

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Executive Medical Director	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to recruit sufficient medical and dental staff	<b>If:</b> the CTMUHB fails to recruit sufficient medical and dental staff.  <b>Then:</b> the CTMUHB's ability to provide high quality care may be reduced.  <b>Resulting in:</b> a reliance on agency staff, disrupting the continuity of care for patients and potentially affecting team communication. This may effect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	<ul style="list-style-type: none"><li>Associate Medical Director for workforce appointed July 2020</li><li>Recruitment strategy for CTMUHB being drafted</li><li>Explore substantive appointments of staff undertaking locum work in CTMUHB</li><li>Feedback poor performance and concerns to agencies</li><li>Development of 'medical bank'</li><li>Developing and supporting other roles including physicians' associates, ANPs</li></ul>	The response to Covid-19 has impacted the original timeframes for these actions due to the requirement to focus on clinical operational service delivery during the pandemic. Revised dates have been included below:  1. AMD and workforce to develop recruitment strategy - 31.3.2021 –Revised Date September 2021. 2. AMD and DMD to develop retention and engagement strategy - 31.3.2021 – Revised Date September 2021. 3. Reduce agency spend throughout CTMUHB – ongoing - The agency spend reduction is dependent on recruitment aligned with the bank launch and switch to ADHs. The bank launch has been delayed due to problems with the rate card and recruitment through the pandemic has been challenging impacting our ability to appoint to positions. 4. Launch of 'medical bank' to Bridgend ILG locality Autumn/ Winter 2020 –Revised Date September 2021.  <b>Update June 2021: At present no immediate change to control measures and mitigating actions. The Workforce Strategy Group will be meeting soon and these issues will be raised and addressed following which the risk will be updated as appropriate.</b>	Quality & Safety Committee  People & Culture Committee	20	C5 x L4	15 (C5xL3)	↔	01.08.2013	5.5.2021	31.07.2021	4080
Executive Director of Nursing and Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Increasing dependency on agency staff cover which impacts on continuity of care, patient safety	<b>If:</b> The Health Board increasingly depends on agency staff cover  <b>Then:</b> the Health Board's ability to provide stability and consistency in relation to high quality care could be impacted.  <b>Resulting in:</b> disruption to the continuity, stability of care and team communication. Potential to impact on patient safety and staff wellbeing.  There are also financial implications of continued use of agency cover.	Recurring advertisements of posts in and nursing continue with targeted proactive recruitment employed in areas of high agency/locum use.  Provision of induction packs for agency staff  Agency nursing staff are paid via an All wales contract agreement, any off framework agency requests must be authorised by an Executive Director prior to booking (system of audit trail in place).  Fixed Term Contracts being offered to all existing HCSG and RN currently on the Nurse Bank.  Redesign services wherever possible to embrace a healthier Wales and therefore impact upon the workforce required to deliver services.  Overtime incentives offered to workforce in response to Covid-19 pandemic.  The Health Board is continuing with the overseas recruitment campaign.	Deputy Exec DON is currently reviewing the nurse rostering policy in conjunction with the workforce team in order to put in place (in conjunction with workforce team) clear roster monitoring KPI's and Bank usage/recruitment KPI's . Established a new nursing workforce taskforce. Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021.  Bi-Annual Nursing Staffing Levels Wales Act - Acuity Audit to be undertaken in June 2021 to report to Board in October 2021.  All Wales "Safer Care Module" on e-roster system due to be received in due course. WG led so await WG timescales. No Change as at 4.5.2021.  Nursing & Midwifery Strategic Workforce Group, Chaired by the Deputy Director of Nursing to recommence in April 2021. The Nursing and Midwifery Strategic Workforce Group did not meet in April 2021 as planned due to the need to revise membership in line with ILG structure, however, bi-monthly nursing workforce operational task force meetings have been held chaired by the Deputy Director of Nursing since February 2021. the Strategic workforce group is scheduled to meet on the 11th May 2021.	Quality & Safety Committee  People & Culture Committee	16	C4 x L4	12 (C4xL3)	↔	01/06/2015	04.05.2021	30.06.2021	4106
Executive Director of Nursing and Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	There is a risk to the delivery of high quality patient care due to the difficulty in recruiting and retaining sufficient numbers of registered nurses and midwives	<b>If:</b> the Health Board fails to recruit and retain a sufficient number of registered nurses and midwives due to a national shortage  <b>Then:</b> the Health Board's ability to provide high quality care may be impacted as there would be an overreliance on bank and agency staff.  <b>Resulting in:</b> Disruption to the continuity and stability of care and team communication Potential to impact on patient safety and staff wellbeing.  There are also financial implications of continued use of agency cover.	<ul style="list-style-type: none"><li>Proactive engagement with HEIW continues.</li><li>Scheduled, continuous recruitment activity overseen by WOD. Overseas RN project continues.</li><li>Targeted approach to areas of specific concern reported via finance, workforce and performance committee</li><li>Close work with university partners to maximise routes into nursing</li><li>Block booking of bank and agency staff to pre-empt and address shortfalls</li><li>dependency and acuity audits completed at least once in 24 hrs on all ward areas covered by Section 258 of the Nurse Staffing Act.</li><li>Deputy Exec DON is currently reviewing the nurse rostering policy in order to put in place (in conjunction with workforce team) clear roster monitoring KPI's and Bank usage/recruitment KPI's</li><li>Reporting compliance with the Nurse Staffing Levels (Wales) Act regularly to Board</li><li>Regular review by Birth Rate Plus compliant, overseen by maternity Improvement Board</li><li>Implementation of the Quality &amp; Patient Safety Governance Framework including triangulating and reporting related to themes and trends.</li><li>Successful overseas RN recruitment.</li><li>- There is an operational Nursing Act Group that reconvened from April 2021.</li></ul>	Established recruitment campaign - which is monitored at the Nursing Workforce Strategic Group - group due to meet/recommence in April 2021.The Nursing and Midwifery Strategic Workforce Group did not meet in April 2021 as planned due to the need to revise membership in line with ILG structure, however, bi-monthly nursing workforce operational task force meetings have been held chaired by the Deputy Director of Nursing since February 2021. the Strategic workforce group is scheduled to meet on the 11th May 2021.  Revised nurse rostering policy currently being taken through the relevant approval process - Timescale 31.5.2021.Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021.  The operational Nursing Act Group to reconvene. Completed as reconvened in April 2021 - included as a control measure.  Await review of Birth Rate Plus Compliant Tool by WG - Timescale - WG led so await WG timescales - No further update at this time.	Quality & Safety Committee  People & Culture Committee	16	C4 x L4	9 12 (C4xL3)	↔	01/01/2016	04.05.2021	30.06.2021	4157
Chief Operating Officer  Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Risk to Obstetric Theatres National Standards	<b>If:</b> There is an aim for 'Gold standard' compliance with theatre staffing standards. Workforce is used from midwifery establishment, and the establishment is impacted by this.  <b>Then:</b> Midwifery workforce reduced to undertake theatre roles and undertake an agreed robust there is a competency training Programme in the UHB for midwifery staff who scrub  <b>Resulting In:</b> inefficient staff utilization, where there is a national shortage in the workforce.	Scrub training in place and a rolling programme organised with main theatres  There is a business case that has been previously been partially approved for revised staffing levels to achieve compliance with the national standards  Acuity impact with no additional resource when midwives are used as scrub midwives impacting on ability to provide a full compliment of midwives for labour ward. Staffing and birth-rate acuity compliance.	Action: Service to update and re submit business case for the Surgical CSG to take ownership of maternity theatres.  <b>As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.</b>	People & Culture Committee	16	C4 x L4	6	↔	26.06.2019	4.12.2020	31.3.2021	3682
Executive Director of Therapies & Health Sciences  Therapies hosted by Merthyr & Cynon Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	There is a risk to the delivery of high patient care due to the difficult in recruiting sufficient numbers of registered therapists and health scientists.	<b>If:</b> the Health Board fails to recruit and retain a sufficient number of therapists and health scientists due to increasing numbers of vacancies and shortages of professional staff.  <b>Then:</b> the Health Board's ability to provide certain services may be compromised.  <b>Resulting in:</b> increased waiting times for diagnosis and treatment, missed opportunities to diagnose at an earlier stage, potential for poorer outcomes for patients.	Links via the Director Therapies to HEIW for planning.  Proactive recruitment for difficult to fill posts.  Use of Agency/Locum staff where available.  Update as at April 2021 Director of Therapies & Health Sciences have supported participation in streamlining to appoint AHP summer 2021 graduates to band 5 vacancies. This is the first time AHPs have recruited in this way and it is too soon to ascertain whether this will impact positively on staff retention.	Continue with active recruitment wherever possible.  Ensure workforce plans included and supported in the Integrated Medium Term Plan (IMTP).  Utilise 'novel' staffing approaches where indicated.  April 2021 The review of the graduate approach to the Band 5 Vacancies will be on a 6-9 month timeline as the graduates are not due to commence until late summer. <b>At June 2021 - no change to the above update.</b>	Quality & Safety Committee  People & Culture Committee	16	C4 x L4	8 (C4xL2)	↔	21.12.2020	07.06.2021	31.07.2021	4500

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Executive Director of Nursing & Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Clinical staff resuscitation training compliance	<b>IF:</b> there continues to be poor compliance with resuscitation training in relation to clinical staff.  <b>Then:</b> the Health Board's ability to provide high quality and safe care would be reduced.  <b>Resulting in:</b> a risk that clinical staff are not up-to-date with their resuscitation training and therefore potentially not able to offer the most up-to-date evidence based care to patients requiring resus. There is a secondary risk that if ESR records are not accurate there is no clear organisational picture which of our staff are resus trained and who are not, presenting a particular risk for rota planning.	ESR record is being reviewed and data checked for accuracy - doctors records need updating as currently ESR not routinely used by Medical staff. New models of training with robust demand and capacity training planning in place need to be identified. This will need to have appropriate resus officer training capacity. An internal restructure has now taken place to ensure a more robust management line. Resus dept is now managed by the Senior Nurse Clinical Education. 2 x band 7 resuscitation practitioner posts successfully recruited to and both in post end of May 2020. Covid re-emergence in September / October will have a further impact on training availability & compliance levels. Staff availability for training also impacted. All training taking place is compliant with social distancing / PPE requirements for COVID.  High turnover/ retirement / long term sickness/ redeployment due to Covid of qualified Resuscitation staff recently have all impacted on capacity to deliver training. Key appointments have now been made, redeployed staff are returning and recruitment to current vacancies in is place.	At the December 2020 meeting the RADAR Committee received an update on the Resuscitation Training Compliance Risk and were advised that the compliance position has deteriorated further during 2020 due to Covid pressures. Training was cancelled in the first wave and release of staff for training has also impacted through the second wave. The Committee has agreed a number of actions to be presented at the March 2021 meeting: • Review of agreed training standards against which compliance is measured. • Review of training formats to include e-learning options. • Review resus departments demand and capacity for training. Timescale - 31.3.2021  Situation reviewed at March 2021 Radar. E-Learning options have now been incorporated into our training standards and key appointments in the Resus department have now started in their posts. Training compliance however has deteriorated further due to a second wave of covid impacting on release of staff and continuing difficulties in securing adequate training accommodation particularly in RTE and Bridgend localities. Work continues to assess training demand and capacity. Risk however cannot be reduced until improvement is seen. Next review at RADAR June 2021  Update June 2021 - no change to risk scoring. The next review is scheduled for the RADAR meeting on the 28th June 2021.	People & Culture Committee	15	C3 x L5	9 (C3xL3)	↔	20.11.2019	08.06.2021	31.07.2021	3899
Chief Operating Officer  Pharmacy & Medicines Management	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Pharmacy & Medicines Management - Training & Development Infrastructure	<b>IF:</b> the planned HEIW led changes to the education and training of pharmacists and pharmacy technicians with increased numbers of trainees across both primary and acute care are fully implemented  <b>Then:</b> the there will be insufficient capacity within the medicines management team to provide the required training, supervision and management of the planned trainees.  <b>Resulting in:</b> a lack of appropriately qualified pharmacy professionals to meet future service demands in all sectors and particularly in hard to recruit to ILGs such as Merthyr where we have established a "grow our own" model. This can impact the primary care sustainability MDT model. Also a reduction in reputation of a HB that has a very high level of % qualifying and a reduction in future applicants.  Current capacity is overstretched and a robust education, training and development infrastructure is needed to meet these demands for specialist & advanced practitioners in primary and secondary care.	SBAR submitted to CBM in March 18 to increase training capacity in order to meet the demand. Included in IMTP and prioritised as number one priority. A bid was included as part of the primary care pacesetter for education and development in primary care academic hubs and was successful. This element of the ed/tr will be implemented in 2018 for 3 years with evaluation. The secondary care elements were not supported in the IMTP prioritisation process and so this still leaves significant risks. SBAR needed to describe the impact of the new technicians training qualification. Funding approved for primary care lead pharmacist - commenced in post April 2019. Included a new case in 2019/20 IMTP as high priority. SBAR for Nov CBM on new technician training requirements. Progress and evaluate primary care pacesetter plan to increase training infrastructure to inform business case to continue funding and scale up.	June 2019: Briefing paper detailing risks and recommendations to be submitted to CBM summer 2019  Dec 2019: All Wales working groups established and discussions ongoing with HEIW regarding changes and capacity and resources required.  Jan 2020: SBAR submitted to HEIW and CBM in response to consultation on pre-registration pharmacist proposals Oct 20 discussions on going with HEIW and COVID impact on training now to be included in this risk. SBAR to be included in 2021/22 IMTP  Update June 2021: HEIW have agreed training support grants for trainers to support pre-registration foundation posts which mitigates the risk for this group of staff. However this funding is only temporary and not guaranteed beyond 2022-23, which presents a potential risk around recruitment of suitable staff. The post-registration foundation programme has been deferred until 2022 which buys some time for health boards to explore solution to the significant financial shortfall that will arise from the lack of on going funding for these posts.	People & Culture Committee	15	C3 x L5	6 (C3xL2)	↔	02.01.2018	10.06.2021	30/09/2021	3638
Executive Director for People	Provide high quality, evidence based, and accessible care.	Legal / Regulatory	Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the CTMUHB )	<b>IF:</b> the Health Board fails to comply with all the Welsh Language requirements  <b>Then:</b> the Health Board's will not be compliant with the duties outlined in the Welsh Language Standards.  <b>Resulting in:</b> damage to the reputation of the Health Board, negative publicity and contact with the Welsh Language Commissioner.  As a consequence of an internal assessment of the Standards and their impact on the CTMUHB, it is recognised that the Health Board will not be fully compliant with all applicable Standards. This risk is particularly high in: translation services due to demand exceeding capacity.	The Welsh Language team has undertaken a self-assessment of the requirements of the Standards and how they apply to Cwm Taf Morgannwg.  Close constructive working relationships are in place with the Welsh Language Commissioner's Office.  Strong networks are in place amongst Welsh Language Officers across NHS Wales to inform learning and development of responses to the Standards.  Regular reports to the Board to raise awareness.  Working Group set up to support managers.  Developing a new bilingual skills strategy.  Welsh courses provided to staff.  Ward Audits to monitor progress with compliance - ongoing and options to revisit are currently being discussed..  Continue to review and act on the UHBs Self-Assessment findings and related improvement actions; ensure Board is fully sighted.  Implement the first year of a 5 year plan outlining the extent to which the health board can carry out consultations in Welsh.  All nursing JDs are translated and advertise bilingually. Compliance with Statutory requirements outlined in Welsh Language Standards.	Welsh Language in Primary Care Policy developed and being progressed for Board Committee approval - Completed.  Begin a programme of translation focusing on the job descriptions advertised most frequently - e.g. nursing vacancies. Compliance with this standard with take many years due to the limited capacity of the translation team.  Action plans have been given to the heads of ILGs, Corporate Services and Workforce and OD to ensure senior management are aware of their WL responsibilities. Completed.  Continue to develop the Welsh Language skills of the workforce through online learning.  Due date for remaining actions :31.3.2021	People & Culture Committee	15	C3 x L5	9 (C3xL3)	↔	02/07/2018	1.3.2021	31.3.2021	4110
Chief Operating Officer  Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	No Midwifery Specialist for pregnant women with vulnerabilities	<b>IF:</b> there is no dedicated services for substance misuse women, prescription medication, or women with vulnerabilities (social) - national best practice is for there to be a lead in vulnerabilities to see women in a dedicated clinic with the multidisciplinary teams which without leads to disjointed care for our most at risk patient group.  <b>Then:</b> unidentified opportunities to co-ordinate risk management and support in 'A Healthier Wales' in pregnancy will be missed.  <b>Resulting In:</b> potential harm to mothers and babies care provision and outcomes.	Women in PCH/RGH are seen in a general Ante Natal clinics Women in POW currently seen in a dedicated clinic, with an SLA agreement with Swansea Bay UHB .2 resource. The directorate need to develop a Statement of need to secure resources to support services across the HB and ensure standardised service delivery.	Action: Service to develop business case for implementing specialist service for women with vulnerabilities.  As at June 2021 - Led by the Acute Services General Manager a small task and finish group is being established to review this risk with the CSG trimverates.	Quality & Safety Committee  People & Culture Committee	15	C3 x L5	6 (C3xL2)	↔	26.06.2019	01.12.2020	31.3.2021	3685