

Datix ID	Strategic Risk owner	Strategic Objective	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
4080	Executive Medical Director	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Failure to recruit sufficient medical and dental staff	If: the CTMUHB fails to recruit sufficient medical and dental staff. Then: the CTMUHB's ability to provide high quality care may be reduced. Resulting In: a reliance on agency staff, disrupting the continuity of care for patients and potentially affecting team communication. This may affect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	<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 	<p>The response to Covid-19 has impacted the original timeframes for these actions due to the requirement to focus on clinical operational service delivery during the pandemic. Revised dates have been included below:</p> <ol style="list-style-type: none"> AMD and workforce to develop recruitment strategy - 31.3.2021 -Revised Date September 2021. AMD and DMD to develop retention and engagement strategy - 31.3.2021 - Revised Date September 2021. Reduce agency spend throughout CTMUHB - ongoing - The agency spend reduction is dependent on recruitment aligned with the bank launch and switch to ADHs. The bank launch has been delayed due to problems with the rate card and recruitment through the pandemic has been challenging impacting our ability to appoint to positions. Launch of 'medical bank' to Bridgend ILG locality Autumn/ Winter 2020 -Revised Date September 2021. <p>Update August 2021: Recruitment in general remains challenging due to the pandemic. Medical bank has launched in Bridgend ILG and will be in place for the remainder of the Health Board by the end of the financial year. The Overseas recruitment project is now starting to bring Medics into hard to fill posts within the Health Board. This is a project with limited duration and funding. Initial signs are it will bring about significant savings by reducing reliance on agency and ADH/WLIs to complete work in the recruited to areas. The project will continue for the next 12 months, however if proved successful, further funding will be requested to continue with the initiative.</p>	Quality & Safety Committee People & Culture Committee	20	C5 x L4	15 (C5xL3)	↔	01.08.2013	06.08.2021	30.09.2021
4676	Executive Director for People (Executive Lead for Occupational Health)	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Absence of Perussis (Whooping Cough) Vaccination Programme for Staff	If: There is an absence of the Pertussis vaccination for staff Then: Staff and patients are at risk of contracting whooping cough Resulting In: Failure to comply with the Welsh Government Directive, lack of confidence in the service	Head of Pharmacy ordered a supply of Repevax vaccines direct from the manufacturer on Monday 7th June, stock expected to arrive week commencing 14th June. Able to commence clinics the same week. Further communication to be sent via relevant ILG to the priority groups highlighting offer of vaccine and benefits of receiving vaccine.	See Control Measures.	Quality & Safety Committee People & Culture Committee	16	C4xL4	8 C4xL2	↔	09.06.2021	02.08.2021	30.09.2021
4679	Executive Director for People (Executive Lead for Occupational Health)	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Absence of a TB vaccination programme for staff	If: the Health Board is not providing TB vaccination to staff Then: Staff and patients are at risk of contracting TB Resulting In: Failure to comply with the Department of Health and Social Care guidance and lack of confidence in the service	The 'fitness letter' issued by Occupational Health to the appointing line manager following an employee health clearance highlights vaccination status.Screening for latent TB for new entrants and offering T spot testing to assess positive or negative.	Action plan collated-To clarify current screening process in relation to local and National guidance via specialist respiratory nurses prior to administering BCG. OH Senior screening nurse to compile written instructions and staff information leaflet. Training requested via the respiratory team. Meeting to discuss training needs set for 9th June 2021	Quality & Safety Committee People & Culture Committee	16	C4xL4	8 C4xL2	↔	09.06.2021	02.08.2021	30.09.2021
4677	Executive Director for People (Executive Lead for Occupational Health)	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Absence of Varicella (Chicken Pox) Vaccination Programme for Staff	If: there is an absence of the provision of varicella vaccination due to the absence of written instructions. Then: there will be a failure to comply with the IPC20-Varicella Zoster Policy. Resulting In: Staff not being protected against Varicella Zoster, presenting a risk to both staff and patients. Loss trust and confidence in the Health Board and service provision.	The staff fitness letter issued from Occupational Health (OH) to the appointing line manager after the OH health clearance has been processed highlights the immunisation status in relation to varicella (chicken pox).	<p>Recall exercise required for staff recruited.</p> <p>Written instructions and competency document being drawn up week commencing 7th June. OH Manager contacting agencies for suitable nurse resources to run clinics.</p> <p>Recruit additional nursing staff to roll out the vaccination programme.</p> <p>Training programme to be established.</p>	Quality & Safety Committee People & Culture Committee	16	C4xL4	8 C4xL2	↔	09.06.2021	27.07.2021	30.09.2021
4747	Chief Operating Officer Primary Care Services	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Overnight District Nursing Service Merthyr and Cynon, Rhondda and Taff Ely	If: there continues to be unplanned absence within the very small overnight Registered District Nursing Team. Then: there will be a detrimental impact on the ability to deliver services to housebound / vulnerable patients. Resulting In: Patients being conveyed to the Emergency Department instead of being cared for at home; pressures on existing team members leading to very long shifts and deterioration in wellbeing and further absence; pressures on other part of Out of Hours teams; transfer of pressures on day time District Nursing services.	<ol style="list-style-type: none"> Substantive staff are undertaking extra shifts and bank shifts are offered Where there is no shift fill, an extra HCA is rostered on as a method of reinforcing the team. GPOOH colleagues are asked to support with urgent calls Fixed term vacancies out to advert 	<p>To seek to deploy nurses employed into the 111 Flow Centre into the overnight service. Continue to see overtime and bank cover where required.</p> <p>To assess safe establishment levels and advertise additional RN to cover the Bridgend Locality. Timescale: 31.08.2021</p>	Quality & Safety Committee People & Culture Committee	16	C4xL4	8 C4xL2	↔	08.07.2021	05.08.2021	31.08.2021
4106	Executive Director of Nursing and Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Increasing dependency on agency staff cover which impacts on continuity of care, patient safety	If: The Health Board increasingly depends on agency staff cover Then: the Health Board's ability to provide stability and consistency in relation to high quality care could be impacted. Resulting In: disruption to the continuity, stability of care and team communication. Potential to impact on patient safety and staff wellbeing. There are also financial implications of continued use of agency cover.	<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>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>Fixed Term Contracts being offered to all existing HCSW and RN currently on the Nurse Bank.</p> <p>Redesign services wherever possible to embrace a healthier Wales and therefore impact upon the workforce required to deliver services.</p> <p>Overtime incentives offered to workforce in response to Covid-19 pandemic.</p> <p>As of July 2021 - the overseas recruitment campaign has ceased pending further scoping exercises by Workforce and Organisational Development.</p>	<p>Deputy Exec DON is currently reviewing the nurse rostering policy in conjunction with the workforce team in order to put in place (in conjunction with workforce team) clear roster monitoring KPI's and Bank usage/recruitment KPI's . Established a new nursing workforce taskforce. Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021.</p> <p>Bi-Annual Nursing Staffing Levels Wales Act - Acuity Audit to be undertaken in June 2021 to report to Board in October 2021.</p> <p>All Wales "Safer Care Module" on e-roster system due to be received in due course. WG led so await WG timescales. No Change as at 4.5.2021.</p> <p>Nursing & Midwifery Strategic Workforce Group, Chaired by the Deputy Director of Nursing to recommence in April 2021. The Nursing and Midwifery Strategic Workforce Group did not meet in April 2021 as planned due to the need to revise membership in line with ILG structure, however, bi-monthly nursing workforce operational task force meetings have been held chaired by the Deputy Director of Nursing since February 2021. the Strategic workforce group is scheduled to meet on the 11th May 2021.</p>	Quality & Safety Committee People & Culture Committee	16	C4 x L4	12 (C4xL3)	↔	01/06/2015	05.08.2021	30.09.2021

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4157	Executive Director of Nursing and Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Impact on the safety - Physical and/or Psychological harm	There is a risk to the delivery of high quality patient care due to the difficulty in recruiting and retaining sufficient numbers of registered nurses and midwives IF: the Health Board fails to recruit and retain a sufficient number of registered nurses and midwives due to a national shortage Then: the Health Board's ability to provide high quality care may be impacted as there would be an overreliance on bank and agency staff. Resulting in: Disruption to the continuity and stability of care and team communication Potential to impact on patient safety and staff wellbeing. There are also financial implications of continued use of agency cover.	<ul style="list-style-type: none"> Proactive engagement with HEIW continues. Scheduled, continuous recruitment activity overseen by WOD. Overseas RN project continues. Targeted approach to areas of specific concern reported via finance, workforce and performance committee Close work with university partners to maximise routes into nursing 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 Section 25B of the Nurse Staffing Act. Deputy Exec DON is currently reviewing the nurse rostering policy in order to put in place (in conjunction with workforce team) clear roster monitoring KPIs and Bank usage/recruitment KPIs Reporting compliance with the Nurse Staffing Levels (Wales) Act regularly to Board Regular review by Birth Rate Plus compliant, overseen by maternity Improvement Board Implementation of the Quality & Patient Safety Governance Framework including triangulating and reporting related to themes and trends. successful overseas RN recruitment. There is an operational Nursing Act Group that reconvened from April 2021. 	<p>Established recruitment campaign - which is monitored at the Nursing Workforce Strategic Group - group due to meet/recommence in April 2021. The Nursing and Midwifery Strategic Workforce Group did not meet in April 2021 as planned due to the need to revise membership in line with ILG structure, however, bi-monthly nursing workforce operational task force meetings have been held chaired by the Deputy Director of Nursing since February 2021. the Strategic workforce group is scheduled to meet on the 11th May 2021.</p> <p>Revised nurse rostering policy currently being taken through the relevant approval process - Timescale 31.3.2021. Consultation with Local Partnership Forum undertaken and amendments to the policy have been made as appropriate, the policy will be seeking approval at the Quality & Safety Committee in May 2021- Timescale 31.5.2021.</p> <p>The operational Nursing Act Group to reconvene. Completed as reconvened in April 2021 - included as a control measure.</p> <p>Await review of Birth Rate Plus Compliant Tool by WG - Timescale - WG led so await WG timescales - No further update at this time.</p> <p>Risk currently being reviewed as at August 2021 and an update will be provided in the next iteration of the Organisational Risk Register.</p>	Quality & Safety Committee People & Culture Committee	16	C4 x L4	9 (C4xL3)	↔	01/01/2016	04.05.2021	30.09.2021
4500	Executive Director of Therapies & Health Sciences Therapies hosted by Merthyr & Cynon Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Impact on the safety - Physical and/or Psychological harm	There is a risk to the delivery of high patient care due to the difficulty in recruiting sufficient numbers of registered therapists and health scientists. IF: the Health Board fails to recruit and retain a sufficient number of therapists and health scientists due to increasing numbers of vacancies and shortages of professional staff. Then: the Health Board's ability to provide certain services may be compromised. Resulting in: Increased waiting times for diagnosis and treatment, missed opportunities to diagnose at an earlier stage, potential for poorer outcomes for patients.	<p>Links via the Director Therapies to HEIW for planning.</p> <p>Proactive recruitment for difficult to fill posts.</p> <p>Use of Agency/Locum staff where available.</p> <p>Update as at April 2021 Director of Therapies & Health Sciences have supported participation in streamlining to appoint AHP summer 2021 graduates to band 5 vacancies. This is the first time AHPs have recruited in this way and it is too soon to ascertain whether this will impact positively on staff retention.</p>	<p>Continue with active recruitment wherever possible.</p> <p>Ensure workforce plans included and supported in the Integrated Medium Term Plan (IMTP).</p> <p>Utilise 'novel' staffing approaches where indicated.</p> <p>The review of the graduate approach to the Band 5 Vacancies will be on a 6-9 month timeline as the graduates are not due to commence until late summer. At June 2021 - no change to the above update.</p> <p>Update August 2021 - AHPs are actively planning to induct the band 5s newly recruited via streamlining throughout late summer, early autumn. Social media is being utilised to promote recruitment to gaps in higher banded specialist roles. Next review planned 15.9.21</p> <p>No change as at 6.9.2021.</p>	Quality & Safety Committee People & Culture Committee	16	C4 x L4	8 (C4xL2)	↔	21.12.2020	6.9.2021	30.09.2021
1133	Chief Operating Officer Rhonda Taf Ely Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Impact on the safety - Physical and/or Psychological harm	Long term sustainability and staffing of the Emergency Department (ED) at the Royal Glamorgan Hospital. (RGH). IF: the Clinical Service Group (CSG) is unable to deliver a sustainable staffing model for the Emergency Department at the RGH; Then: the Health Board will be unable to deliver safe, high quality services for the local population; Resulting in: compromised safety of the patients and staff and possible harm.	<p>ED sustainable workforce plan developed and being implemented (May 2021).</p> <p>Option 1 funded so risks around sustainability remain particularly in respect of the consultant workforce.</p>	<p>ED sustainable workforce plan developed and being implemented (May 2021).</p> <p>Reviewed no change as at 7th September 2021.</p>	Quality & Safety Committee. People & Culture Committee - Workforce aspect	16	C4 x L4	12 (C4xL3)	↔	20.02.2014	7.9.2021	17.09.2021
3899	Executive Director of Nursing & Midwifery	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Impact on the safety - Physical and/or Psychological harm	Clinical staff resuscitation training compliance IF: there continues to be poor compliance with resuscitation training in relation to clinical staff. Then: the Health Board's ability to provide high quality and safe care would be reduced. Resulting in: a risk that clinical staff are not up-to-date with their resuscitation training and therefore potentially not able to offer the most up-to-date evidence based care to patients requiring resus. There is a secondary risk that if ESR records are not accurate there is no clear organisational picture which of our staff are resus trained and who are not, presenting a particular risk for rota planning.	<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>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>An internal restructure has now taken place to ensure a more robust management line. Resus dept. is now managed by the Senior Nurse Clinical Education.</p> <p>2 x band 7 resuscitation practitioner posts successfully recruited to and both in post end of May 2020.</p> <p>Covid re-emergence in September / October will have a further impact on training availability & compliance levels. Staff availability for training also impacted.</p> <p>All training taking place is compliant with social distancing / PPE requirements for COVID.</p> <p>High turnover/ retirement / long term sickness/ redeployment due to Covid of qualified Resuscitation staff recently have all impacted on capacity to deliver training. Key appointments have now been made, redeployed staff are returning and recruitment to current vacancies in is place.</p> <p>Resuscitation Training Standards agreed at June CTMUHB RADAR meeting. Resus Team now fully staffed with redeployed staff now returned.</p>	<p>At the December 2020 meeting the RADAR Committee received an update on the Resuscitation Training Compliance Risk and were advised that the compliance position has deteriorated further during 2020 due to Covid pressures. Training was cancelled in the first wave and release of staff for training has also impacted through the second wave. The Committee has agreed a number of actions to be presented at the March 2021 meeting:</p> <ul style="list-style-type: none"> Review of agreed training standards against which compliance is measured. Review of training formats to include e-learning options. Review resus departments demand and capacity for training. <p>Timescale - 31.3.2021</p> <p>Situation reviewed at March 2021 Radar. E-Learning options have now been incorporated into our training standards and key appointments in the Resus department have now started in their posts. Training compliance however has deteriorated further due to a second wave of Covid impacting on release of staff and continuing difficulties in securing adequate training accommodation particularly in RTE and Bridgend localities. Work continues to assess training demand and capacity. Risk however cannot be reduced until improvement is seen. Next review at RADAR June 2021</p> <p>Update June 2021 - no change to risk scoring. The next review is scheduled for the RADAR meeting on the 28th June 2021.</p> <p>Update August 2021 - review of risk underway and update will be received in the next iteration of the risk register.</p> <p>Update September 2021: Training accommodation has temporarily sourced at YGT and Ysbytyr Seren - training at YS commences September 2021. Training capacity issues continue to be impacted due to increased requirement for training and resus issues from mass vaccination centres. DNA rates for training session continue to impact on compliance rates, a specific review is underway. ILG RADAR committees now established and will monitor training compliance locally. Next review CTM RADAR</p>	People & Culture Committee	15	C3 x L5	9 (C3xL3)	↔	20.11.2019	31.8.2021	1.11.2021
3638	Chief Operating Officer Pharmacy & Medicines Management	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety	Impact on the safety - Physical and/or Psychological harm	Pharmacy & Medicines Management - Training & Development Infrastructure IF: the planned HEIW led changes to the education and training of pharmacists and pharmacy technicians with increased numbers of trainees across both primary and acute care are fully implemented Then: the there will be insufficient capacity within the medicines management team to provide the required training, supervision and management of the planned trainees. Resulting in: a lack of appropriately qualified pharmacy professionals to meet future service demands in all sectors and particularly in hard to recruit to ILGs such as Merthyr where we have established a "grow our own" model. This can impact the primary care sustainability MDT model. Also a reduction in reputation of a HB that has a very high level of % qualifying and a reduction in future applicants. Current capacity is overstretched and a robust education, training and development infrastructure is needed to meet these demands for specialist & advanced practitioners in primary and secondary care.	<p>SBAR submitted to CBM in March 18 to increase training capacity in order to meet the demand. Included in IMTP and prioritised as number one priority. A bid was included as part of the primary care pacesetter for education and development in primary care academic hubs and was successful. This element of the ed/tr will be implemented in 2018 for 3 years with evaluation. The secondary care elements were not supported in the IMTP prioritisation process and so this still leaves significant risks. SBAR needed to describe the impact of the new technicians training qualification. Funding approved for primary care lead pharmacist - commenced in post April 2019.</p> <p>Included a new case in 2019/20 IMTP as high priority. SBAR for Nov CBM on new technician training requirements. Progress and evaluate primary care pacesetter plan to increase training infrastructure to inform business case to continue funding and scale up.</p>	<p>Update June 2021: HEIW have agreed training support grants for trainers to support pre-registration foundation posts which mitigates the risk for this group of staff. However this funding is only temporary and not guaranteed beyond 2022-23, which presents a potential risk around recruitment of suitable staff. The post-registration foundation programme has been deferred until 2022 which buys some time for health boards to explore solution to the significant financial shortfall that will arise from the lack of on going funding for these posts.</p> <p>Update July 2021 - No further update to that recorded in June 2021. Review 30.09.2021.</p>	People & Culture Committee	15	C3 x L5	6 (C3xL2)	↔	02.01.2018	10.06.2021	30/09/2021

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4110	Executive Director for People	Provide high quality, evidence based, and accessible care.	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Failure to fully comply with all the requirements of the Welsh Language Standards, as they apply to the CTMUHB)	<p>IF: the Health Board fails to comply with all the Welsh Language requirements</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>As a consequence of an internal assessment of the Standards and their impact on the CTMUHB, it is recognised that the Health Board will not be fully compliant with all applicable Standards. This risk is particularly high in: translation services due to demand exceeding capacity.</p>	<p>The Welsh Language team has undertaken a self-assessment of the requirements of the Standards and how they apply to Cwm Taf Morgannwg.</p> <p>Close constructive working relationships are in place with the Welsh Language Commissioner's Office.</p> <p>Strong networks are in place amongst Welsh Language Officers across NHS Wales to inform learning and development of responses to the Standards.</p> <p>Regular reports to the Board to raise awareness.</p> <p>Working Group set up to support managers.</p> <p>Developing a new bilingual skills strategy.</p> <p>Welsh courses provided to staff.</p> <p>Ward Audits to monitor progress with compliance - ongoing and options to revisit are currently being discussed..</p> <p>Continue to review and act on the UHBs Self-Assessment findings and related improvement actions; ensure Board is fully sighted.</p> <p>Implement the first year of a 5 year plan outlining the extent to which the health board can carry out consultations in Welsh.</p> <p>All nursing JDs are translated and advertise bilingually. Compliance with Statutory requirements outlined in Welsh Language Standards.</p> <p>Welsh Language in Primary Care Policy developed and approved.</p>	<p>Begin a programme of translation focusing on the job descriptions advertised most frequently - e.g. nursing vacancies.</p> <p>Action plans have been given to the heads of ILGs, Corporate Services and Workforce and OD to ensure senior management are aware of their WL responsibilities. Completed.</p> <p>Continue to develop the Welsh Language skills of the workforce through online learning.</p> <p>No change to risk as at 5th July 2021 - risk undergoing review to consider further mitigating action and further update will be received at the Management Board in August 2021.</p>	People & Culture Committee	15	C3 x L5	9 (C3xL3)	↔	02/07/2018	5.7.2021	31.07.2021