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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 October 2021	Agenda Item	5.1
Report Title	Risk Management Report – Quality & Safety Risks		
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Report Sponsor	Pam Wenger, Director of Governance		
Presented by	Neil Thomas, Assistant Head of Risk & Assurance		
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 full Board in July 2021. • Risk register entries been shared with Executive Director leads to update where appropriate. The Register attached reflects revisions made up to mid-October 2021. The register is scheduled for endorsement at Management Board on 20th October. • The Health Board continues to operate at the increased risk appetite level of 20 as determined at the outset of the pandemic (a level of 16 was its pre-pandemic position). • The HBRR currently contains 39 risks. Fifteen of these are assigned to the Quality & Safety Committee for oversight, 10 of which are at or above the Health Board's current risk appetite score of 20. • The Covid-19 risk register is managed within the Covid-19 Gold Command structure. It has not been included in recent reports as its operational risk scores were below the Board's current appetite of 20. In recent weeks, scores have risen for two risks to meet this threshold – COV004 <i>Covid-related Sickness Absence</i> and COV009a <i>Workforce Shortages</i>. These risks are summarised within this report for information. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" 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. • DISCUSS the risks assigned to the Quality & Safety Committee and endorse the mitigating action being taken to manage the risks. 		

RISK MANAGEMENT REPORT – QUALITY & SAFETY RISKS

1. INTRODUCTION

The purpose of this report is to inform the Quality & Safety Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Quality & Safety Committee for scrutiny.

2. BACKGROUND

2.1 Risk Management Framework

The Audit Committee is responsible for overseeing the overall operation of the risk management framework and providing assurance the Board in that respect. While this is the case, individual risks have been assigned to other Board committees for more detailed scrutiny and assurance, with the intention that committee work programmes be aligned so that progress made to address key risks is reviewed in depth. Regular HBRR update reports are submitted to the Health Board and the committees of the Board to support this.

Executive Directors are responsible for managing risk within their area of responsibility.

Risk Register management is supported by a Risk Management Group (RMG) which is responsible for overseeing the operational management of risk, ensuring local systems and processes are in place and are operating effectively to ensure appropriate reporting and escalation. The Group meets quarterly and it last met in August 2021.

Additionally, a Risk Scrutiny Panel meets monthly, and is responsible for moderating new risks and escalated risks to the Health Board Risk Register (HBRR) and Board Assurance Framework (BAF). Executive Directors are notified and consulted with, as appropriate, in terms of the escalation and de-escalation of risks. The Panel last met in August 2021.

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.

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. Several of the longer term risks associated with Covid recovery have been transferred into the overall Health Board Risk Register. Risks remaining on the Covid-19 register are overseen by Gold Command and reviewed weekly. Routine inclusion of the Covid-19 register ended following this as the assessment scores for remaining risks have been below the Board's current appetite of 20. At the Gold Command meeting on 11th October scores were increased for two risks to reach this threshold. These risks are highlighted briefly within this report for information.

3. MANAGEMENT OF QUALITY & SAFETY RISKS

3.1 Action to Update the HBRR

Risk entries have been shared and lead Executive Directors asked to review and update them where they no longer reflect the current position. Updates have been reflected. Additionally, we have amended the names of Executive risk leads recognising the recent changes at the Board. The Register extract attached at **Appendix 1** reflects revisions made up to mid-October 2021. The register is being presented to the Management Board on 20th October for endorsement. Key changes made since the July version of the register are highlighted in red font.

The HBRR currently contains 39 risks. Fifteen are assigned to the Quality & Safety Committee for oversight, 10 of which are at or above the Health Board's current risk appetite score of 20. The status of these risks as at early October is summarised below and presented in more detail within the Health Board Risk Register extract included at **Appendix 1**. The appendix includes the four risks assigned to other Committees for detailed scrutiny, but copied here for Quality & Safety Committee members' information only.

- One new risk has been added to the register. It has a risk score of 25 (ref HBR81 *Critical Staffing Levels: Midwifery*).
- Three risks previously recorded with scores of 25 have been reviewed and the scores reduced by the Executive leads (refs HBR 50, 66, 67 relating to *Access to Cancer Services*, *Cancer: Delays in Access to SACT*, and *Radiotherapy Target Breach* risks respectively).

- One risk has been proposed for closure by the Executive lead (ref HBR 49 *Trans-catheter Aortic Valve Implementation - TAVI*) – it will be removed following endorsement of the register at the 20th October Management Board meeting.

Table 1 below highlights where there have been key changes of note since the last meeting of the Committee. Where there are changes in risk status or score these are highlighted in bold:

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

Risk Reference	Description of risk identified	Current Score	Key Update
4 (739)	Infection Control This risk description has been refreshed: Failure to achieve Welsh Government infection reduction goals, and a higher incidence of Tier 1 infections than average for NHS Wales. Risk of nosocomial transmission of infection.	20	The risk score remains unchanged currently. Additional narrative provided by management explains that current service pressures are high, and surge capacity is being utilised, leading to instances of over-occupancy, which increases risks. Currently ventilation in majority of clinical wards does not provide the recommended six air changes per hour, particularly required in areas where patients with viral respiratory infections are cared for. Mitigation currently has to be by the use of natural ventilation, facilitated by opening windows where possible. This may reduce environmental temperatures for patients, to potentially uncomfortable levels. Lack of isolation facilities is exacerbated over winter months due to the increased incidence of seasonal viral infections, such as Influenza, Respiratory Syncytial Virus, and Norovirus. Increased length of stay and staff shortages increase potential infection risks.
43 (1514)	Deprivation of Liberty Safeguards If the Health Board is unable to complete timely completion of DoLS Authorisation then the Health Board will be in breach of legislation and claims may be received in this respect.	16	This risk is currently being updated to reflect the court of protection cases
49 (922)	Trans-catheter Aortic Valve Implementation (TAVI) Failure to provide a sustainable service for	12	Proposed for closure Notification from WHSSC indicates TAVI has been formally de-escalated; The Royal College of Physicians has also

Risk Reference	Description of risk identified	Current Score	Key Update
	Trans-catheter Aortic Valve Implementation (TAVI)		formally signed-off and ended its involvement. The risk score is now at the target score and it has been agreed by the Executive Medical Director that risk can now close.
58 (146)	Ophthalmology - Excellent Patient Outcomes Risk of failure to provide adequate clinic capacity for follow-up patients in Ophthalmology results in a delay in treatment and potential risk of sight loss.	20	This risk remains unchanged.
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	This risk remains unchanged.
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	This risk remains unchanged.
65 (329)	CTG Monitoring on Labour Wards Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	20	This risk remains unchanged. Dates have been adjusted for actions.
66 (1834)	Access to Cancer Services Delays in access to SACT treatment in Chemotherapy Day Unit	25	Risk score proposed for reduction from 25 to 20. The Senior Cancer Lead has revised the articulation of this risk, the actions and assurances in place. Chairs closed during Covid have been reintroduced so the likelihood of the risk has been reduced, and so the overall risks score reduced accordingly.

Risk Reference	Description of risk identified	Current Score	Key Update
67 (89)	Risk target breaches – Radiotherapy Clinical risk – Target breaches of radical radiotherapy treatment	25	Risk score proposed for reduction from 25 to 15. At present 70 patients to be outsourced which increases capacity. New Linac building work underway, which will increase capacity in near future. Additional mitigating actions have been reflected within the risk template.
68 (2299)	Pandemic Framework Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020.	20	This risk remains unchanged.
69 (1418)	Safeguarding Adolescents being admitted to adult MH wards resulting in potential safeguarding issues	20	This risk remains unchanged. The ongoing risks have recently been raised at an all Wales level with Welsh Government and a formal review is anticipated. The Service Group continues to flag the risk particularly in respect of Ward F.
74 (2595)	Delay in Induction of Labour Swansea BAY UHB have developed a local guideline for the management of IOL based on NICE guidance. Women are booked for IOL by a senior obstetrician either for clinical reasons (which may be for fetal or maternal factors) and for prolonged pregnancy at 41+6 when spontaneous labour has not occurred.	20	This risk remains unchanged.
78 (2521)	Nosocomial Transmission Nosocomial transmission in hospitals could cause patient harm; increase staff absence and create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks	16	This risk remains unchanged.
80	Discharge of Clinically Optimised Patients There are high numbers of clinically optimised patients who are unable to be discharged from a medicine	20	This risk remains unchanged.

Risk Reference	Description of risk identified	Current Score	Key Update
	bed due to various issues/delays. The number is now returning to pre-COVID level of +50.		

The Committee is requested to ensure that its agenda provides for the scrutiny and challenge of actions being taken to address the risks, and supports the reporting of assurance to the Board accordingly.

3.2 Risks Assigned to Other Committees

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

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

1 (738)	Access to Unscheduled Care Service (<i>risk score increased</i>) Failure to comply with Tier 1 target for Unscheduled Care could impact on patient and family experience of care.	46 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.	25
48 (1563)	CAMHS Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	16
50 (1761)	Access to Cancer Services (<i>risk score reduced</i>) Failure to sustain services as currently configured to meet cancer targets could impact on patient and family experience of care.	25 20

As previously reported, these risks will continue to remain whilst the Health Board responds to the evolving Covid-19 pandemic, and some may materialise over the next few months whilst the Health Board experiences increased demand for services. The Board remains accountable for the risks it is carrying and the management of those risks will need to be balanced with the Health Board's ability to respond to the pandemic.

3.3 Operational Quality & Safety Risks

Each Service Group and Directorate hold their own risk registers, which outline the operational risks facing each Service Group/directorate.

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/or Risk Scrutiny Panel and the Quality & Safety Committee for consideration.

4. COVID 19 RISK REGISTER – HIGHEST RISKS

At the Gold Command meeting on 12th October, scores for two risks on the Covid-19 risk register were increased, reaching the Health Board's risk appetite score of 20. These risks are highlighted briefly below for information. Risks remaining on the Covid-19 register are overseen by Gold Command and reviewed weekly:

Covid-19 Register Ref	Risk Detail	Current Risk Score
COV 004	Covid related sick absence Number of staff who are absent from work through self-isolation or family illness will impact on ability to deliver safe care for patients; and will impact on ability to keep capacity open and to staff surge and super surge capacity. Note: This risk only captures the total of staff absence as reported weekly to Welsh Government risk score reflects the position in comparison with wave one position which peaked at 1700 staff absent.	20
COV 009a	Workforce Shortages Risk to service provision, deployment plans and Health Board strategic workforce related developments i.e. surge capacity, field hospital / immunisation programme in the context of the number of available staff. Factors impacting cover Covid and general sick absence, deployment restrictions relating to staff Covid risk assessment, general turnover, Outbreaks. Key risk areas where specific workforce shortages impact is the greatest e.g. ITU, A&E, Covid wards are reflected in the overall score.	20

5. GOVERNANCE AND RISK

5.1 Risk Appetite & Tolerance Levels

As noted earlier, members of the Board agreed that the risk appetite, whilst dealing with Covid-19, would increase to 20 and above for an initial period of 3 months. These arrangements have been reviewed regularly by the Executive Team, Audit Committee and the Board, but the appetite has not changed since and remains at 20 currently.

6. FINANCIAL IMPLICATIONS

There are financial implications to minimising the risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health Board, Service Groups and Directorates. Capital monies will also be required in relation to supporting the improvements required to improve and further detail is provided in the individual entry on the HBRR.

7. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality & Safety Committee.
- **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"> This report provides an update on the risk profile reported in August 2021. Risk updates provided reflect those due for endorsement at Management Board on 20th October. 	
Appendices	<ul style="list-style-type: none"> Appendix 1 – Health Board Risk Register (HBRR) Risks Assigned to the Quality & Safety Committee 	