Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Next Review date
4095	Director of Operations Integrated Locality Groups	Patient / Staff & Public Safety - Physical and /or psychological harm	Lack of control and capacity to accommodate all hospital follow up outpatient appointments	**IF:** The Health Board is unable to control and meet the capacity and demand to accommodate all hospital follow up outpatient appointments. **Then:** the Health Board's ability to provide high quality care may be reduced. **Resulting in:** Potential avoidable harm to patients	. Continued monitoring of progress at Quality Delivery Meetings with WG. Initial progress with reductions in all specialities. . Exploring patient safety implications for some categories of follow ups not booked for consideration by Management Board and at Q,S&R Committee where further audit related action is being undertaken. . Continued improvement against trajectories in specialties. Surgery the first to achieve a 0 FUNB position. . Outsourcing of 6,500 Ophthalmology cases has now brought us to c.15k patients on the list, reducing to 13.5k. . WG has asked us to put forward a financial bid for balancing the outpatients position to 0 - bid is in the order to 1.5m to deliver 0 position by March 2021. . Harm review process now being piloted in Ophthalmology, with other specialties to follow.	Risk Currently being updated Assistant Director Medicine -Operations to include Covid-19 environment. It is anticipated that due to the amount of activity in this area the risk score is likely to reduce.	Quality & Safety Committee	20	12	↔	01/11/2014	18.11.2020
4100	Director of Operations Integrated Locality Groups	Patient / Staff & Public Safety - Physical and /or psychological harm	Failure to treat patients in a timely manner resulting in potential avoidable harm	**IF:** The Health Board fails to treat patients in a timely manner **Then:** the Health Board's ability to provide high quality care would be reduced. **Resulting in:** potential avoidable harm to patients due to delays in treatment.	•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. •Immediate process has been implemented to ensure no new sub specialty 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. All appropriate waiting lists will be reported and will be dealt with in line with RTT waiting times criteria	Risk Currently being updated Assistant Director Medicine -Operation	Quality & Safety Committee	20	6	↔	01/07/2019	18.11.2020
4097	Director of Operations Director of Therapies and Health Sciences Integrated Locality Groups	Patient / Staff & Public Safety - Physical and /or psychological harm	Failure to meet Fire Safety Standards across the Health Board	**IF:** The Health Board fails to meet fire standards across its estate. **Then:** the safety of patients, staff, contractors/visitors etc. and the protection of the buildings could be compromised. **Resulting in:** potential harm, risk of fire, enforcement notices and/or prohibition notices.	•Training, Fire Wardens, and Fire Evacuation plans in place Robust risk assessment processes in place to ensure the Board manages and mitigates identified risks; •Implementation of Action Plans in response to pro active risk assessments. •Alignment (where appropriate) of UHB risk assessment processes with those of Fire Service •Constructive and positive working relationship in place with SWF&R Service and regular meetings between senior staff with at least Annual review meetings being led by CEO and Chief Fire Safety & Rescue Officer. •Other enforcement actions taken for example ICU at Royal Glamorgan Hospital, but plan in place to address and agreed with SWF&R service. •Ongoing work at the POW site – identification of key issues and mitigation	Pro active management via ILG's to ensure profile for fire safety remains high. Ongoing Formal Annual Reviews with South Wales Fire and Rescue Service as well as Regular inspections and dialogue with South Wales Fire & Rescue Service. Ongoing Robust risk assessment processes in place and good compliance with staff training uptake to be sustained.- Ongoing RCA being carried out into the fire alarm in PCH pre Christmas to assess the effectiveness of the response and take action where appropriate to improve and ensure compliance Director of Therapies and HS February 2020	Health, Safety & Fire Sub Committee Quality & Safety Committee	20	12	↔	01/10/2009	18.11.2020
4080	Medical Director	Patient / Staff & Public Safety - Physical and /or psychological harm	Failure to recruit sufficient medical and dental staff	**If:** the CTMUHB fails to recruit sufficient medical and dental staff. **Then:** the CTMUHB's ability to provide high quality care may be reduced. **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.	• Associate Medical Director for workforce appointed July 2020 • Recruitment strategy for CTMUHB being drafted • Explore substantive appointments of staff undertaking locum work in CTMUHB • Feedback poor performance and concerns to agencies • Development of 'medical bank' • Developing and supporting other roles including physicians' associates, ANPs	• AMD and workforce to develop recruitment strategy - 31.3.2021 • AMD and DMD to develop retention and engagement strategy - 31.3.2021 • Reduce agency spend throughout CTMUHB • Launch of 'medical bank' to Bridgend ILG locality Autumn/ Winter 2020	Quality & Safety Committee People & Culture Committee	20	16	↔	01.08.2013	18.11.2020
4149	Director of Operations Bridgend Locality	Patient / Staff & Public Safety - Physical and /or psychological harm	Failure to sustain Child and Adolescent Mental Health Services	**IF:** The Health Board continues to face challenges in the CAMHS Service **Then:** there could be an impact in maintaining a quality service **Resulting in:** recruitment challenges, long waiting times and impact to the implementation of the new model of care. Difficulties remain in recruiting key staff and new model of care being implemented; waiting times for specialist CAMHS and the new neurodevelopmental service remains challenging. Rationale for target score: Increasing demands being placed on the Core CAHMS Services resulted in long waiting times and the service was experiencing difficulties in recruiting staff	The Bridgend ILG Leadership Team have placed the service into Internal Enhanced Monitoring and Support: • Improvement Plan developed • Weekly Monitoring • Additional Leadership Support • OD intervention	CAMHS - Bridgend ILG currently reviewing the risk.	Planning, Performance & Finance Committee	20	9	↑ October 2020 from 16	01/01/2015	18.11.2020

Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Next Review date
3826	Director of Operations Bridgend ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Emergency Department (ED) Overcrowding	**If:** As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited, to significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information). **Then:** patients are therefore placed in non-clinical areas. **Resulting In:** Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of majors cases; ambulance arrivals and self presenters. Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in	Increased number of nursing staff being rostered over and above establishment. Additional repose mattresses have been purchased with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated.	Action Plan currently being updated.	Quality & Safety Committee	20	16		24.09.2019	31.12.2020
4253	Director of Operations Bridgend ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Ligature Points - Inpatient Services	**IF:** the Health Board fails to minimise ligature points as far as possible across identified sites. **Then:** the risk of patients using their surroundings as ligature points is increased. **Resulting In:** Potential harm to patients which could result in severe disability or death.	Increased Staff observations in areas where risks have been identified. Any areas of the unit not being occupied by patients are to be kept locked to minimise risks.	Action Plan currently being updated.	Quality & Safety Committee Health, Safety & Fire Committee	20	10	↑ October 2020 from 15	17.08.2020	16.10.2020
3915	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Ligature Points - Inpatient Rehabilitation Services	**IF:** the Health Board fails to minimise ligature points as far as possible across identified sites. **Then:** the risk of patients using their surroundings as ligature points is increased. **Resulting In:** Potential harm to patients which could result in severe disability or death.	Increased Staff observations in areas where risks have been identified. Any areas of the unit not being occupied by patients are to be kept locked to minimise risks.		Quality & Safety Committee	20	5		22.11.2019	12/10/2020
4331	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Covid 19 emergency flow and Impact of RGH flow	**IF:** The continued high rates of admissions continue with increased number so of c19 patients during autumn 2020 **Then:** there will be a reduction in non c19 attendances causing significant constraints with regards to the safe flow of patients in PCH **Resulting in:** long WAST waits and delays and inability to increase c19 capacity on PCH site.	Associated plans opening of surge capacity of SSU and Ysbyty Seren and agreed support from C&V and ABHB and new pathways in development for RGH	See Control Measures	Quality & Safety Committee	20	12	New Risk	12.10.2020	25.01.2021
4106	Nursing, Quality & Safety	Patient / Staff & Public Safety - Physical and /or psychological harm	Increasing dependency on agency staff cover which impacts on continuity of care, patient safety	**IF:** The Health Board increasingly depends on agency staff cover **Then:** the Health Board's ability to provide stability and consistency in relation to high quality care could be impacted. **Resulting in**: 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 Nursing workforce will include monitoring nurse and midwifery graduate recruitment , this is now managed via an all wales "streamlining" process. CTMUHB nursing workforce group are currently formulating a targeted approach to proactively encouraging students to choose CTMUHB as their first choice; this includes a senior nurse allocated to lead on this project in collaboration with workforce teams to target recruitment drives in the university settings. 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). Nurse staffing Act monthly meetings established – these are now split into Part A (NSA) and Part B which encompasses work streams aimed at reducing agency usage by national and international recruitment drives and initiatives. Nurse sensitive outcome measures are positive. Fixed Term Contracts being offered to all existing HCSW and RN currently on the Nurse Bank.	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 Acuity Audit scheduled for July 2020. All Wales "Safer Care" activity anticipated to be received in due course.	Quality & Safety Committee People & Culture Committee	16	9 ↓ 12	↔	01/06/2015	18.11.2020

Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Next Review date
4157	Nursing, Quality & Safety	Patient / Staff & Public 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	**IF:** the Health Board fails to recruit and retain a sufficient number of registered nurses and midwives due to a national shortage **Then:** the Health Board's ability to provide high quality care may be impacted as there would be an overreliance on bank and agency staff. **Resulting in**: 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.	• Proactive engagement with HEIW continues. • Scheduled, continuous recruitment activity overseen by WOD • Targeted approach to areas of specific concern reported via finance, workforce and performance committee • Close work with university partners to maximise routes into nursing • Retire and return strategy to maintain skills and expertise • Block booking of bank and agency staff to pre-empt and address shortfalls • dependency and acuity audits completed at least once in 24 hrs. on all ward areas covered by the Nurse Staffing Act with a plan to roll these audits to all wards during 2020 • Nursing workforce group (meets monthly) has been revised to include updates and trajectories on delivery against overseas recruitment initiative, retention strategy, retire and return strategy. • Nurse staffing Act monthly meetings established – these are now split into Part A (NSA) and Part B which encompasses work streams aimed at reducing agency usage by national and international recruitment drives and initiatives • 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 • Reporting compliance with the Nurse Staffing Levels (Wales) Act regularly to Board • Regular review by Birth Rate Plus, overseen by maternity Improvement Board • Implementation of the Quality & Patient Safety Governance Framework including triangulating and reporting related to themes and trends	Continue recruitment campaign - Monitored at Nursing Workforce monthly group. Successful overseas RN recruitment ongoing Action plans, to include annual plan of work to be created and monitored via the Nursing and Midwifery workforce group and Nursing Staffing Act group Review of Skill Mix within Teams	Quality & Safety Committee People & Culture Committee	16	9 ↓ 12	↔	01/01/2016	18.11.2020
4156	Nursing, Quality & Safety	Patient / Staff & Public Safety - Quality Complaints & Audit	Patients and/or relatives/carers do not receive timely responses to matters raised under Putting Things Right resulting in learning and improvement being delayed	**IF:** The Health Board fails to provide timely responses to matters raised by patients, relatives and/or carers under Putting Things Right. **Then:** there will be a delay in identifying potential learning opportunities. **Resulting in:** variable quality in responses, not learning lessons, not meeting regulatory response times therefore increasing the number of concerns being escalated to the Ombudsman and not providing complainants with a resolution in a prompt and timely manner.	-Implementation of the Quality & Patient Safety Governance Framework - Values and behaviours work will support outcome focused care - supportive intervention from the Delivery Unit supporting redesign of complaints management - relocation of the concerns team into District General Hospitals - Preservation of the governance resource within the princess of Wales Hospital - New ILG structures now in place - Governance teams embedded within each ILG - Governance processes in place in relation to PTR guidelines and this provides assurance via their ILG Q&S committees and these report into the CTMUHB Q&S committee and Patient Experience Committee. - Corporate/Executive assurance and review undertaken weekly via Executive Director led Patient Safety review meetings and quarterly Concerns scrutiny panel meetings. -Ensure access to education, training and learning. - Review of systems in place to aid assurance and compliance with PTR guidelines in progress by Corporate Governance Team. Level 1 PTR training added to ESR training module and training ongoing for staff in the DLG's. Member of corporate team continues to provide training surrounding PTR guidelines and governance.	Corporate governance team reviewing current Datix system to reflect new DLG structures and working with WRP to ensure alignment with new Once for Wales System which is in progress.	Quality & Safety Committee	16	9 ↑ 2	↔	01/04/2014	18.11.2020
4115	Medical Director Director of Operations Integrated Locality Groups	Patient / Staff & Public Safety - Physical and /or psychological harm	Implementing a sustainable model for emergency medicine and inpatient paediatrics across the CTMUHB footprint	**IF:** The Health Board is unable to deliver a sustainable model to deliver Emergency Medicine (EM) and inpatient paediatrics across the Health Board Footprint. **Then:** The Health Board will be unable to deliver safe high quality emergency medicine and inpatient paediatrics services. **Resulting in:** Compromised safety of patients and Staff.	Successful recruitment to EM in Royal Glamorgan Hospital and Prince Charles Hospital continues at consultant and middle grade. Model for delivery of Paediatric care in RGH significantly clearer and this is contributing to some recruitment success.	Recruitment drive continues.	Quality & Safety Committee	16	6	↔	01/07/2019	18.11.2020
4069	Director of Operations Integrated Locality Groups	Patient / Staff & Public Safety - Physical and /or psychological harm	Failure to achieve Referral to Treatment Times	**IF:** The Health Board fails to achieve Referral to Treatment Times. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in:** Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment/procedures. Could cause possible harm to patients due to delays waiting for treatment/procedure.	Directorate Demand & Capacity Plans in place with regular RTT meetings. On-going Flow Programme to address capacity issues. Improve capacity for Day surgery and 23:59 case load. Monthly and Quarterly monitoring of trajectories, routinely discussed with CBMs. Routine reporting into Finance, Performance & Workforce Committee Surgical Assessment facilities now available on DGH sites. WG released £7m against a £8.7m resource plan for restoring our trajectory. Several Workshops held to address HMRC tax and pension issues which have significantly eroded consultant sessional availability for ADH and WLI. DU review of unreported waiting lists complete and all trajectories reworked to include patients from those lists - financial plans to achieve trajectories now in place.	Risk currently being updated.	Quality & Safety Committee	16	8	↔	Nov-14	18.11.2020

Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Next Review date
4070	Director of Operations Integrated Locality Groups	Patient / Staff & Public Safety - Physical and /or psychological harm	Failure to achieve the 4 and 12 hour emergency (A&E) waiting times targets	**IF:** The Health Board fails to achieve the 4 and 12 hour emergency (A&E) waiting time targets. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in:** Compromised safety of patients, potential avoidable harm due to waiting time delays. Potential of harm to patients in delays waiting for treatment.	Need to strengthen minors streams at DGH sites to sustain improved delivery of performance against the 4, 8 and 12 hour targets. Also variable practice across A&E departments. Consultant and middle grade gaps in RGH now filled. PCH DU report delivered and being enacted. PoW handover performance reviewed by DU & EASC/CASC team and being enacted. PoW/RGH/PCH provided full Safety and Dignity analysis to September QSR committee and Safety Briefing sitrep model and SAFER being rolled out across sites. Programme of improvement work with AM&ED, HR and Retinue teams to improve medical booking and staffing to raise shift fill (ADH initiative has been successful). Winter Plan in train through directorate and partners (RPB). Interim Site Management arrangements coming into place. Systems model in development. 1) Clear discharge planning processes in place. 2) Improvements in the patient flow and investments to support Winter planning. 3) Stay Well At Home (SW@H) Service introduced and evaluated (6 month). Transformation funding will initiate Jan/Feb 2020. 4) SW@H 2 developments and Enhanced Community Clusters being progressed through Transformation bid.	Update in progress - risk to be more quality focussed.	Planning, Performance & Finance Committee	16	12	↔	01/04/2013	18.11.2020
4071	Director of Operations Integrated Locality Groups	Patient / Staff & Public Safety - Physical and /or psychological harm	Failure to sustain services as currently configured to meet cancer targets	**IF:** The Health Board fails to sustain services as currently configured to meet cancer targets. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in**: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.	Tight management processes to manage each individual case on the unscheduled care (USC) Pathway. Initiatives to protect surgical capacity to support USC pathways have been put in place in RGH and PCH to protect core activity. Prioritised pathway in place to fast track USC patients. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Overall Cancer target performance challenged by frailty of urology service with potential for regional service under review – connection with radiology an issue during late Summer. Regional access to EBUS through C&VUHB an issue. Implementation of Single Cancer Pathway well underway with further work to do on underlying business case for sustained target delivery coming forward. Introduction of revised models for rapid diagnostic review / assessment in cancer pathways continuing to drive pick-up rate (15% from 3%) Continue close monitoring of each patient on the USC pathways to ensure rapid flow of patients through the pathway. Some speciality challenges remain in Lung and Urology - action plans in place, along with monitoring. Also work underway on regional access to EBUS service.	Update in progress.	Quality & Safety Committee	16	12	↔	01/04/2014	18.11.2020
4103	Director of Operations Integrated Locality Groups	Patient / Staff & Public Safety - Physical and /or psychological harm	Sustainability of a safe and effective Ophthalmology service	**IF**: The Health Board fails to sustain a safe and effective ophthalmology service. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in:** Sustainability of a safe and effective Ophthalmology service	Measure and ODTC DU reviews nationally. . Clinical staffing structure stabilised and absence reduced (new consultant, nurse injectors, ODTC's, weekend clinics). . On going monitoring in place with regards RTT impact of Ophthalmology. . In line with other services, to meet the RTT requirement services are being outsourced - maintaining this level of performance will be challenging going forward. . Additional funding for follow up appointments provided and significant outsourcing undertaken (6,500 cases) with harm review piloting to assess all potential harms. . Additional services to be provided in Community settings through ODTC (January 2020 start date). . Intravitreal injection room x2 established with nurse injectors trained. Follow up appointments not booked being closely monitored and outsourcing enactioned. Regular updates re follow up appointments not booked being monitored by Management Board / Q&SR (patient safety issues) and Finance, Performance and Workforce Committee (performance issues). Reviewing UHB Action Plan in light of more recent WAO follow up review of progress. Primary and Secondary Care working Groups in place.	Action plan developed and on going monitoring - consolidated plan coming forward covering Eye Care	Quality & Safety Committee	16	12	↔	01/04/2014	18.11.2020
4113	Public Health	Operational - Core Business / Business Objectives	Risk of interruption to service sustainability, provision & destabilising the financial position re: Brexit	**IF:** the health board is impacted by a "no deal" Brexit. **Then:** there could be an interruption to service delivery. **Resulting in:** the inability to provide sustainable service delivery.	Full planning preparations aimed to be stood up in September. Due to these current developments and the Covid-19 Pandemic the risk has increased from that in previous planning periods. Gap analysis/risk assessment on Brexit and Audit Wales self-assessment completed. Service Group Business Continuity plans updated– particularly in Medicines Management; Facilities (food); ICT; Workforce; Estates; R&D Working with other HBs and Welsh NHS Confederation learn lessons from other organisations and provide information on SharePoint to allow opportunities for staff across the HB to identify and areas of concern Work nationally with Welsh Government, Local Resilience Forums and other HBs and Trusts to share business continuity plans. Continue with strong controls in place to ensure "business as usual" through robust business continuity plans. active on SRO and Health Securities groups Emergency Planning, Preparedness & Response (EPPR) for the CTM sites Workforce actively pursuing the gap analysis. Assessment of potential risks to the flow of personal data following Brexit	Service Groups to ensure their business continuity arrangements ensure sustainability in the event of any impact as a result of a "no deal" Brexit. Supported by the Emergency Planning Officer. This an ongoing action so no specific timescales have been assigned.	Planning, Performance & Finance Committee	16	8	↔	01/11/2018	18.11.2020

Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Next Review date
4116	Governance	Provide high quality, evidence based and accessible care	Organisational Reputation - Lack of confidence in the services and care provided by the organisation.	**IF:** the Health Board does not effectively engage with its stakeholders, communities and staff to demonstrate listening and learning from external reviews and more recently the Health Boards response to Covid-19 **Then:** Trust and confidence in the services of the Health Board will be negatively impacted. **Resulting in:** negative media coverage, lack or credibility with our communities and staff, ineffective communication, loss of commitment, deteriorating morale, increase in staff turnover and recruitment.	Rebuild trust and confidence programme under Targeted Intervention Improvement Programme underway. Maintaining public confidence in the Health Boards response to the Covid-19 Pandemic through regular and robust communication and messaging through the Health Board's communication channels. Improved staff engagement and involvement, new approaches to partnership engagement and involvement. Additional capacity bid included in TI investment bid under the TI programme to WG. Additional capacity bid included in TI investment bid under the SW Programme. Ensure balanced news stories are regularly reported and communicated. Relationships with the media have been strengthened. Partnership working with Channel 4 and proactive engagement with other media outlets - resulting in positive working relationships and fair media coverage. 'In Committee' meetings have been significantly reduced. TTP Communications workstream focussed on provision of accurate and timely information to the Public. Live streaming of the Board meetings now in place to improve transparency and involvement.	A programme of public and patient engagement and involvement, Let's Talk programme, developing Values and Behaviours with staff and patients. Open door policy . Delayed due to the impact of Covid-19 - New timescale: September 2020. Stakeholder engagement survey planned for August 2020.	Quality & Safety Committee	16	6	↑ October 2020 from 12	01.07.2019	18.11.2020
3584	Director of Operations Bridgend ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Neonatal Capacity/Stabilisation cot at Princess of Wales	**If**: The neonatal unit at POW is required to deliver ITU level care in the stabilisation cot **Then:** This cot is not staffed, therefore the overall staffing position on the unit is depleted while this is managed, noting that in the absence of a 24/7 retrieval service this can be for extended periods. The stabilisation cot requires 1:1 nursing which is the equivalent of staffing for 2 HDU costs or 4 SCU cots. **Resulting In:** A risk of being unable to provide appropriate levels of care to the babies on the unit as staffing will be below the required levels as per BAPM requirements	* Utilise available staff as effectively as possible depending on the capacity position at the time * Escalation policy in place to limit maternity services to reduce the risks of further admissions to neonates * Seek additional staffing e.g. through bank, agency, overtime when required	Action Plan currently being updated.	Quality & Safety Committee	16	3		31.05.2019	30.11.2019
4338	Director of Operations Executive Director of Finance (Estates) Bridgend ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Asbestos Content in roof of main building.	Asbestos is a known significant risk to health. It has long since been banned in construction but there is a recognition that older buildings may still have Asbestos in them (usually roof). Asbestos has been linked through extensive research to lung cancer, asbestosis, mesothelioma and other respirator illness through long term exposure. **If:** he Health Board is unable to safely remove the significant asbestos risk in the roof structure of Maesteg Community Hospital through a structured and planned estates strategy. **Then:** The Health Board will be unable to comply with Health & Safety Legislation in terms of providing a safe environment for staff and patients and run the risk of potentially contributing to significant ill health claims. **Resulting In:** Potential for litigation from HSE, individual staff suffering from illness as defined above	The roof structure has remained undisturbed at present which does not further escalate the risk of loose fibres being released. The capital team are aware of the problem.	Action Plan currently being updated.	Quality & Safety Committee Health, Safety & Fire Committee	16	16		14.10.2020	31.03.2021
3562	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Health & Safety risk of patients and staff in A&E Corridor at the Prince Charles Hospital	**IF:** Patients are waiting within the corridor of the A&E Department within PCH due to a lack of capacity. **Then:** there is an increased risk of an unsafe evacuation due to corridor space, personal accidents, breach in confidentiality and poor patient experience. **Resulting In:** Potential harm to patients, staff and visitors, poor patient experience, increase in incidents and complaints. Failure to comply with legislation if confidentiality is breached due to overcrowding in corridors.	Fire safety checks are to be carried out daily by the NIC to ensure all fire exits are accessible. When patients are nursed in the corridor due to lack of capacity, the emergency pressures escalation procedure is to be followed to de-escalate as quickly as possible. At times of high escalation it is challenging to clear the corridor of patients on trolleys It is policy for RGH and PCH to offload all WAST patients with 15 minutes of arrival regardless of how many patients are in the department. There needs to be a review of how many patients is safe to hold inside the department at any given time.	Action to develop an escalation policy. Update October 2020: HB policy SoP approved by Management Board with regards to the care of patients in corridors.	Health, Safety & Fire Sub Committee	16	9		22.05.2019	25.01.2021
2987	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Fire enforcement order is in place for the ground and first floor PCH due to inadequate fire compartments to prevent spread of fire, smoke and noxious gasses	**IF:** The Health Board fails to meet fire standards required in this area. **Then:** the safety of patients, staff, contractors/visitors etc. and the protection of the buildings could be compromised. **Resulting in:** potential harm, risk of fire.	Fire Enforcement Order. An action plan and target dates for the 1st and ground floor areas at PCH is available and is subject to available finance for completion. Update October 2020: Phase 1 on track with restaurant and pharmacy opening 2021, awaiting outcome of meeting I Oct 2020 with regards to further funding for Phase 2, estimated timescale for 5-6years	An action plan and target dates for the 1st and ground floor areas at PCH is available and is subject to available finance for completion.	Health, Safety & Fire Sub Committee	16	6		29.11.2017	22.02.2021

Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Next Review date
4294	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Long waiting times and large backlog of patients awaiting Cardiac Echo	**IF:** The health Board is unable to meet the demands for patients awaiting Echo scans for both follow up surveillance **Then:** The RTT WG target will not be met and waits may be 26weeks **Resulting in:** Potential risk to patients from delays in identifying and treating disease and progression of disease	Forms were verified and triaged by Cardiology team. Patients prioritised in relation to clinical need and rated between urgent and routine. I/P room identified away from main department to increase outpatient capacity and to prevent cross infection risks to outpatient services for both staff (inc returning shielders)and patients Clinically urgent completed and move to routine. New forms triaged as received. Overall loss of capacity post Covid circa 56 / month due to test time changes. (+ currently 1.0 wte lts further 120/month. Will submit SBAR to highlight capacity deficit and cost solutions	See Control Measures Risk also raised via Rhondda Locality which will be reviewed alongside this risk - Datix ID 4292.	Quality & Safety Committee	16	6	New Risk	14.09.2020	12.10.2020
4235	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Cancer Performance - Gastroenterology Outcome of Covid-19	**IF:** Routine diagnostic activity is not recommenced in full during the C19 pandemic **Then:** there will continue to be a backlog of patients awaiting diagnostic investigations **Resulting in:** Potential harm to patients due to delay in diagnosis and treatment	Endoscopy services have restarted as part of new normal timetables. Backlog is being booked and should be cleared by end of July. 22.9.20 Discussions health board wide to reduce overdue and to work to safe capacity.	See Control Measures	Quality & Safety Committee	16	9	New Risk	27.07.2020	02.11.2020
3958	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Elective patients surgery cancelled when high level bed pressures are experienced	**IF:** Elective patients surgery is cancelled when high bed pressures are experienced **Then:** There will continue to be a backlog of patients awaiting treatment/procedures to improve their health and wellbeing **Resulting in:** Potential harm to patients due to delay in treatment/procedure	Consultants are asked clinical opinion when each patient case is cancelled. 12/10/20 insufficient capacity to meet current trauma demand and no short term plan to re-introducing elective orthopaedics during C19 pandemic. Seal area identified but delayed due to RGH IPC issues. As per UHB SoP, clinical prioritization undertaken weekly to list patients with high clinical need. Risk to patients who cannot access	See Control Measures	Quality & Safety Committee	16	8		14.01.2020	31.03.2021
3682	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Risk to Obstetric Theatres National Standards	**If:** 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. **Then:** Midwifery workforce reduced to undertake theatre roles and undertake an agreed robust there is a competency training	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.	Quality & Safety Committee	16	6		26.06.2019	01.03.2021
3011	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Non compliance with appropriate fetal growth detection and management guidance	This is an All Wales risk for all HB`s **If:** there is a lack of USS slots to address the demand we will not be in compliance with the guidance for fetal surveillance and wellbeing. **Then:** 1. Compliance against the Growth Assessment Protocol (GAP) cannot be met. CTMUHB does not have a 7 day USS service which would support compliance and the management of the small for gestation age (SGA) fetus. **Resulting In:**: Women at the greatest risk of SGA receive less surveillance of growth than women with uncomplicated pregnancies resulting in potential harm.	1. Capacity to comply with GAP/GROW 3 weekly - current regime 3-4 weekly 2. Woman are risk assessed, they are allocated one of two pathways. One pathway SFH can be delivered, Serial scanning (37% of population) unable to receive full recommended scanning regime or protocol due to scanning capacity issues. Current regime 4 weekly as apposed to three weekly. 4. The Directorate is working closely with the Radiology department to review low value scans requested. 5. The Directorate is reviewing the option of midwife sonographers being employed. 7. Scanning group for the UHB established. 8. Continued to be reviewed with changes to patient flow due to 'The Grange'	See Control Measures. Radiology to develop sustainable service plan to increase capacity and workforce.	Quality & Safety Committee	16	6		01.06.2017	30.03.2021
3008	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Risk of injury due unavailability of opportunities to train and maintain compliance with Manual handling training.	**If:** There is a lack of manual handling training there is the risk of potential injury to a member of staff or injury to the patient. **Then:** There are a number of clinicians who have not had the opportunity to meet the requirements for manual handling training. **Resulting In:** Potential harm being caused to both staff and patients.	1. Staff are aware of the risks associated with manual handling. 2. All staff have been informed to consider the ergonomics of the environment that this activity is being undertaken. 3.Appropriate equipment is available in the clinical areas or on request from the MH team e.g. pat slides, slide sheets, hoists. 4. Manual Handling risk assessments are incorporated into the admission bundles 5. The training group are planning training for clinical staff with the manual handling department - current position that this can not be supported 7. Ask other HB`s their MH requirements SBUHB online training package to be shared. 8. Directorate will Seek out any opportunities for online updating to support current practice 9. E-learning module has been sourced for all staff to complete on line update for manual handling.	Organisational plan for compliance training.	Quality & Safety Committee	16	12		01.05.2017	01.12.2020
3654	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Gynaecology Cancer Service	This affects Gynaecology services across CTMUHB - delay in the pathway requiring multiple consultations on site - Service relies on an individual practitioner - Demand is currently in excess of agreed manageable caseload - Hysteroscopy service capacity requires business case supporting for service development - Gynae Rapid access service development is	Hysteroscopy service business case is being updated - Increased cancer tracking - Review of pathways and service - tracking of results G17Scrub training in place and a rolling programme organised with main theatres	Action: Agreed COVID pathways. Service to re-submit gynaecology 'one stop' Service.	Quality & Safety Committee	16	9		18.06.2019	30.09.2020

Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Next Review date
4105	Public Health	Patient / Staff & Public Safety - Physical and /or psychological harm	Potential Harm and poor experience for Patients as a result of the Health Board's focus and response to the Covid-19 Pandemic	**IF:** the Health Boards resources and focus is directing into managing the response to the Covid-19 pandemic. **Then**: the Health Board's ability to provide high quality care may be reduced. **Resulting in:** potential harm to patients as a result of reduced service provision and capacity to respond to other areas of the Health Board's population Health need.	Planning preparedness, contingency structures through the Resetting CTM structures. Critical services are operating. Governance process in place for financial and non-financial decision making to support, all predicated on Quality Impact Assessments. Quality & Safety Committee has continued to meet to ensure scrutiny and assurance on behalf of the Board. Indicators of quality and patient safety for all services continue to be closely monitored throughout Covid-19. Processes and guidance in place to ensure clarity on areas such as safeguarding and child protection. Implementation of the Test Track and Trace Programme in June 2020. Regular Population Health Surveys conducted in relation to Covid-19 to gauge attitudes and risk perception within communities. Compliance with National Guidance.	No specific actions have been identified as many of the control measures articulate the ongoing action being taken to manage this risk.	Quality & Safety Committee	15	12	↔	23/03/2020	18.11.2020
4186	Director of Operations Integrated Locality Groups	Patient / Staff & Public Safety - Physical and /or psychological harm	Covid 19 - Gold Risk - 002 Critical Care Beds and Equipment	**IF:** there is an insufficient number of critical care beds, medicines and ventilators. **Then:** the Health Board's ability to provide high quality and safe care would be reduced. **Resulting in**: potential harm to patients.	• Suspend non-urgent outpatient appointments and ensure urgent appointments are prioritised • Suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery) • National work regularly shared • Local model well underway and informing capacity planning. • More detailed capacity plan available and being shared with WG as requested • Redeploy and retrain staff released from inpatients, day cases and outpatients • UK government removing restrictions on the export of any UK bound stocks. • New systems in place for the assessment and management of stock in hospitals. • Movement of stock between health boards. • Minimising wastage of critical care medicines in the ward and in aseptic production units. • Daily situation report providing stock levels relative to critical care bed usage by health board. • Regular calls between NHS pharmacy procurement leads used to support mutual aid through the movement of stock between health boards. • USC dashboard (to remain Level 1 Green / Level 2 Amber) • Capacity Plan in place with modelling throughout the covid-19 period	• Ensure local stock levels are maintained at levels proportionate to anticipated short term demand, underpinned by regular replenishment from normal supply routes and NHS Supply Chain - under constant review. • Working to ensure robust arrangements are in place to identify and move stock rapidly between hospitals and health boards should the need arise	Quality & Safety Committee	15		↔	13.05.2020	18.11.2020
3899	Workforce and Organisational Development	Patient / Staff & Public Safety - Physical and /or psychological harm	Clinical staff resuscitation training compliance	**IF:** there continues to be poor compliance with resuscitation training in relation to clinical staff. **Then:** the Health Board's ability to provide high quality and safe care would be reduced. **Resulting in:** 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. Agreement for new/reviewed posts to be employed in Resus: to establish new resus service model and also identify and implement plan address training compliance. 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. 2 resus officer posts recruited to be able to address training capacity at pace.	Recruitment of key roles to support training requirements. New RADAR committee is being established and meeting on 14th September 2020. Progress reports regarding training compliance will be submitted to this committee for review. Review date for this risk has been changed to 15.9.2020, after the RADAR meeting to include decisions made at that meeting.	People & Culture Committee	15	6	↔	20.11.2019	18.11.2020
632	Planning, Performance & ICT	Impact on the safety of patients, staff or public (physical/psychological harm)	Shortage of IT Storage space	**IF:** The lack of enough storage space for ICT equipment is not sufficient. **Then:** Equipment will be required to be stored in temporary locations which are not designed for storage. **Resulting In**: a risk to the Health and Safety of ICT staff and the risk to the equipment being either damaged, lost or stolen.	1. Ensuring regular disposal of old redundant hardware using third party company, to keeping stock down to a minimum 2. Vigorous and robust procedures in place for the procurement of new equipment. 3. identifying fully any additional storage requirements of every new system requested. 4. Temporary capacity has been provided in ECC, PCH until mid 2021	1. To identify extra/sufficient storage space for obsolete and new equipment 2. The temporary storage of the ECC area. Agreed up until 2021	Digital & Data Committee	15	3	↔	02.05.2011 - New to Organisational RR but not a new Risk	07/12/2020
2725	Planning, Performance & ICT	Operational - Service/Business Interruption	System Resilience and Disaster Recovery	**IF:** The resilience of ICT Server based services are not fully documented, and corresponding disaster recovery plans, including an overarching business continuity / disaster recovery plan are not documented. **Then:** The risk of clinical and business systems not being available for extended periods increase. **Resulting In:** the Health Board's ability to provide quality care and business critical information.	1. The impact of the loss of IT Server based services from the failure of a critical server, server room, or Site needs to be understood. 2. Documentation needs to be further developed, including test evidence and recovery procedures. 3. Recent internal audit has highlighted significant gaps in the DR for the Health Board.	1. Develop plans, documentation and test schedules to ensure that servers and the services they provide can be recovered. 2. As part of this work, develop tests to allow the Recovery Point and Recovery Times to be better understood. 3. For each IT service (e.g.. DHCP, Citrix, Exchange, File and Print, Hyper-v, SQL) develop inbuilt resilience	Digital & Data Committee	15	6	↔	28/02/2017 - New to Organisational RR but not a new Risk	07/12/2020
3856	Planning, Performance & ICT	Impact on the safety of patients, staff or public (physical/psychological harm)	Current DAKS/OSCAR Crash System Coverage within RGH	**IF:** coverage for the current DECT system does not reach the newly built McMillian Centre at RGH. **Then:** When Clinicians, who are part of the crash team, are called to the Centre as part of an emergency, they will be unable to receive any further alerts for emergencies back in the main building. **Resulting In:** the compromised safety of patients which could result in severe disability	Whilst the crash team are attending a patient at the McMillian Centre they will not be able to receive alerts but the remaining members of the crash team who will be on the main site will have the alerts.	To provide system coverage to the McMillan Centre by installing additional base units, or provision a different system.	Digital & Data Committee	15	5	↔	09/10/2019 - New to Organisational RR but not a new Risk	07/12/2020

Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Next Review date
3858	Planning, Performance & ICT	Service/Business Interruption	DAKS/OSCAR System requires Upgrade (EOL)	**IF:** The current end of life DAKS/OSCAR System is not replaced. **Then:** There is a risk of failure in the system that cannot be rectified due to lack of vendor support. **Resulting In**: no handsets being able to function leading to the compromised safety of patients.	1.There are none in place. 2. This cannot be managed until either the DECT system is upgraded (see risk 3857), or an alternative technical solution is put in place.	To upgrade or replace existing DAKS/OSCAR System.	Digital & Data Committee	15	8	↔	09/10/2019 - New to Organisational RR but not a new Risk	07/12/2020
3072	Director of Operations Pharmacy & Medicines Management	Impact on the safety of patients, staff or public (physical/psychological harm)	Temperatures in medicines storage room on the wards in Prince Charles Hospital not fit for purpose.	**If** there is no control of the temperatures in all the medicines storage rooms on the wards in Prince Charles Hospital. The medicines storage room have pipes in ducts which give off significant heat year round and increased issues in the summer months. **Then:** medicines are being kept above the required temperatures as stated in their specifications of storage as part of their license from MHRA. **Resulting in:** medicines stored at a higher temperature than their specifications which could result in them being less active or denatured and affect patient outcomes.	Some wards are placing small fans in rooms but this does not reduce the temperature. alternative rooms for storage have been discussed but unable to progress due to other ward priorities a SON for air conditioning for each ward will be progressed by medicines management on behalf of ILG	Action Plan currently being updated.	Quality & Safety Committee	15	6		05.02.2018	01.12.2020
3698	Director of Operations Bridgend ILG	Impact on the safety of patients, staff or public (physical/psychological harm)	Waiting List for Autism Diagnostic Observation Schedule (ADOS) assessments and Attention Deficit Hyperactivity Disorder (ADHD) medicals over 1 year.	**If:** there are delays in diagnosing children with ADHD and Autism. **Then:** this results in a delay in management including appropriate school placements **Resulting in:** potential harm to patients, poor patient experience, dignity, staff morale. Complaints.	* The team have reviewed their clinical practice in line with the rest of CTM e.g. no longer undertaking ADOS for all children * Discussions underway re: repatriating service from Swansea Bay and investing funding into enhanced local service in Bridgend * New Consultant starting June 2020 with 3 sessions to support community paeds	Vacant sessions to be recruited to - Additional staff appointed who could undertake assessments would ensure this activity was managed in a timely manner.	Quality & Safety Committee	15	4		02.07.2019	16.09.2020
3685	Director of Operations Merthyr & Cynon ILG	Impact on the safety of patients, staff or public (physical/psychological harm) Quality / Complaints / Audit	No Midwifery Specialist for pregnant women with vulnerabilities	**IF:** 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. **Then:** unidentified opportunities to co-ordinate risk management and support in 'A Healthier Wales' in pregnancy will be missed. **Resulting In:** 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.	Quality & Safety Committee People & Culture Committee	15	6		26.06.2019	01.12.2020