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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22 June 2021		Agenda Item	3.2
Report Title	Risk Management Report – Quality & Safety Risks			
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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 last presented to the Quality & Safety Committee in April 2021. • Since then the Register has been revised, updated and considered by the Audit Committee and Management Board in May 2021. • At the request of the Chief Executive, Executive Directors are reviewing and refreshing register entries further, with a particular focus on actions and timescales assigned to address risks. This work is ongoing – the register attached reflects revisions made to date. • Arrangements are being made for the Director of Nursing & Patient Experience, supported by the Director of Corporate Governance, to meet individually with Executive Director colleagues to discuss the Health Board risks and action being taken to mitigate them. The Management Board is meeting in July to review the register and mitigating actions, and to consider any risks for which action are not considered sufficient. • The HBRR contains 15 risks assigned to the Quality & Safety Committee. A further four risks are identified within this paper which are overseen by other Committees but reported at the request of those Committees here due to the potential impact on the quality and safety of the services the Health Board provides. 			
Specific Action Required <i>(please choose one only)</i>	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, 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.

2. BACKGROUND

2.1 Health Board Risk Register (HBRR)

Swansea Bay University Health Board (SBUHB) is committed to providing safe and effective, high quality healthcare. We mandate a culture and environment, which minimises and actively seeks to reduce risk and promotes the health, safety and well-being of patients, staff, visitors and the general public.

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. SBUHB encourages staff to take ownership of their responsibilities through a two-way communication process, with appropriate training and support, to identify and manage risk.

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.

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 HBRR Quality & Safety Risks

There are fifteen risks on the HBRR which are assigned to the Quality & Safety Committee for oversight (three have been added since the last meeting), which are presented at **Appendix 1** for information.

Executive Directors have been asked to review and refresh their risk register entries. This process is ongoing, but some amendments have already been received and reflected in the register attached – they may be subject to further review and amendment.

Arrangements are being made for the Director of Nursing & Patient Experience, supported by the Director of Corporate Governance, to meet individually with Executive Director colleagues to discuss the Health Board risks and action being taken to mitigate them. The Management Board is meeting in July to review the register and mitigating actions, and to consider any risks for which action are not considered

sufficient. Any further revisions made to register entries following that process, will be brought back to the Committee in due course.

The table at Figure 1 highlights briefly key points in respect of changes made, approved by the Executive leads, following the last meeting:

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

Risk Reference	Description of risk identified	Current Score	Key Update
4 (739)	Infection Control The 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	Register content has been refreshed substantially by the Head of Nursing (Infection Prevention & Control).
43 (1514)	DoLS 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	Progress in implementing / reinstating controls has been updated and future dates refreshed, including an extension to the target date for the business case for the revised service model.
49 (922)	Trans-catheter Aortic Valve Implementation (TAVI) Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)	16	Supporting information under <i>Additional Comments</i> has been reviewed and condensed by the lead.
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	Update made within <i>Additional Comments</i> and historical content removed.
66 (1834)	Access to Cancer Services Delays in access to SACT treatment in Chemotherapy Day Unit	25	Target date for mitigating action extended and supporting information under <i>Additional Comments</i> reviewed, revised and condensed.
67 (89)	Risk target breaches – Radiotherapy	25	Supporting information under the <i>Additional Comments</i> section

Risk Reference	Description of risk identified	Current Score	Key Update
	Clinical risk – Target breeches of radical radiotherapy treatment		has been reviewed, revised and condensed.
69 (1418)	Safeguarding Adolescents being admitted to adult MH wards resulting in potential safeguarding issues	20	Risk score increased to 20. Register content refreshed by the lead, including new mitigating actions and timescales, assurances. Supporting information under <i>Additional Comments</i> has been condensed and refreshed.
58 (146)	Ophthalmology - Excellent Patient Outcomes The risk description has been refreshed: <i>Failure to provide adequate clinic capacity for follow-up patients in Ophthalmology results in a delay in treatment and potential risk of sight loss.</i>	20	Register content refreshed by the lead, including rationales for scores, controls in place (including additional funding & capacity), assurances in place, and the review and revision of supporting information under <i>Additional Comments</i> .
15 (737)	Population Health Targets Failure 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	Further review of this risk is pending.
68 (2299)	Pandemic Framework Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020.	25	Separate Covid 19- Risk Register in place. Some risks have been transferred from that register into the main Health Board Risk Register since the last meeting.
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	The review of this risk is ongoing, pending further discussion between the lead and the PCT Group Dental Director.

Since the last meeting, three additional risks have been added to the Health Board risk register for the particular attention of the Quality & Safety Committee:

- **Risk 74 Induction of Labour (IOL)**

Swnsea 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. There is a risk of delay in IOL or augmentation of Labour.

- **Risk 78 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. This risk also sits on the Covid-19 Gold Command risk register, but is copied to the health board register for monitoring by the Board.

- **Risk 80 Discharge of Medically Fit Patients**

There are high numbers of medically fit patients who are unable to be discharged due to various issues/delays. The number is now returning to pre-COVID level of +50.

The Committee is requested to ensure that the 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. 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 the risk scores since the last meeting in April.

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

As previously reported, these risks will continue to remain high risks, while 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

The Covid-19 pandemic is an ongoing pandemic of coronavirus disease 2019 (Covid-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Covid-19 outbreak has had a huge impact on core NHS services. As part of the health board's response a separate risk register was developed to log and manage the risks directly associated with the pandemic via the Gold Command function.

As focus is now being given to re-establishing services in line with the NHS Wales Covid-19 Operating Framework the content of the Covid-19 risk register is subject to ongoing review and those risks pertaining to ongoing service provision transferred to the Health Board Risk Register.

The full Covid 19 risk register is presented at **Appendix 2** for information. This includes information on closed risks and those transferred to other Committees and groups for oversight and management. The most recent updates are present in red font in the *Additional Comments* sections.

5. GOVERNANCE AND RISK

5.1 Risk Appetite & Tolerance Levels

The Board reviewed its Risk Appetite and Tolerance levels and set new levels for the staff to follow during the Covid-19 pandemic. Previously, the Board's risk appetite was that risks of 16 and above are considered high risks and risks which the Board considered actions should be taken as a priority to mitigate the risk and there is a low threshold to taking risk where it will have a high impact on the quality and safety of care being delivered to patients. Risk appetite and tolerance act as a guidance as to the risk boundaries that are acceptable and how risk and reward are to be balanced, as well as providing clarification on the level of risk the Board is prepared to accept.

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. 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.

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 <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"> • N/A 	
Appendices	<ul style="list-style-type: none"> • Appendix 1 – Health Board Risk Register (HBRR) Risks Assigned to the Quality & Safety Committee, • Appendix 2 - Covid-19 Risk Register. 	