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Health Board



<b>Meeting Date</b>	<b>22 February 2022</b>	<b>Agenda Item</b>	<b>5.1</b>
<b>Report Title</b>	<b>Risk Management Report – Quality &amp; Safety Risks</b>		
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<b>Report Sponsor</b>	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
<b>Presented by</b>	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	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.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The Health Board Risk Register was last presented to the full Board in November 2021. The Board endorsed continuation of the risk appetite score level of 20.</li> <li>• The latest iteration of the register incorporates updates made as part of the cycle of review undertaken in January 2022.</li> <li>• The HBRR currently contains 41 risks. Fourteen of these are assigned to the Quality &amp; Safety Committee for oversight, 11 of which are at or above the Health Board’s current risk appetite score of 20. Five further risks are included in the register extract for information, but overseen by other committees.</li> <li>• The Covid-19 risk register is managed within the Covid-19 Gold Command structure. The highest scoring risks are summarised within this report for information.</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the updates to the Health Board Risk Register (HBRR) relating to risks assigned to the Quality &amp; Safety Committee.</li> <li>• <b>DISCUSS</b> the risks assigned to the Quality &amp; Safety Committee and endorse the mitigating action being taken to manage the risks.</li> </ul>		

# 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 December 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 January 2022.

### 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. Risk scores at or above the health board's current appetite of 20 are summarised within this report for information.

# 3. MANAGEMENT OF QUALITY & SAFETY RISKS

## 3.1 Action to Update the HBRR

Health Board risk register entries were circulated to lead Executive Directors during December and January for review and update where required.

In addition to the above, in response to comments made at Committee meetings in respect of out of date information, the Additional Notes section of the register has been cleansed by the Risk & Assurance Team to remove most of the historic notes, leaving those made in recent months.

Comments received from Directors and their senior management leads have been reflected within the extract of the revised January 2022 HBRR attached at **Appendix 1**. Key changes made since the November 2021 Board report are highlighted in red font.

The HBRR currently contains 41 risks. Fourteen of these are assigned to the Quality & Safety Committee for oversight, 11 of which are at or above the Health Board's current risk appetite score of 20. Five further risks are included in the register extract for information, but overseen by other committees.

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	Exec Lead	Key Update
4 (739)	<p><b>Infection Control</b> 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.</p>	20	Executive Director of Nursing	<p>The risk score remains unchanged currently.</p> <p>4 new actions have been raised.</p> <ul style="list-style-type: none"> <li>• Recruitment of key personnel to support improvements in antimicrobial prescribing.</li> <li>• Drive improvements in prudent antimicrobial prescribing</li> <li>• Development ward to board Dashboard on key Tier 1 infections</li> <li>• Achieve compliance with IPC mandatory training</li> </ul>
43 (1514)	<p><b>Deprivation of Liberty Safeguards (DoLS)</b> Due to a lack of Best Interest Assessor resource, there is a risk of failure to complete and authorise the assessments associated with Deprivation of Liberty/Liberty Protection Safeguards within the legally required timescales, exposing the health board to potential legal challenge and reputational damage.</p>	16	Executive Director of Nursing	<p>The risk score remains unchanged currently.</p> <p>Update: Controls New legislation changes regarding Liberty Protection Safeguards (LPS) was expected in April 2022. Confirmation received from UK government December 2021 that this is to be delayed. Waiting for draft Code of Practice and LPS Guidance to be published for consultation January 2022.</p> <p>Additional funding received from WG to manage the backlog of DoLS assessments and implementation of LPS. A different service model is required to meet existing and future requirements for LPS. Additional funds from Welsh Government will allow for a business plan to be completed to help meet this new service need.</p> <p>2 new actions:</p> <ul style="list-style-type: none"> <li>• Agency commissioned to support backlog of assessments</li> </ul>

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
				<ul style="list-style-type: none"> <li>Overtime agreed to fund sign off from nurse assessor team to process the backlog assessments</li> </ul>
58 (146)	<p><b>Ophthalmology - Excellent Patient Outcomes</b></p> <p>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.</p>	20	Chief Operating Officer	<p>This risk score remains unchanged currently.</p> <p>Update – Control Community optometry scheme successfully implemented to reduce number of diabetic retinopathy patients on follow up list.</p> <p>Scheme developed for assessment of glaucoma patients by community optometrists for virtual review by consultant ophthalmologists to reduce follow up backlog.</p> <p>Outsourcing of cataract activity to reduce overall service pressures.</p>
61 (1587)	<p><b>Paediatric Dental GA Service – Parkway</b></p> <p>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.</p>	16	Chief Operating Officer	<p>This risk score remains unchanged currently.</p>
63 (1605)	<p><b>Screening for Fetal Growth Assessment in line with Gap-Grow</b></p> <p>GAP &amp; 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.</p>	20	Executive Director of Nursing	<p>This risk score remains unchanged currently.</p> <p>Update: Two midwives have commenced ultrasound training at UWE. Two midwives currently on preceptor program with an aim to achieve service delivery lists in April 2022. Resignation received from midwife sonographer trainer.</p>

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
				Options being explored for covering 15 hours training.  Meeting with USS lead trainer and lead obstetric consultant. Concern raised of the impact of one USS machine on bot service development and training.  Suggestion for all issues to be set out using a risk assessment form which will be passed to divisional manager and copied to the chair of health board ultrasound group convened for development of midwife sonographer third trimester screening clinics.
65 (329)	<b>CTG Monitoring on Labour Wards</b> Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	20	Executive Director of Nursing	This risk score remains unchanged currently.  Update: Central monitoring system approved at BCAG - project board being developed.
66 (1834)	<b>Access to Cancer Services</b> Delays in access to SACT treatment in Chemotherapy Day Unit	20	Executive Medical Director	This risk score remains unchanged currently.
67 (89)	<b>Risk target breaches – Radiotherapy</b> Clinical risk – Target breeches of radical radiotherapy treatment	15	Executive Medical Director	This risk score remains unchanged currently.  Update: Action targets reviewed. Equipment issues continue to be recorded. Register updated to reflect approval of new equipment and progress.
68 (2299)	<b>Pandemic Framework</b> Risk of declared pandemic due to Coronavirus Infectious Disease outbreak 2020.	20	Director of Public Health	This risk as currently articulated in the register is proposed for closure by the Executive lead, recognising that the pandemic is no longer a risk but an issue and the

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
				risks associated are being managed strategically via the health board register and operationally via Gold Command. This proposal will be included in the next risk report to Executive Team/Management Board and the register amended accordingly following that.
69 (1418)	<b>Safeguarding</b> Adolescents being admitted to adult MH wards resulting in potential safeguarding issues	20	Chief Operating Officer / Executive Director of Nursing	This risk score remains unchanged currently.  Update: Controls are in place to mitigate this risk as far as possible. The only alternative to the current arrangement of the emergency bed for CAMHS in each Board would be to open up the tertiary centre (Ty Lydiard) for these admissions. This would require agreement across all health boards and the assessment of demand to justify costs.
74 (2595)	<b>Delay in Induction of Labour</b> 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	Executive Director of Nursing	This risk score remains unchanged currently.
78 (2521)	<b>Nosocomial Transmission</b> Nosocomial transmission in hospitals could cause patient harm; increase staff absence and	20	Executive Medical Director	This risk score has been raised from 16 to 20.  Updates Risk score revised by Executive Medical Director, in

Risk Reference	Description of risk identified	Current Score	Exec Lead	Key Update
	create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks			discussion with Assistant Head of Risk & Assurance. Additional reviews are being undertaken with the authorised engineer to assess options of providing more localised systems to increase air flows.
80 (1832)	<p><b>Discharge of Clinically Optimised Patients</b></p> <p>If the health board is unable to discharge clinically optimised patients there is a risk of harm to those patients as they will decompensate, and to those patients waiting for admission.</p>	20	Chief Operating Officer	<p>This risk score remains unchanged currently.</p> <p>Updates:            Controls - The health board has procured 63 additional care home beds to provide additional discharge capacity.            Assurances - Patient level dashboard allows breakdown by delay type            Close management of utilization of additional care home beds.            Action - Undertake another procurement round with the aim of increasing additional care home beds to 100.</p>
81 (2788)	<p><b>Critical staffing levels – Midwifery:</b></p> <p>Unplanned absence resulting from Covid-19 related sickness, shielding and isolation, alongside other current absences, has resulted in critical staffing levels, further reductions in which could result in unsafe service provision, poor patient outcomes and/or experience. In turn, poor service quality or reduction in services could impact on organisational reputation.</p>	20	Executive Director of Nursing	<p>This risk score has reduced from 25 to 20.</p> <p>Update:            All band 6 midwives due to commence by February 2022. Workforce planning is being progressed. Management trainee allocated to maternity services to support this work. Daily acuity meeting on 19/01/2022 midwifery unavailability 28.66%.</p> <p>As the unavailability has remained below 30% for previous three days risk rating reduced to 20. Monitoring will continue. Plan in development for re-introduction of midwifery led intrapartum services at 1/2/2022 if unavailability remains below 30%.</p>

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.

Since the last meeting of QSC in December, the Chief Operating Officer has reduced the risk associated with *Access to Planned Care* (#16) to a score of 20.

Table 2 - Risks Assigned to Other Committees with Referral to Q&S Committee for Information

Ref	Description of Risk Identified	Exec Lead	Committee	Current Score
1 (738)	<b>Access to Unscheduled Care Service</b> Failure to comply with Tier 1 target for Unscheduled Care could impact on patient and family experience of care.	Chief Operating Officer	P&F Committee	25
16 (840)	<b>Access to Planned Care</b> <i>(Risk score reduced)</i> Failure to achieve compliance with waiting times, there is a risk that patients may come to harm. Also, financial risk not achieving targets.	Chief Operating Officer	P&F Committee	20
48 (1563)	<b>CAMHS</b> Failure to sustain Child and Adolescent Mental Health Services (CAHMS).	Director of Strategy	P&F Committee	16
50 (1761)	<b>Access to Cancer Services</b> Failure to sustain services as currently configured to meet cancer targets could impact on patient and family experience of care.	Chief Operating Officer	P&F Committee	25
82 (2554)	<b>Risk of Closure of Burns Service</b> <i>(Risk score reduced)</i> There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, potentially resulting in closure to this regional service and the associated reputational damage.	Executive Medical Director	P&F Committee	20

### 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

Risks associated with the Covid-19 pandemic can be volatile in nature, with scores responding to the prevalence of the virus in the community and health board, and changes in other external circumstances. At the end of January, there was one risk with a score of 25 and another scored 20 on the Gold Command risk log. These are summarised below for information:

Table 6: Risks increased on Covid-19 register

<b>Covid-19 Register Ref</b>	<b>Risk Detail</b>	<b>Current Risk Score</b>
COV 027	<p><b>Covid Testing Sites</b> Working with Swansea Council to identify alternative testing site for Fabian Way. Working with DHSC and MITIE to identify alternative testing site for Baglan RTS. Option appraisal for both sites currently being finalised. Local Authority and WG support required for securing suitable alternative testing sites. Due to ongoing issues with regard to testing strategy and uncertainty of re-location of Fabian Way testing site and some issues with regard to the Baglan Energy site, the risk remains very high.</p>	25
COV 017	<p><b>Nosocomial Transmission</b> 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. <b><i>Currently on the both the Covid register and overseen on the HBRR.</i></b></p>	20

Risks remaining on the Covid-19 register are overseen by Gold Command and reviewed weekly.

#### 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.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<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"/>
<b>Quality, Safety and Patient Experience</b>		
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.		
<b>Financial Implications</b>		
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.		
<b>Legal Implications (including equality and diversity assessment)</b>		
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.		
<b>Staffing Implications</b>		
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.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
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.		
<b>Report History</b>	<ul style="list-style-type: none"> <li>This report provides an update on the risk profile reported to QSC in Dec 2021.</li> </ul>	
<b>Appendices</b>	<ul style="list-style-type: none"> <li>Appendix 1 – Health Board Risk Register (HBRR) Risks Assigned to the Quality &amp; Safety Committee</li> </ul>	