

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 June 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations Alison Shakeshaft, Executive Director of Therapies & Health Sciences Ros Jervis, Executive Director Of Public Health Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience 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

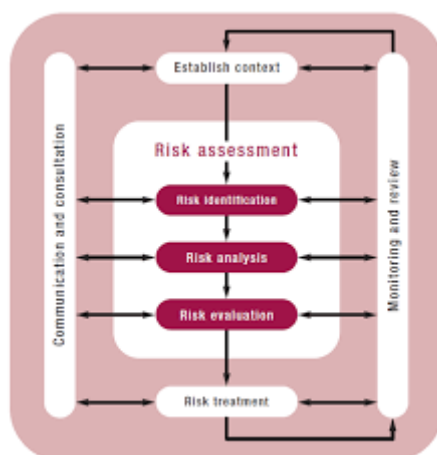
SBAR REPORT

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 July 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 Board and Committee cycle has been amended in response to COVID-19, and it was agreed at the Board on 16 April 2020 that the CRR is reviewed and agreed by Executive Directors on a monthly basis prior to Board, with the Quality, Safety and Experience Assurance Committee (QSEAC) retaining scrutiny role of risks aligned to the safety and quality of services. A new COVID-19 theme has been added to Datix which can be selected for existing and new risks as appropriate.

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.

Following the Board in April 2020, Executive Directors were asked to consider their existing corporate risks in light of COVID-19 pandemic. They were asked to:

- Reflect the impact of COVID-19 on existing risks and how this may reduce/increase the level of risk facing the Health Board.
- De-escalate risks that do not reflect the current priorities of the Health Board.
- Assess new and emerging risks relating to the potential impact of COVID-19 planning and management.
- Consider risks from their Directorate risk registers as to whether they should be considered for escalation to CRR.

Following the review, there are 13 risks currently aligned to QSEAC (out of the 28 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.

Changes since the previous QSEAC meeting (December 2019):

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	4	See note 1
De-escalated/Closed risks	3	See note 2
Reassigned risks	1	See note 2
Increase in risk score ↑	0	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 in December 2019, three new risks have been added to the CRR/BAF and aligned to QSEAC, and one existing risk has been escalated from Directorate level.

Risk Reference and Title	Executive Lead	New/ Escalated	Date	Reason
810 - Poor quality of care within the	Andrew Carruthers	New	04/12/19	This risk was entered on the CRR prior to COVID-19 and reflected the risk within the

<p>unscheduled care pathway</p>				<p>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>
<p>733 - Failure to meet its statutory duties under Additional Learning Needs and Education Tribunal (ALNET) Act (Wales) 2018 by Sept 2020</p>	<p>Alison Shakeshaft</p>	<p>Escalated</p>	<p>15/01/20</p>	<p>Escalated from the Therapies and Health Science Directorate Risk Register - This was escalated to reflect the challenge of preparing the organisation to fully meet the requirements of the Act. This risk has increased to 16 from 12 since COVID-19 as the organisational focus, as well as resources, have moved away from preparing for the implementation of the ALNET Act.</p>
<p>855 - Risk that UHB's normal business will not be given sufficient focus</p>	<p>Steve Moore</p>	<p>New</p>	<p>01/04/20</p>	<p>This risk was entered to reflect the risk to patients who will be affected by services being scaled back or suspended as part of the response to COVID-19. At this stage of the pandemic, to prevent</p>

				deterioration urgent patients and those needing cancer, rheumatological and other services continue to receive care and processes are in place to maintain this. The Health Board has submitted its response to the NHS Wales Operating Framework for Quarter 1, which outlines the need to maintain essential services and retain flexibility to respond to changes of transmission rates of COVID-19 in the community.
853 - Risk that Hywel Dda's Response to COVID-19 will be Insufficient to Manage Demand	Steve Moore	New	01/04/20	This risk was entered on the CRR to reflect the risk 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 has been reduced from 15 to 5 (within the Health Board 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.

Note 2 – Closed/De-escalated/Re-assigned Risks

Since the previous report to QSEAC in December 2019, four corporate risk has been de-escalated or re-assigned to another Board level Committee.

Risk Ref & Title	Exec Lead	Closed/De-escalated	Date	Reason
384 - Ability to fully comply with statutory and manufacturer guidelines for medical devices and equipment.	Andrew Carruthers	De-escalated	15/01/20	The Executive Team agreed to de-escalate this risk from CRR as systems and controls have improved around the management of medical devices since this risk was entered on the CRR. Whilst the backlog of replacement requires approximately £7m per annum, this is being managed through the Operations Directorate capital prioritisation process,

				therefore this has been removed from the corporate risk register.
686 - Delivering the Transforming Mental Health (TMH) Programme by 2023	Andrew Carruthers	Re-assigned to PPPAC	24/02/20	Previously assigned to QSEAC, the Directorate reassigned this risk to BPPAC in February 2020 (now the People Planning and Performance Assurance (PPPAC)). This risk predominantly relates to the risk of securing significant capital from WG to deliver the TMH programme.
805 - Lack of sustainable service for TAVI procedure at tertiary centre.	Philip Kloer	De-escalated	11/03/20	The Executive Team agreed to de-escalate this risk and remove from it from the CRR as there are no patients currently waiting at the tertiary centre for treatment, the backlog is clear and Swansea Bay University Health Board (SBUHB) have strengthened resourcing in this service. NB - Whilst this risk related to the potential harm that patients could have experienced whilst awaiting transfer to the tertiary centre for a TAVI procedure, it did not address the potential reputational risk following the publication of the Royal College report and associated Board paper at SBUHB.
Risk 44 - Ability to manage patients awaiting follow up appointments	Andrew Carruthers	Closed	01/06/20	Following discussions with the Scheduled Care Directorate Senior Management Team, this risk needs to be replaced by a new risk in relation to outpatient management. The Directorate are in the process of developing plans in respect of outpatient services and this risk will be assessed when these are finalised, with a follow-up meeting to take place mid/late June 2020.

Note 3 – Increase/Decrease in Current Risk Score

Since the previous report to QSEAC in December 2019, there have been the following changes to current risk scores.

Risk Reference & Title	Previous Risk Score (Dec-19)	Risk Score May-20	Date	Update
634 - Overnight theatre provision in Bronglais General Hospital (BGH)	3x5=15	2x5=10 ↓	10/03/20	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. The BGH unit is classed as an obstetric unit with modified criteria for delivery, with mothers assessed as high risk of complications managed through the maternity unit in Carmarthen. Resolution of the process to remove compensatory rest days was paused during the COVID-19 and will form part of the Quarter 2 plan. Staff and union representatives have been informed.
635 - No deal Brexit affecting continuity of patient care	4x3=12	4x2=8 ↓	26/05/20	The risk score has reduced to reflect on-going work, and plans at local, regional and national levels, and recent resilience measures adopted by the organisation in response to COVID-19. 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 has been reduced to 2 to reflect the additional resilience at a national, regional and local level due to COVID-19.

Note 4 - No change in risk score

Risk Reference & Title	Previous Risk	Risk Score May-20	Date of Review	Update

	Score (Dec20)			
Risk 628 - Fragility of therapy provision across acute and community services	4x4=16	4x4=16	02/06/20	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 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	15/05/20	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. Commissioning of agreed equipment has also been delayed as a result of COVID-19 and this remains dependent external factors.
Risk 117 - Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery	3x5=15	3x5=15	24/02/20	Currently under review with Service lead who has been overseeing the establishment of Carmarthen Field Hospital.
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	21/05/20	Whilst there has been a temporary reduction in overall demand, there are plans to recommence work, e.g. endoscopy and some cancer surgery which will impact on the Cellular pathology workload. In addition, working arrangements in the team have been changed in response to COVID-19. Also due to the vacancies, the service is still unable to support the tumour specific cancer Multi-disciplinary Team (MDT) meetings. It is

				anticipated that “digital pathology” will probably impact on the way Consultants work in the future when this is rolled out nationally (timeline TBC).
Risk 750 - Lack of substantive middle grade doctors affecting Emergency Department (ED) in Wthybush General Hospital (WGH)	3x4=12	3x4=12	05/05/20	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. There are adverts for 4 middle grade doctors currently out to advert.
Risk 129 - Ability to deliver a GP Out of Hours (OOH) Service for Hywel Dda patients	4x3=12	4x3=12	15/05/20	<p>Whilst there has been no change in the risk score since previously reported to QSEAC, this risk did increase to 15 in January 2020 to reflect the unprecedented and frequent shortfalls in the OOH rota cover throughout the 3 counties.</p> <p>The risk has been recently reduced as the COVID-19 pandemic combined with the temporary overnight service changes (reduction of 5 to 3 bases with a new OOH/MIU GP pathway in PPH) has brought some respite to the fragility outlined above. However any lifting of lock down measures as well as possible impacts on in-hours provision is likely to result in a fragile workforce position once again. The rationale that was placed around the need for service improvement and modernisation needs to be progressed. Significant sickness levels amongst salaried GP workforce have been resolved however, in the event of a second wave of COVID-19, there are a number of staff who may become unavailable to work due to health-related vulnerabilities. The APP model</p>

			continues to provide significant resilience (when available) in terms of supplementary resource. Discussions to assess potential for expansion of this model have now commenced but no decision has yet been reached.
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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
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across the UHB's services reviewed by risk leads/owners
Rhestr Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – Risk Appetite Statement
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective risk management systems in place.

Cyfreithiol: Legal:	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.
Enw Da: Reputational:	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.
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Appendix 1 – Committee Risk Reporting Structure

