

Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	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	
5214	Executive Medical Director / Chief Operating Officer	Planned Care Group	Care Group Medical Director	Improving Care	Patient / Staff /Public Safety	Critical Care Medical Cover	<p>If: Depleted Consultant Intensivist numbers at Princes Of Wales (POW) continue as a result of medical reasons, retirement and unable to recruit to vacant posts. No Middle Grade medical tier at POW. Consultant intensivist delivered service.</p> <p>Then: Without Middle Grade tier positions the ability to attract and recruit Consultants will be limited.</p> <p>Resulting in: the Health Board being unable to deliver safe patient care with gaps in rota. Potential for days and nights to not be consultant covered. No medical team to manage patients.</p>	Daily management of the rota. Use of agency to cover gaps. CTM internal cover (limited options). Development of CTM strategy for Critical Care.	Workforce business proposal to fund Middle Grade tier to ELG. Digital solution to provide safe cross site Consultant cover for RGH and POW, requires IT solution across POW and RGH. Develop workforce modelling for next 2 years and 10 years. Appoint Critical Care lead across CTM to establish one department – 3 sites approach (Care Group organisational change).	Quality & Safety Committee People & Culture Committee	20	C5xL4	10 (C5xL2)	--		19.8.2022	19.8.2022	20.09.2022
4080	Executive Medical Director Executive Director of People	Central Support Function - Medical Directorate & People Directorate	Assistant Medical Director	Improving Care	Patient / Staff /Public Safety	Failure to recruit sufficient medical and dental staff	<p>If: the CTMUHB fails to recruit sufficient medical and dental staff.</p> <p>Then: the CTMUHB's ability to provide high quality care may be reduced.</p> <p>Resulting in: a reliance on agency staff, disrupting the continuity of care for patients and potentially effecting team communication. This may effect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.</p>	<ul style="list-style-type: none">Associate Medical Director for workforce appointed July 2020Recruitment strategy for CTMUHB being draftedEstablishment of medical workforce productivity programmeWork to understand workforce establishment vs needDevelopment of 'medical bank'Developing and supporting other roles including physicians' associates, ANPsImproving induction and development of new doctors	<p>In terms of recruitment the following actions are underway over the next 6-12 months:</p> <ul style="list-style-type: none">Meeting with Executive Director for People held on 24.11.2022 to discuss Medical Workforce (MWF) recruitment (including PAs, Specialist's)Liaising with Care Group Medical Directors regarding their Care Group workforce planning and strategyOnce the Health Board identifies the gaps from the Medical Workforce Productivity Programme group on the establishment work stream it can then target specific areas with either Consultant, Specialist, MG coverA report is also being prepared on British Association of Physicians of Indian Origin (BAPIO) for international recruitment.	Quality & Safety Committee People & Culture Committee	20	C5 x L4	15 (C5xL3)	--		01.08.2013	24.11.2022	31.1.2023
1133	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH).	<p>If: the Clinical Service Group (CSG) is unable to deliver a sustainable staffing model for the Emergency Department at the RGH;</p> <p>Then: the Health Board will be unable to deliver safe, high quality services for the local population;</p> <p>Resulting in: compromised safety of the patients and staff and possible harm.</p>	ED sustainable workforce plan developed and being implemented (May 2021).	ED sustainable workforce plan developed and being implemented (May 2021).	Quality & Safety Committee. People & Culture Committee - Workforce aspect	16	C4 x L4	12 (C4xL3)	--		20.02.2014	12.10.2022	07.03.2023
4722	Chief Operating Officer	Mental Health Care Group	Service Director - Mental Health and Learning Disability Care Group	Improving Care	Patient / Staff /Public Safety	Senior Medical Workforce Shortfall	<p>If the gaps in the senior medical workforce in RTE are not addressed (2wte vacancy OP, 1wte LTS, 1wte Non clinical duties plus paternity leave and isolation)</p> <p>Then routine work such as clinics will be cancelled, clinical decision making will be delayed and emergency escalation compromised along with the ability of the service to discharge the powers of the Mental Health Act. It is also possible that the training of junior doctors will be negatively affected.</p> <p>Resulting in poor quality and unsafe patient care, increasing concerns, risk of litigation, compromise of the UHB's reputation and removal of UHB from Psychiatry training programme.</p>	<p>Regular meetings with interim CSGD and Consultants to plan cover arrangements and support on weekly basis.</p> <p>Medical model change to functional inpatient at the RGH MHU covered by 3 Locum Inpatient consultants (22 sessions - 12/6/6) to cover 2 x Treatment Wards (28 beds) and 1 x PICU (6 beds).</p> <p>Recruitment - Vacancies out to advert for locum and substantive contracts. Exploring options for overseas recruitment. All staff being offered additional hours.</p> <p>In-patient team has been bolstered by an additional Registrar and 2 x SHOs</p> <p>ANPs covering appropriate PCMHSS AND CMHT clinics.</p>	<p>Update 06/06/22 - Vacant post in Rhonda Adult MH and been notified that Locum for Taff Ely who also covers in patient wards 1 day a week will be leaving the end of this week. This leaves 2 vacancies in sectors for adult and an inpatient day short fall.</p> <p>Update Sept-22 - All adverts agreed to go in BMJ as part of wider recruitment drive. JDs have been reviewed and refreshed.</p> <p>Update November 2022 - Locum cover secured to mitigate partial risk pending substantive appointments. Recruitment exercise underway an interest has been received. Medical Director appointed into the Mental Health and Learning Disability Care Group to provide oversight and leadership on sustainable medical workforce activity.</p>	People & Culture Committee Quality & Safety Committee	16	C4xL4	6 (C2xL3)	--		28/06/2021	01.11.2022	31.12.2022
3638	Executive Medical Director	Diagnostics, Therapies and Specialties Care Group	Chief Pharmacist	Inspiring People	Patient / Staff /Public Safety	Pharmacy & Medicines Management - Training & Development Infrastructure	<p>If: 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</p> <p>Then: the there will be insufficient capacity within the medicines management team to provide the required training, supervision and management of the planned trainees.</p> <p>Resulting in: 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 MOT model. Also a reduction in reputation of a HB that has a very high level of % qualifying and a reduction in future applicants.</p> <p>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.</p>	<p>This CTM Pharmacy issue that has stalled at various times in the past which has added to delay. Initially started in 2018 as an SBAR propose increase training capacity in order to meet the demand. Included in IMTP and prioritised as number one priority, 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. As such is in place and continues to run. Funding approved for primary care lead pharmacist - commenced in post April 2019.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. SECONDARY CARE elements were not supported in the IMTP prioritisation process</p>	<p>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.</p> <p>Update July 2021 - No further update to that recorded in June 2021. Review 30.09.2021.</p> <p>Update November 2021 - as reported to the Quality & Safety Committee: Discussion with HEIW have resulted in a delay to the financial changes until 2024, which will allow the service related impact to be better transitioned into the planning cycle.</p> <p>Update February 2022 - Risk remains as funding for the posts will be significantly reduced from 2023 onwards as HEIW will reduce from 50% to 20% funding. The shortfall in funding between establishment and post costs remains the risk. The funding resource is being captured in the IMTP submission for 22-23 in preparedness for the impact in 2023-4. Funding gap is approximately £90k pa. This equates to 2 posts. Decision of funding is required by March 2022 to allow for recruitment process in 2023.</p> <p>Update August 2022 - Bid submitted to CTMUHB IMTP prioritisation panel. Bid not successful. Reduced student numbers submitted to HEIW, will only be able to take on 3 acute sector trainees in 2023, reduced from 6. This will have implications for clinical service delivery and staff recruitment & retention.</p> <p>September 2022 - New Chief Pharmacist in post. Aware of the risk and need to address. This is forming part of their plans in addressing a number of issues within Pharmacy service.</p> <p>December 2022 - risk remains as little change in mitigation. Actions are being updated as risk is reliant on HEIW continuing funding. Similar position recognised in other Health Boards.</p>	People & Culture Committee	15	C3 x L5	6 (C3xL2)	--		02.01.2018	20.12.2022	20.02.2023

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Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
4679	Executive Director for People (Executive Lead for Occupational Health)	Central Support Function - Occupational Health	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Absence of a TB vaccination programme for staff	If: the Health Board is not providing TB vaccination to staff Then: Staff and patients are at risk of contracting TB Resulting in: Failure to comply with the Department of Health and Social Care guidance and lack of confidence in the service	The 'fitness letter' issued by Occupational Health to the appointing line manager following an employee health clearance highlights vaccination status. Screening for latent TB for new entrants and offering T spot testing to assess positive or negative.	Update May 2022 - Training to be provided to the CTM OH nurses from the CAV OH nurses via a 'train the trainer' approach. Dates being arranged for May 2022. All necessary paperwork in place. Update June 2022 - Training Ongoing. Risk reviewed and remains same. Update August 2022: training has been delayed due to staffing issues within OH department. New dates have been identified in September. New recruits continue to be risk assessed for active TB symptoms and where appropriate new staff from areas of high risk of TB are screened for latent TB. Update October 2022 - Risk reviewed and remains same. Trainer has been identified no date confirmed as yet to commence training the OH Nurses.	Quality & Safety Committee People & Culture Committee	Jan-23	Update Jan 2023 - Training is now arranged 16th and 18th January for Occupational Health Nurses and a support group via Cardiff & Vale is being implemented to provide peer support going forward. The likelihood score was reduced to a 2 as a result achieving the target score of 8. This risk can now be closed.