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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 April 2021		Agenda Item	4.4
Report Title	Risk Management Report – Quality & Safety Risks			
Report Author	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 updated Health Board Risk Register was presented to the Audit Committee and Board in March 2021. • An Executive Team meeting is planned to review the Health Board Risk Register entries in detail and focus on timey actions to mitigate the risk. • The Director of Nursing & Patient Experience will meet individually with Executive Directors to consider the effectiveness of the actions and escalate any areas of concern to the Director of Governance and Chief Executive. • The HBRR contains 12 risks assigned to the Quality & Safety Committee, and a further four risks have been requested to be reported to the Q&S Committees by other sub Committees of the Board in relation 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 checked="" 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 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. 			

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 Senior Leadership Team/Executive Team, relevant Board Committees and the Board.

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 HBRR Quality & Safety Risks

There are twelve risks on the HBRR which are assigned to the Quality & Safety Committee for oversight, which are presented at **Appendix 1** for information. An Executive Team meeting is planned to review all the Health Board Risks with a view to focusing on timely actions to mitigate the risks. In addition, the Director of Nursing & patient Experience will hold 1 to 1 meetings with Executive colleagues to discuss the Health Board risks and will escalate any areas on concern, in terms of actions which will not mitigate the risk, to the Director of Governance and Chief Executive.

A summary of the risks mapped to the relevant strategic objective is provided in table 1:

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

Risk Reference	Description of risk identified	Current Score	Key Update
4 (739)	<p>Infection Control Failure to achieve infection control targets set by Welsh Government could impact on patient and family experience of care.</p>	20	<p>The rate of increase in C. difficile cases has slowed, from a 75% increase year-on-year in November, to an approximate 20% increase in January 2021. There has been an improvement in Staph. aureus, E-coli and Pseudomonas aeruginosa bacteraemia, but a worsening of position in relation to Klebsiella spp. bacteraemia.</p> <p>Increased clinical presence of ICNs on wards, the extension of the service to include Primary Care and a 7 day service continues.</p> <p>With Covid nosocomial transmissions reducing, a greater emphasis on the Tier 1 targets will be made. Some in depth scrutiny working with microbiology to commence for Klebsiella.</p> <p>Progress in relation to E. coli and Pseudomonas bacteraemia, however, failed to achieve Tier 1 targets for C. difficile, Staph. aureus and Klebsiella bacteraemia. Targeted focus continues in relation to these.</p>
43 (1514)	<p>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.</p>	16	<p>DoLS and MCA Training provided to doctors and managers by Solicitor from Legal & Risk Services in January and February 2021.</p>
49 (922)	<p>Trans-catheter Aortic Valve Implementation (TAVI) Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)</p>	16	<p>Actions completed 08.03.21:</p> <ul style="list-style-type: none"> • Commission external review of the service by the Royal College of Physicians • Commission further case note review by the Royal College of Physicians <p>WHSSC informed the Health Board of its decision to de-escalate the TAVI service from its current Stage 3 to Stage 2 of the WHSSC Escalation process, having recognised that the service has delivered a significant improvement in the overall quality of the TAVI programme including the reduction in waiting times despite the pandemic.</p> <p>RCP 2nd report received which is positive. Clearly defined pathways now established,</p>

			<p>TAVIs being undertaken twice weekly. Managed by 2 independent TAVI nurses. Only 1 or 2 patients now waiting >25 weeks with reasons for this.</p> <p>New action 08:03:21: Continued oversight of outcomes by the Executive Medical Director, reporting to Quality and Safety committee regularly.</p>
63 (1605)	<p>Screening for Fetal Growth Assessment in line with Gap-Grow</p> <p>Due to the scanning capacity there are significant challenges in achieving this standard.</p>	20	<p>Midwife Trainee Sonographers have commenced training. Continue to work with radiology to provide a trainer for the trainees.</p> <p>recruitment for a fixed term 2 year role for a sonographer trainer will commence February 2021.</p> <p>Training currently being provided by appropriately trained obstetrician the two trainee midwife sonographers are making good progress in their university course and practical skills training.</p> <p>An ultrasound machine has been purchased from capital funds and will be installed by 31/03/2021 for midwife sonographer service use. relocation of some gynaecology clinics will free up space for a dedicated room in the antenatal clinic environment.</p>
65 (329)	<p>CTG Monitoring on Labour Wards</p> <p>Risk associated with misinterpreting abnormal CTG readings in delivery rooms.</p>	20	<p>Initial capital funding has been agreed. Meeting held with delivery unit finance director, head of IT and procurement to agree if tendering process required. Paper submitted to describe what specifications are required. Decision awaited from procurement lead if tendering process is required.</p> <p>Tenders have been received, Narrowed down to one suitable provider. Procurement are continuing with the process.</p> <p>Chosen provider for central monitoring system agreed.</p> <p>The chosen monitoring system will include a computerised analysis algorithm as recommended by HIW</p> <p>Funding for central monitoring approved for 2021/22</p> <p>Meeting to be arranged with provider and key stakeholders in SBU to commence the project toward installation and training.</p>
66 (1834)	<p>Access to Cancer Services</p> <p>Delays in access to SACT treatment in Chemotherapy Day Unit</p>	25	<p>03.03.21 - Action closed - Options appraisal paper to be produced for SSDU senior team by service group.</p> <p>Report rec'd from GE - still being worked through with colleagues. Capacity issues in infrastructure in Cancer Pharmacy team to expand Home Care Delivery team has come to light and is being developed in partnership with division and</p>

			<p>Pharmacy colleagues. As well as plans to look at development of additional chairs in NPTH</p> <p>Continuing to working with GE/B Braun around modelling work around gap. There some issues with report from GE. However work has identified 2 areas of work:</p> <ol style="list-style-type: none"> 1. Infrastructure for expansion of home care delivery for low risk drugs- Joint paper between pharmacy and cancer team under development. 2. Scoping up option of 7 additional chairs initially (exact number TBC) in NPTH. <p>New action: Expansion of home care delivery and additional chair capacity - SACT group.</p>
67 (89)	<p>Risk target breaches – Radiotherapy Clinical risk – Target breeches of radical radiotherapy treatment</p>	25	<p>Number of projects around hypo fractionation treatments have been developed and are being developed. Breast hypo fractionation has been agreed and additional resources were given in Qtr 3-4 to support this. Recruitment to posts is just been finalised. Work for hypo fractionation in prostate in partnership with Urology teams in SBU and HD is in development stage and is included as priority in annual plan. Clinical fellow to support hypo fractionation development work in pancreas has also been supported on fixed term basis and is due to commence in April/May 21. Case for Lung Hypo fractionation has also been developed and is with WHSSC for consideration. Without investment unless we see drop in demand risk will not be reduced.</p>
69 (1418)	<p>Safeguarding Adolescents being admitted to adult MH wards</p>	20	<p>Action Completed - Revised pathway and guidance for the management of CYP with emotional well- being issues presenting in the ED in Morriston has been developed in conjunction with CAMH service. A paper presented to and approved by Safeguarding Committee on 9th December 2020.</p>
58 (146)	<p>Ophthalmology - Excellent Patient Outcomes There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty.</p>	20	<p>Additional glaucoma clinic capacity now available in Wellbeing Centre, Swansea University, but overall capacity is still below pre-COVID levels due to social distancing requirements and the theatre capacity only being allocated to Priority 2 patients. Gold Command process in place to regularly review recovery plans. Work ongoing with Hywel Dda HB on regional solutions.</p>
15 (737)	<p>Population Health Targets Failure to achieve population health improvement targets leading to an increase in preventable disease amongst</p>	20	<ul style="list-style-type: none"> • The impact of COVID-19 has been to disrupt usual population health activities. This disruption is ongoing.

	the population resulting in increased morbidity impacting on operational and financial pressures.		<ul style="list-style-type: none"> • Control measures have had a mixed impact on behaviours associated with health eg ability to undertake exercise has been negatively affected. • There will be a legacy of adverse psychological effects which will require community-based approaches to mitigate. This is likely to require a sustained response over several years. • COVID-19 has had a disproportionate impact on those with existing poor health or underlying risk factors and also impacted more severely on those areas of high deprivation. Overall inequities in health are likely to increase as a consequence.
68 (2299)	Pandemic Framework Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020.	25	Separate Covid 19- Risk Register
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	Task and Finish Group re-established first meeting on 1st December to progress transfer to Morriston Hospital by 31st May 2021. However the limited theatre capacity available due to Covid restrictions has resulted in an extension of the contract with Parkway until June 2022 being negotiated.

The Committee is requested to accept the HBRR entry risks, subject to any changes, to oversee, scrutinise and challenge in terms of actions being taken to minimise the risks and to ensure the agenda is set to cover these areas of risks to enable reporting to the Board.

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.

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

These risks, which relate to potential events or impacts, will continue to remain whilst the Health Board responds to the evolving Covid-19 pandemic, and may become more of a reality over the next few months whilst the Health Board experiences increased demand for services. In addition, their management needs will need to be balanced with the Health Board's ability to respond to the pandemic, as the Board remains accountable for the risks that they are carrying. These risks will be carefully considered and included into the Health Boards response to recovery from the Covid-19 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, also known as the coronavirus 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.

The focus is now on re-establishing essential services in line with the NHS Wales Covid-19 Operating Framework and a review is being undertaken in terms of which risks will now need to transfer to the Health Board Risk Register.

The Covid 19 risk register is presented at **Appendix 2** for information. There are currently three risks assigned to the Quality & Safety Committee for oversight, as outlined in table 3:

Table 3 – Covid 19 Risks Assigned to the Quality & Safety Committee

Risk Ref	Description of risk identified	Current Score	Key Actions to Mitigate Risk
2521	<u>NEW risk added November 2020</u> <u>Nosocomial transmission</u> 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	<ul style="list-style-type: none"> Preventative measures are in place including testing on admission, segregating positive, suspected and negative patients, reinforcing PPE requirements, and a focus on behaviours relating to physical distancing. As part of the response, measures have been enacted to oversee the management of outbreaks.
2370	<u>Care Homes</u> (reduced from 25 to 12)	12	<ul style="list-style-type: none"> Increased our monitoring of care homes;

	Potential failure in local care home sector to manage staff absences could result in emergency closure of care home which will place undue pressure and therefore on community health and social services to support and/or lead to an increase in patient admission to hospital. Risk of patient harm if care homes are not adequately covered.		<ul style="list-style-type: none"> Established weekly reporting of care homes; Manage our hotspots with our partners; Testing of residents and staff has been completed and pathways to testing remain in place. When needed we have stepped in and physically supported the homes.
2457 (15a)	Mass Vaccination (Medium Term) The Health Board has operationalised its Mass Vaccination Programme in line with the strategic plan submitted to WG in 2020.	15	<ul style="list-style-type: none"> A Silver immunisation cell has been mobilised and work cells identified to establish detailed plans within known parameters. Influenza planning is proceeding at pace and this will be prioritised for early delivery in Sept/Oct ahead of COVID-19 vaccine. Exercise to test mass vaccination planning. DE to review in light of ongoing changes to pattern of use of AstraZeneca.
2613 (15b)	Mass Vaccination (Short Term) The Health Board is developing its forward plan which will aim to vaccinate a greater percentage of the population as part of the overall public health response. There are medium term risks around the allocation of sufficient vaccine to enable the programme to progress. In the medium term, there is an assumption that primary care will continue to be able to support the programme.	16	<ul style="list-style-type: none"> Further options are being explored to enable a flexible delivery model including the establishment of Local Vaccination Centre. Discussions are taking place with primary care to secure ongoing support to utilise the PCCIS scheme to enable vaccine to be delivered closer to people's home.

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 acts 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 will be 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, Units and in Departments. 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"> • 21 October 2020 - Risk Management Group • 11 November 2020 - Executive Team • 12 November - Audit Committee • 26 November – Board • 15 December – Quality & Safety Committee 	

	<ul style="list-style-type: none">• March 2021 – Audit Committee and Board
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.