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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 October 2022		Agenda Item	5.1
Report Title	Risk Management Report – Quality & Safety Risks			
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Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance Gareth Howells, Executive Director of Nursing			
Presented by	Hazel Lloyd, Interim Director of Corporate Governance			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to inform the Quality & Safety Committee (QSC) 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 QSC last received the June 2022 HBRR extract at its August 2022 meeting. This report presents the August 2022 HBRR extract. The August 2022 HBRR currently contains 38 risks. Fifteen of these risks are assigned to the Quality & Safety Committee for oversight, seven of which are at or above the Health Board's current risk appetite score of 20 (this has reduced by two since the last meeting). Six 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. CONSIDER the risks assigned to the Quality & Safety Committee and the actions taken to mitigate them. 			

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 reviewing the establishment and maintenance of an effective system of risk management and providing assurance to 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. The intention is that committee work programmes are aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility. The Management Board, chaired by the Chief Executive, oversees the overall operation of the risk management framework and the management of risks within the health board risk register.

Risk Register management is supported by a Risk Management Group (RMG) which meets quarterly and 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 last met in June 2022.

Additionally, a Risk Scrutiny Panel is responsible for ensuring there is an appropriate and robust risk management system in place and working throughout the organisation. It is responsible for moderating new risks and risks escalated to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF) and recommending and advising the Management Board on the escalation and de-escalation of risks. The Panel last met in October 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.

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 Action to Update the HBRR

The QSC last received the June 2022 HBRR extract at its August 2022 meeting. Following circulation amongst Executive Directors for review, this report presents the August 2022 HBRR extract. Key recent changes are highlighted in red font in the extract attached at **Appendix 1**.

3.2 HBRR Quality & Safety Risks

The August 2022 HBRR currently contains 38 risks. Fifteen of these risks are assigned to the Quality & Safety Committee for oversight, seven of which are at or above the Health Board's current risk appetite score of 20 (this has reduced by two since the last meeting). Six further risks are included in the register extract for information, but overseen by other committees.

Table 1 below highlights recent changes of note since the last meeting of the Committee:

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

Risk Reference	Description of risk identified (Summary)	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. Update: The position in respect of cumulative numbers of Tier 1 infection cases (April to July 2022 inclusive) now captured in the HBRR was as follows: • <i>C. difficile</i> – 56 cumulative profile – 32 maximum • <i>Staph. aureus bacteraemia</i> – 52 cumulative profile – 27 maximum

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<ul style="list-style-type: none"> • <i>E. coli</i> bacteraemia – 90 cumulative profile – 85 maximum • <i>Klebsiella spp.</i> bacteraemia – 33 cumulative profile – 25 maximum • <i>Pseudomonas aeruginosa</i> bacteraemia – 12 cumulative profile – 8 maximum.
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.	12	Executive Director of Nursing	The risk score remains unchanged currently. Update: The DoLS backlog in September was 42. Liquid Personnel have completed 116 assessments to date with 134 remaining of the 250 assessments commissioned. The number of assessments completed by Liquid Personnel has increased and it is anticipated that all commissioned assessments will be completed by December 2022. Further assessments to be commissioned utilising Welsh Government funding from Phase 1 bid to support with assessments until end of financial year. Phase 2 bid has been agreed. A proposal will be put forward to provide additional staff to support the implementation for LPS and MCA training.
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.	16	Chief Operating Officer	The risk score remains unchanged currently.
61 (1587)	Paediatric Dental GA Service – Parkway Identify alternative arrangements to	16	Chief Operating Officer	This risk score remains unchanged currently. Update:

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	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.			Planning work in progress between PCT and Morriston.
63 (1605)	<p>Screening for Fetal Growth Assessment in line with Gap-Grow</p> <p>There is not enough Ultrasound capacity within Swansea Bay UHB to offer all women serial ultrasound scan screening in the third trimester in line with the UK perinatal Institute Growth Assessment Programme (GAP). Welsh Government mandate fetal growth screening in line with the GAP programme. There is significant evidence of the increased risk for stillbirth or neonatal mortality/morbidity (hypoxic ischaemic encephalopathy (HIE)), where a fetus is growth restricted (IUGR) and/or small for gestational age fetus (SGA). Identification and appropriate management for IUGR/SGA in pregnancy will lead to improved outcomes for babies.</p>	16	Executive Director of Nursing	This risk score remains unchanged currently.
65 (329)	<p>CTG Monitoring on Labour Wards</p> <p>Misinterpretation of cardiotocograph and failure to take appropriate action is a leading cause for poor outcomes in obstetric care leading to high value claims. The</p>	20	Executive Director of Nursing	This risk score remains unchanged currently.

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	requirement to retain maternity records and CTG traces for 25 years leads to the fading/degradation of the paper trace and in some instances traces have been lost from records which makes defence of claims difficult.			
66 (1834)	Access to Cancer Services Delays in access to SACT (Systemic Anti-Cancer Therapy) treatment in Chemotherapy Day Unit	15 (was 20)	Executive Medical Director	<p>Risk level has decreased.</p> <p>Update: Risk was reduced in July in recognition that the last 3 months had consistently delivered 100 additional patients per month via CDU.</p> <p>Updating this in September, the health board continues to see stabilising of CDU waiting times although there remains operational concerns with specific points in pathways effecting efficiency and effectiveness of delivery linked to aseptic and consultant workload pressures. Management are monitoring monthly compliance of SACT WCN reports, which shows slight deterioration performance in August compared to July, but still average waiting remains around 3 weeks.</p>
67 (89)	Risk target breaches – Radiotherapy Clinical risk – target breaches in the provision of radical radiotherapy treatment. Due to capacity and demand issues the department is experiencing target breaches in the provision of radical radiotherapy treatment to patients.	15	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>Update: Wait Times dipped in August with the biggest contributing factor being late localisation.</p> <p>Demand: After 2 months of high demand, the levels returned to a more 'normal' level in August – It is to be seen whether this is due to consultant leave and if the</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<p>demand returns to higher levels once everyone is back. Demand for breast treatment has seen the highest rise over the past 12 months with a 39% increase (325 pts increasing to 451 pts).</p> <p>Capacity: August was a very busy month on the Linacs as the service treated the high levels of demand seen in July. With four matched Linacs in operation the service was able to start 206 courses of treatment, almost matching its previous highest record.</p>
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.
74 (2595)	Delay in Induction of Labour (IOL) Delays in IOL can introduce avoidable risk and unnecessary intervention which can lead to poor clinical outcome for mother and/or baby. Delays in IOL lead to increased complaints and decreased patient satisfaction.	20	Executive Director of Nursing	This risk score remains unchanged currently.
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	12 (was 20)	Executive Medical Director	<p>Risk level has decreased.</p> <p>Risk reduced to 12 in August. Reasoning: (1) incidence reducing in the community (2) incidence reducing in hospital (3) current variants associated with low mortality in vaccinated population (4) communication to families has not resulted in adverse consequences.</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
80 (1832)	<p>Discharge of Clinically Optimised Patients</p> <p>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.</p>	20	Chief Operating Officer	<p>This risk score remains unchanged currently.</p> <p>Update: Due to unforeseen need for leave of Project Director, alternative actions have been refreshed: The PCT Service Group Nurse Director has put in place a governance structure – Two groups will be established – the PCT Nurse Director will chair one focusing on patients with longest stays; the PCT Head of Nursing will chair the group reviewing patients who are experiencing delays in discharge processes (eg waits for therapies).</p> <p>Detailed presentation on the length of stay reductions and admissions avoidance schemes was received by Management Board 21/09/2022. Progress against delivery will be monitored by Management Board on a bi-weekly basis.</p> <p>Further actions for October include:</p> <ul style="list-style-type: none"> • Deputy COO identified as lead for length of stay reduction and admission avoidance and will be putting in place a weekly oversight framework. • CEO will meet with clinical leads to explore further opportunities for changing pathways with the aim of reducing length of stay. A meeting to be arranged by COO. • COO and Medical Director to meet with WAST MD to review current pathways into ED with aim to identify opportunities for admission avoidance.

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
81 (2788)	Critical staffing levels – Midwifery: Midwifery absence rates are outside of 26.9% uplift leading to difficulty in maintaining midwifery rotas in the hospital and community setting.	25 (was 20)	Executive Director of Nursing	<p>Risk level has increased.</p> <p>Update: Risk score increased to 25 following discussions with Welsh Government as the service is still unable to resume home births or reopen the birth centre. Daily meetings are still taking place.</p> <p>A task & finish group has been established to review the current midwifery establishments and roster templates with Finance. The establishments have been reviewed and compared to Birth Rate Plus; a paper has been submitted for presentation to Management Board at the start of November.</p> <p>Further actions for October:</p> <ul style="list-style-type: none"> • Recruiting to a Band 8A Lead Midwife role for Intrapartum Services. • Review the role and capacity of the HCSW to maximise registered midwife capacity.
84 (2561)	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	16	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>Update: Additional visit received from the Royal College of Surgeons to review an individual surgeon's outcomes. Verbal feedback received with no immediate patient safety concerns. Report from site visit still awaited (improvement actions will be identified following receipt). Regular escalation meetings with WHSSC note continued improvement in systems and processes in the service.</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	aortovascular surgery. This has resulted in escalation of the service by WHSSC.			
85	<p>Non-Compliance with ALNET (Additional Learning Needs & Education Tribunal) Act</p> <p>There are risks to the Health Board's ability to meet its statutory duties and establish the effective collaborative arrangements required by the ALNET Act, which is being implemented through a phased approach.</p>	20	Director of Therapies & Health Sciences	<p>This risk score remains unchanged currently.</p> <p>Update: Good progress is reported on work to improve operational processes. It is anticipated that this will be completed and in implementation by the end of October.</p> <p>An externally-facilitated workshop to establish a shared vision and identify priorities for collaboration has been held and next steps are being agreed with partners.</p> <p>The ALN Operational Group is making good progress on finalising the workplan, with leads having been identified for most areas, including for post-16 work, which has been identified as a key area of risk. Work with Performance and Informatics colleagues to address data quality issues and improve the visibility of key ALN data is being progressed.</p> <p>Start date for ALN Project Manager confirmed (September 2022).</p>

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 six 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 (Summarised)	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.	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 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	16
88 (3110)	Non-delivery of AMSR programme benefits *NEW* There is a risk that the Acute Medical Service Re-Design (AMSR) programme may not deliver the expected performance & financial benefits in a timely way. The principal potential causes of this risk are: workforce (OCP and recruitment requirements), capacity constraints linked to significant number of clinically optimised patients (COP), financial affordability linked to 90 beds in Singleton hospital that are due to close in Q3 2023.	Chief Operating Officer	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 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 for review and where appropriate added to, or linked to existing risks in, the Health Board Risk Register.

4. GOVERNANCE AND RISK

4.1 Risk Appetite & Tolerance Levels

As noted earlier, the current risk appetite, as endorsed by the Board in November 2021 indicates that risks assessed at a threshold score of 20 or above should be addressed as a priority, and there is a low tolerance to risks with a high impact on the quality and safety of staff and patient care.

Following discussion at Board, further work has been done to develop a more nuanced approach to risk appetite and proposals will be subject to Board consideration shortly.

5. 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.

6. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality & Safety Committee.
- **CONSIDER** the risks assigned to the Quality & Safety Committee and the actions taken to mitigate them.

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 August 2022. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) Risks Assigned to the Quality & Safety Committee 	