



Meeting Date	25 August 2020	Agenda Item	5.1
Report Title	Risk Management - Management of operational and Health Board strategic risks during the Covid-19 Pandemic		
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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 provide an update on risk management, particularly focussing on the risks assigned to the Quality & Safety Committee.		
Key Issues	<p>The Executive Team have reviewed the Health Board Risk Register and updated the following risks:</p> <ul style="list-style-type: none"> ➤ Risk Ref 1: Access to Unscheduled Care risk reduced from 25 to 16. ➤ Risk Ref 16: Access to Planned Care increased from 20 to 25. ➤ Risk Ref 50: Access to Cancer Services increased from 20 to 25. ➤ Risk Ref 51: Compliance with Nurse Staffing Levels (Wales) Act 2016 – risk increased from 16 to 20. ➤ Risk Ref 58: Access to Ophthalmology Services increased from 12 to 16. ➤ Risk Ref 68 Covid-19 Pandemic increased from 15 to 25. Specific risks and issues relating to response to the pandemic are identified and managed through the Gold Command Executive led daily meeting and supported by the Covid-19 Coordination Centre. There was a separate report to the Board, in April, covering the approach taken to the management of the pandemic which includes the risks and that a separate risk register (Attached as Appendix 2) will be maintained at this time. All the Covid-19 risks will be linked back to 		

	<p>the Health Board Risk Register entry 68 in the risk module in Datix. The themes/high risks which are highlighted relate to:</p> <ul style="list-style-type: none"> • COVID Equipment – inc PPE • COVID Workforce • COVID Medicines • COVID Capacity <p>Three new risks have been added to the HBRR in relation to financial risk:</p> <ul style="list-style-type: none"> ➤ Board considered the risk appetite and tolerance levels in April 2020 and increased the high level risk from 16 to 20, recognising the current risk level we are having to manage in relation to the pandemic and re-establishing essential services. 			
<p>Specific Action Required <i>(please choose one only)</i></p>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>Recommendations</p>	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the updates to the Health Board Risk Register 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 impact of a possible 2nd and 3rd wave of Covid-19 cases. 			

RISK MANAGEMENT REPORT - MANAGEMENT OF OPERATIONAL AND HEALTH BOARD STRATEGIC RISKS DURING THE COVID-19 PANDEMIC

1. INTRODUCTION

The purpose of this report is to provide an update on risk management and in particular the risks assigned to the Quality & Safety Committee.

2. BACKGROUND

The Health Board is in unprecedented times, responding to a global pandemic of Covid-19. Boards remain accountable at times of national crisis and it is important they are seen to be doing the right thing (Good Governance Institute, 2020) and the rationale behind key decisions is transparent.

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.

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;
- 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.

3. GOVERNANCE AND RISK

The purpose of risk management is to fulfil the following requirements:

- Conformity with mandatory obligations;
- Assurance to the Board that internal control activities are proportionate, aligned, comprehensive, embedded and dynamic;
- Support decision-making; and
- Achieve effective and efficient strategy, operations and compliance to ensure best outcome and reduce uncertainty.

At present, the Risk Module on Datix holds 761 open and accepted risks, of which 27% relate to risks over the Board’s agreed tolerance level ie risks rated as 16 and above.

The Health Board Risk Register contains 36 strategic risks and the operational risks of 16 and above are linked to the strategic risks. The 36 risks on the Health Board Risk Register are set out in the heat map below:

		Likelihood				
C X L		1	2	3	4	5
Impact/Consequences	5				03: Workforce Recruitment of Medical and Dental Staff 04: Infection Control 49: TAVI Service 51: Compliance with Nurse Staffing Levels (Wales) Act 2016 58: Ophthalmology Clinic Capacity 63: Screening for Fetal Growth Assessment in line with Gap-Grow (G&G) 65: CTG Monitoring in Labour Wards 69: Adolescents being admitted to Adult MH wards 70: Data Centre outages	16: Access to Planned Care Services 50: Access to Cancer Services 66: SACT Treatment 67: Target breeches to Radical Radiotherapy Treatment 68: Coronavirus Pandemic
	4				01: Access to Unscheduled Care Service 37: Operational and strategic decisions are not data informed 43: DOLS Authorisation and Compliance with Legislation 45: Discharge information 48: Child & Adolescence Mental Health Services 57: Non-compliance with Home Office Controlled Drug Licensing requirements 61: Paediatric Dental GA Service – Parkway	39: IMTP Statutory Responsibility 60: Cyber Security 62: Sustainable Corporate Services 64: H&S Infrastructure 71: The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain. 72: Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2020-21. 73: There is a potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working.
	3				13: Environment of Health Board Premises 27: Sustainable Clinical Services for Digital Transformation 36: Electronic Patient Record 41: Fire Safety Regulation Compliance 52: Engagement & Impact Assessment Requirements	15: Population Health Improvement 53: Compliance with Welsh Language Standards 54: No Deal Brexit
	2					
	1					

3.1 Risks for the Quality & Safety Committee to oversee

The table below sets out thirteen risks which have been assigned to the Committee to oversee.

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	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	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	20
	66 (1834)	Access to Cancer Services Delays in access to SACT treatment in Chemotherapy Day Unit	25
	67 (89)	Risk target breeches – Radiotherapy Clinical risk – Target breeches of radical radiotherapy	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	16
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 Morrision Hospital SDU site consistent with the needs of the population and existing WG and Health Board	16

- Ageing Population – Hospital to Home has now been implemented and therefore the risk has now closed.

- Discharge Information – This has now been transferred to the Service Delivery Units and therefore closed and removed from the Health Board Risk Register.

There are six risks which are assigned to other Committees in terms of overseeing actions to mitigate the risks, although in view of the consequence on patients if the risk materialised then the Committees have requested the Quality & Safety Committee be aware of these risks as well.

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
65 (329)	CTG Monitoring on Labour Wards Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	20
48 (1563)	CAMHS Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	16
52 (1763)	Statutory Compliance The Health Board does not have sufficient resource in place to undertake engagement & impact assess in line with Statutory Duties	12

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 and their management needs to be balanced with the Health Board's ability to respond to the pandemic, as the Board remains accountable for the risks that is carrying. These risks will be carefully considered and included into the Health Boards response to recovery from the Covid-19 pandemic.

To enable Services to prepare and deal with the Covid-19 pandemic, all Executive Team Performance Reviews have been stood down to the end of June 2020, and only essential Committee meetings are going ahead with reduced membership. However, it is important that while these changes have been made the management of risks must still be carried out and mitigating action taken where appropriate as the accountability for the risks remains for the services we provide.

Whilst there is recognition of the significant pressure on services, there needs to be a proportionate response to risk balanced with the current capacity pressures and challenges presented by the COVID pandemic and managing the 'business as usual'

issues and risks. This assessment needs to be undertaken by management, as they have the ownership (accountability and authority) and depth of understanding to make the right decision for the right reason.

Management of Health Board Risk Register

The Health Board Risk Register (HBRR) is agreed by the Executive Team and is scrutinised by the Board level Committees on a quarterly basis in terms of the risks aligned to each sub-committee of the Board with the Audit Committee overseeing the complete HBRR on behalf of the Board.

As the Board and Committee cycle has been amended to allow for COVID planning, the HBRR is reviewed and agreed by Executive Team on a monthly basis prior to Audit Committee/Board, with the Quality & Safety risks being overseen by the Quality & Safety Governance Group and reported through to the Quality & Safety Committee.

Existing risks are being worked through and updated to reflect the impact of Covid-19 on them and may reduce/increase in risk score. Current changes seen relate to:

- **Risk Ref 1: Access to Unscheduled Care risk reduced from 25 to 16**
Due to current measures related to COVID 19 including the cancelled all non-urgent activity, Emergency Department and Minor Injury Unit (MIU) attendance have reduced by nearly 50%, red call performance is at 65% and 4hr handover for the last 3 weeks has been in excess of 75%. Both Morriston and Singleton have been risk level 1 for the past 2 weeks. It is recognised that this is not likely to be maintained and therefore remains a high risk.
- **Risk Ref 3: Workforce recruitment of medical & dental staff**
Risk covers all hospitals and multiple specialties. Participated in BAPIO in November, appointed 25 doctors. Working with Medacs to replace long term locums. Developing an Invest to Save Bid for international overseas recruitment for nursing to upscale the activity for 20/21. Recruitment remains a challenge but is also a national problem. The problem persists and due to Covid 19 we can no longer on board overseas doctors due to the travel restrictions. Supply issues to the Covid areas however have been mitigated by using doctors from other specialties where demand is currently low.
- **Risk Ref 16: Access to Planned Care increased from 20 to 25;**
The cancellation of all non-urgent activity has increased the backlog of planned care cases across the organisation. Whilst mitigating measures such as virtual clinics have been put in place new referrals are still being accepted which is adding to the outpatient volumes. The significant reduction in theatre activity is obviously increasing the number of patients now breaching 36 and 52 week thresholds.
- **Risk Ref 50: Access to Cancer Services increased from 20 to 25**
Whilst every effort is being made to maintain cancer treatment, surgical cancer activity in particular is being impacted upon by both the reduction in elective theatre capacity and availability in critical care beds.

- **Risk Ref 58: Access to Ophthalmology Services increased from 12 to 16**
Although routine outpatients appointment are not being undertaken those patients at high risk i.e. Wet age-related macular degeneration (AMD) are still being seen and receiving treatment and those patients in other high risk specialties such as glaucoma are being reviewed virtually and if deemed necessary attending for urgent appointments.

- **Risk Ref 51: Compliance with Nurse Staffing Levels (Wales) Act 2016** – risk increased from 16 to 20.
Increased risk as a result of reduction in staff availability in relation to staff isolation/sickness - Covid-19. Frequently below minimum staffing number requirements. Additional Controls have been introduced in March to mitigate the risk, although the risk has increased at this time. Additional actions include:
 - Daily Silver Nurse staffing Cell meetings chaired by Executive Director of Nursing & Patient Experience to discuss hot spots and the staff available across the Health Board;
 - Nurse Bank fully utilised and part of the nurse staffing meetings, Unit Nurse Directors can now sanction Non contract agency without Executive approval to maintain a safe service;
 - Corporate Nursing 7 day rota introduced;
 - Database set up to record wards that have been repurposed as novel wards (Covid-19);
 - Set up Covid-19 Corporate Training & Education Hub. Which outlines a clear plan for Training & Education;
 - Approved Registered Staff who have retired from the Nursing Midwifery Council Register in the last 3 years have been contacted with a view to return to practice and into the health board workforce;
 - Delivery Units have appropriately deployed of ward nurses to key areas. And also Administration staff utilised to release nurses into providing care and;
 - Student nurses have returned to clinical practice which has been supported corporately.

A specific update report on the Nurse Staffing Act will be on the agenda for the Board in May 2020.

- **Risk Ref 68 Covid-19 Pandemic** increased from 15 to 25. Specific risks and issues relating to response to the pandemic are identified and managed through the Gold Command Executive led daily meeting and supported by the Covid-19 Coordination Centre. There was a separate report to the Board, in April, covering the approach taken to the management of the pandemic which includes the risks and that a separate risk register (Appendix 2 – Covid-19 high level Risk Register) will be maintained at this time. All the Covid-19 risks will be linked back to the Health Board Risk Register entry 68 in the risk module in Datix. The themes/high risks which are highlighted relate to:
 - COVID Equipment – inc PPE
 - COVID Workforce
 - COVID Medicines
 - COVID Capacity

Three new risks have been added to the HBRR in relation to:

- **Financial Risk ref 71** – The total quantum for funding for addressing COVID-19 across Wales remains fluid and uncertain.
- **Financial Risk ref 72** – Impact of COVID-19 pandemic on the Health Board Capital Resource Limit and Capital Plan for 2020-21.
- **Financial Risk ref 73** – There is a potential for a residual cost base increase post COVID-19 as a result of changes to service delivery models and ways of working.

The total quantum for funding for addressing Covid-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2020-21. **Examples of mitigating actions:**

- Modelling of anticipated patient flows, and the resultant workforce, equipment and operational requirements is managed through Gold command;
- Financial modelling and forecasting is co-ordinated on a regular basis;
- Financial reporting to Welsh Government on local costs incurred as a result of Covid-19 to inform central and local scrutiny, feedback and decision-making;
- Oversight arrangements in place at Board level and through the command structure;
- Exploring alternative funding sources;
- Local Health Board funding arrangements, including confirmed additional support from Welsh Government;
- Funding arrangements through the Regional Partnership Board and Local Authority partners.

The Executive Team will continue to review the HBRR focussing on:

- Existing risks which may need to be de-escalated from the HBRR as they do not reflect the current priorities of the Health Board;
- New and emerging risks relating to the potential impact of COVID planning and management will need to be assessed;
- Executive Directors/Directors will also need to consider their risks from their Directorate risk registers as to whether they should be considered for escalation to HBRR.

4. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register 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 impact of a possible 2nd and 3rd wave of Covid-19 cases.

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		
Staff will be briefed on the changes through workshops and also meetings held with Executive Directors and Assistant Directors to support the changes required to meet the recommendations made by the Wales Audit Office.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
No implications for the Team to be notified of.		
Report History	<ul style="list-style-type: none"> • Senior Leadership Team bi monthly • Quarterly report to the Audit Committee 	
Appendices	<ul style="list-style-type: none"> • Appendix 1 – Risk assigned to the Quality & Safety Committee; and • Appendix 2 Covid-19 High level Risk Register. 	