

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 February 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risks Assigned to QSEAC
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Steve Moore, Chief Executive Officer Huw Thomas, Director of Finance Alison Shakeshaft, Director of Therapies & Health Sciences
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary Charlotte Beare, Head of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

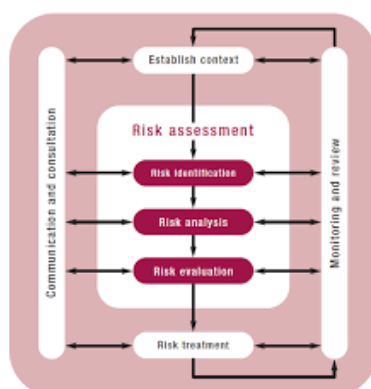
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Committee is asked to request assurance from Executive Directors that the corporate risks in the attached report are being managed effectively, prior to submission to the Board in March 2021.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of principal risks on the Board Assurance Framework (BAF)/Corporate Risk Register (CRR) and providing assurance to the Board

that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.

- Reviewing principal and operational risks over tolerance and, where appropriate, recommend the 'acceptance' of risks that cannot be brought within HDdUHB's risk appetite/tolerance to the Board.
- Provide annual reports to Audit & Risk Assurance Committee (ARAC) on the effectiveness of the risk management process and management of risks within its remit.
- Identify through discussions any new/emerging risks & ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate UHB Committee.
- Use risk registers to inform meeting agendas.

These risks have been identified by individual Directors via a top down and bottom up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant operational risks escalated that are of significant concern and need corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised, and an assessment made as to the level of assurance it provides, taking into account the validity and reliability i.e. source, timeliness, methodology behind its generation and its compatibility with other assurances. This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence about the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within the UHB is outlined at Appendix 1.

Asesiad / Assessment

The QSEAC Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state that:

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.

There are 12 risks currently aligned to QSEAC (out of the 26 that are currently on the CRR) as the potential impacts of the risks relate to the safety of patients, quality of services and patient outcomes. A summary of corporate risks can be found at Appendix 2.

Each of these risks have been entered onto a 'risk on a page' template which includes information relating to the strategic objective, controls, assurances, performance indicators and action plans to address any gaps in controls and assurances. These can be found at Appendix 3.

On 25th September 2020, the Board approved its refreshed strategic objectives which set out the long term aims of the organisation, along with specific and measurable planning objectives for delivery over the next 3 years. Following approval, principal risks to the achievement of these objectives will need to be identified which may result in changes to the risks that are aligned to Board level Committees.

Changes since the previous report to QSEAC (October 2020):

The Committee is asked to seek assurance from risk owners (Executive Directors) that each risk is being managed effectively and will be brought within the UHB tolerance.

Below is a summary of changes since the previous report to QSEAC:

Total number of risks	12	
New / escalated risks	2	See note 1
De-escalated/Closed risks	3	See note 2
Increase in risk score ↑	2	See note 3
Reduction in risk score ↓	2	See note 3
No change in risk score →	6	See note 4

Note 1 – New Risks

Since the previous report, two new risks have been added to the CRR and aligned to QSEAC.

Risk Reference and Title	Executive Lead	New/ Escalated	Date	Reason
1017 - Delivery of Q3/4 Operating Plan - Test, Trace and Protect Programme being able to quickly identify & contain local outbreaks	Director of Operations	New	11/11/20	This risk was added to the CRR to reflect issues with the TTP (Test, Trace and Protect) Programme. Risk reviewed 25/01/21, whilst performance has improved, risk score remains the same as problems could recur.
1032 - Delivery of Q3/4 Operating Plan - Timely access to assessment and diagnosis for Mental Health and Learning Disabilities clients	Director of Therapies and Health Science	New	17/12/20	This risk was added following the submission of the Quarter 3/4 Operating Plan and reflects the risk of lengthening waiting times for Autism Spectrum Disorder (ASD), memory clinics and psychology services. This is due to the environmental constraints arising from social distancing measures required to undertake face-to-face assessments and patients' reluctance to attend clinics due to the risk of COVID-19.

Note 2 – Closed/De-escalated Risks

Since the previous report, four corporate risks aligned to this Committee have been closed or de-escalated.

Risk Ref & Title	Exec Lead	Closed/De-escalated	Date	Reason
91 - Insufficient number of Consultant Cellular Pathologists to meet 14 day timescale set out in the new Single Cancer Pathway	Director of Operations	De-escalated	11/11/20	The Executive Team agreed to de-escalate this risk to Directorate level as this is only one of the factors that make delivering the Single Cancer Pathway challenging, notwithstanding COVID-19.
733 - Failure to meet its statutory duties under Additional Learning Needs and Education Tribunal Act (Wales) 2018 by Sept 2021	Director of Therapies and Health Science	De-escalated	07/10/20	This risk was de-escalated as the Executive Team agreed this was not a current priority for the Health Board whilst it is prioritising its response to COVID-19 and restarting essential services.
810 - Poor quality of care within the unscheduled care pathway	Director of Operations	Closed	11/11/20	The Executive Team agreed to close this risk as the risk of delivering unscheduled care needs to be assessed as part of the wider service/system risk(s) to delivering the Q3/Q4 Plan (new risk 1027 aligned to People, Planning and Performance Assurance Committee (PPPAC))

Note 3 - Increase/Decrease in Current Risk Score

Since the previous report to QSEAC in October 2020, there have been the following changes to current risk scores.

Risk Reference & Title	Previous Risk Score (Oct-20) (LxI)	Risk Score Feb-21 (LxI)	Date of review	Update
Risk 684 - Lack of agreed replacement programme for radiology equipment across UHB	4x4=16	5x4=20 ↑	08/01/21	The risk has increased since the previous report as the service is unable to increase its current service provision to other Directorates due to limitations on current equipment. COVID-19 has delayed the commissioning of agreed equipment.

855 - Risk that UHB's normal business will not be given sufficient focus	3x4=12	4x4=16 ↑	14/01/21	This risk has increased, reflecting a winter surge in COVID-19 demand, which currently significantly exceeds the peak seen in spring 2020, coinciding with usual winter pressures and the rapid roll out of a Mass Vaccination Programme. All but essential services have been suspended with staff redeployed and only the most urgent surgery is being undertaken on a case by case basis.
Risk 628 - Fragility of therapy provision across acute and community services	4x4=16	3x4=12 ↓	11/01/21	This risk has been reduced since the previous meeting in recognition of the additional resourcing in some areas such as major trauma, nutrition, rehabilitation, lymphoedema, dementia, Musculoskeletal (MSK). However, therapy provision across acute, community and primary care continues to be challenging due to historical under-resourcing, exacerbated by recurrent savings targets, vacancies and recruitment/retention issues from national shortages. Whilst COVID-19 has added additional challenges, it has enabled the roll out at scale of digital and virtual solutions. Across therapy services, current demand is largely being met for new patient referrals, with the exception of clinical areas where physical delivery of hands on treatment is impacted by the demands of physical distancing and Infection prevention and control requirements. Further work is underway to understand the potential additional demand for rehabilitation for those directly affected by the pandemic or indirectly by the interruption of

				access to routine service provision.
Risk 635 - No deal Brexit affecting continuity of patient care	3x4=12	3x2=6 ↓	21/01/21	<p>While the transition period for the UK's departure from the European Union ended on 31st December 2020, the impact of continuing issues are likely to be sporadic and not systematic, therefore justifying a reduction in the level of risk.</p> <p>Ongoing trade negotiations have been finalised, however the agreed deal does not offer comprehensive coverage, which could lead to delays in the supply chain particularly in areas such as clinical consumables, components and medicines. There are also issues relating to the settled status scheme which may affect the ability of the Health Board to recruit and retain staff in the lead up to the 30th June 2021 deadline for that scheme. The transition from European Health entitlements to the Global Health Reciprocal Agreements which are being negotiated by the UK Government may also affect the recovery of costs relating to certain patients visiting the UK.</p>

Note 4 - No change in risk score

There have been no changes in the following risk scores since they were reported to the previous meeting.

Risk Reference & Title	Previous Risk Score (Oct-20)	Risk Score Feb-21	Date of Review	Update
Risk 750 - Lack of substantive middle grade doctors affecting Emergency Department (ED) in Withybush General Hospital (WGH)	4x4=16	4x4=16	24/12/20	<p>Despite improvement through locum staff being secured, the middle grade rota remains under constant review and management as the department are fully reliant on temporary staff.</p> <p>Despite ongoing recruitment, there are 3 posts vacant as</p>

				recruited doctors have withdrawn. One new appointment is due to commence in January 2021 with some customisation to the NHS programme and therefore will not be able to join the rota immediately. The remaining posts are out to advert, with active interviews being held regularly.
Risk 129 - Ability to deliver a GP Out of Hours (OOH) Service for Hywel Dda patients	4x3=12	4x3=12	07/12/20	The COVID-19 pandemic, combined with the temporary overnight service changes, has brought some respite to the service fragility, and this is reflected in the current risk score. Stability in the Carmarthen rota is now being seen however, it coincides with destabilisation within Pembrokeshire. This, combined with any lifting of lock down/infection control related absence or impact on in-hours provision, is highly likely to rapidly result in further deterioration of the current position.
Risk 291 – Lack of 24 hour access to Thrombectomy services	4x3=12	4x3=12	13/01/21	Mechanical intervention for Stroke is available at North Bristol NHS Trust (NBT) (and Walton Centre NHS Foundation Trust for Bronllys Hospital). The service has recently been expanded to a 7 day service 8am-8pm, cut off for patient arriving at NBT is 6pm. The Health Board still does not have a 24/7 service, and any patients presenting after the cut off point will not be accepted by NBT.
Risk 117 - Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	2x5=10	2x5=10	21/02/21	The UHB has previously experienced delays in transferring patients to Swansea Bay UHB (SBUHB) tertiary service for a range of cardiac investigations, treatments and surgery. The historic risk, specifically associated with transfer delays for N-STEMI patients

				(NICE: 'within 72 hours'), reduced on development of the NSTEMI Treat & Repatriate service. The risk is further reduced given a reduced level of demand (reduced acute hospital presentation, reduced referrals from Primary Care, reduced Cardiology Outpatient activity) on account of COVID-19. The Cardiology Service has identified 'reduced patient presentation/Primary Care referral' and 'reduced Cardiology Outpatient activity' as two separate risks to manage this change.
Risk 634 - Overnight theatre provision in Bronglais General Hospital (BGH)	2x5=10	2x5=10	11/01/21	Resolution of the process to remove compensatory rest days was paused during the COVID-19. A single item agenda Operational Quality, Safety and Experience Sub-Committee is now scheduled for 28 th January 2021 to review the risk assessment. Following this, the hearing conclusion can be finalised and issued.
Risk 853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand	1x5=5	1x5=5	14/01/21	This risk reflects that the Health Board would not be able to manage an increase in demand in terms of bed space, workforce and equipment/consumables and to reflect the potential quality and safety impacts. This risk is within the Health Board risk tolerance as based on estimated COVID-19 demand and the planning undertaken to respond to COVID-19. The likelihood of this risk has been reduced from 3 to 1.

Argymhelliad / Recommendation

The Committee is asked to seek assurance that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable the Committee to provide the necessary assurance to the Board, through its Committee Update Report, that the UHB is managing these risks effectively.

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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability

Effaith/Impact:	
Ariannol / Financial: Ansawdd / Patient Care: Gweithlu / Workforce: Risg / Risk: Cyfreithiol / Legal: Enw Da / Reputational: Gyfrinachedd / Privacy: Cydraddoldeb / Equality:	<p>No direct impacts from report, however, proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.</p> <p>Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.</p>

Appendix 1 – Committee Risk Reporting Structure

