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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 October 2020	Agenda Item	2.1
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	<ul style="list-style-type: none"> The updated Health Board Risk Register was presented to the Audit Committee on the 12 November 2020, and to the Board on the 26 November 2020, 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 3 high risk Covid 19 risks assigned to the Q&S Committee for oversight. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" 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, 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 2nd wave of covid-19, and the risk of a potential 3rd wave, 		

	<ul style="list-style-type: none">• DISCUSS the risks assigned to the Quality & Safety Committee and endorse the mitigating action being taken to managed 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 assigned to the Quality & Safety Committee for oversight, which are presented at **Appendix 1** for information.

In October 2020 each Executive Director was requested to review the risk score 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. 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 below:

Table 1 – HBRR Risks Assigned to the Quality & Safety Committee Mapped by Strategic Objective

Strategic Objective	Risk Reference	Description of risk identified	Current Score
Best Value Outcomes from High Quality Care	4 (739)	Infection Control Failure to achieve infection control targets set by Welsh Government could impact on patient and family experience of care.	20
	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
	49 (922)	Trans-catheter Aortic Valve Implementation (TAVI) Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)	20
	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
	65 (329)	CTG Monitoring on Labour Wards Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	20
	66 (1834)	Access to Cancer Services Delays in access to SACT treatment in Chemotherapy Day Unit	25
	67 (89)	Risk target breaches – Radiotherapy Clinical risk – Target breeches of radical radiotherapy treatment	25
	69 (1418)	Safeguarding Adolescents being admitted to adult MH wards	20
	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
Partnerships for Improving Health and Wellbeing	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.	15
	68 (2299)	Pandemic Framework Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020.	25

	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
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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 thing¹ (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 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 appointments 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;

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

- 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 below:

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

Risk Ref	Description of risk identified	Current Score	Key Actions to Mitigate Risk	Lead Committee
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	25	<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. 	Quality & Safety Committee
2370	<u>Care Homes</u> 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.	20	<ul style="list-style-type: none"> • 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. 	Quality & Safety Committee

2457	<p>Mass Vaccination The Health Board will need to plan a mass vaccination programme for COVID-19 vaccine alongside management of the annual influenza programme. This will present a number of challenges, including workforce availability, logistics and supply, parallel delivery with the influenza programme and the constraints around co-administration, as well as administrative and information management considerations. Further detail is expected from WG shortly.</p>	20	<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. 	Quality & Safety Committee
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5. GOVERNANCE AND RISK

5.1 Escalation & Intervention Arrangements

The Welsh Government written statement published on the 7 October 2020 advised that SBUHB been de-escalated from targeted intervention status to ‘enhanced monitoring’ status², as it had demonstrated that it had a clearer understanding of its finances and the required actions, there has been a clearer approach to performance, and an improvement in some of the measures under consideration, including cancer and infections. Whilst this, is indicative of positive progress, the written statement also stated that concerns remained that unscheduled care and waiting times needed to see sustained improvement in performance.

Therefore, in October 2020 each Executive Director was requested to review the risk score 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 updated risk register was presented to the Audit Committee on the 12 November 2020 and to the Board on the 26 November 2020.

5.2 Updated Risk Management Policy & Terms of Reference

5.2.1 Risk Management Policy

To ensure effective governance the Risk Management policy has been updated to incorporate the internal audit recommendations made in April 2020. The updates include:

- Reference to the responsibility of the Senior Leadership Team (SLT),
- consistent language and terminology between the body of the policy (6.5.5.) and Appendix 2, in terms of arrangements for the escalation of risk,

² Written Statement: Escalation and Intervention Arrangements, 7 October 2020 <https://gov.wales/written-statement-escalation-and-intervention-arrangements-2>

- updated membership list, to include the attendance of two representatives from the Service Delivery Units (SDU's),
- a process for reporting "nil returns",
- include specific terms of reference for the risk scrutiny panel,
- makes a clearer reference to the Board Assurance Framework (BAF),
- reference to the "Simple Guide to Risk Management".

The updated risk management policy was endorsed by the Risk Management Group meeting 21 October 2020 and approved by the Executive Team 11 November 2020.

5.2.2 Risk Management Group Terms of Reference (TOR)

For completeness the Risk Management Group's (RMGs) terms of reference (TOR) have also been reviewed in tandem with the risk management policy. The updates include:

- Reference to the responsibility of the Senior Leadership Team (SLT);
- a process for reporting "nil returns",
- a description of the relationship between the RMG and the Risk Scrutiny panel,
- Specific terms of reference for the risk scrutiny panel, including role and delivery of the panel, the membership of the panel comprising of internal and external members and reference to devising an annual forward plan of business.

The updated TOR were endorsed by the Risk Management Group meeting 21 October 2020 and approved by the Executive Team 11 November 2020.

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 2nd wave of covid-19, and the risk of a potential 3rd wave,
- **DISCUSS** the risks assigned to the Quality & Safety Committee and endorse the mitigating action being taken to managed 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 	

Appendices

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