



**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 March 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Risk 1017 - There is a risk that the Hywel Dda University Health Board (HDdUHB) will not be able to identify local outbreaks of COVID-19 rapidly and take appropriate action promptly.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Director of Therapies and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Alison Shakeshaft, Director of Therapies and Health Science

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Risk 1017 was added to the corporate risk register in November 2020 in response to problems with the UK Portal for booking a COVID-19 test and poor turnaround times for results reporting, negatively impacting on the ability to act in a timely manner to identify and manage COVID-19 outbreaks.

The risk was reviewed on 25th February 2021, when the current risk score was reduced from 15 to 10 and the target risk score reduced from 10 to 5.

The Quality, Safety and Experience Assurance Committee is asked to consider the risk assessment and take assurance around the current risk score and mitigating actions.

Cefndir / Background

Between August and November 2020, there were significant issues with the UK Portal for booking COVID-19 tests, resulting in our local population being unable to access timely, local testing. This was due to demand for testing outweighing the available laboratory capacity leading to sampling capacity being constrained by the Department of Health and Social Care. Despite there being sufficient sampling capacity available locally for our population's needs, people from other areas of Wales and England were using this, and Hywel Dda residents were only able to access tests in other parts of the UK, including England and Scotland.

A second problem related to delays in results being reported to individuals of up to 10 days post-test, and in some cases results never being reported.

At the time, this was significantly affecting the regional Test, Trace and Protect (TTP) teams' ability to rapidly identify and manage outbreaks. As a result, risk 1017 was added to the corporate risk register in November 2020, with a risk score of 15 (3x5).

Asesiad / Assessment

Both issues have now been resolved for several months, and the prevalence of COVID-19 has repeatedly and significantly reduced, with a subsequent reduction in demand for testing. This position is expected to be sustained, as we continue to rapidly roll out the vaccination programme. As such there is increased confidence that the likelihood of the risk recurring has reduced and the risk score has been reduced to 10 (2x5).

Argymhelliad / Recommendation

The Quality, Safety and Experience Assurance Committee is asked to consider the risk assessment and take assurance around the current risk score and mitigating actions.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.2 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. 5.3 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1017 Risk score 10 (2x5)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 5.1 Timely Access

Effaith/Impact:

Ariannol / Financial: Ansawdd / Patient Care: Gweithlu / Workforce: Risg / Risk: Cyfreithiol / Legal: Enw Da / Reputational: Gyfrinachedd / Privacy: Cydraddoldeb / Equality:	Included within the body of the report
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Date Risk Identified:	nov-20		Executive Director Owner:	Shakeshaft, Alison	Date of Review:	feb-21																
Strategic Objective:	Delivery of the Quarter 3/4 Operating Plan		Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	apr-21																
Risk ID:	1017	Principal Risk Description:	<p>There is a risk that the UHB will not be able to identify local community outbreaks of COVID-19 rapidly and take appropriate action promptly. This is caused by the local population being unable to access timely tests for COVID-19 through the Test, Trace and Protect Programme (all symptomatic testing of general public/staff is undertaken through the UK Dept of Health and Social Care(DHSC)portal and laboratories, where capacity has previously been outmatched by a significant rise in demand for testing, limiting availability of testing. This issue has now resolved but could recur. There has previously been issues with poor turnaround times (TATs) for result reporting. This has significantly improved over recent months. If either of these issues re-occur This could lead to an impact/affect on - the ability to act quickly enough to contain the spread of localised outbreaks of COVID-19 and preventing transmission to vulnerable members of the community,</p> <p>- inability to protect NHS services through increased hospital admissions and depletion of workforce from staff self-isolating.</p>		<table border="1"> <tr> <td colspan="2">Risk Rating:(Likelihood x Impact)</td> </tr> <tr> <td>Domain:</td> <td>Safety - Patient, Staff or Public</td> </tr> <tr> <td>Inherent Risk Score (L x I):</td> <td>5x5=25</td> </tr> <tr> <td>Current Risk Score (L x I):</td> <td>2x5=10</td> </tr> <tr> <td>Target Risk Score (L x I):</td> <td>1x5=5</td> </tr> <tr> <td>Tolerable Risk:</td> <td>6</td> </tr> </table>		Risk Rating:(Likelihood x Impact)		Domain:	Safety - Patient, Staff or Public	Inherent Risk Score (L x I):	5x5=25	Current Risk Score (L x I):	2x5=10	Target Risk Score (L x I):	1x5=5	Tolerable Risk:	6				
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Does this risk link to any Directorate (operational) risks?			Trend:		<table border="1"> <caption>Risk Score Trend Data</caption> <thead> <tr> <th>Date</th> <th>Current Risk Score</th> <th>Target Risk Score</th> <th>Tolerance Level</th> </tr> </thead> <tbody> <tr> <td>nov-20</td> <td>15</td> <td>10</td> <td>6</td> </tr> <tr> <td>jan-21</td> <td>10</td> <td>5</td> <td>6</td> </tr> <tr> <td>feb-21</td> <td>5</td> <td>5</td> <td>6</td> </tr> </tbody> </table>		Date	Current Risk Score	Target Risk Score	Tolerance Level	nov-20	15	10	6	jan-21	10	5	6	feb-21	5	5	6
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Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:				
<p>Several months ago, the DHSC laboratory capacity was outmatched by a significant rise in demand for testing, resulting in the previously agreed Wales capacity being capped. This resulted in the public being unable to book testing locally, if at all, and delays of up to 10 days in the availability of test results, when tests were undertaken. This had serious implications for the Test, Trace and Protect Programme. There was a significant increase in the number of calls and emails to the Health Board to resolve issues that were mainly out of our control.</p> <p>Access to testing has been resolved with no delays in accessing tests and sufficient testing capacity available for a number of months. TATs have also improved greatly over recent months. As a result the risk score has been reduced to 10 (2x5). If demand for testing starts to increase rapidly the score will be re-assessed.</p> <p>There is still a risk to maintaining adequate HB staffing levels to support the TTP programme with regular request for seconded staff to be pulled back to their substantive posts.</p>	<p>The target risk score has been reduced to 5 (1x5) based on the improvements in testing made locally and nationally, continued reduction in demand for testing as the prevalence continues to reduce and the pace of the vaccination programme. However, if modelling significantly changes and there is an anticipated rapid increase in transmission and prevalence of COVID-19-19 this will be reviewed.</p>				
Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or	How and when the Gap in control be addressed	By Who	By When	Progress

				more of the key controls on which the organisation is relying is	Further action necessary to address the controls gaps						
<p># Operational Testing Delivery Plan for the coming 6 months based on demand modelling and assumed testing capacity across both the Welsh and UK Department of Health and Social Care (DHSC) systems. Plenty of testing capacity in the system. Plan updated on 10 November 2020, and will be refreshed by 31 March 2021. Ongoing review of the Plan by the HB Testing Cell.</p> <p># Issued clear communications to staff, partners, schools and the public to reinforce messaging to reduce the amount of inappropriate testing requests being made.</p>				Inability to identify asymptomatic cases of COVID-19-19, which could impact on transmission.	<p>Rollout of offer of routine LFD testing of asymptomatic patient facing HB staff underway, target 7,900 HB staff by 31/05/2021</p> <p>Primary care also being offered LFD testing</p>	Shakeshaft, Alison	31.05.2021	5 priority groups identified almost all staff in priority group 1 have been given LFD test kits (circa 1,000 staff) at 24/02/2021	Currently being scoped		
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES					
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress	
Weekly turnaround time results (100% within 24 hours)	Testing Team monitors booking, delivery and analysis of local testing on a daily basis	1st			Included in COVID-19 Board paper - Nov20 & Jan21	Audit Wales Review on TTP due Apr21					
100% Access to test within 24hours	Regular reports to Public Health Gold Cell and Gold Command on TTP	2nd									
	COVID-19 Updates to Board include updates on testing	2nd									