

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	06 October 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risks Assigned to QSEAC
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Alison Shakeshaft, Director of Therapies & Health Science Huw Thomas, Director of Finance Steve Moore, Chief Executive Officer
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

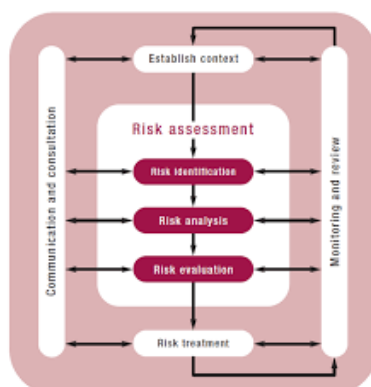
**ADRODDIAD SCAA
SBAR REPORT**

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 November 2020.

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 13 risks currently aligned to QSEAC (out of the 30 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 (July 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	13*	
New / escalated risks	0	
De-escalated/Closed risks	0	
Increase in risk score ↑	2	See note 1
Reduction in risk score ↓	1	See note 1
No change in risk score →	11	See note 2

* Following discussion at the People, Planning and Performance Assurance Committee (PPPAC) on 27/08/2020, risk 291 has been realigned to QSEAC as the impact of the risk is primarily related to poorer patient outcomes.

Note 1 - Increase/Decrease in Current Risk Score

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

Risk Reference & Title	Previous Risk Score (Jul-20)	Risk Score Oct-20	Date of review	Update
Risk 750 - Lack of substantive middle grade doctors affecting Emergency Department (ED) in Withybush General Hospital (WGH)	3x4=12	4x4=16 ↑	08/09/20	This risk increased in July 2020 following the departure of 2 locum doctors. The rota remains under constant review and management as the department is fully reliant on temporary staff. There is additional pressure as only 3 out of the 4 doctors (3 substantive and 1 zero hours) work a full rota including nights. It is anticipated that the completion of the recruitment process of 3 middle grade posts will provide some stability to the department, however there

				are delays caused by COVID-19 and current travel restrictions. The contingency plan, which is currently under development, will ensure that robust procedures are in place in the event that the middle grade rota cannot be filled.
733 - Failure to meet its statutory duties under Additional Learning Needs and Education Tribunal (ALNET) Act (Wales) 2018 by Sept 2020	4x4=16	3x4=12 ↓	16/09/20	This risk reflects that due to COVID-19, the organisational focus, as well as resources, have moved away from preparing for the implementation of the ALNET Act.
635 - No deal Brexit affecting continuity of patient care	4x2=8	4x3=12 ↑	23/09/20	The UK left the EU on 31 January, 2020. Since then the UHB has been responding to the impact of the COVID-19 pandemic. The compounding effect of a Brexit no-deal scenario with winter plans, maintaining the COVID-19 response and the increasing concern regarding the fragility of the independent social care sector requires the likelihood to remain at 4 however the impact score to be increased to 3 to reflect the additional mitigating actions required at a national, regional and local level.

Note 2 - No change in risk score

Risk Reference & Title	Previous Risk Score (Jul-20)	Risk Score Oct-20	Date of Review	Update
Risk 628 - Fragility of therapy provision across acute and community services	4x4=16	4x4=16	16/09/20	There are significant gaps in the therapy service provision across acute, community and primary care, the reasons for this are described in the cause section of the risk. Impact to service provision by COVID-19 and rehabilitation requirements will add an additional challenge to workforce models. Across all therapy services, current demand does not align to

				current capacity and whilst this is being managed as far as possible by the controls in place, it is not sustainable.
Risk 684 - Lack of agreed replacement programme for radiology equipment across UHB	4x4=16	4x4=16	18/09/20	<p>Whilst activity has decreased due to COVID-19, scanning of COVID-19 patients requires more time than non-COVID patients, which may become an issue as requests for diagnostics for non-COVID-19 patients increase as other services resume.</p> <p>Commissioning of agreed equipment has also been delayed as a result of COVID-19 and this remains dependent external factors.</p>
Risk 810 - Poor quality of care within the unscheduled care pathway	3x4=12	3x4=12	01/06/20	<p>This risk was entered on the CRR prior to COVID-19 and reflected the risk within the unscheduled care system. Whilst the current risk has reduced during COVID-19 from 20 to 12, potentially influenced by reduced demand for emergency care at our Emergency Department facilities. Ambulance delays have reduced to their lowest recorded level since July 2017. Where delays occur at the present time, these predominantly relate to the challenges of ensuring patients with known / suspected COVID-19 symptoms are cared for in the most appropriate environment for their (and other patients') needs. The risk is not completely resolved as pressure on non-COVID-19 GREEN capacity continues on some sites and the situation remains under review. Work to implement the planned actions continues to ensure the Health Board is prepared for Winter 2020/21 and to help prevent the return of extreme pressures in the post COVID-19 period.</p>

855 - Risk that UHB's normal business will not be given sufficient focus	3x4=12	3x4=12	11/09/20	This risk reflects the risk to patients who will be affected by services being scaled back or suspended as part of the response to COVID-19. The quarterly planning process now established and expansion/restarting of non-COVID services is being implemented. Risks to delivery of the Quarter 2 were identified and are being overseen by Silver and PPPAC.
Risk 91 - Insufficient number of Consultant Cellular Pathologists to meet 14 day timescale set out in the new Single Cancer Pathway	3x4=12	3x4=12	15/09/20	There is a national recruitment issue in relation to consultant cellular pathologists. There is a current gap of 3.0 whole time equivalent (WTE) Consultant cellular pathologist posts, (out of 9.0WTE established posts) in Hywel Dda. One of the 3 substantive cellular pathologists has given notice to finish in December 2020. The Service will try to recruit however if unsuccessful, it will need to secure a locum, potentially above agency price cap.
Risk 291 – Lack of 24 hour access to Thrombectomy services	4x3=12	4x3=12	10/08/20	This risk was realigned to QSEAC following discussion at the People, Planning, and Performance Assurance Committee (PPPAC) on 27/08/2020 as the impact of the risk is primarily related to patient outcomes. There is a plan for 9-5pm service to be available 7 days a week which is an improvement on the Monday to Friday service that was previously in place.
Risk 129 - Ability to deliver a GP Out of Hours (OOH) Service for Hywel Dda patients	4x3=12	4x3=12	11/09/20	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. Demand is variable as are remaining workforce shortfalls - also reflected in the current assessment. Stability

				<p>in the Carmarthen rota is now being seen but 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. In the event of a significant COVID-19 outbreak, there are more staff who will be unavailable to work, further exacerbating the situation, in addition to those already absent having been identified through risk assessment. Given the ongoing issues as described, the need for service modernisation continues and is likely to be instrumental in long-term service security.</p>
<p>Risk 117 - Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery</p>	<p>2x5=10</p>	<p>2x5=10</p>	<p>23/09/20</p>	<p>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 and Repatriate service. The risk has been 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.</p>

634 - Overnight theatre provision in Bronglais General Hospital (BGH)	2x5=10	2x5=10	08/09/20	This risk was reviewed by the service and has been reduced as a number of actions have been implemented and there have been no reported incidents. Resolution of the process to remove compensatory rest days is expected by end of September 2020 with implementation by December 2020. Staff and union representatives have been informed.
853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand	1x5=5	1x5=5	11/09/20	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. Field hospital capacity has now been secured for the Quarter 3/4 period and are sufficient to accommodate patients up to the peak level of configuration set out by Welsh Government. Comprehensive Prevention and Response Plan agreed with the 3 local authorities to ensure Track, Trace and Protect (TTP) is effective in reducing transmission rates.

Operational COVID-19 risks

At the June 2020 QSEAC meeting, the Committee had limited assurance about the management of operational risks during COVID-19. The Director of Operations suggested that discussions should take place with operational teams in order to agree how each risk will be managed appropriately going forward. Members agreed to this approach, and noted that the outcome will be reported to a future QSEAC meeting. Since August 2020, corporate and operational COVID-19 related risks have been submitted to the Silver Group of the Command and Control Structure for oversight, with Bronze Groups being asked to take responsibility for overseeing the relevant operational COVID-19 related risks.

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:	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. 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.

Appendix 1 – Committee Risk Reporting Structure

