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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	21 December 2021	Agenda Item	5.2
Report Title	Risk Management Report – Quality & Safety Risks		
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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 full Board in November 2021. • The latest iteration of the register incorporates updates to the middle of October endorsed by the Management Board on 20th October 2021 and reported to the Audit Committee on 9th November. In response to recent comments and queries following review of the register at Board Committees and by the Chief Executive, Executive Directors reviewed and revised some risks in November ahead of Board. In particular, key aspects of the highest scoring risks have been updated – in some cases, reviews undertaken have confirmed the position without change. One risk has been increased since the Board meeting to a score of 25. • The Health Board has endorsed continuation of its increased risk appetite level of 20 as determined at the outset of the pandemic (a level of 16 was its pre-pandemic position). • The HBRR currently contains 38 risks. Fourteen of these are assigned to the Quality & Safety Committee for oversight, 11 of which are at or above the Health Board’s current risk appetite score of 20. Four further risks are included in the register extract for information – but overseen by other committees. • The Covid-19 risk register is managed within the Covid-19 Gold Command structure. Recently, scores have risen for a number of risks within that register to meet the risk appetite level – <i>COV004 Covid-related Sickness Absence</i>, <i>COV005 Care Homes</i>, <i>COV009a Workforce Shortages</i>, and <i>COV019a Opening of a Field Hospital</i>. These risks are summarised within this report for information. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Approval
			<input type="checkbox"/>

Recommendations	Members are asked to: <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.
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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 November 2021.

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 Directors are notified and consulted with, as appropriate, in terms of the escalation and de-escalation of risks. The Panel last met in November 2021.

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.

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

In recognition that Covid-19 is an 'issue' which the Health Board is managing, a separate risk register was established to capture the key risks associated with managing the response to the Pandemic. Several of the longer term risks associated with Covid recovery have been transferred into the overall Health Board Risk Register. Risks remaining on the Covid-19 register are overseen by Gold Command and reviewed weekly. Risk scores at or above the health board's current appetite of 20 are summarised within this report for information.

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 Action to Update the HBRR

Risk entries have been shared and lead Executive Directors asked to review and update them. Actions to address risks with a score of 25 have been reviewed further at the request of the Chief Executive Officer. Updates have been reflected. The Register extract attached at **Appendix 1** reflects revisions endorsed by the Management Board on 20th October supplemented by additional changes relating to the highest risks prior to and following the November Board meeting.

The HBRR currently contains 38 risks. Fourteen of these are assigned to the Quality & Safety Committee for oversight, 11 of which are at or above the Health Board's current risk appetite score of 20. Four further risks are included in the register extract for information – but overseen by other committees. The status of these risks is summarised below and presented in more detail within the Health Board Risk Register extract included at **Appendix 1**. The risk previously proposed for closure by the Executive lead (ref HBR 49 *Trans-catheter Aortic Valve Implementation - TAVI*) has since been reported to Management Board and Board and is now removed from the register.

Table 1 below highlights where there have been key changes of note 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	The risk score remains unchanged currently.
43 (1514)	Deprivation of Liberty Safeguards If the Health Board is unable to complete timely completion of DoLS Authorisation then the Health Board will be in breach of legislation and claims may be received in this respect.	16	Executive Director of Nursing	The risk score remains unchanged currently. Update: This risk has been updated link to risks associated with Court of Protection cases managed within the Mental Health & Learning Disabilities Service Group.
58 (146)	Ophthalmology - Excellent Patient Outcomes 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.	20	Chief Operating Officer	This risk score remains unchanged currently.
61 (1587)	Paediatric Dental GA Service – Parkway 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.	16	Chief Operating Officer	This risk score remains unchanged currently.
63 (1605)	Screening for Fetal Growth Assessment in line with Gap-Grow	20	Executive Director of Nursing	This risk score remains unchanged currently.

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
	<p>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.</p>			<p>Update: Expressions of interest requested from midwives to attend January 2022 sonographer training at UWE. Training places funded by HEIW. Business case required to backfill for trainees. Further capacity issues identified due to the introduction of 30 minute fetal anomaly scans in line with ASW standards. Increased capacity gap assessed to be 20 scans per week.</p> <p>Risk score was reviewed by matron in discussion with R&A team to assess impact risks associated with HBR81 on this risk. The current score was confirmed.</p>
<p>65 (329)</p>	<p>CTG Monitoring on Labour Wards Risk associated with misinterpreting abnormal CTG readings in delivery rooms.</p>	<p>20</p>	<p>Executive Director of Nursing</p>	<p>This risk score remains unchanged currently.</p> <p>Update: Business case completed. Awaiting update regarding when the monitoring system can be delivered as funds available through slippage funding. Meeting to agree costings. On completion and agreement of the action a project Board Steering Group will be set up to manage installation and training on the system.</p>

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
				Risk score was reviewed by matron in discussion with R&A team to assess impact risks associated with HBR81 on this risk. The current score was confirmed.
66 (1834)	Access to Cancer Services Delays in access to SACT treatment in Chemotherapy Day Unit	20	Executive Medical Director	Risk score reduced to 20 from 25 (reviewed by EMD) Update: Action dates for business cases have been refreshed. Register updated to reflect ongoing monitoring of risk, review of contributory causes and consideration of further actions to address.
67 (89)	Risk target breaches – Radiotherapy Clinical risk – Target breaches of radical radiotherapy treatment	25	Executive Medical Director	Risk score reduced to 20 from 15 (reviewed by EMD) Update: Action targets reviewed. Equipment issues continue to be recorded. Register updated to reflect approval of new equipment and progress.
68 (2299)	Pandemic Framework Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020.	20	Director of Public Health	This risk as currently articulated in the register is proposed for closure by the Executive lead, recognising that the pandemic is no longer a risk but an issue and the risks associated are being managed strategically via the health board register and operationally via Gold Command. This

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
				proposal will be included in the next risk report to Management Board and the register amended accordingly following that.
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. Update: Action date refreshed in register.
74 (2595)	Delay in Induction of Labour 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: Action date refreshed in register. Risk score was reviewed by matron in discussion with R&A team to assess impact risks associated with HBR81 on this risk. The current score was confirmed.
78 (2521)	Nosocomial Transmission Nosocomial transmission in hospitals could cause patient harm; increase staff absence and create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks	16	Executive Medical Director	This risk score remains unchanged currently. The Register notes have been updated confirming continued operation of meetings and reviews of mortality.
80	Discharge of Clinically Optimised Patients There are high numbers of clinically optimised patients who are unable to be discharged from a medicine bed due to various issues/delays. The number is now	20	Chief Operating Officer	This risk score remains unchanged currently.

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
	returning to pre-COVID level of +50.			
81	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.	25	Executive Director of Nursing	This risk score remains unchanged currently. Update: Register updated to reflect progress with ongoing recruitment and training, plus additional steps being taken to address the risk.

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.

3.2 Risks Assigned to Other Committees

There are four 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.

Since the last meeting of QSC in October and Board in November, the Chief Operating Officer has increased the risk associated with *Access to Cancer Services* (#50) to a score of 25.

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 Failure to comply with Tier 1 target for Unscheduled Care could impact on patient and family experience of care.	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	25

Ref	Description of Risk Identified	Exec Lead	Committee	Current Score
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 <i>(Risk score increased)</i> 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

As previously reported, these risks will continue to remain whilst the Health Board responds to the evolving Covid-19 pandemic, and some may materialise over the next few months whilst the Health Board experiences increased demand for services. The Board remains accountable for the risks it is carrying and the management of those risks will need to be balanced with the Health Board's ability to respond to the pandemic.

3.3 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.

4. COVID 19 RISK REGISTER – HIGHEST RISKS

At the Gold Command meetings in October & November 2021, scores for four risks on the Covid-19 risk register were increased, reaching the Health Board's risk appetite threshold of 20:

Table 6: Risks increased on Covid-19 register

Covid-19 Register Ref	Risk Detail	Current Risk Score
COV 004	Covid related sick absence Number of staff who are absent from work through self isolation or family illness will impact on ability to deliver safe care for patients; and will impact on ability to keep capacity open and to staff surge and super surge capacity. NOTE This risk ONLY captures the total of staff absence as reported weekly to WG risk score reflects the position in comparison with wave one position which peaked at 1700 staff absent.	20
COV 005	Care Homes Potential failure in local care home sector to manage staff absences could result in emergency closure of care home	20

Covid-19 Register Ref	Risk Detail	Current Risk Score
	which will place undue pressure and therefore on community health and social services to support and/or lead to an increase in patient admission to hospital. Risk of patient harm if care homes are not adequately covered.	
COV 009a	<p>Workforce Shortages</p> <p>Measures the risk to service provision, deployment plans and HB strategic workforce related developments i.e. surge capacity, field hospital / Imms programme in the context of the number of available staff. Factors impacting cover Covid and general sick absence, deployment restrictions relating to staff covid risk assessment, general turnover, Outbreaks. Key risk areas where specific workforce shortages impact is the greatest e.g. ITU, A&E, Covid wards are reflected in the overall score.</p>	20
COV 019a	<p>Opening of Field Hospital</p> <p>Risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place</p>	20

Risks remaining on the Covid-19 register are overseen by Gold Command and reviewed weekly.

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 <i>(please choose)</i>	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		
<i>(please choose)</i>	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 Oct 2021. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) Risks Assigned to the Quality & Safety Committee 	