

Datix ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Review date
4060	Finance. Procurement, Capital & Estates	Ensure sustainability in all that we do, economically, environmentally and socially	Failure to ensure delivery of a viable balanced/break even 3 year integrated medium term plan	<p>IF: The recurrent deficit in 2020/21 is greater than the current plan of £13.4m.</p> <p>Then: The risk to achieving breakeven in 2021/22 and over the 3 year plan period significantly increases.</p> <p>Resulting in: Potential deficit in 2021/22 leading to qualification of the accounts and potential Welsh Government regulatory action.</p> <p>Recurrent deficit in 2020/21 is greater than planned.</p>	<p>Developing a more project and programmatic approach to planning and delivery, with focus on pipeline schemes as well as schemes in development and implementation of the CTM Improvement Plans.</p> <p>Routine monitoring arrangements in place.</p> <p>Regular reporting to Management Board and Planning, Performance & Finance Committee and Board.</p>	<p>Ensuring that Financial Planning & Performance is embedded and developed aligned with the New Operating Model. Timescale: 31.7.2020</p> <p>Implement CTM Improvement and Value Based Healthcare. Timescale: 31.3.2021</p>	Planning, Performance & Finance Committee	20	12	↔	01/04/2013	13.07.2020
4154	Finance. Procurement, Capital & Estates	Ensure sustainability in all that we do, economically, environmentally and socially	Financial Impact of Covid-19 (including Resetting CTM) on the 2020/21 In Year financial position.	<p>IF: The Health Board is unable to manage the operational revenue costs of addressing the pandemic and resetting programme within the available revenue and capital funding in 2020-2021.</p> <p>Then: The Health Board will breach its financial duties for 2020-2021.</p> <p>IF: Covid capital costs are not funded by the Welsh Government</p> <p>Then: The Health Board will breach its capital resource limit for 2020/21.</p> <p>Resulting in: Qualification of the accounts and potential regulatory action by the Welsh Government. Covid costs not managed within the resources provided.</p>	<p>Modelling of anticipated patient flows, and the resultant capacity requirements, workforce requirements and revenue and capital costs</p> <p>Financial modelling and forecasting is co-ordinated with planning and projecting of service impacts.</p> <p>Financial reporting to Welsh Government on projected and actual revenue and capital costs to inform central and local scrutiny, feedback and decision-making;</p> <p>Seeking feedback from WG on funding availability (both revenue allocations and Capital Resource)</p> <p>Oversight arrangements in place at CTM Resetting meetings and monitoring arrangements.</p> <p>Exploring internal sources of funding further (from slippage or re-direction of targeted WG funding including partnership funding).</p> <p>Monitored through the CTM Resetting arrangements.</p>	A key dependency is the development of granular resetting plans during 2021-2022.	Planning, Performance & Finance Committee	20	12	↑ 15 June 2020	05/05/2020	13/07/2020
4095	Director of Operations	Provide high quality, evidence based and accessible care	Lack of control and capacity to accommodate all hospital follow up outpatient appointments	<p>IF: The Health Board is unable to control and meet the capacity and demand to accommodate all hospital follow up outpatient appointments.</p> <p>Then: the Health Board's ability to provide high quality care may be reduced.</p> <p>Resulting in: Potential avoidable harm to patients</p>	<p>. Continued monitoring of progress at Quality Delivery Meetings with WG. Initial progress with reductions in all specialities.</p> <p>. 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.</p> <p>. Continued improvement against trajectories in specialities. Surgery the first to achieve a 0 FUNB position.</p> <p>. Outsourcing of 6,500 Ophthalmology cases has now brought us to c.15k patients on the list, reducing to 13.5k.</p> <p>. 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.</p> <p>. Harm review process now being piloted in Ophthalmology, with other specialities to follow.</p>	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	Update in progress.
4100	Director of Operations	Provide high quality, evidence based and accessible care	Failure to treat patients in a timely manner resulting in potential avoidable harm	<p>IF: The Health Board fails to treat patients in a timely manner</p> <p>Then: the Health Board's ability to provide high quality care would be reduced.</p> <p>Resulting in: potential avoidable harm to patients due to delays in treatment.</p>	<p>•Speciality specific plans are in place to ensure patients requiring clinical review are assessed</p> <p>•All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly.</p> <p>•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</p> <p>•All unreported lists that appear to require reporting have been added to the RTT reported lists</p> <p>•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.</p> <p>All appropriate waiting lists will be reported and will be dealt with in line with RTT waiting times criteria</p>	Risk Currently being updated Assistant Director Medicine -Operation	Quality & Safety Committee	20	6	↔	01/07/2019	Update in progress.

Datix ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Review date
4097	Director of Operations Director of Therapies and Health Sciences	Provide high quality, evidence based and accessible care	Failure to meet Fire Safety Standards across the Health Board	<p>IF: The Health Board fails to meet fire standards across its estate.</p> <p>Then: the safety of patients, staff, contractors/visitors etc. and the protection of the buildings could be compromised.</p> <p>Resulting in: potential harm, risk of fire, enforcement notices and/or prohibition notices.</p>	<ul style="list-style-type: none"> • 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 	<p>Pro active management via ILG's to ensure profile for fire safety remains high. Ongoing</p> <p>Formal Annual Reviews with South Wales Fire and Rescue Service as well as Regular inspections and dialogue with South Wales Fire & Rescue Service. Ongoing</p> <p>Robust risk assessment processes in place and good compliance with staff training uptake to be sustained. - Ongoing</p> <p>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</p>	Quality & Safety Committee	20	12	↔	01/10/2009	Update in Progress
4080	Medical Director	Provide high quality, evidence based and accessible care	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 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 	<ul style="list-style-type: none"> • 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	20	16	↔	01.08.2013	13.07.2020
4106	Nursing, Quality & Safety	Provide high quality, evidence based and accessible care	Increasing dependency on agency staff cover which impacts on continuity of care, patient safety	<p>IF: The Health Board increasingly depends on agency staff cover</p> <p>Then: the Health Board's ability to provide stability and consistency in relation to high quality care could be impacted.</p> <p>Resulting in: disruption to the continuity, stability of care and team communication. Potential to impact on patient safety and staff wellbeing.</p> <p>There are also financial implications of continued use of agency cover.</p>	<p>Recurring advertisements of posts in and nursing continue with targeted proactive recruitment employed in areas of high agency/locum use.</p> <p>Provision of induction packs for agency staff</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>Nurse sensitive outcome measures are positive.</p>	<p>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</p> <p>Acuity Audit scheduled for July 2020.</p> <p>All Wales "Safer Care" activity anticipated to be received in due course.</p>	Quality & Safety Committee	16	9 ↓ 12	↓ 20 July 2020	01/06/2015	16.07.2020

Datix ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Review date
4157	Nursing, Quality & Safety	Provide high quality, evidence based and accessible care	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	<p>IF: the Health Board fails to recruit and retain a sufficient number of registered nurses and midwives due to a national shortage</p> <p>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.</p> <p>Resulting in: Disruption to the continuity and stability of care and team communication Potential to impact on patient safety and staff wellbeing.</p> <p>There are also financial implications of continued use of agency cover.</p>	<ul style="list-style-type: none"> 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 	<p>Continue recruitment campaign - Monitored at Nursing Workforce monthly group.</p> <p>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</p> <p>Review of Skill Mix within Teams</p>	Quality & Safety Committee	16	9 ↓ 12	↓ 20 July 2020	01/01/2016	16.07.2020
4156	Nursing, Quality & Safety	Provide high quality, evidence based and accessible care. 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	<p>IF: The Health Board fails to provide timely responses to matters raised by patients, relatives and/or carers under Putting Things Right.</p> <p>Then: there will be a delay in identifying potential learning opportunities.</p> <p>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.</p>	<ul style="list-style-type: none"> Implementation of the Quality & Patient Safety Governance Framework Organisational structures are being agreed which will help ensure right resource right place right time to reduce and manage appropriately complaints, including establishing governance resource within service delivery units 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 Organisational structures at senior management level have been implemented across the DLG's and work is underway to identify governance support within these structures to align these across CTM HB. Discussions have been held with the corporate governance team and staff identified are being moved under the DLG's line management responsibility. Corporate Governance Team continue to support the DLG's with advice and monitoring of concerns, meetings are also held within the DLG's themselves to ensure insight in terms of issues raised and ongoing concerns. 	<p>Develop the quality governance operating model within the new operating structure - June 2020</p> <p>Ensure access to education, training and learning - June 2020</p> <p>Update June 2020 - 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.</p> <p>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.</p>	Quality & Safety Committee	16	9 ↑ 2	↓ 20 July 2020 ↑ 12 June 2020	01/04/2014	16.07.2020
4115	Medical Director	Provide high quality, evidence based and accessible care	Implementing a sustainable model for emergency medicine and inpatient paediatrics across the CTMUHB footprint	<p>IF: The Health Board is unable to deliver a sustainable model to deliver Emergency Medicine (EM) and inpatient paediatrics across the Health Board Footprint.</p> <p>Then: The Health Board will be unable to deliver safe high quality emergency medicine and inpatient paediatrics services.</p> <p>Resulting in: Compromised safety of patients and Staff.</p>	<p>Successful recruitment to EM in Royal Glamorgan Hospital and Prince Charles Hospital continues at consultant and middle grade.</p> <p>Model for delivery of Paediatric care in RGH significantly clearer and this is contributing to some recruitment success.</p>	Recruitment drive continues.	Quality & Safety Committee	16	6	↓ 20 July 2020	01/07/2019	14.07.2020

Datix ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Review date
4069	Director of Operations	Provide high quality, evidence based and accessible care	Failure to achieve Referral to Treatment Times	<p>IF: The Health Board fails to achieve Referral to Treatment Times.</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/procedures.</p> <p>Could cause possible harm to patients due to delays waiting for treatment/procedure.</p>	<p>Directorate Demand & Capacity Plans in place with regular RTT meetings.</p> <p>On-going Flow Programme to address capacity issues.</p> <p>Improve capacity for Day surgery and 23:59 case load.</p> <p>Monthly and Quarterly monitoring of trajectories, routinely discussed with CBMs.</p> <p>Routine reporting into Finance, Performance & Workforce Committee</p> <p>Surgical Assessment facilities now available on DGH sites.</p> <p>WG released £7m against a £8.7m resource plan for restoring our trajectory.</p> <p>Several Workshops held to address HMRC tax and pension issues which have significantly eroded consultant sessional availability for ADH and WLI.</p> <p>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.</p>	Risk currently being updated.	Quality & Safety Committee	16	8	↔	Nov-14	Update in progress.
4070	Director of Operations	Provide high quality, evidence based and accessible care	Failure to achieve the 4 and 12 hour emergency (A&E) waiting times targets	<p>IF: The Health Board fails to achieve the 4 and 12 hour emergency (A&E) waiting time 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.</p> <p>Potential of harm to patients in delays waiting for treatment.</p>	<p>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.</p> <p>Consultant and middle grade gaps in RGH now filled.</p> <p>PCH DU report delivered and being enacted.</p> <p>PoW handover performance reviewed by DU & EASC/CASC team and being enacted.</p> <p>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.</p> <p>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).</p> <p>Winter Plan in train through directorate and partners (RPB).</p> <p>Interim Site Management arrangements coming into place.</p> <p>Systems model in development.</p> <p>1) Clear discharge planning processes in place.</p> <p>2) Improvements in the patient flow and investments to support Winter planning.</p> <p>3) Stay Well At Home (SW@H) Service introduced and evaluated (6 month). Transformation funding will initiate Jan/Feb 2020.</p> <p>4) SW@H 2 developments and Enhanced Community Clusters being progressed through Transformation bid.</p>	Update in progress - risk to be more quality focussed.	Planning, Performance & Finance Committee	16	12	↔	01/04/2013	Update in progress.
4071	Director of Operations	Provide high quality, evidence based and accessible care	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 each individual case on the unscheduled care (USC) Pathway.</p> <p>Initiatives to protect surgical capacity to support USC pathways have been put in place in RGH and PCH to protect core activity.</p> <p>Prioritised pathway in place to fast track USC patients.</p> <p>Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies.</p> <p>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.</p> <p>Implementation of Single Cancer Pathway well underway with further work to do on underlying business case for sustained target delivery coming forward.</p> <p>Introduction of revised models for rapid diagnostic review / assessment in cancer pathways continuing to drive pick-up rate (15% from 3%)</p> <p>Continue close monitoring of each patient on the USC pathways to ensure rapid flow of patients through the pathway.</p> <p>Some speciality challenges remain in Lung and Urology - action plans in place, along with monitoring.</p> <p>Also work underway on regional access to EBUS service.</p>	Update in progress.	Quality & Safety Committee	16	12	↔	01/04/2014	Update in progress.

Datix ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Review date
4103	Director of Operations	Provide high quality, evidence based and accessible care	Sustainability of a safe and effective Ophthalmology service	<p>IF: The Health Board fails to sustain a safe and effective ophthalmology service.</p> <p>Then: The Health Boards ability to provide safe high quality care will be reduced.</p> <p>Resulting in: Sustainability of a safe and effective Ophthalmology service</p>	<p>. Action plan developed and on going monitoring - consolidated plan coming forward covering Eye Care Measure and ODTc DU reviews nationally.</p> <p>. Clinical staffing structure stabilised and absence reduced (new consultant, nurse injectors, ODTc's, weekend clinics).</p> <p>. On going monitoring in place with regards RTT impact of Ophthalmology.</p> <p>. In line with other services, to meet the RTT requirement services are being outsourced - maintaining this level of performance will be challenging going forward.</p> <p>. Additional funding for follow up appointments provided and significant outsourcing undertaken (6,500 cases) with harm review piloting to assess all potential harms.</p> <p>. Additional services to be provided in Community settings through ODTc (January 2020 start date).</p> <p>. Intravitreal injection room x2 established with nurse injectors trained.</p> <p>Follow up appointments not booked being closely monitored and outsourcing enacted.</p> <p>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).</p> <p>Reviewing UHB Action Plan in light of more recent WAO follow up review of progress.</p> <p>Primary and Secondary Care working Groups in place.</p>	Bridgend ILG currently reviewing the risk description, score and refresh post Covid-19 environment.	Quality & Safety Committee	16	12	↔	01/04/2014	Update in progress.
4109	Director of Operations	Provide high quality, evidence based and accessible care	Increase requirement to store the paper patient record for longer due to: <i>Delay in the DPN project & the Increased retention period due to the Infected Blood Inquiry</i>	<p>IF: The Health Board fails to ensure there is sufficient storage capacity to safely and securely store paper patient records as destruction of the files is delayed.</p> <p>Then: there could be potential data loss and poor records management processes and communication. Health, Safety and Fire risks will escalate due to overcrowded and inappropriate storage.</p> <p>Resulting in: possible breaches to the GDPR, safeguarding and information governance risks. Possible injuries to staff due to manual handling/trip hazards and breaches of Fire Safety procedures.</p>	<p>Delivering the Digitisation of health records, alongside the records hub will ensure a sustainable, safe and secure storage solution. Interim storage may be required in the meantime, due to the Infected Blood Inquiry, as digitisation has been delayed</p> <p>Requirement to stop disposing of records in line with the Infected Blood Inquiry; impact being closely monitored potentially to use a building leased by the Welsh Government to assist.</p> <p>Initiation of Document Management System, Clinical Portal interface and E-forms all follow as part of the project over the next year</p> <p>Ensure Records management processes fully applied in Williamstown to maximise use of available physical capacity</p> <p>Ensure no temporary storage solutions are agreed, without full consideration of the Executive.</p>	Action Plan currently being updated.	Digital & Data Committee	16	8	↔	02/07/2018	13.07.2020
4149	Director of Operations	Provide high quality, evidence based and accessible care	Failure to sustain Child and Adolescent Mental Health Services	<p>IF: The Health Board continues to face challenges in the CAMHS Service</p> <p>Then: there could be an impact in maintaining a quality service</p> <p>Resulting in: recruitment challenges, long waiting times and impact to the implementation of the new model of care.</p> <p>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.</p> <p>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</p>	<p>•Reported local and Network pressures across the CAHMS Network with variable problems dependant on the area of the network.</p> <p>•Updates provided to Management Board on developing service model to address reported issues and additional investment secured to increase capacity within the service and to address service pressures. Waiting list initiatives in place whilst staff recruitment is being progressed.</p> <p>•Service Model developed around Core CAHMS in Cwm Taf Morgannwg which includes agreement with General Paediatrics to take the lead on Neurodevelopmental Services and shared care protocols with Primary Care.</p> <p>•New investment impact being routinely monitored</p> <p>Commissioning discussions taking place across the Network in relation to service pressures and funding. Timescale?</p> <p>Implementation of the Choice and Partnership Approach (CAPA) and being closely monitored. Timescale?</p> <p>A number of service reviews in relation to Ty Llidiard undertaken and monitored via Q,S&R Committee. Is this a complete action that can move to control</p>	CAMHS - Bridgend ILG currently reviewing the risk.	Planning, Performance & Finance Committee	16	9	↔	01/01/2015	Update in progress.

Datix ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Review date
4113	Public Health	Ensure sustainability in all that we do, economically, environmentally and socially	Risk of interruption to service sustainability, provision & destabilising the financial position re: Brexit	<p>IF: the health board is impacted by a "no deal" Brexit.</p> <p>Then: there could be an interruption to service delivery.</p> <p>Resulting in: the inability to provide sustainable service delivery.</p>	<p>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.</p> <p>Gap analysis/risk assessment on Brexit and Audit Wales self-assessment completed.</p> <p>Service Group Business Continuity plans updated- particularly in Medicines Management; Facilities (food); ICT; Workforce; Estates; R&D</p> <p>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</p> <p>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</p> <p>Emergency Planning, Preparedness & Response (EPPR) for the CTM sites</p> <p>Workforce actively pursuing the gap analysis.</p> <p>Assessment of potential risks to the flow of personal data following Brexit</p>	<p>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.</p>	Planning, Performance & Finance Committee	16	8	↑ 12 July 2020	01/11/2018	12.06.2020
4148	Nursing, Quality & Safety	Provide high quality, evidence based and accessible care	Non-compliance with DoLS legislation and resulting authorisation breaches	<p>IF: due to current capacity the Health Board fails to fully comply with the DoLS legislation.</p> <p>Then: the Health Board may have to operate outside the current legislative process. (a change in legislation is coming which will hopefully improve lawfulness)</p> <p>Resulting in: the rights, legal protection and best interests of patients who lack capacity potentially being compromised. Potential reputational damage and financial loss as a result of any challenge by the ombudsman or litigation.</p>	<p>DoLS process and training has been impacted upon by the Coronavirus pandemic, where face to face capacity assessments have not been made.</p> <p>Staff recruited to manage demand and mitigated by use of independent best interest assessors, a full time secondment transition post and nurse bank hours.</p> <p>Urgent authorisations are prioritised over standard authorisation. As a result, although this process is effective in terms identifying patients deprived of their liberty, it is not a lawful process and does not comply with legislation. Therefore we are at greater risk of breach during the Covid period and the rights of those who lack capacity are potentially compromised.</p> <p>Monthly Safeguarding People training increased understanding of DoLS amongst UHB attendees Training paused for Covid 19 but recommenced July 2020.</p> <p>Virtual DoLS processes established and in place within the UH during Covid 9, this is subject to regular review and monitoring. DoLS legislation will subject to change following enactment of the new legislation and statutory guidance.</p> <p>The Liberty Protection Safeguards legislation provides for the repeal of DoLS and replacement with the Liberty Protection Safeguards (LPS). The UK government has not yet announced the date on which the legislation will come into force, possibly October 2020. For up to a year the DoLS system will run alongside the LPS.</p> <p>Whilst requirements have increased, mitigation has also been revised</p>	<p>To resume face to face assessments as soon as it is safe to do so. A retrospective audit of authorisations during the Covid period to be completed and reported to the Safeguarding Executive Group.</p> <p>The Safeguarding Executive Group to establish a working group with multidisciplinary representation to consider the implications for the UHB on how the LPS scheme will have an impact on the current authorisation process for DoLS.</p> <p>Timescale: Paused for Covid 19 new date for review August 2020.</p>	Quality & Safety Committee	16	9	↑ 15 July 2020 ↑ 12 June 2020	01/10/2014	16.07.2020
4105	Public Health	Provide high quality, evidence based and accessible care	Potential Harm and poor experience for Patients as a result of the Health Board's focus and response to the Covid-19 Pandemic	<p>IF: the Health Boards resources and focus is directing into managing the response to the Covid-19 pandemic.</p> <p>Then: the Health Board's ability to provide high quality care may be reduced.</p> <p>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.</p>	<p>Planning preparedness, contingency structures through the Resetting CTM structures.</p> <p>Critical services are operating.</p> <p>Governance process in place for financial and non-financial decision making to support, all predicated on Quality Impact Assessments.</p> <p>Quality & Safety Committee has continued to meet to ensure scrutiny and assurance on behalf of the Board.</p> <p>Indicators of quality and patient safety for all services continue to be closely monitored throughout Covid-19.</p> <p>Processes and guidance in place to ensure clarity on areas such as safeguarding and child protection.</p> <p>Implementation of the Test Track and Trace Programme in June 2020.</p> <p>Regular Population Health Surveys conducted in relation to Covid-19 to gauge attitudes and risk perception within communities.</p> <p>Compliance with National Guidance.</p> <p>The QIA process for service changes relating to Covid-19 management will include an assessment of related impact on any existing service delivery.</p>	<p>No specific actions have been identified as many of the control measures articulate the ongoing action being taken to manage this risk.</p>	Quality & Safety Committee	15	12	↓ 20 June 2020	23/03/2020	12/06/2020

Datix ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Review date
4150	Director of Operations	Provide high quality, evidence based and accessible care	Wearing for FFP3 masks for 2 hours in a high risk area. Normal time spent in ITU performing procedures can be up to 3-4 hours.	<p>IF: the FFP3 masks are used for a period of greater than 2 hours at a time.</p> <p>Then: there is an increased risk of integrity of the mask and discomfort to the wearer.</p> <p>Resulting in: an increase risk to the user of exposure to the Covid-19 virus if utilised for greater periods.</p> <p>Using FFP3 masks for a period of greater than 2 hours at a time increased risk of integrity of mask and the discomfort to the wearer.</p> <p>To change the mask more frequently will require the user to remove all Personal Protective Equipment and remove themselves from the environment. If the mask is utilised for greater periods this can increase the risk to the user of the COVID virus.</p> <p>The user will also need to rehydrate etc. due to the increased body heat generated from the full PPE equipment.</p>	Staff are disposing of mask on exiting the unit and to use a new mask before entering.	Update in progress	Quality & Safety Committee	15	4	↔	May-20	Update in progress.
4186	Director of Operations	Provide high quality, evidence based and accessible care	Covid 19 - Gold Risk - 002 Critical Care Beds and Equipment	<p>IF: there is an insufficient number of critical care beds, medicines and ventilators.</p> <p>Then: the Health Board's ability to provide high quality and safe care would be reduced.</p> <p>Resulting in: potential harm to patients.</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	21.05.2020
3899	Workforce and Organisational Development	Provide high quality, evidence based and accessible care	Clinical staff resuscitation training compliance	<p>IF: there continues to be poor compliance with resuscitation training in relation to clinical staff.</p> <p>Then: the Health Board's ability to provide high quality and safe care would be reduced.</p> <p>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.</p>	<p>ESR record is being reviewed and data checked for accuracy - doctors records need updating as currently ESR not routinely used by Medical staff.</p> <p>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.</p> <p>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.</p> <p>2 resus officer posts recruited to be able to address training capacity at pace.</p>	<p>Recruitment of key roles to support training requirements.</p> <p>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.</p> <p>Review date for this risk has been changed to 15.9.2020, after the RADAR meeting to include decisions made at that meeting.</p>	People & Culture Committee	15	6	New Risk added July 2020	20.11.2019	01.09.2020

ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date	Closed
4177	Finance. Procurement, Capital & Estates	Ensure sustainability in all that we do, economically, environmentally and socially.	Failure to achieve In Year breakeven in 2020/21 (Not related to Covid-19 cross reference risk 4154)	IF: the Health Board fails to remain financially viable Then: it could fail to meet the breakeven duty. Resulting in: breaching statutory requirements.	Financial monitoring arrangements in place. Regular reporting to Management Board, Planning, Performance & Finance Committee and Health Board. Separate report on efficiency savings received at the Planning, Performance & Finance Committee. Financial reporting in place within ILG's and Departments supported by Finance Business Partners.	Introduction of new performance management arrangements in ILG's. Timescales: 31.7.2020	Risk is monitored via the Senior Finance Officers.	12	8	New Risk June 2020 ↔ July 2020	11.06.2020	13.07.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
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 of 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. 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.	Objective assessment against the TI maturity matrix and action as a result of the assessment, to include COVID-19 evidence of progress. Timescales: July 2020 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.	Progress against TI Maturity Matrix. Media Coverage. Survey results.	12	6	↔ July 2020 ↓ 16 June 2020	01.07.2019	13.07.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
4081	Medical Director	Provide high quality, evidence based and accessible care	Reduction in training posts within various specialties & capacity to meet workload demands	IF: there is a reduction in training posts within various specialities and capacity to meet workload demands. Then: the Health Board operating with a reduced number of training posts than planned. Resulting in: the Health Board operating with a reduced number of training posts than planned.	Associate Medical Director for Medical Education has the responsibility to ensure that training and educational governance is maintained and any risk to trainees that may result in a patient safety or quality issue is assessed and mitigated from an education & training perspective. Workforce Plan agreed by the Board as part of the 3 year IMTP The Postgraduate Dean has written to all Health Boards seeking plans to mitigate against predictable rota gaps. Continue to work with the Wales Deanery to ensure that the specific requirements for Cwm Taf to maintain safe services are understood and the impact assessed. Ongoing meetings in place within the Region involving the Deanery. Exploration of joint appointments across the Region continue.	Identify training needs and liaise with teams and service groups to ensure that service demands are not compromising training needs and liaise with the deanery / HEIW if there are any risks or issues with training that may or may not impact on patient safety and quality. The Postgraduate Events log as part of a wider review of risk assessment and mitigation strategy within Medical Education is being update by the Medical Education Manager.	Risk is monitored via the Medical Director Function.	12	9	↔ July 2020 ↓ 16 June 2020	01/08/2013	11/06/2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
4110	Workforce and Organisational Development	Work with Communities and partners to reduce inequality, promote well-being and prevent ill health	Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the CTMUHB)	IF: the Health Board fails to comply with all the Welsh Language requirements Then: the Health Board's will not be compliant with the duties outlined in the Welsh Language Standards. Resulting in: damage to the reputation of the Health Board, negative publicity and contact with the Welsh Language Commissioner.	The Welsh Language team has undertaken a self-assessment of the requirements of the Standards and how they apply to Cwm Taf Morgannwg. Close constructive working relationships are in place with the Welsh Language Commissioner's Office. Strong networks are in place amongst Welsh Language Officers across NHS Wales to inform learning and development of responses to the Standards. Regular reports to the Board to raise awareness. Working Group set up to support managers. Developing a new bilingual skills strategy. Welsh courses provided to staff. Ward Audits to monitor progress with compliance - ongoing and options to revisit are currently being discussed.. Continue to review and act on the UHBs Self-Assessment findings and related improvement actions; ensure Board is fully sighted. A 5 year plan has been drafted outlining the extent to which the health board can carry out consultations in Welsh and the actions taken to increase this. This will now be going forward for approval.	Continue to work with Directorates to develop action plans in response to the requirements of the Standards - Timescales June 2020. Delayed by Covid will now recommence. Continue to develop the Welsh language skills of the workforce and implement a new bilingual skills strategy. Timescales June 2020. Training resources are currently being reviewed to be offered on-line. Publish a Primary Care Policy which takes into consideration the effects on the services for the Welsh speaking population. Timescales June 2020. This is under development and will be agreed with Alan Lawrie. Develop a process to ensure all new vacancies are advertised bilingually. Timescales June 2020. This will now be revisited post-covid. 19 - There is also a separate issue of translation of board papers which would necessitate a new post. This is currently unaffordable and the Board Secretary will be advised accordingly that this will be a risk.	Risk Is monitored via the Management Board.	12	9	↔ July 2020 ↓ 15 June 2020	02/07/2018	03.07.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department

ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date	Closed
4146	Finance. Procurement, Capital & Estates	Provide high quality, evidence based and accessible care	Failure to comply fully with the arrangements for managing asbestos	<p>IF: the Health Board fails to comply with the arrangements for managing asbestos.</p> <p>Then: the ability to provide high quality safe care would be reduced.</p> <p>Resulting in: potential serious ill health, mortality, litigation and/or enforcement action.</p>	<p>Approved updated Asbestos Management Plan which sets out clear guidance on the roles and responsibilities and operational procedures, in line with the asbestos regulations (CAR2012) and best practice.</p> <p>Competent Person and Asbestos Advisory Group in place reporting to the Capital and Estates Health Safety and Risk Group which reports to the Estates Governance Board and onwards through exception reports to the Audit & Risk Committee.</p> <p>Training Needs Analysis completed. Training programme has been developed to provide participants with an awareness of their responsibilities as defined by the plan.</p> <p>Internal Audit report noted that a programme of annual asbestos awareness training for UHB employees was evident, in line with the Regulations.</p> <p>Asbestos data for former ABMUHB sites require inputting to the Micad Asbestos management database. This process is currently under review and will commence once the site floor plans have been upgraded for uploading into the Asbestos management database.</p> <p>Update: Plans for formerly ABMUHB sites are close to completion with upload to the Micad Asbestos Database in the near future.</p>	<p>Central monitoring of attendance at the annual asbestos awareness training to ensure full compliance.</p>	<p>Recommendations from the Internal Audit Report undertaken in 2016 have been completed.</p> <p>Risk is monitored via the Management Board.</p>	12	8	↔	01/04/2012	18.06.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
4187	Director of Operations	Provide high quality, evidence based and accessible care	Covid 19 - Gold Risk 004 - Primary Care	<p>IF: the Health Board fails to provide sufficient capacity and appropriate models to meet primary care demand.</p> <p>Then:</p> <p>Resulting in:</p> <p>There is a risk of insufficient capacity and appropriate models (taking into account social distancing) to meet primary care demand</p>	<ul style="list-style-type: none"> Contract changes to PC independent contractors implemented, following WG letter issued 17.03.20. Suspend monitoring of the GP contract 18.03.20 Dental and Optometry activity scaled down. Transfer some primary care activity into community clinics (e.g. sexual health) Full deployment of primary care healthcare teams, working at top of professional license 65% use of Attend Anywhere VC by CTMUHB practices 	<ul style="list-style-type: none"> Further rolling out video consultations Create additional third sector volunteering and befriending capacity 	<p>OOHs escalation level, in-hours GP escalation levels, proportion of telephone/video consultations taking place in/out of hours.</p>	12	-	↔	21.04.2020	21.05.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
4188	Director of Operations	Provide high quality, evidence based and accessible care	Covid 19 - Gold Risk 006 - Availability of PPE	<p>IF: the Health Board is unable to provide PPE to staff</p> <p>Then: ability to provide safe and effective care to patients and staff will be reduced.</p> <p>Resulting in: an increase risk to of exposure to the Covid-19 virus</p>	<ul style="list-style-type: none"> WG have started allocating PPE in Social Care (23.03.20) Comms on FFP3 masks about to go out (24.03.20) encouraging use in line with national guidance. 1m out of date masks will be re-issued into the system with national comms going out 25/03/20 National guidance issued and promoted to ensure appropriate use and thus improving availability 02/04/20 PHW additional PPE guidance received 09.04.20 (guidance dated 08.04.20) Good local CTM stocks looking forward over a period of many weeks including central store but some concerns around new gowns stock and failure rate of new 1863 mask (05.05.20) WG respond to British Association of Physicians of Indian Origin letter (received 20.04.20) - risk assessments to be carried out (05.05.20). The current PPE situation in Wales is stable. Largely through our own sourcing arrangements, we have secured reliable pipeline of orders to meet demand from health and social care sectors (05.05.20) 	<p>Deloitte have been supporting the Finance Delivery Unit and NWSSP in the development of supply and demand reporting and modelling for PPE. The transition of these products to shared services at the end of Deloitte's programme of work on the 15th of May.</p>	<p>Daily PPE stock availability dashboard</p>	12	-	↔	06.05.2020	21.05.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
4189	Director of Operations	Provide high quality, evidence based and accessible care	Covid 19 - Gold Risk 010 - Haemofiltration	<p>IF: there is insufficient haemofiltration sourced and available</p> <p>Then: the ability to provide safe and effective care to patients and staff will be reduced.</p> <p>Resulting in: potential harm for renal patients.</p>	<p>New systems in place for the assessment and management of stock in hospitals, specifically tracking haemofiltration.</p> <ul style="list-style-type: none"> Movement of stock between health boards. Haemofiltration fluids being monitored across HB and stock actively managed. POW, PCH and RGH now have over seven days supply on current demand. Oxygen demand and deliveries are having close scrutiny and management to meet changing demands - 	<p>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.</p>	<p>Daily situation report providing stock levels relative to critical care bed usage by health board.</p> <ul style="list-style-type: none"> Regular calls between NHS pharmacy procurement leads used to support mutual aid through the movement of stock between health boards. Medicines dashboard 	12	-	↔	13.05.2020	21.05.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department

ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date	Closed
4190	Workforce and Organisational Development	Provide high quality, evidence based and accessible care	Covid 19 - Gold Risk 008 - Workforce Required to respond	<p>IF: there is insufficient workforce to respond to the peak demand relating to Covid-19.</p> <p>Then: the ability to provide safe and effective care to patients will be reduced.</p> <p>Resulting in: potential harm for patients, impact on staff wellbeing.</p>	<p>Workforce partners working with ILG leads 26.03.20</p> <ul style="list-style-type: none"> Medical students at band 3 being brought in 31.03.20 Emergency legislation – nurses and midwives retired less than 12 months can go back on register. Trainees can qualify and gain registration 6 months earlier 31.03.20 Offers of support/help being logged 31.03.20 Non ward-based nurses assessment underway to assess what training etc. is required to support their redeployment 31.03.20 Staffing ratios have now been finalised for the various levels of the plan 06.04.20 Additional recruitment of a number of staff groups; <ul style="list-style-type: none"> 500 additional healthcare support workers via the bank – with a training plan to bring these staff in, in phases; 300 student nurses available as healthcare support workers via local universities, role profiles agreed for students in different years; Numbers of medical students about to be confirmed with the health board; 50 registered nurses have been brought onto the bank, including 4 ITU nurses. Workforce planning undertaken. Additional recruitment drive taken place with new staff appointed. Workforce in place to respond to the RWCS modelling. 		Capacity Plan (incorporating workforce planning)	12	-	↔	13.05.2020	13.07.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
4191	Medical Director	Provide high quality, evidence based and accessible care	Covid 19 - Gold Risk 011 -Lack of in-depth knowledge of COVID-19 as a disease:	<p>IF: the knowledge of the Covid-19 disease is not known</p> <p>Then: decisions will be based on the best information known about COVID-19 at the time, but given how little is known about the virus, in time these decisions might not be recognised as the most appropriate decisions because of new information and knowledge built up about the virus.</p> <p>Resulting in: impact on confidence in decision making.</p>	<p>06.05.20 Updated:</p> <ul style="list-style-type: none"> Adhering to WG, PHW, WHO and other evidence and guidance in relation to decisions made re COVID-19 Testing/agreeing approach and process with other Medical Director HB colleagues. AMD working to review all COVID-19 guidance and ensure adhering to latest guidance and best practice. 	<ul style="list-style-type: none"> Following a refinement of the medical criteria for shielding (05.05.20), the Chief Medical Officer for Wales will this week send letters to further high risk patients advising them to shield. 	Benchmark mortality with other Health Boards. • ICNAR ITU audit result.	12		↔	06.05.2020	21.05.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
4102	Workforce and Organisational Development	Provide high quality, evidence based and accessible care	Insufficient skilled staff to deliver clinical service effectively due to poor retention of staff	<p>IF: There is insufficient skilled staff due to poor retention.</p> <p>Then: the Health Board may fail to deliver clinical service effectively.</p> <p>Resulting in: potential harm to patients and/or staff. Inability to provide a sustainable and safe service.</p>	<ul style="list-style-type: none"> Overseas recruitment project aiming to secure 200 Nurses over 12 months. Introduction of exit questionnaire and exit interview process. Returns scrutinised by HR Teams for any concerns to be taken forward. Metrics run on return rates and included in WOD metrics report submitted to FPW. Turnover rates reported on Workforce Metrics Report at FPW. Ensure all staff are supported and developed through effective personal development reviews and career planning. In process of reviewing Leadership and Management offering. Attendance at recent trip to India as part of All Wales BAPIO/MTI initiative for medical staff. Allocation of doctors to CTM due by end of November 2019. Launched Let's Talk Culture – a major new project involving as many staff and patients as possible sharing their views about how we build our new organisation and co-creating our culture, values and behaviours. Harassment, Bullying and Abuse (HBA) steering group has been set up to create a positive workplace culture and tackle bullying & harassment. Ensure our workforce planning processes clearly identify the roles required for the future, based on the re-setting post covid-19 framework. Improve flexible working opportunities. Identify common themes and trends from exit questionnaires and develop specific action plans. 	<p>Action plan focusing on recommendations set out in the internal audit report (Nurse retention) including the development of a Retention strategy for RNs. Ensure our workforce planning processes clearly identify the roles required for the future, based on the re-setting post covid-19 framework. Director of WOD June – July 2020</p> <p>Overseas nurse recruitment to increase RNs 2019-20 project</p>	The risks is monitored by the Management Board with scrutiny via the People and Culture Committee and Board.	12	9	↓ 20 July 2020	01/11/2019	13.07.2020	49
4205	Workforce and Organisational Development	Ensure sustainability in all that we do, economically, environmentally and socially	Failure to Translate all Job Adverts and Job Descriptions	<p>IF: the Health Board fails to translate all Job adverts and job descriptions in Welsh.</p> <p>Then: the Health Board's will not be compliant with the duties outlined in the Welsh Language Standards.</p> <p>Resulting in: damage to the reputation of the Health Board, negative publicity and contact with the Welsh Language Commissioner.</p> <p>According to Welsh Language Standards 106A and 107A the Health Board has a duty to publish all Welsh essential and desirable posts bilingually. This legislation came into force on 30th November 2019. The Health Board is currently non-compliant with these standards which risk damage to reputation and negative publicity. A recent FOI has asked for data in relation to essential and desirable posts and the Welsh Commissioner is monitoring the situation</p>	<p>The current translation team is able to translate Welsh essential posts at the moment as there are so few of them. All other posts are advertised as desirable. The Health Board will need to employ as additional translator for a period of 12 months to ensure all existing job descriptions are translated.</p>		The risks is monitored by the Management Board with scrutiny via the People & Culture Committee.	12	4	↔ July 2020 ↓ 15 June 2020	02.07.2020	06.08.2020	

ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date	Closed
4107	Director of Operations	Provide high quality, evidence based and accessible care	Primary Care Workforce - Recruitment and Sustainability	<p>IF: the Health Board continues to face challenges with the recruitment to Primary Care for GP's and other professional groups across the Health Board.</p> <p>Then: the Health Board's ability to provide high quality care may be reduced.</p> <p>Resulting in: Disruption to the continuity and stability of care and team communication Potential to impact on patient safety and staff wellbeing.</p> <p>Challenges with recruitment to Primary Care for GPs and other professional groups across the Health Board.</p>	<p>.Where possible the Primary Care Team is working with the practices to find solutions which include practice mergers; considering where possible directly managing solutions and /or working to recruit on behalf of the practices.</p> <p>.Primary, Community Population Health & Partnerships Committee in place to scrutinise delivery of the IMTP.</p> <p>.Local and National recruitment campaigns progressed with some reported success.</p>	Sustainability plan and proactive discussions with practices taking place	The risks is monitored by the Management Board with scrutiny via the PCPHCP Committee and Board.	12	down from 16	↔	01/08/2016	31.08.2020	Previous Reference 036
4104	Public Health	Work with communities and partners to reduce inequality in all that we do, economically, environmentally and socially	Covid-19 Business Continuity Plans	<p>IF: contingency and business continuity plans do not manage the Covid-19 pandemic as well as well as they could.</p> <p>Then: management of the pandemic could be adversely impacted</p> <p>Resulting in: avoidable morbidity and mortality in our communities</p>	<p>Cancellation of electives to prevent risk of capacity to manage Covid-19 impact.</p> <p>Cancellation of non-essential meetings and activities.</p> <p>Preparedness in terms of availability of equipment and space for care stepped up.</p> <p>Planning and operational resources have been redirected to resources to respond to Covid-19.</p> <p>Staff Training - fit testing for Personal Protective Equipment (PPE) and stock control, systematic deployment of PPE informed by completed pathways.</p> <p>National advice on behavioural interventions to delay spread have been implemented.</p> <p>Planning preparedness, contingency structures in place. The Command Structure is now through the weekly Resetting CTM Meetings.</p> <p>Staff, partner and public communication to reinforce behavioural messages - hand washing, etc.</p>	The Implementation of the Test Track and Trace Programme in June 2020 is crucial to allowing a more targeted approach to lockdown.	<p>CTM Dashboard with daily numbers and impact of Covid-19.</p> <p>Deaths are monitored on a daily basis and reported through the mortality review process.</p> <p>This risk is monitored via the CTM Resetting Meeting structures, Q&S Committee and the Board.</p>	10	10	↔ July 2020 ↓ 15 June 2020	13/03/2020	12.06.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
4192	Director of Operations	Provide high quality, evidence based and accessible care	Covid 19 - Gold Risk 001 Acute Hospital and Community Capacity:	<p>IF: there is insufficient Acute Hospital and Community Capacity to respond to demand.</p> <p>Then: the ability to provide high quality and safe care could be reduced.</p> <p>Resulting in: demand exceeding capacity and potential harm to patients.</p>	<p>Reducing demand:</p> <ul style="list-style-type: none"> • Social distancing being actively promoted nationally and locally within CTM. • Suspend routine outpatients • Clear urgent outpatient and symptomatic follow-up backlog • Prioritise use of NEPTs after standing down outpatient activity • Scale down day case surgery • Suspend routine elective surgery to ensure patients are not exposed to COVID-19 and to release capacity that can be reconfigured • Clear urgent inpatient backlogs • Lockdown remains in Wales, although some easement in England 13.05.20 <p>Increasing Capacity:</p> <ul style="list-style-type: none"> • 3 Field Hospital projects established and being implemented: <ul style="list-style-type: none"> o 1. WRU training facility, Hensol o 2. Eastern Bridgend Industrial Estate Unit o 3. Ty Trevithick, Abercynon 03.04.20 • Commission private healthcare capacity, staff and equipment from the Vale 03.03.20 	<p>Confirm capacity plan and tracking trajectory</p> <ul style="list-style-type: none"> • Commission field hospitals 	<p>USC dashboard (to remain Level 1 Green / Level 2 Amber)</p> <ul style="list-style-type: none"> • Capacity Plan in place with modelling throughout the covid-19 period 	10	-	↔	13.05.2020	21.05.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department
4185	Workforce and Organisational Development	Provide high quality, evidence based and accessible care	Covid 19 - Staff Wellbeing	<p>IF: There is insufficient psychological and wellbeing support to staff.</p> <p>Then: there could be an increase in staff stress and absence.</p> <p>Resulting in: poor behaviours, avoidable absence the inability to provide safe and sustainable care and adverse impact on the mental health and wellbeing of staff.</p>	<ul style="list-style-type: none"> • Daily staff communications - staff Q&A sessions onsite, daily electronic communication 20.03.20 • Wobble rooms established in PoW • Lessons being learnt from Kings College London 31.03.20 • PPE guidance issued 02.04.20 • Access to well-being resources available on SharePoint 03.04.20 • Well-being blog 03.04.20 • Literature giving links to available wellbeing sites and phone numbers so that staff can access more support 03.04.20. • Wobble rooms to be rolled out across all sites. • Looking to commission well-being support service • Advert has gone out (30.03.20) across our social media channels for a range of talking therapies input, including psychology and counselling. • Baseline survey being undertaken to understand impact. 		<p>Number of staff absent due to mental wellbeing impact of covid. Psychological support available for staff. Baseline survey being carried out.</p> <p>The risks is monitored by the Management Board with scrutiny via the People & Culture Committee and Board.</p>	9		↓ 20 July 2020	13.05.2020	13.07.2020	These risks will be managed either by referral to the Integrated Locality Group Risk Register or a Risk Register held by the relevant corporate department

Closed Risks

ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Closed
4159	Director of Operations	Provide high quality, evidence based and accessible care	Failure to fully meet all the licensing requirements of the Human Tissue Authority (HTA) in relation to Mortuary & Services for the Deceased. (041)	Reflect the Directorate led baseline assessment and the findings of the HTA inspection in April 2018. Compliance now restored and focus is on sustainability of the service and bringing together CTM mortuary services under one HTA license.	<ul style="list-style-type: none"> The Pathology Directorate undertook a baseline review which identified a number of areas for action in advance of the HTA inspection. The first line of defence (the Board's internal assurance) was not sufficiently strong enough to ensure related matters were raised and addressed in advance of the Licence Regulators informing the UHB when the statutory environment had changed and raised the standards required for compliance. The Pathology Directorate developed a comprehensive action plan in response to the HTA findings with Board agreed scrutiny & Monitoring arrangements in place via the Q,S&R Committee. Related controls are considered strong with regards knowing what the related issues are and what actions need to be taken to achieve full compliance. HTA signed off on all 32 CAPA plans on 10/7/2019; 0 HTARIs by 13/7/19. HTA published compliance notice in 8/2019. PoW HTA inspection took place 9/2019 and view on compliance expected before year end, with adoption of one license to follow. 		<p>Compliance with Statutory requirements outlined in the Human Tissue Act and related Standards to be monitored.</p> <p>All 32 CAPA plans completed and submitted to the HTA. Compliance restored and sustained</p>	12	9	Closed 22.06.2020	Closed 22.06.2020 - Advised to be closed awaiting rationale.
4158	Planning & Performance, ICT	Ensure sustainability in all that we do, economically, environmental y and socially	Ensuring the development, approval and implementation of a Strategy for IM&T, that is clinically led and supports staff in care delivery.	<p>IF: the Health Board fails to provide a digitally empowered organisation.</p> <p>Then: the ability to enhance quality care will be reduced.</p> <p>Resulting in: poor engagement with patients and inability to deliver sustainable services.</p> <p>Failure to provide a digital empowered organisation to enhance care quality, better engage with patients and deliver sustainable services</p>	<p>The Digital Health Strategy was approved by Board May 2017</p> <p>Progress is monitored via Digital Health Strategy Steering group and also the IMTP process</p>	To use the DHSSG to both monitor and drive the implementation of the various aspects of the Digital Strategy	The risk is monitored by the management Board.	12	9	Closed 13.07.2020	<p>The Digital Health Strategy was approved by Board May 2017</p> <p>Progress is monitored via Digital Health Strategy Steering group and also the IMTP process.</p>

Closed Risks

ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Closed
4091	Finance, Procurement, Capital & Estates	Provide high quality, evidence based and accessible care	Failure to achieve statutory and mandatory planned preventative maintenance (PPM) programme	<p>IF: The Health Board fails to ensure full compliance with statutory PPM</p> <p>Then: there is a risk that working environments could become unsafe due to unchecked equipment and buildings.</p> <p>Resulting in: potential harm to patients and/or staff. Enforcement action or possible litigation.</p>	<ul style="list-style-type: none"> . Estates Officers responsible for ensuring external contractors complete PPM on time. . Two separate systems being used to plan, monitor and record work undertaken by external contractors within the new CTM UHB. Plan for these to be brought together into one system for 2020/2021. . Development and implementation of staffing strategy for estates. . PPM prioritised work of the estates department. . Annual Estates Report considered by the Management Board and Health Board in September 2019, including PPM performance. Performance report also due to go to FPW Committee in November 2019. . Whilst significant improvements noted, recognise that further work needed to ensure full compliance with Statutory PPM. - Planet-FM system has been purchased and is being rolled out during 2020-21 to combine both maintenance systems. - Planet-FM system is being integrated SLA is verbally agreed to continue for 2020-21 from SBUHB to provide help desk services to the Bridgend region whilst the new - Capital and estates governance group oversees the overall compliance - Is this more assurance and Control measure Routine monitoring of progress, with use of CBM process to support Review of Estates performance at least annually. 	n.	The risks is monitored by the Management Board with scrutiny via the Planning, Performance & Finance Committee and Board.	9	9	Closed 13.07.2020	Target rating met.
4092	Workforce and Organisational Development	Ensure sustainability in all that we do, economically, environmentally and socially	Failure to achieve the Management of Absence target	<p>IF: The Health Board Fails to achieve the Management of Absence Target.</p> <p>Then: increased pressure on staff</p> <p>Resulting in: further absence and loss of resources and opportunity for the Health Board.</p> <p>Failure to achieve the Management of Absence target</p>	<ul style="list-style-type: none"> . We continue to monitor hot spot areas that are being targeted to attend courses such as mindfulness and managing stress in the workplace. . Attendance of the Managing Attendance at Work package. The percentage of all managers who attended is 55%. . We are currently recruiting a clinical psychologist to improve the service we provide employees with mental health illnesses. . We have improved self-referral times for physiotherapy access. . We are using dietetic expertise with OH using the FODMAP principles. . We continue to run 8 week mindfulness courses which has an evidence based outcome of improving employees return to work sooner than anticipated when absent from work due to stress and/or anxiety. . We are working to break down the category of stress as the reason for absence so that work related stress can be highlighted and dealt with more effectively. This will allow for positive action to be taken to help reduce its impact on individuals 	<p>Maintain existing controls and ensure consistent application by Line Managers of the All Wales Policy / Procedures.</p> <p>Regular review and assessment of sickness management to take place routinely at CBMs.</p> <p>Continue the business partner model to support directorates to proactively manage sickness</p>	The risks is monitored by the Management Board with scrutiny via the People and Culture Committee and Board.	20	8	Closed 13.07.2020	This risk is not considered to be a risk. It is considered to be an issue of core business which is monitored through Key Performance Indicators reported to the relevant Committee and Management Board and also regularly reviewed by the Senior Workforce Team.

Closed Risks

ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Closed
4093	Workforce and Organisational Development	Provide high quality, evidence based and accessible care	Enforcement action or litigation if an incident is linked to a lack of Core Mandatory Training	<p>IF: The Health Board fails to deliver core mandatory training.</p> <p>Then: an incident may occur involving patients and/or staff.</p> <p>Resulting in: potential harm to patients and/or staff. Enforcement action or possible litigation.</p>	<ul style="list-style-type: none"> . Identification and uploading into ESR of all levels of core training, presenting a clear picture of training requirements to staff and the Health Board . On-going work to rationalise set training requirements and ensure they match job roles. . Production of on-going compliance reports covering all levels of training required. . Making e-learning easier to identify and play utilising ESR auto-enrolment functionality. . Making face-to-face training easier to identify and book using ESR search functionality. . Provision of mandatory training days for clinical staff and Facilities staff and support sessions for all staff. -Continue to improve compliance generally with Core Mandatory -Training; ensure discussed routinely at Clinical/Corporate meetings Workforce Director Ongoing -Development of demand -v- capacity plans to ensure enough face-to-face training is being delivered to meet the requirements of staff Workforce director Ongoing - Making best use of the Electronic Staff Record – ensuring staff maintain mandatory requirements 	<p>Audit exercise being carried out to allow compliance to be looked at.</p> <p>Workforce director Audit on hold during COVID-19.</p> <p>Recommence June 2020 .</p>	<p>The risks is monitored by the Management Board with scrutiny via the People and Culture Committee and Board.</p>	20	9	Closed 13.07.2020	<p>This risk is not considered to be a risk. It is considered to be an issue of core business which is monitored through Key Performance Indicators reported to the relevant Committee and Management Board and also regularly reviewed by the Senior Workforce Team.</p>
4114	Medical Director	Provide high quality, evidence based and accessible care	Not agreeing a sustainable model for emergency medicine and inpatient paediatrics across the CTMUHB footprint	<p>IF: The Health Board does not agree a sustainable model to deliver emergency medicine and inpatient paediatrics across the Health Board Footprint.</p> <p>Then: The Health Board will be unable to deliver safe high quality emergency medicine and inpatient paediatrics services.</p> <p>Resulting in: Compromised safety of patients and Staff.</p> <p>Unable to deliver safe high quality emergency medicine and inpatient paediatrics services across the CTMUHB footprint.</p>	<p>Modelling work being undertaken, informed by the work undertaken by the South Wales Programme (SWP) , to establish a number of options, and to assess patient flow implications and risks.</p> <p>Engagement with staff, staff representatives, Community Health Council (CHC) and wider external stakeholders commenced in January 2020 and continues.</p> <p>Clinical reference groups (CRGs) established to assist with the work of the project and facilitate appropriate clinical engagement.</p> <p>Recruitment drive continued through March - June 2020.</p> <p>The SWP paused during the Health Board response and focus on the Covid-19 pandemic.</p> <p>Board agreed commitment to 24/7 consultant led EM in all 3 Acute sites at HB in June</p>	<p>Recruitment drive continued through March to June 2020.</p>	<p>Stakeholder and CHC engagement</p> <p>Risk is monitored via the Quality & Safety Committee, and the Health Board.</p>	16	6	Closed 13.07.2020	<p>Closed as model is now agreed, however, ILG will review risk of delivering sustainable EM and sustainable Paeds going forward</p>

Closed Risks

ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Closed
4147	Director of Operations	Provide high quality, evidence based and accessible care	Failure to continue to provide GP out of hours services as currently configured	<p>IF: the Health Board is unable to provide GP Out of Hours services as currently configured due to ongoing and developing primary care recruitment problems nationally.</p> <p>Then: the Health Board's ability to provide high quality care through out of hours service may be reduced.</p> <p>Resulting in: the service having out of hour sessions that are not able to be filled and therefore resulting in additional demand being placed on existing A&E Departments.</p>	<p>The Out of Hours team is encouraging GPs to fill shifts. However, many sessions are filled via Locum Agency Doctors, which is expensive and flexible sessions are offered. However, the fill rate remains variable and is challenging to maintain services. The effect of the HMRC tax implications is now having an impact. OOHs services reconfigured and number of centres reduced from 4 to 2 in order to sustain services.</p> <p>There continues to be ongoing engagement and discussions with those practitioners currently supporting the revised model.</p> <p>There continues to be engagement with key stakeholders including the Community Health Council, GPs and patients.</p> <p>Further options are being considered in order to address ongoing sustainability issues with the current service configuration</p> <p>Peer review undertaken providing assurance of significant improvement</p>	Risk currently being updated by the Director of Primary, Community & Mental Health, Mental Health - anticipate removal from Organisational Risk Register.	An evaluation update considered by the Board in July 2016, agreed to continue with the current service which is scrutinized and monitored by the Primary, Community Population Health and Partnerships Committee.	15	12	Closed 13.07.2020	Duplication with an ILG risk 4099 that is being managed with Risk Rating below 15.
4145	Finance, Procurement, Capital & Estates	Provide high quality, evidence based and accessible care	Failure to Deliver Major & Discretionary Capital Programmes	<p>IF: the Health Board fails to maximise resources to improve or maintain services for the Health Board.</p> <p>Then:</p> <p>Resulting in:</p>	<p>Executive Capital Management Group Monitor the compliance with the actions agreed.</p> <p>Regular reports are submitted to the Management Board and newly formed Planning, Performance & Finance Committee</p>	No further actions identified the risk is considered to mitigated to its target level.	<p>The Health Board Internal Audit programme reviews the Capital Programme.</p> <p>The risks is monitored by the management Board</p>	6	6	Closed 13.07.2020	Closed as target rating reached.

Closed Risks

ID	Executive Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Closed
4112	Nursing, Quality & Safety	Provide high quality, evidence based and accessible care	Under reporting of clinical incidents in Maternity Services	<p>IF: There is under reporting of clinical incidents in maternity services as reported in the RCOG Review in March 19 and DU Report September 2019.</p> <p>Then: The Health Board will not be able to investigate potential issues and/or identify any themes or trends</p> <p>Resulting in: Potential major incidents occurring - adverse impact on patient care and staff wellbeing. Inability to learn lessons.</p>	<ul style="list-style-type: none"> •Implementation of the Quality & Patient Safety Governance Framework •Implementation of the Maternity Improvement Board •Implementation of the improvement plan developed in response to the Delivery Unit review •Full implementation of the outcomes of the Delivery Unit's supportive intervention 	Update in progress.	<p>Additional scrutiny applied by Welsh Government and the Independent Maternity Oversight Panel</p> <p>The risks is monitored by the Management Board with scrutiny via the Quality & Safety Committee and Board.</p> <p>Regular engagement with external stakeholders e.g. the public, County Borough Councils, Community Health Councils</p>	20	9	Closed 13.07.2020	Target rating met. Good evidence of reporting within Maternity Services now prevalent.