Meeting Date	23 February 2020	Agenda Item	4.2
Report Title	Risk Management Report – Quality & Safety Risks		
Report Author	Jacqui Evans, Interim Assistant Head of Risk & Assurance		
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	• The updated Health Board Risk Register was presented to the Audit Committee on the 12 January 2021, and to the Board on the 28 January 2021, • In October 2020 each Executive Director was requested to review the risk scores in light of the new escalation and intervention arrangements, balanced with the significant ongoing risks relating to the second, and potentially third wave of the Covid 19 pandemic, • The Executive Team reviewed and approved the updated HBRR on the 11 November 2020, • 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, • In recognition that Covid-19 is a significant "issue" for the Health Board, a specific covid-19 risk register has been introduced, which is overseen by the Covid-19 Gold Command meetings. There are 4 high risk Covid 19 risks assigned to the Q&S Committee for oversight.		

Specific Action Required *(please choose one only)*	Information	Discussion	Assurance	Approval
	☒	☒	☒	☐

Recommendations	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.

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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. Updates to the individual risks are outlined in red within the appendix.

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)	**Infection Control** Failure to achieve infection control targets set by Welsh Government could impact on patient and family experience of care.	20	• Health Board performance against all Tier 1 infection reduction goals for 2020/21 remains a challenge, although there has been improvement in relation to year-on-year comparisons (against April 2019 – January 2020 cases):
			  – *Staph. aureus* bacteraemia – 12% decrease
			  – *E. coli* bacteraemia – 25% decrease
			  – *Pseudomonas aeruginosa* bacteraemia – 35% decrease.
			
			• The position in relation to *C. difficile* has improved, with a decrease in monthly cases for the fifth successive month. However, 19% increase in year=-on-year position. The impact of the second wave of COVID may affect sustained improvement.
			• 19% increase in *Klebsiella spp.* bacteraemia cases year-on-year. A number of these have had concurrent COVID-19, and it is uncertain whether this has contributed to the bacteraemia.
			
			As a consequence of COVID, collaboration with Local Authority will result in the appointment of an IPC Nurse for Care Homes. Funding agreed to March 2022.

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	• DoLS and MCA Training provided to doctors and managers by Solicitor from Legal & Risk Services in January and February 2021.
49 (922)	**Trans-catheter Aortic Valve Implementation (TAVI)** ==(Reduced from 20 to 16)== Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)	16	• RCP reports received for first cohort case note reviews and site visit. Action plans implemented. All posts identified as essential in the RCP reports have been appointed to. • Development of Quality and Safety Dashboard. Oversight and scrutiny by Quality and Safety Committee • Regular briefings and reports are provided to key stakeholders including WHSSC, Welsh Government and Hywel Dda UHB. • The service has felt some impact from COVID, particularly at peaks of COVID prevalence, but the service has continued to operate. • The RCP have undertaken a review of a second cohort of case notes and their report is awaited.

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63 (1605)	**Screening for Fetal Growth Assessment in line with Gap-Grow** Due to the scanning capacity there are significant challenges in achieving this standard.	20	• Forthcoming interviews on 11.12.2020 for midwife trainee sonographers with a view to commence training in January 2021. Working with radiology to provide training opportunities with antenatal clinics.
65 (329)	**CTG Monitoring on Labour Wards** Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	20	• 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.
66 (1834)	**Access to Cancer Services** Delays in access to SACT treatment in Chemotherapy Day Unit	25	• 13.01.21 Work has identified significant gap in our chair capacity- current shortfall 7, with an additional 10 chairs required by 2023/24, based on current horizon scanning. Final report confirming this is outstanding. Working on project plan around how we deliver the increased 7 chairs.
67 (89)	**Risk target breaches – Radiotherapy** Clinical risk – Target breeches of radical radiotherapy treatment	25	• RT recovery plan (part 1 Breast Hypofractionations) when to Reset and Recovery on 01.09.20 and was approved. • 04.01.21 - Delay due to Covid in finalising recovery plan. Recovery plan for Breast hypofraction work that releases capacity was agreed and staff being appointed to. Working to start date of Feb 21 for these additional staff. Prostate Case is being finalised plan to go to Reset and Recover end Jan 21/Mid Feb 21. Working with surgeons to finalise pathway.
69 (1418)	**Safeguarding** Adolescents being admitted to adult MH wards	20	• 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.
58 (146)	**Ophthalmology - Excellent Patient Outcomes** There is a failure to provide adequate clinic capacity to support follow-up patients within the Ophthalmology specialty.	20	• The progress made in reducing follow up patients has been reversed due to significant reduction in capacity during pandemic. Revised action plans to recover the position have been developed but are reliant on post Covid activity levels being restored.

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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. <mark>Risk rate increased from 15 to 20</mark>	20	• The impact of COVID-19 has been to disrupt usual population health activities. This disruption is ongoing. • 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. In order to free up enough capacity to deal with the initial peak of the pandemic, the NHS was forced to shut down or significantly reduce many areas of non-COVID care during April, May and June 2020. This, combined with fewer patients seeking care during lockdown, means that there has been a significant drop in elective procedures, urgent cancer referrals, first cancer treatments and outpatient appointments.

The Health Board is in unprecedented times, and the evolving Covid-19 situation poses some practical challenges in terms of board governance, transaction execution and statutory compliance commitments. As they focus on business continuity and crisis management, directors must be in a position to make effective and swift boardroom decisions. Boards remain accountable at times of national crisis and it is important they are seen to be doing the right thing[1] (Good Governance Institute, 2020) and the rationale behind key decisions is transparent. In the context of Covid-19 the strategic governance of the organisation has to be agile. There also needs to be clarity

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[1] https://www.good-governance.org.uk/blog-post/boards-remain-accountable/

on 'changed' roles and responsibilities, decision making, communication and record keeping. Whilst substantial amounts of management time will be focussed on ensuring that the Health Boards response is coordinated and effective, there is a risk that quality governance and oversight may not be as robust as the resource/capacity of our staff is stretched in an unprecedented way which is changing on a daily basis.

In addition, the Minister of Health and Social Services announced on 13th March 2020, a framework of actions, within which local health and social care providers could make decisions to ensure that preparations could be made in a planned and measured way for managing Covid-19 and included:

- Suspending non-urgent outpatient appointments and ensure urgent appoints are prioritised;
- Suspending non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery);
- Prioritising the use of Non-Emergency Patient Transport Service to focus on hospital discharge and ambulance emergency response;
- Expediting discharge of vulnerable patients from acute and community hospitals;
- Relaxing targets and monitoring arrangements across the health and care system;
- Minimising regulation requirements for health and care settings;
- Fast tracking placements to care homes by suspending the current protocol which give to right to a choice of home;
- Permission to cancel internal and professional events, including study leave, to free up staff for preparations;
- Relaxation of contract and monitoring arrangements for GPs and primary care practitioners; and
- Suspending NHS emergency service and health volunteer support to mass gatherings and events.

The focus is now on re-establishing essential services in line with the NHS Wales Covid-19 Operating Framework. Covid-19 business decisions are made against the backdrop of quickly-changing circumstances on the ground, and the Covid-19 risk register offers an essential framework for informing those choices. The risk register accomplishes this by keeping the spotlight on operational changes and offering a structured method to identify and mitigate the derivative risks.

Whilst substantial amounts of management time will be focussed on ensuring that the Health Boards response is coordinated and effective, there is a risk that quality governance and oversight may not be as robust as the resource/capacity of our staff resource is stretched in an unprecedented way which is changing on a daily basis.

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	**NEW risk added November 2020** **Nosocomial transmission –** (Reduced from 25 to 20) 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	• 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	**Care Homes** (increased from 20 to 25) 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.	25	• Increased our monitoring of care homes; • 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	**Mass Vaccination** (Reduced to 16) The Health Board has operationalised its Mass Vaccination Programme in line with the strategic plan submitted to WG in 2020. Risk has now generated a new risk	16	• 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.
2613	**Mass Vaccination (**New risk added January 2021 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	• 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

4.1 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.

An internal audit assessment of risk management processes is being undertaken in February 2021 and the findings will be reported to the Audit Committee.

4.2 Risk Management Group (RMG)
The Risk Management Group meet on a quarterly basis and oversee the escalation of all risks and report to the Senior Leadership Team (SLT) on progress.

The Group last met on the 21 October 2020 and:

- Reviewed the HBRR and high level Covid Risk Register;
- Considered the updated Risk Management Policy,
- Considered and updated the Groups Terms of Reference;
- Considered and updated the Risk management policy; and
- Received an update on the Board Assurance Framework;
- The Director of Corporate Governance requested that Executive Directors/Service Directors review their existing operational risks on the Datix Risk Module (taking into account the positive /negative impacts that Covid-19 may have had on them).

To ensure effective governance the interim Assistant Head of Risk and Assurance is supporting the Executive Directors/Service Directors to review and manage their risks. Ensuring regular reporting of the updates to the Executive Team, the Audit Committee and the Board for review.

The next meeting is on the 9 March 2021.

4.3 Risk Scrutiny Panel

The Risk Scrutiny Panel meet on a monthly basis and oversee the escalation of all risks and ensure the risk management process is followed. The Panel ensures the effectiveness of the Health Board's risk management system and consider risks rated as 20 and above (usually 16 and above, but 20 and above based on the 20 and above risk appetite) and review on a monthly basis a trigger of risks rated 16 and above received from the Service groups and Corporate Directorates, and consider themes of risks emerging from Service Group/Service/Department Level which are below 16 although collectively could require escalation to the Risk Management Group (RMG)/Senior Leadership Team (SLT) for consideration for inclusion on the HBRR. The panel last met on the 21 January 2021, the next meeting is on the 22 February 2021.

The risk management framework will be subject to an internal audit assessment starting on the 23 February 2021.

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 *(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	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

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	• 21 October 2020 - Risk Management Group • 11 November 2020 - Executive Team • 12 November - Audit Committee • 26 November – Board • 15 December – Quality & Safety Committee

Appendices	• Appendix 1 – Health Board Risk Register (HBRR) Risks Assigned to the Quality & Safety Committee, • Appendix 2 - Covid-19 Risk Register.