

Datix ID	Strategic Risk owner	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4629	Executive Director of Finance & Procurement	Sustaining Our Future	Financial Stability Risk	Failure to achieve or reduce the planned recurrent deficit of £33.9m at the end of 2021/22.	<p><b>If:</b> The Health Board is not able to plan changes which enable current run rates of expenditure to align with the expected available funding for 2022/23.</p> <p><b>Then:</b> The Health Board will not be able to develop a break-even financial plan for 2022/23 and deliver it. The context is that a key issue beyond 21/22 is the recurrent impact of the plan in 22/23 when it is likely that the non-recurring funding for Covid in 21/22 will end or significantly reduce as well as non-recurring Transformation funding ending.</p> <p><b>Resulting in:</b> Potential deficit in 2022/23 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action.</p>	<p>2021/22 IMTP and financial plan submitted to WG at the end of June, including the Covid response, TTP, planned care and diagnostics, including prioritisation of planned changes within the available resources.</p> <p>Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward.</p> <p>Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans.</p> <p>Routine monitoring arrangements in place.</p> <p>Regular reporting of the forecast recurring position to Management Board and Planning, Performance &amp; Finance Committee and Board.</p>	<p>Bottom up savings plans at the end of June are showing a gap of £8.2m against the £16.1m Recurring savings target for 21/22.</p> <p>Further develop the savings planning process identified by the COO and DoF for implementation in July onwards.</p> <p>Further discussions needed with Welsh Government to understand likely funding position for 22/23.</p> <p>Update August 2021 - No change this month. Further information is anticipated on the WG funding position for 21/22 in September 2021.</p> <p>Update as at November 2021: the forecast recurrent deficit was increased to £50.9m in the month 7 finance report. Although Further work will continue on recurring savings within the Health Board further discussion and actions are needed as part of the financial planning process for 2022-2023.</p> <p>Reviewed 6.01.2021 - No changes made to mitigating action or risk rating.</p> <p>Reviewed 4 March 22- Forecast recurrent deficit at the end of 21/22 is £44.5m. The forecast core plan deficit for 22/23 is currently £28.0m (excluding Exceptional Items and ongoing Covid response costs). An Accountable Officer Letter was sent to WG on 28 Feb confirming that we are not able to submit a balanced core plan for 22/23. Awaiting a response. No change to risk rating.</p>	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	10.5.2021	04.03.2022	30.04.2022
4149	Chief Operating Officer  Bridgend Integrated Locality Group	Improving Care	Patient / Staff /Public Safety	Failure to sustain Child and Adolescent Mental Health Services  Impact on the safety - Physical and/or Psychological harm	<p><b>If:</b> The Health Board continues to face challenges in the CAMHS Service</p> <p><b>Then:</b> there could be an impact in maintaining a quality service</p> <p><b>Resulting in:</b> recruitment challenges, long waiting times and impact to the implementation of the new model of care. Loss of trust and confidence in the services provided by the Health Board.</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. Rationale for target score: Increasing demands being placed on the Core CAMHS Services resulted in long waiting times and the service was experiencing difficulties in recruiting staff</p>	<p>o Reported local and Network pressures across the CAHMS Network with variable problems dependent on the area of the network.</p> <p>o 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>o Service Model developed around Core CAMHS 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>o New investment impact being routinely monitored internally via the SMT and via monitoring meetings with the ILG</p> <p>o There has been progress with being able to recruit to vacancies with a number of new appointments made. For CTM UHB, the majority of vacancies have been recruited into. The Swansea Bay locality has had more challenges in recruiting skilled staff and there has been plans in place to recruit to developmental posts to attract more interest and invest in staff training and development. More recently the team have managed to recruit into a number of posts (9 to date) with start dates in the next couple of months and interviews scheduled for HCSW and Band 5 practitioners in next month</p>	<p>o Monthly commissioning meeting discussions taking place across the Network in relation to service pressures and funding. Further discussions with commissioners expected by April 22 regarding service provision</p> <p>o Implementation of the Choice and Partnership Approach (CAPA) with a new service model introduced ensuring the service aligns itself with All Wales Mental Health Measure. All referrals accepted to CAMHS will now receive a Part 1 Mental Health Assessment to determine the level of support required. Performance is being reported and monitored via monthly performance meetings</p> <p>o A number of service reviews in relation to Ty Lliardir undertaken and monitored via Q5&amp;R Committee.</p> <p>Additional nursing leadership implemented and progress on required action plans and proposed staffing model. Business case being drafted for additional investment to support staffing model by start of March 22.</p> <p>Workshops scheduled with WHSSC to review service specification and gap analysis. First workshop to take place on 15th Feb 22</p> <p>o Community CAMHS in both CTM UHB and Swansea Bay UHB are carrying out WLI via the planned care recovery (PCR) scheme. The additional clinics and dedicated team for assessment and single point of access have helped to reduce waiting times in CTM UHB to approx. 8 weeks but proposal to continue the PCR additional clinics after April 22 to reduce waiting times and improve compliance. The waiting times in Swansea Bay UHB are much longer (average wait is 10 weeks as of Feb 22 but longest wait is 32 weeks). Further work is planned by end of March 22 on capacity and demand and the implementation of a new service model to aim to meet demand. Proposal to continue with the planned care recovery schemes post April-22 to address the backlog.</p> <p>-There has been progress with being able to recruit to vacancies with a number of new appointments made. For CTM UHB, the majority of vacancies have been recruited into. The Swansea Bay locality has had more challenges in recruiting skilled staff and there has been plans in place to recruit to developmental posts to attract more interest and invest in staff training and development. More recently the team have managed to recruit into a number of posts (9 to date) with start dates in the next couple of months and interviews scheduled for HCSW and Band 5 practitioners in next month. Further recruitment planned for 3x crisis posts and 4 x specialist posts.</p> <p>- FACTS service in escalation with WHSSC - draft service specification developed and activity reporting; some resolution to system issues. Outstanding action in escalation around recruitment into the Consultant post (currently service has a locum) and the clinical leadership model.</p>	Planning, Performance & Finance Committee & Quality & Safety Committee	16	C4xL4	8 C4xL2	↔	01/01/2015	09.05.2022	01.06.2022
4458	Chief Operating Officer  All Integrated Locality Groups	Improving Care	Patient / Staff /Public Safety	Failure to Deliver Emergency Department Metrics (Including 15 minute Handover and 4 and 12 hour breaches.)  Impact on the safety - Physical and/or Psychological harm	<p><b>If:</b> The Health Board fails to deliver against the Emergency Department Metrics</p> <p><b>Then:</b> The Health Boards ability to provide safe high quality care will be reduced. Patients will be waiting in the ambulance rather than being transferred to the Emergency Department.</p> <p><b>Resulting In:</b> A poor environment and experience to care for the patient.</p> <p>Delaying the release of an emergency ambulance to attend further emergency calls.</p> <p>Compromised safety of patients, potential avoidable harm due to waiting time delays.</p> <p>Potential of harm to patients in delays waiting for treatment.</p>	<p>Senior Decision makers available in the Emergency Department. Regular assessments including fundamentals of care in line with National Policy.</p> <p>Additional Capacity opened when safe staffing to do so.</p> <p>Senior presence at Health Board Capacity Meeting to identify risk sharing.</p> <p>Winter Protections Schemes Implemented within ILG's.</p> <p>Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements.</p> <p>Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.</p>	<p>The Unscheduled Care Improvement Board will monitor progress on the programme on a monthly basis. Given the decrease in compliance for 12 and 4 hour waits, it is impossible to outline progress at this point. It is anticipated that the work of the Urgent Care Improvement Group will be able to report some improvement in the coming months.</p> <p>BILG update: RCEM audit undertaken. Staffing remains ongoing issues- plans in place and frequently reviewed. ASCU staffing plan agreed at ILG level and ongoing. Surge trolleys in place to cope with additional capacity requirements. Building works progressing and phases complete. X references to ID3826 &amp; ID3585.</p> <p>Update March 2022, significant work continues to be underway in this area. A Local system reset (perfect fortnight) commenced on the 2nd March 2022 with the aim of being a system wide learning event to establish an improved grip across the patient pathway and a set of improvement projects that can be deployed. Further update to be provided at the completion of the event.</p> <p>Within M&amp;C ILG the PCH Improvement Programme continues to deliver improvement with the feedback from the second unannounced Health Inspectorate Wales Visit in January 2022 providing clear evidence of significant improvement in patient safety and experience. Overwhelming demand activity continues to provide challenging operational context, this is being addressed through joint working with Improvement Cymru and an external provider to deploy a real time flow management process with the specific objective of improving the pace of the patient along the pathway.</p>	Quality & Safety Committee  Planning, Performance & Finance Committee	16	C4 x L4	12 (C4 x L3)	↔	04/12/2020	02.03.2022	30.04.2022
4772	Chief Operating Officer  Facilities	Improving Care	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects  Including systems and processes, Service /business interruption	Replacement of press software on the 13 & 10 stage CBW presses	<p><b>If:</b> The 10 &amp; 13 stage Lavatec presses have old software control systems, and are both vulnerable to failure. Following a fault developing and a recent maintenance call out it was identified that the 10 stage press is working intermittently caused by a software problem.</p> <p><b>Then:</b> If the 10 Stage press control system fails the consequence of not purchasing the software replacement would result in the laundry service being unable to produce to full capacity and reduced to around 55%. If the Stage 10 press control system software fails then it could also impact on the Stage 13 press. The consequence of both presses failing and not purchasing the software replacement would result in the laundry service being unable to process any laundry which will result in all CTMUHB laundry being outsourced to commercial laundries. The costs will be significantly higher than those incurred in-house.</p> <p><b>Resulting In:</b></p> <ul style="list-style-type: none"> <li>•Potential of service failure due to existing system.</li> <li>•Potential of CTM sites being without bedding and linen at existing volumes and turnaround times.</li> <li>•Potential increased costs resulting from having to outsource laundry processing to commercial laundries in the event of equipment failure.</li> </ul>	<p>The All - Wales Laundry review continues, and at the current time, it is likely that services will be provided from CTM laundry until at least 2024. After this time, the equipment could be moved and rehoused elsewhere to continue to support CTM and the All-Wales Laundry agenda.</p> <p>Previous IMTP submissions have included as a priority £375K for a replacement automated sorting and roll cage washer/dryer system at the laundry. The software that controls system for the CBW forms an integral part of the current press.</p> <p>Benefits of equipment being replaced:</p> <ul style="list-style-type: none"> <li>•Reduced risk of service failure and therefore improved confidence in continued production.</li> <li>•Easier to diagnose and put right any mechanical defects.</li> </ul> <p>The consequence of not purchasing the replacement software would result in the laundry service being unable to process laundry at full capacity. This would mean that there is a real risk of CTM sites being without the ability to process adequate quantities of common user items such as sheets and pillowcases and other items used for income generation projects. If the 10 Stage press control system fails the consequence of not purchasing the software replacement would result in the laundry service being unable to produce to full capacity and reduced to around 55%. This would mean that there is a real risk of CTM sites being without the ability to process adequate quantities of common user items such as sheets and pillowcases and other items used for income generation projects.</p>	<p>SON to be submitted and if successful replacement software purchased and installed. Timescale: 31/03/2022.</p> <p>SON approved and funding provided, awaiting installation. Update from Deputy Linen Services Manager that order has been raised to replace.</p> <p>The press tank for the 13 stage has now been replaced with software to the 10 &amp; 13 presses on course for being updated by end of March 22</p> <p>Based on this update the risk is a high risk and will be reviewed in 3 months time or once the software has been installed.</p> <p>Update 27.4.2022 - Risk reviewed and no change to mitigation at this time. Next review Date: 31/05/2022</p>	Quality & Safety Committee  Planning, Performance & Finance Committee	15	15 (C5xL3)	5 (C5xL1)	↔	27.07.2021	27.4.2022	31.05.2022