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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 August 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 May 2022 HBRR extract at its June 2022 meeting. This report presents the June 2022 HBRR extract, but where updates have been received as part of the current July HBRR refresh cycle, these have been reflected in this covering report. The June HBRR currently contains 40 risks. Fifteen of these risks are assigned to the Quality & Safety Committee for oversight, 9 of which are at or above the Health Board’s current risk appetite score of 20 (this has reduced by one since the last meeting). 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 June 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

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. The final meeting of the Covid-19 Gold Command took place in April 2022. At that meeting, arrangements for the ongoing oversight of the remaining risks on the Covid-19 Gold risk log were agreed. Within the Datix risk register each risk has been assigned an executive lead, a senior manager accountable to the executive lead for the management of the risk, and a risk owner responsible for the management of the risk and update of risk information within the risk register.

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 Action to Update the HBRR

The QSC last received the May 2022 HBRR extract at its June 2022 meeting. Following circulation amongst Executive Directors for review, this report presents the June 2022 HBRR extract. Due to high levels of unplanned leave amongst senior staff in Midwifery, some risk templates have not been fully refreshed within the period. However, the Service Group Nurse Director of Midwifery Matron met with the Risk & Assurance team in August to discuss areas for refresh – where updates have been made already as part of the current July HBRR refresh cycle, these have been reflected in this covering report; others currently in progress will be incorporated into the July 2022 HBRR. Key recent changes are highlighted in red font in the extract attached at **Appendix 1**.

3.2 HBRR Quality & Safety Risks

The June 2022 HBRR currently contains 40 risks. Fifteen of these risks are assigned to the Quality & Safety Committee for oversight, nine of which are at or above the Health Board's current risk appetite score of 20 (this has reduced by one since the last meeting). Five 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	<p>The risk score remains unchanged currently.</p> <p>June 2022 HBRR Update: An action has been added to reduce key Tier 1 infections to no more than Welsh Government maximum profile by end of March 2023.</p> <p>Further update which will be reflected in July 2022 HBRR:</p> <ul style="list-style-type: none"> • The establishment of target trajectories and reporting of progress to service groups, SBU Infection Control Committee, Management Board and the QSC. • Extension to the target of ward-to-board dashboard development to the end of September. • Refreshment of gaps in assurance information. <p>The position in respect of cumulative numbers of Tier 1 infection cases (April to July 2022 inclusive) is follows:</p> <ul style="list-style-type: none"> • <i>C. difficile</i> – 56 cumulative profile – 32 maximum • <i>Staph. aureus bacteraemia</i> – 52 cumulative profile – 27 maximum • <i>E. coli bacteraemia</i> – 90 cumulative profile – 85 maximum • <i>Klebsiella spp. bacteraemia</i> – 33 cumulative profile – 25 maximum • <i>Pseudomonas aeruginosa bacteraemia</i> – 12 cumulative profile – 8 maximum. <p>This position will be reflected in the July 2022 HBRR.</p>
43 (1514)	Deprivation of Liberty Safeguards (DoLS) Due to a lack of Best Interest Assessor	16	Executive Director of Nursing	<p>The risk score remains unchanged currently.</p> <p>June 2022 HBRR Update:</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	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.			<ul style="list-style-type: none"> A band 6 Best Interest Assessor (BIA) has been appointed and starts in August 2022. A phase 1 bid for £102k Welsh Government funding to address breaches and support Mental Capacity Act training has been successful. Further funding is being sought. Numbers of assessments completed by agency BIAs were below projected levels – this was escalated to the provider and additional BIAs were allocated. A weekly target number of assessments has been agreed to address the backlog and ongoing DoLS submissions to prevent breaches. <p>The backlog is 56.</p>
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 (was 20)	Chief Operating Officer	Risk decreased. The risk had increased to 20 in July 2020 due to Covid-19 pandemic but has now been decreased due to the progress made by the department to reduce the number of delayed followed appointments.
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. June 2022 HBRR Update: It was previously indicated that a service extension had been agreed until 31 st May 2023 due to current theatre challenges. The Deputy Chief Operating Officer will be re-establishing a task & finish group in September 2022.
63 (1605)	Screening for Fetal Growth Assessment in line with Gap-Grow	16	Executive Director of Nursing	This risk score remains unchanged currently.

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	<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>			<p>The midwifery service is refreshing this risk as part of the current cycle and the update will be reflected in the July HBRR.</p>
<p>65 (329)</p>	<p>CTG Monitoring on Labour Wards 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 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.</p>	<p>20</p>	<p>Executive Director of Nursing</p>	<p>This risk score remains unchanged currently.</p> <p>The K2 central monitoring system has been purchased by the health board however is not yet installed. Full use of the system will be available from December 2022 when it is anticipated the risk will reduce.</p> <p>June 2022 HBRR Update: There is a potential delay with the installation of Central Monitoring however, it is still on track for December 2022.</p> <p>The midwifery service is refreshing this risk further as part of the current cycle and</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				the update will be reflected in the July HBRR.
66 (1834)	<p>Access to Cancer Services Delays in access to SACT (Systemic Anti-Cancer Therapy) treatment in Chemotherapy Day Unit</p>	20	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>June 2022 HBRR Update: Booking system revised to maximise chair usage and minimise wastage. The previous system block booked the entire treatment pathway, so when deferrals were required for multiple reasons the subsequent chair appointments were wasted. Now, each patient is booked cycle by cycle so when deferrals are needed which is common practice within chemotherapy plans then only one chair slot is potentially wasted – although, the team are working on highlighting within the waiting list patients that are suitable to be fast tracked into deferral slots.</p> <p>Chemotherapy staff have embraced the rationale for change and have worked hard to implement this with immediate effect. SACT reports are awaited to evaluate the effect on waiting times. Provisional reports are favourable and anecdotally booking clerks report they are currently scheduling new patients within 3 weeks.</p>
67 (89)	<p>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</p>	15	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>June 2022 HBRR Update: Linear accelerator delivered. Task & finish group has been set up to operationalise plans for delivering prostate hypofractionation.</p> <p>Since completion of the June HBRR, the timescale for first patient hypo-fractionated has</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
	radiotherapy treatment to patients.			readjusted to November 2022 (from September as marked).
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. The midwifery service is refreshing this risk as part of the current cycle and the update will be reflected in the July HBRR. This will include a reconsideration of the risk articulation and the associated mitigations.
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	20	Executive Medical Director	This risk score remains unchanged currently. Post June 2022 HBRR Update: Significant progress is being made to review cases of hospital acquired COVID 19 resulting in patients' death. The health board has started to contact families to notify them, followed up by written information on the process. Management are working with the Welsh Government Delivery Unit to standardise processes within each health board. Scrutiny Panels are being established for September to feedback lessons learnt to Service Groups and estimate level of harm. Legal & Risk services have been asked to support reviews to ensure we are following correct processes. The Board is updated on a regular basis with progress.

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>June 2022 HBRR Update:</p> <ul style="list-style-type: none"> The health board has engaged and are having bi-weekly meeting with Local Authority colleagues and the national lead for the Social Care taskforce. A dedicated task & finish group is to be established to develop plans to close 90 contingency beds, as per AMSR plan. A plan will be presented to Management Board in September 2022.
81 (2788)	<p>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.</p>	20	Executive Director of Nursing	<p>This risk score remains unchanged currently.</p> <p>Post June 2022 HBRR Update:</p> <ul style="list-style-type: none"> Interview dates are being confirmed for the current round of Band 6 midwife recruitment. A fourth round is to be initiated. A workforce paper is to be completed with the support of Finance, Workforce and colleagues from Cwm Taf to establish the vacancy position and develop a tracker. A task & finish group is being established to review establishments and roster templates. Recruitment is planned for a band 8A Lead Midwife role for Intrapartum Services. <p>Management Board has approved the suspension of home births until end of September 2022 to support effective deployment of staff on open services.</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<p>Work is being undertaken to maximise the centralization of community services between Neath, Swansea and Port Talbot including a modified schedule of routine antenatal and postnatal care directed by RCOG / RCM recommendations to support better deployment of staff resource.</p> <p>Enhanced bank rates have been implemented until further notice and there is continued use of off contract agency midwifery staff.</p> <p>The Community Health Council have been formally informed of the suspension of home birth services.</p> <p>The risk entry for this risk is being fully refreshed for the July HBRR. The above indicates some of the key actions taken and planned.</p>
84 (2561)	<p>Cardiac Surgery – A Getting It Right First Time (GIRFT)</p> <p>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.</p>	16	Executive Medical Director	<p>This risk score remains unchanged currently.</p> <p>An improvement plan has been developed in conjunction with WHSSC and agreed. Progress is monitored by Gold Command arrangements.</p> <p>June HBRR 2022 Update: Implementation of local improvement plan targeting areas of concern and implementing actions to reduce variation completed.</p> <p>Weekly meetings occur for the project leads; fortnightly meetings occur at a Silver level with service manager, head of nursing, clinical director and unit medical director to monitor progress.</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				<p>Monthly Executive Medical Director led meetings monitor governance and risk associated with the delivery of the recommendations, to ensure that processes and safety concerns are discussed and any changes made are sustainable for the future of the service. All progress is fed back to Welsh Health Specialised Services Committee.</p> <p>A further review process is now underway. Any outstanding actions will be reviewed via the Royal College of Surgeons action plan.</p>
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 – though there is greater clarity that the risk is leading to non-compliance with the Act's requirements. Most recent data shows that the Health Board is breaching statutory requirements with regards to response to statutory requests / referrals for a high proportion of statutory requests / referrals received. Data validation is in progress.</p> <p>An initial paper articulating the demand / capacity implications of the Act has been produced and shared with ALN Steering Group. Actions have been agreed to ensure greater clarity and visibility of data moving forward.</p> <p>Dialogue is ongoing with partner LAs relevant to future SLA arrangements.</p> <p>An ALN Operational Group has been formed a first task being to develop a work plan</p>

Risk Reference	Description of risk identified (Summary)	Current Score	Exec Lead	Key Update
				for 2022/23. The work plan is not completed in full yet. Additional project management resource has been secured and a .7 wte Project Manager is due to commence with the health board – awaiting start date. This will support the delivery of an ALN work plan for 2022/23.

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 (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

Ref	Description of Risk Identified (Summarised)	Exec Lead	Committee	Current Score
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

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