



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 August 2021		Agenda Item	4.3
Report Title	Risk Management Report – Quality & Safety Risks			
Report Author	Neil Thomas, Assistant Head of Risk & Assurance Elaine Woodrow, Senior Risk & Assurance Analytical Officer			
Report Sponsor	Pam Wenger, Director of Governance			
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 presented to the full Board in July 2021. As reported to the Board, at the request of the Chief Executive, Executive Directors have been reviewing and refreshing register entries, with a particular focus on actions and timescales assigned to address risks. The Register attached reflects revisions made up to and including 15th July 2021. The HBRR currently contains 38 risks, of which 14 have been assigned to the Quality & Safety Committee for oversight. Ten have risk scores at, or above, the health board's current appetite of 20. The Covid-19 Gold Command risk register has been updated and risks associated with the longer term risk of Covid-19 recovery reviewed, and where appropriate transferred for inclusion in the overall Health Board Risk Register. The Covid-19 risk register has not been included as there are no operational risks assessed to be at or above the health board's current appetite score of 20 or above. 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input checked="" 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, and the further changes being made in recognition of the changing risks facing the Health Board. 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 May 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), engaging and advising Executive Directors as appropriate regarding the escalation and de-escalation of risks.

2.2 Risk Appetite

Risk appetite and tolerance set out how risk and reward are to be balanced, as well as providing clarification on the level of risk the Board is prepared to accept.

Prior to the Covid-19 Pandemic, the Board's risk appetite required 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 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 key 'live' extreme 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. Risks on this register are overseen by Gold Command and reviewed weekly.

As part of the review undertaken at Gold Command longer term risks associated with Covid recovery have been considered for transfer into the overall Health Board Risk Register where appropriate (the Health Board Risk Register has been updated to reflect these). The Covid-19 risk register has not been included as there are no operational risks assessed to be at or above the health board's current appetite score of 20 or above.

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 HBRR Quality & Safety Risks

3.1 Action to Update the HBRR

Since the HBRR was received by the Management Board and Audit Committee in May 2021, Executive Directors have been reviewing and refreshing register entries, with a particular focus on actions and timescales assigned to address risks. The Director of Nursing & Patient Experience, supported by the Director of Corporate Governance, has met individually with Executive Director colleagues to discuss the Health Board risks exceeding the Board's appetite and action being taken to mitigate them. All of these meetings have been held. Many changes have been reflected in the HBRR received by the Board and appended here, and further action is being taken following the most recent meetings for reflection in the next iteration of the register

There are 14 risks on the HBRR which 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. The status of these risks as at mid July 2021 is summarised below and presented in more detail within the Health Board Risk Register extract included at **Appendix 1**. The appendix includes the four risks assigned to other Committees for detailed scrutiny, but copied here for Quality & Safety Committee members' information only.

There are **no new risks** to report. **One risk has reduced in score** since the last committee meeting (HBR 49) and **one risk has been closed** by the Executive lead (HBR 15) – a new risk is to be added in its place at a future iteration of 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	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	The risk entry was revised substantially prior to the last meeting of the Committee. The risk has been reviewed more recently by the lead Executive Director and the score remains appropriate currently.
15 (737)	Vaccination & Immunisation If we fail to achieve population health improvement targets leading to an increase in preventable disease amongst the population resulting in increased morbidity impacting on operational and financial pressures	(20)	Risk Closed This risk was scored 15 previously and related to achievement of vaccination & immunisation targets other than those pursued by the Covid-19 programme (covering areas such as seasonal influenza and measles, mumps and rubella). The risk has been closed by the Director of Public Health – it will be replaced by a new risk reflecting current risk exposures.
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	The risk has been reviewed recently by the lead Executive Director and the score remains appropriate currently.
49 (922)	Trans-catheter Aortic Valve Implementation (TAVI) Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)	12	Risk score reduced from 16 Supporting information under <i>Additional Comments</i> has been revised to not the appointment of a Sonography trainer, the anticipated completion of training by 2 midwives in September, and the intent to prepare a business case for a 2 nd cohort.

Risk Reference	Description of risk identified	Current Score	Key Update
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	Action frequency amended from monthly to bi-weekly.
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	Following consideration by the Chief Operating Officer, this risk has been forwarded for further review by the Dental Director within the Primary Care & Therapies Service Group.
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	Register updated to reflect steps being taken to recruit, train and secure funding of staff (see <i>Additional Comments</i> section which has been refreshed and condensed).
65 (329)	CTG Monitoring on Labour Wards Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	20	Register updated to reflect the action to agree costings at a procurement meeting and update and submit the business case for a central monitoring system.
66 (1834)	Access to Cancer Services Delays in access to SACT treatment in Chemotherapy Day Unit	25	Actions revised to note: <i>Business case endorsed by CEO for shift of capacity to home care to be considered by the Management Board.</i> <i>A second business case is being developed to propose relocation of CDU to a vacant ward area, which would increase chair capacity.</i>
67 (89)	Risk target breaches – Radiotherapy Clinical risk – Target breaches of radical radiotherapy treatment	25	Register entry & layout refreshed. Section on current controls expanded. Actions revised to refresh timescales and to add:

Risk Reference	Description of risk identified	Current Score	Key Update
			<i>Explore the possibility of undertaking SABR treatment for lung cancer patients at SWWCC. Awaiting confirmation from WHSSC on whether they will commission SABR from SBUHB.</i>
68 (2299)	Pandemic Framework Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020.	20	Separate Covid 19- Risk Register in place. Further risks have been transferred from that register into the main health board register since the last meeting.
69 (1418)	Safeguarding Adolescents being admitted to adult MH wards resulting in potential safeguarding issues	20	Risk remains 20 currently.
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	Comments update at 7.7.21 indicate: Impact of BR+ shortfall will impact on the ability of the service prevent delay in IOL. BR+ shortfall compounded by high level of maternity leave and continue to support midwives who are shielding. Newly qualified midwives will join the workforce in September 2021. Action recorded reflects ongoing review of the risk
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	This risk has been reviewed and the score actively adjusted. The rationale for current score now records: Following reduction of the risk to 12 in view of reduced outbreaks at wards, further review by the EMD and Director of Public Health considers this should be increased again to 16 – reflecting less effective track-and-trace measures and indications that testing is not as effective on staff who have been fully vaccinated. The ongoing action frequency has been amended from weekly to monthly.
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	20	Terminology for describing this risk has been adjusted following the Board meeting from 'medically fit' to 'clinically optimised'.

Risk Reference	Description of risk identified	Current Score	Key Update
	is now returning to pre-COVID level of +50.		

As noted earlier, the most recent discussions with individual Executive Directors have highlighted further areas for amendment or review – these will be reflected in the next iteration of the register.

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 with Referral to Quality & Safety Committee

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. 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. There have been no changes to their risk scores since the last meeting in June.

Table 2 - Risks Assigned to Other Committees with Referral to Quality & Safety Committee

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.	16
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.	25
48 (1563)	CAMHS Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	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.	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.

Any 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 the Quality & Safety Committee for consideration.

4. COVID 19 RISK REGISTER

As noted earlier, following review undertaken at Gold Command longer term risks associated with Covid recovery have been transferred into the overall Health Board Risk Register where appropriate. The Covid-19 risk register has not been included with this paper as there are no operational risks assessed to be at or above the health board's current appetite score of 20 or above.

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, and the further changes being made in recognition of the changing risks facing the Health Board and the uncertainty in terms of modelling required as a result of the current 3rd wave of covid-19.
- **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"> Risks presented within Appendix 1 to this report are extracted from the full Health Board Risk Register which has previously been considered at Management Board and public Board meeting in July 2021. 	

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