



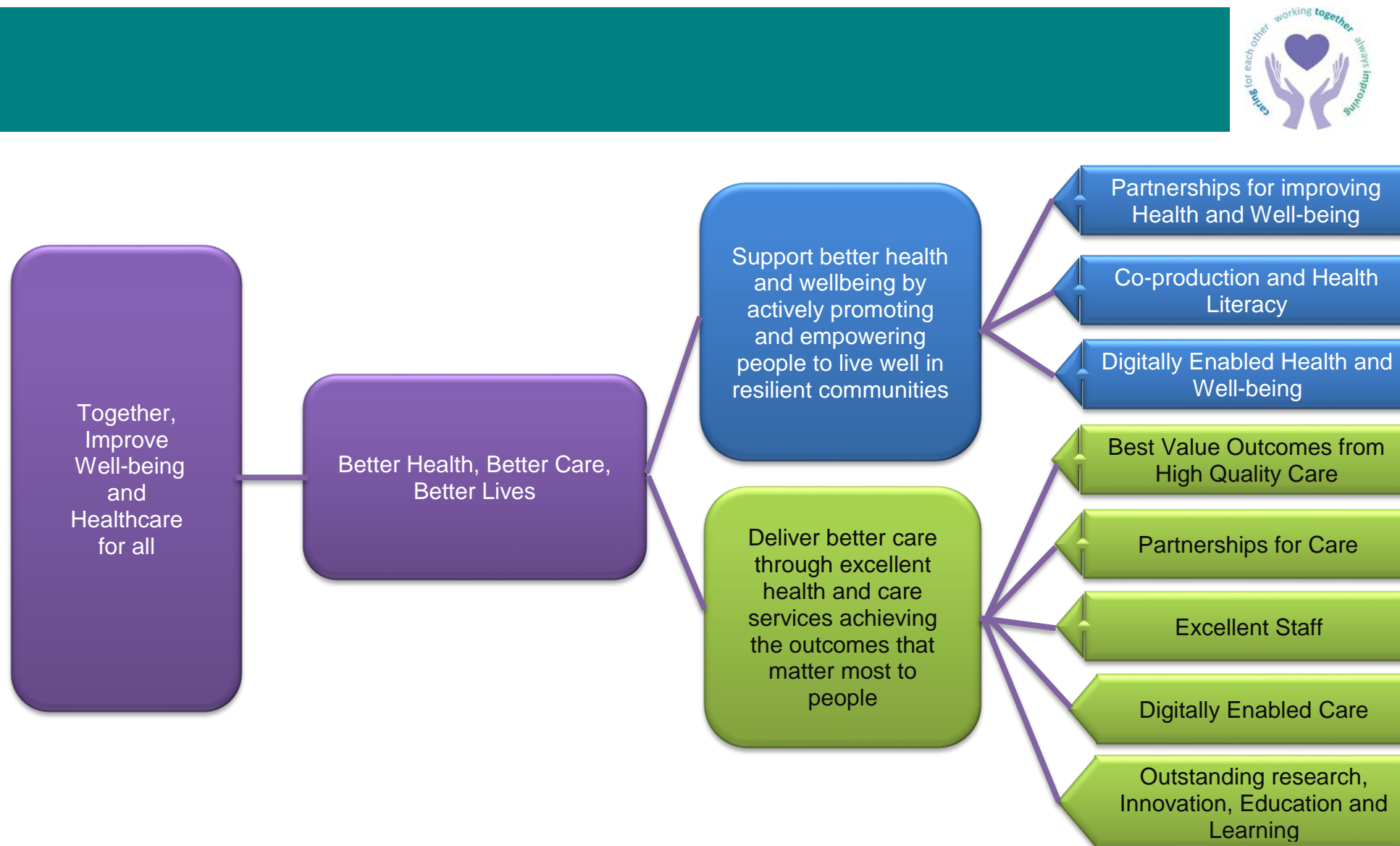
Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

COVID-19 RISK REGISTER GOLD COMMAND 2020



Aligning Risk with Swansea Bay University Health Board (SBUHB) Strategy

The Swansea Bay University Health Board (SBUHB) strategy is outlined in the figure below and all risks identified for inclusion on the Health Board Risk Register are mapped to our enabling objectives.



**COVID-19 RISK REGISTER
DASHBOARD OF ASSESSED RISKS – GOLD COMMAND**

Impact/Consequences	5				R_COV_010: Delivery of Essential Care R_COV_012: Partnership Working	R_COV_001: Shortage of Critical Care drugs R_COV_002: Shortage of Palliative Care drugs R_COV_003: Inadequate supply of PPE R_COV_004: Workforce Shortages – Self Isolation R_COV_005: Care Homes R_COV_006: Equipment Shortages R_COV_007: Oxygen Provision R_COV_008: Capacity R_COV_009: Workforce – Field Hospitals R_COV_011: BAME Workforce Risks
	4					
	3					
	2					
	1					
C X L		1	2	3	4	5
		Likelihood				

COVID 19 Risk Register Dashboard

Risk Reference	Datix ID	Description of risk identified	Initial Score	Current Score	Trend	Controls	Last Reviewed	Scrutiny Committee
R_COV_001	2367	<u>Shortage of critical care drugs</u> Global shortages which is affecting the UK of a number of drugs/ fluids to manage patients cared for in critical care areas could restrict number of people able to be supported in critical care unit and restrict capacity to enact full COVID critical care response plan	25	25	↑	↑		Gold Command COVID-19
R_COV_002	2368	<u>Shortage of Palliative Care Drugs</u> National shortage of palliative care drugs and access to syringe drivers which could impact on ability to provide timely care for patients at home or in hospital; causing pain for patients and distress for patients and their families. Inability to access drugs for patients at home could impact on hospital sector if these patients subsequently require hospital admission. Distress for patients in families in not being able to die in their place of choice.	25	25	↑	↑		Gold Command COVID-19
R_COV_003	2378	<u>Inadequate Supply of PPE</u> Inadequate supply of PPE could place staff at risk of harm and an increase in the number of staff infected will increase absence rates, resulting in difficulties in staffing core capacity.	25	25	↑	↑		Gold Command COVID-19
R_COV_004	2369	<u>Workforce Shortages</u> 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	25	25	↑	↑		Gold Command COVID-19
R_COV_005	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.	25	25	↑	↑		Gold Command COVID-19
R_COV_006	2371	<u>Equipment Shortages</u> Inability to secure adequate supply of equipment to support phases of capacity plan which may restrict ability of Board to respond to peaks in pandemic if not mitigated. This includes availability of ventilators, CPAP, suppliers, syringe drivers	25	25	↑	↑		Gold Command COVID-19
R_COV_007	2372	<u>Oxygen Provision</u> Capacity constraints on oxygen provision at Morriston will limit number of ventilator, CPAP and high flow oxygen beds. Lack of ability to secure direct suppliers via BOC will hamper plans for oxygen provision within field hospital	25	25	↑	↑		Gold Command COVID-19

R_COV_008	2373	<u>Capacity</u> Capacity requirements against national modelling mean that the HB capacity may be either insufficient to cope with demand, resulting in an inability to care for patients as well as an increased risk of excess death. Alternatively if demand is lower than predicted by the modelling we could develop capacity where it not needed resulting in avoidable expenditure.	25	25	↑	↑		Gold Command COVID-19
R_COV_009	2374	<u>Workforce</u> Inability to recruit sufficient workforce to fulfil requirements for super surge capacity in field hospitals leading which leads to impact on ability to provide additional capacity and therefore impact on delivery of patient care.	25	25	↑	↑		Gold Command COVID-19
R_COV_010	2375	<u>Delivery of Essential Care</u> Following the guidance to step down routine activity issued by Welsh Government and the pandemic Health and Social Care Response Plan. There is a risk that the HB's normal business will not be given sufficient focus and that this could lead to a negative impact on patient outcomes and experience , and cause delays to patient treatment resulting in harm	20	20	↑	↑		Gold Command COVID-19
R_COV_011	2376	<u>BAME Workforce Risks</u> There is growing evidence that COVID-19 is having a disproportionate impact on individuals from BAME backgrounds. The evidence continues to evolve but the UK Intensive Care National Audit and Research Centre findings on critical care published on 24th April 2020 and the data on BAME deaths published in the Health Service Journal on 22nd April provided sufficient evidence to indicate that individuals from BAME backgrounds may be at disproportionate risk from poorer outcomes from COVID-19.	25	25	↑	↑		Gold Command COVID-19
R_COV_012	2377	<u>Partnership Working</u> There are growing tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the workforce and hamper an effective response to COVID-19.	20	20	↑	↑		Gold Command COVID-19

Datix ID Number: 2367	R_COV_Strategic_001		
Risk: <u>Shortage of critical care drugs</u> Global shortages which is affecting the UK of a number of drugs/ fluids to manage patients cared for in critical care areas could restrict number of people able to be supported in critical care unit and restrict capacity to enact full COVID critical care response plan	Director Lead: Richard Evans, Medical Director Assuring Committee: Gold Command COVID-19 Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Monitoring mechanism in place for critical care drugs. Lack of hemofiltration fluids across the UK escalated to ECCW on 18/04/20. Assessment of further local contingency plan to be undertaken week beg 20th April 20 	Action	Lead	Deadline
	Escalate to WG via critical care network to seek mutual aid in event of drug shortages; ongoing liaison with WG and suppliers.	Clinical Director Pharmacy	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Datix ID Number: 2368	R_COV_Strategic_002		
Risk: <u>Shortage of Palliative Care Drugs</u> National shortage of palliative care drugs and access to syringe drivers which could impact on ability to provide timely care for patients at home or in hospital; causing pain for patients and distress for patients and their families. Inability to access drugs for patients at home could impact on hospital sector if these patients subsequently require hospital admission. Distress for patients in families in not being able to die in their place of choice.	Director Lead: Richard Evans, Medical Director Assuring Committee: Gold Command COVID-19		
	Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Local distribution plan now refined to be able to supply drugs at home quickly as required whilst preserving central stock. The Health Board has adopted Welsh Government guidance on the potential for re-using critical supplies in nursing homes and will follow the all Wales Standard Operating Procedure in adopting this flexibility and will put in place a review and audit mechanism 	Action	Lead	Deadline
	Ongoing liaison with suppliers and WG to identify further supplies.	Clinical Director Pharmacy	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Datix ID Number: 2378	R_COV_Strategic_003		
Risk: Inadequate Supply of PPE Inadequate supply of PPE could place staff at risk of harm and an increase in the number of staff infected will increase absence rates, resulting in difficulties in staffing core capacity.	Director Lead: Gareth Howells, Director of Nursing Assuring Committee: Gold Command COVID-19		
	Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Alternative decontamination options being worked through for some items to enable re-use. Military assistance in place in Morriston from 20/04/20 to support improvement in logistics operation 	Action	Lead	Deadline
	Strengthened central distribution of PPE in place with electronic feed of supply requirements from individual units. Stock levels monitoring via dashboard. Pursue of local supply options underway for PPE with large supply anticipated in 01/05/20 and further quantities on order.	Director of Nursing	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		
	New suppliers (some UK/Wales based) have been established and secured through central sourcing, providing a more consistent supply of PPE. This has been reflected locally with service delivery units reporting 48hrs of supply in their central stores, with a further 48hrs held in SB HQ store. Additional sources outside of normal procurement routes have been established to supply PPE. Regular contact with procurement and central sourcing in place to monitor supply pipeline to be alerted early on any changes in the supply pipeline. Risk rating can be reduced to 5 x 3 = 15		

Datix ID Number: 2369	R_COV_Strategic_004		
Risk: <u>Workforce Shortages</u> 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	Director Lead: Hazel Robinson, Director of Workforce Assuring Committee: Gold Command COVID-19		
	Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Operational deployment group now operational to balance staff workforce across current capacity. Field hospital staffing model identified; and will be triggered on basis of move to super surge with deployment in line with agreed minimum staffing requirements 	Action	Lead	Deadline
	Workforce silver is leading a recruitment drive to secure additional workforce; robust occupational health service in place to identify and test staff quickly and get them back to work;	Director of Workforce	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Datix ID Number: 2370	R_COV_Strategic_005		
Risk: <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.	Director Lead: Hilary Dover, Director of Primary and Community Services Assuring Committee: Gold Command COVID-19 Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> HB has provided temporary support to one care home and working closely with social services. Emergency care home procedure in place enacted via CSSIW. Escalated to WG on 16/04/20 with strong view from WG that HB should not step in unless in extremis. Patients in vulnerable care homes being assessed and actions put in place on individual clinical basis to admit if required. 	Action	Lead	Deadline
	Further plan required from Community Silver on alternative models - eg step up care. Update required on 23/04/20	Director of Primary and Community Services	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Datix ID Number: 2371	R_COV_Strategic_006		
Risk: <u>Equipment Shortages</u> Inability to secure adequate supply of equipment to support phases of capacity plan which may restrict ability of Board to respond to peaks in pandemic if not mitigated. This includes availability of ventilators, CPAP, suppliers, syringe drivers	Director Lead: Darren Griffiths, Director of Finance Assuring Committee: Gold Command COVID-19 Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Detailed equipment schedule prepared. 	Action	Lead	Deadline
	Infrastructure Silver reviewing equipment provision to ensure that all requests are being pursued via national and local supply chains. For update on 23/04/20	Director of Finance	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Datix ID Number: 2372	R_COV_Strategic_007		
Risk: <u>Oxygen Provision</u> Capacity constraints on oxygen provision at Morriston will limit number of ventilator, CPAP and high flow oxygen beds. Lack of ability to secure direct suppliers via BOC will hamper plans for oxygen provision within field hospital	Director Lead: Darren Griffiths, Director of Finance Assuring Committee: Gold Command COVID-19		
	Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Detailed risk assessment completed and mitigating actions in place to balance the oxygen usage across Morriston across the 2 VIE systems. Alternative source of supply being sourced to provide oxygen at field hospital. 	Action	Lead	Deadline
	Further request submitted to WG to support prioritisation of Morriston for upgrade in flow rates at one VIE at Morriston to boost oxygen flow rate.	Director of Finance	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Datix ID Number: 2373	R_COV_Strategic_008		
Risk: Capacity Capacity requirements against national modelling mean that the HB capacity may be either insufficient to cope with demand, resulting in an inability to care for patients as well as an increased risk of excess death. Alternatively if demand is lower than predicted by the modelling we could develop capacity where it not needed resulting in avoidable expenditure.	Director Lead: Chris White, Chief Operating Officer Assuring Committee: Gold Command COVID-19 Date last reviewed: 4 th May 2020		
	Mitigating actions (What more should we do?)		
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> 	Action	Lead	Deadline
	Create flexible capacity plans that can be stepped up or down depending on demand and in line with other factors such as workforce, or medicines constraints	Chief operating Officer	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Datix ID Number: 2374	R_COV_Strategic_009		
Risk: <u>Workforce</u> Inability to recruit sufficient workforce to fulfil requirements for super surge capacity in field hospitals leading which leads to impact on ability to provide additional capacity and therefore impact on delivery of patient care.	Director Lead: Hazel Robinson, Director of Workforce Assuring Committee: Gold Command COVID-19		
	Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> 	Action	Lead	Deadline
	Additional workforce are being recruited through national and local campaigns including the return of retired NHS professionals	Clinical Director Pharmacy	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Datix ID Number: 2375	R_COV_Strategic_010		
Risk: <u>Delivery of Essential Care</u> Following the guidance to step down routine activity issued by Welsh Government and the pandemic Health and Social Care Response Plan. There is a risk that the HB's normal business will not be given sufficient focus and that this could lead to a negative impact on patient outcomes and experience, and cause delays to patient treatment resulting in harm	Director Lead: Chris White, Chief Operating Officer Assuring Committee: Gold Command COVID-19 Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Urgent OP work will continue utilising digital solutions wherever possible. Agreed list of exceptions in place; urgent cancer work is being preserved as far as practicable given other constraints. Use of Sancta to provide some urgent cancer treatment. Discussions on regional footprint to identify potential solutions for urgent work where appropriate. Morrison remains open to the Burns network. 	Action	Lead	Deadline
	Development of recovery framework to support return to delivery of core services	Chief Operating Officer	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 4 x 5 = 20	Additional Comments		

Datix ID Number: 2376	R_COV_Strategic_011		
Risk: <u>BAME Workforce Risks</u> There is growing evidence that COVID-19 is having a disproportionate impact on individuals from BAME backgrounds. The evidence continues to evolve but the UK Intensive Care National Audit and Research Centre findings on critical care published on 24th April 2020 and the data on BAME deaths published in the Health Service Journal on 22nd April provided sufficient	Director Lead: Hazel Robinson, Director of Workforce Assuring Committee: Gold Command COVID-19 Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> A risk assessment tool has been made available by Welsh Government to support the identification of health care workers from a BAME background and to support the a risk assessment is to identify those individuals who may fit into this additional vulnerable group in order to prevent insofar as is possible, a worsening of the existing racial disparities in our communities. BAME individuals will need to have a discussion with their line managers and a risk assessment undertaken on an individual basis giving due recognition to their profession or role in the organisation and their likely risk of current exposure to COVID-19. It is recognised that it is not possible to assess for all possible risk factors in this current environment. Factors such as genetics, socioeconomic factors, geographical and above all cultural factors will have an effect on risk – however they cannot be assessed here in this context and will need to form part of the risk assessment tool. 	Action	Lead	Deadline
	The impact on services will be reassessed after the initial risk assessment process has concluded.	Director of Workforce	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Datix ID Number: 2377	R_COV_Strategic_012		
Risk: Partnership Working There are growing tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the workforce and hamper an effective response to COVID-19.	Director Lead: Hazel Robinson, Director of Workforce Assuring Committee: Gold Command COVID-19 Date last reviewed: 4 th May 2020		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Frequent meetings will continue to take place, supplemented by local discussions when required. Employees will be encouraged to raise concerns via existing mechanisms and directly to the Chief Executive. We will continue to utilise the daily briefings to be transparent about issues such as PPE to improve confidence in the supply and availability. Chief Executive and other Executive Directors will attend HB Partnership Forum on a regular basis. Partnership principles and ways of working will be emphasised as the most effective approach to secure progress. 	Action	Lead	Deadline
	The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.	Director of Workforce	Weekly ongoing
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> Executive monitoring/support to achieve improvement plans on a weekly basis. 	Gaps in assurance (What additional assurances should we seek?) The need to deliver sustained service.		
Current Risk Rating 5 x 5 = 25	Additional Comments		

Risk Score Calculation

For each risk identified, the LIKELIHOOD & CONSEQUENCE mechanism will be utilised. Essentially this examines each of the risks and attempts to assess the likelihood of the event occurring (PROBABILITY) and the effect it could have on the Health Board (IMPACT). This process ensures that the Health Board will be focusing on those risks which require immediate attention rather than spending time on areas which are, relatively, a lower priority.

Risk Matrix	LIKELIHOOD (*)				
CONSEQUENCE (**)	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25