

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
4491	Chief Operating Officer	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff / Public Safety	Failure to meet the demand for patient care at all points of the patient journey	<p>IF: The Health Board is unable to meet the demand upon its services at all stages of the patient journey.</p> <p>Then: the Health Board's ability to provide high quality care will be reduced.</p> <p>Resulting in: Potential avoidable harm to patients</p>	<p>Controls are in place and include:</p> <ul style="list-style-type: none"> Technical list management processes as follows: Speciality specific plans are in place to ensure patients requiring clinical review are assessed. All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. A process has been implemented to ensure no new sub speciality codes can be added to an unreported list, this will be refined over the coming months. All unreported lists that appear to require reporting have been added to the RTT reported lists All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. Patients prioritised on clinical need using nationally defined categories Demand and Capacity Planning being refined in the UHB to assist with longer term planning. Outsourcing is a fundamental part of the Health Board's plan going forward. The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. A Harm Review process is being piloted within Ophthalmology – it will be rolled out to other areas. The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified <p>Planned Care Board established.</p> <p>The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.</p>	<p>The Health Board has established a Planned Care Board, with a full programme of work to address FUNB, demand and capacity and a recovery programme which will include cancer patients; The plans have timescales – which are being monitored, however it is likely that it will take time to reduce waiting times to acceptable levels in the post-covid-19 environment. The PCP Improvement Programme has significantly accelerated a number of mitigating actions designed to improve flow, reduce risk and improve the quality of care in the uncheduled care pathway. Updates on this are provided through the Quality & Safety Committee including specific actions and measures. There is also a PCP Improvement Board that meets monthly with the COO as the SRG. The Health Board is centralising the operational management and decision making around all elective services with the clear aim of increasing and protecting elective activity as we deal with the pressures of the Covid-19 pandemic and winter. This process commenced in late October 2021 and greater clarity will be provided in the next review.</p> <p>The IMP process will drive the development and prioritisation of these plans ahead of implementation in 2022-2023. Additionally as part of the IMP Process we will be able to complete robust capacity and demand planning for all surgical specialities for the first time, this will allow us to fully understand our likely trajectory for recovery during 2022-2023 and beyond.</p> <p>Update July 2022 - Risk scoring unchanged. Revised Improvement trajectories for each speciality now in place updated via the Planned Care Recovery Programme Board. The Health Board is working with Cardiff and Vale University Health Board and Swansea Bay University Health Board to support recovery actions in high risk specialities.</p> <p>Update September 2022 - Continue delivery of the Planned Care Recovery Actions. Reconfiguration orthopaedic inpatient operation. Commissioning the insourcing of the workforce to deliver to Theatres. Amalgamation of Health Board wide capacity plans.</p> <p>Significant work ongoing in relation to FUNB which is being captured in the performance reports.</p> <p>Update October 2022 - Procurement exercise commenced 20 Oct 22 re the insourcing of the workforce to deliver to Theatres. Recruitment to theatres transformation role from 28 Oct 22. Amalgamation of Health Board wide capacity plans. Significant work continuing in relation to FUNB which is being captured in the performance reports.</p> <p>Update request escalated to Interim Planned Care Director. The Care Group Director of Nursing has confirmed their intention on launching a series of risk and compliance huddles over the course of April, May and June to ensure rigour, validity and accuracy behind existing risks</p>	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4xL5	12 (C4 x L3)	--	11.01.2021	28.10.2022	30.11.2022
5153	Executive Director of Finance & Procurement	Central Support Function - Finance	Deputy Director of Finance	Sustaining Our Future	Financial Stability Risk	Failure to achieve financial balance in 2022/23.	<p>IF: The Health Board is not able to plan and deliver changes which enable current run rates of expenditure to align with the available funding for 2022/23 (including funding for Covid response costs and Exceptional items).</p> <p>Then: The Health Board will not be able to deliver a break-even financial position for 2022/23.</p> <p>Resulting in: Potential deficit in 2022/23 leading to potential short term unsustainable cost reductions with associated risks qualification of the accounts and potential Welsh Government regulatory action.</p> <p>The context is that the draft financial plan for 22/23, submitted to WG at the end of April, has three elements: A core plan which has a planned deficit of £26.5m, excluding Ongoing Covid response costs of £32.3m and Exceptional Items of £19.0m. Assumed non-recurring funding for the Covid and Exceptional costs has yet to be confirmed by WG. Delivery of the Core plan is also predicated on a the delivery of efficiency savings of £17.3m which is a significant step up in savings compared to recent years.</p>	<p>Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward.</p> <p>Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans.</p> <p>Developing the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.</p> <p>Routine monitoring arrangements in place.</p> <p>Regular reporting to Management Board and Planning, Performance & Finance Committee and Board.</p>	<p>Further discussions needed with Welsh Government to understand the likely funding position for 22/23.</p> <p>Update September 2022 Further discussions needed with Welsh Government to understand the likely funding position for 22/23 in relation to the Core plan deficit, Exceptional items and ongoing Covid response costs.</p> <p>Update 24.10.2022 - Position remains as reported for September 2022. No change to risk score.</p> <p>Update 3rd Jan 2023. The funding position for 22/23 in relation to Exceptional items and ongoing Covid -19 response costs has now been clarified by WG. The forecast Core plan overspend for 22/23 at MB is still £26.5m and there is no change to the risk score.</p>	Planning, Performance & Finance Committee	20	C4 x L5	12 (C4 x L3)	--	8.7.22	3.1.2023	01.3.2023
5154	Executive Director of Finance & Procurement	Central Support Function - Finance	Deputy Director of Finance	Sustaining Our Future	Financial Stability Risk	Failure to reduce the planned recurrent deficit of £28.0m at the end of 2022/23.	<p>IF: The Health Board is not able to plan changes which enable current run rates of expenditure to align with the expected available funding for 2023/24.</p> <p>Then: The Health Board will not be able to develop a break-even financial plan for 2023/24 and deliver it.</p> <p>Resulting in: Potential deficit in 2023/24 leading to potential short term unsustainable cost reductions with associated risks qualification of the accounts and potential Welsh Government regulatory action.</p>	<p>Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward.</p> <p>Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans.</p> <p>Further develop the savings planning processes via the Value and Efficiency programme.</p> <p>Further discussions needed with Welsh Government to understand the likely funding position for 22/23 in relation to the Core plan deficit, Exceptional items and ongoing Covid response costs.</p> <p>Update 3rd Jan 2023 - The M8 YTD position is a £18.0m deficit. This represents a £0.3m adverse variance compared to 8/12th of the £26.5m Core plan deficit (£17.7m). The MB Savings position is forecasting £17.5m of Savings in 22/23 but only £10.6m on a Recurrent basis. (Savings target for 22/23 = £17.3m). The forecast underlying recurrent deficit at 31/3/23 is now £47.6m. This position represents a £19.6m deterioration from the planned recurrent deficit of £28.0m and includes: forecast shortfalls in recurrent savings delivery in 22/23 (£6.7m) and forecast recurrent overspends in Care Groups and directorates (£11.0m).</p> <p>The key actions are to further develop the savings planning/recovery planning processes via the Value and Efficiency programme and the Financial Plan for 2023/24.</p>	<p>Update October 2022 - The M6 YTD position is a £14.6m deficit. This represents a £1.4m adverse variance compared to 6/12th of the £26.5m Core plan deficit. The M6 Savings position is forecasting £17.5m of Savings in 22/23 but only £10.6m on a Recurrent basis. (Savings target for 22/23 = £17.3m). The forecast underlying recurrent deficit at 31/3/23 is now £34.9m. This position represents a £6.9m deterioration from the planned recurrent deficit of £28.0m and is due to the forecast shortfall in recurrent savings delivery in 22/23.</p> <p>Further discussions needed with Welsh Government to understand the likely funding position for 22/23 in relation to the Core plan deficit, Exceptional items and ongoing Covid response costs.</p> <p>Update 3rd Jan 2023 - The M8 YTD position is a £18.0m deficit. This represents a £0.3m adverse variance compared to 8/12th of the £26.5m Core plan deficit (£17.7m). The MB Savings position is forecasting £17.5m of Savings in 22/23 but only £10.6m on a Recurrent basis. (Savings target for 22/23 = £17.3m). The forecast underlying recurrent deficit at 31/3/23 is now £47.6m. This position represents a £19.6m deterioration from the planned recurrent deficit of £28.0m and includes: forecast shortfalls in recurrent savings delivery in 22/23 (£6.7m) and forecast recurrent overspends in Care Groups and directorates (£11.0m).</p> <p>The key actions are to further develop the savings planning/recovery planning processes via the Value and Efficiency programme and the Financial Plan for 2023/24.</p>	Planning, Performance & Finance Committee	20	C4 x L5	12 (C4 x L3)	--	8.7.22	3.1.2023	01.3.2023
4071	Chief Operating Officer All Integrated Locality Groups Linked to RTE 5039 / 4513	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff / Public Safety	Failure to sustain services as currently configured to meet cancer targets.	<p>IF: The Health Board fails to sustain services as currently configured to meet cancer targets.</p> <p>Then: The Health Boards ability to provide safe high quality care will be reduced.</p> <p>Resulting in: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.</p>	<p>Tight management processes to manage individual cases on the cancer Pathway.</p> <p>Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available.</p> <p>Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk</p> <p>Harm review process to identify patients with waits of over 104 days and potential pathway improvements.</p> <p>Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available.</p> <p>All three sites are working to maximising access to ASA level 3+4 surgery on the acute sites.</p> <p>HB working to ensure haematological SACT delivery capacity is maintained.</p> <p>Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies.</p> <p>Considerable work around recommencing endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics.</p> <p>Alternative arrangements for MDT and clinics, utilising Virtual options</p> <p>Cancer performance is monitored through the more rigorous monthly performance review process. Each Care Group now reports actions against an agreed improvement trajectory.</p>	<p>Update September 2022 - Score remains unchanged. Recovery actions continue with focus on Urology and Lower GI. Improvements are being recognised in Gynae and Breast Surgery which are currently ahead of plan. Cancer treatments remain higher than pre-Covid levels.</p> <p>Update October 2022 - Score remains unchanged. New Cancer Assurance cycle from November 2022. Recovery actions continue with focus on Urology, Lower GI and Dermatology. Improvements are being recognised in Gynae and Breast Surgery which remain in line with plan. Cancer treatments continue to be higher than pre-Covid levels.</p> <p>Update December 2022 - Score remains unchanged. Health Board is now in targeted intervention for cancer. Additional assurance meeting with WG, WCN and DU underway. New cancer assurance cycle from November 2022 embedding. Recovery actions continue with focus on Urology, Lower GI and Dermatology. Improvements are being recognised in Gynae and Breast Surgery which remain in line with plan. Cancer treatments continue to be higher than pre-Covid levels. Referral rates are higher than pre Covid, but reducing from their highest levels. Challenges remain with diagnostic capacity, short term outsourcing has improved wait times, but longer term solution needed. The mobile endoscopy unit is also providing additional capacity, and reducing waiting times, but a longer term solution is required for after this. 104+ day harm review panels are paused on two sites, recruitment underway for administration support to recommence. Confirmation received 27.1.2023 from the Cancer Business Team that there are no additional delays to cancer patients as a result of the pausing of the harm review panels.</p> <p>Update for March: Overall cancer performance continues to decrease as the long waiting patients are treated. A deep dive into Urology pathways is underway. The breast cancer team are undertaking LEAN training to enable them to look to streamline pathways. A change from 104+ to 146+ day cancer harm reviews, in line with Welsh government guidance, has been approved.</p>	Quality & Safety Committee Planning, Performance & Finance Committee.	20	C4 x L5	12 (C4 x L3)	--	01/04/2014	03.03.2023	31.3.2023
4458	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care.	Improving Care	Patient / Staff / Public Safety	Failure to Deliver Emergency Department Metrics (including 15 minute Handover and 4 and 12 hour breaches.)	<p>IF: the Health Board fails to deliver against the Emergency Department Metrics</p> <p>Then: The Health Boards ability to provide safe high quality care will be reduced. Patients will be waiting in the ambulance rather than being transferred to the Emergency Department.</p> <p>Resulting In: A poor environment and experience to care for the patient.</p> <p>Delaying the release of an emergency ambulance to attend further emergency calls.</p> <p>Compromised safety of patients, potential avoidable harm due to waiting time delays.</p> <p>Potential of harm to patients in delays waiting for treatment.</p>	<p>Senior Decision makers available in the Emergency Department.</p> <p>Regular assessments including fundamentals of care in line with National Policy.</p> <p>Additional Capacity opened when safe staffing to do so.</p> <p>Senior presence at Health Board Capacity Meeting to identify risk sharing.</p> <p>Winter Protections Schemes Implemented within ILGs.</p> <p>Operational Performance is now monitored through the monthly performance review.</p> <p>Performance review process has been restructured to bring more rigour with a focus on specific operational improvements.</p> <p>Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.</p>	<p>The Unscheduled Care Improvement Board will monitor progress on the programme on a monthly basis. Given the decrease in compliance for 12 and 4 hour waits, it is impossible to outline progress at this point. It is anticipated that the work of the Urgent Care Improvement Group will be able to report some improvement in the coming months.</p> <p>Update September 2022 Update - UEC Six Goals Improvement Programme now commenced - workstream 2 (integrated front door) - rapid mobilisation of other elements of the front door (SDEC, Acute frailty assessment, Hot/rapid access clinics) to facilitate ED de-crowding and timely ambulance offload.</p> <p>Update 3.11.2022 - now being addressed via UEC 6 goals programme, workstreams 2, 3 and 4. Aim to improve whole hospital/system flow, implementing D2RA model and pathways Dec 22, implementing enabling processes to improve flow and discharge - including e-whiteboards/e-discharge referrals, discharge hub, additional components of integrated front door (including acute frailty ax, hot clinics, SDEC), discharge lounges on each site.</p>	Quality & Safety Committee Planning, Performance & Finance Committee	16	C4 x L4	12 (C4 x L3)	--	04/12/2020	3.11.2022	31.12.2022

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4772	Chief Operating Officer	Central Support Function - Facilities	Governance and compliance manager, Facilities	Improving Care	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Replacement of press software on the 13 & 10 stage CBW presses	<p>If: The 10 & 13 stage Lavatec presses have old software control systems, and are both vulnerable to failure. Following a fault developing and a recent maintenance call out it was identified that the 10 stage press is working intermittently caused by a software problem.</p> <p>Then: If the 10 Stage press control system fails the consequence of not purchasing the software replacement would result in the laundry service being unable to produce to full capacity and reduced to around 55%. If the Stage 10 press control system software fails then it could also impact on the Stage 13 press. The consequence of both presses failing and not purchasing the software replacement would result in the laundry service being unable to process any laundry which will result in all CTMUHB laundry being outsourced to commercial laundries. The costs will be significantly higher than those incurred in-house. Resulting In:</p> <ul style="list-style-type: none"> •Potential of service failure due to existing system. •Potential of CTM sites being without bedding and linen at existing volumes and turnaround times. •Potential increased costs resulting from having to outsource laundry processing to commercial laundries in the event of equipment failure. 	<p>The All - Wales Laundry review continues, and at the current time, it is likely that services will be provided from CTM laundry until at least 2024. After this time, the equipment could be moved and rehoused elsewhere to continue to support CTM and the All-Wales Laundry agenda.</p> <p>Previous IMTP submissions have included as a priority £375K for a replacement automated sorting and roll cage washer/dryer system at the laundry. The software that controls system for the CBW forms an integral part of the current press.</p> <p>Benefits of equipment being replaced:</p> <ul style="list-style-type: none"> •Reduced risk of service failure and therefore improved confidence in continued production. •Easier to diagnose and put right any mechanical defects. <p>The Laundry is being monitored remotely by the system supplying company. This ensures that we are able to run the system and any problems quickly rectified on the 13 stage CBW. The 10 stage new software has now been installed and updated and all snagging completed. We were in the process of arranging a date for the 13 stage CBW software to be updated when the bolts on the 10 stage sheared, this will be repaired Monday 4th July 2022 we will then arrange for the new software to be updated on the 13 stage.</p> <p>There is a robust contingency plan in place we are able to continue with a normal service until these issues are resolved. We also have the ability to call upon the other L4 region production units. The contingency plan provides for a 5 day full service with ability to call on the other L4 within the All Wales Laundry agreement to produce our linen if needed.</p>	<p>[Update 22/02/2023]</p> <p>We are now ready for the installation of the software upgrade to the 13-stage press. All items needed for the upgrade have been received by the supplier. The in-house electrical work has been completed. The supplier has provided an installation date for the end of March 2023- beginning of April 2023. This will allow the installation of the new chemical system to be installed prior to the upgrade. The upgrade comes as part of a new chemical contract between NWSSP and Ecolab who will be providing the equipment as part of the contract.</p> <p>Based on this update the risk remains as a high risk and will be reviewed in 3 months time or once the software has been installed .</p>	Quality & Safety Committee Planning, Performance & Finance Committee	15	15 (C5xL3)	5 (C5xL1)	--	27.07.2021	03.03.2023	31.05.2023
5207	Executive Director of Strategy & Transformation	Primary & Community Care Group or Central Function?	Deputy Director of Strategy and Partnerships	Improving Care	Patient / Staff /Public Safety Impact on the safety - Physical and/or Psychological harm & Statutory Duty / Legislation	Care Home Capacity	<p>If: the rising costs of delivering care in private facilities drives a number of providers to cease trading.</p> <p>Then: there will be a loss of capacity within the system.</p> <p>Resulting In: exacerbated delays in hospital flow, an impact on wait times and increased admission to hospital for displaced patients. Patient experience will be impacted due to increased hospital stays. There will also be a longer term impact on residential care opportunities.</p>	<p>Multi Agency Operational Group established that effectively risk assesses the homes and manages any emergent contractual/ provider/ safeguarding issues, we wonder if this is forward looking enough in the current context.</p> <p>Local Authorities have regular contact with Care Homes to assess any challenges that they are facing and will intervene as appropriate based on risk and circumstances.</p>	<p>Via the Regional Partnership Board and other partnership meetings questions will continue to be escalated to seek assurance.</p> <p>Reports on specific incidents will be taken to Planning, Performance & Finance Committee.</p> <p>Care Providers will continue to engage with Welsh Government to escalate their concerns around the current position.</p> <p>CTMUHB is working with Care Inspectorate Wales (CIW)and the local authorities to understand the implications of the HB providing care services either as a provider in its own right or in partnership with a local authority</p> <p>21.2.2023 - no change in mitigation or scoring. Scheduled for a further review at the end of April 2023.</p>	Quality & Safety Committee Planning, Performance & Finance Committee	15	C5xL3	10 C5xL2	++	19.8.2022	21.2.2023	28.04.2023