		
Financial Implications		
The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's IMTP processes.		
Legal Implications (including equality and diversity assessment)		
It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB.		
Staffing Implications		
All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. Executive Directors/Unit Directors are requested to review their existing operational risks on Datix Risk Module to ensure SBUHB has an accurate and up to date risk profile.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The HBRR and the Covid 19 risk register sets out the framework for how SBUHB will make an assessment of existing and future emerging risks, and how it will plan to manage and prepare for those risks.		
Report History	<ul style="list-style-type: none"> This report provides an update on the risk profile reported to QSC in February 2022. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) Risks Assigned to the Quality & Safety Committee 	