

- 2.1.2 Operational Risks incorporating COVID-19
Presenters: Andrew Carruthers, Jill Paterson, Dr Philip Kloer, Mandy Rayani
Item 2.1.2 Operational Risks Incorporating COVID-19
Appendix 1 Directorate Level COVID-19 Risk Register
Appendix 2 Service Level COVID-19 Risk Register



**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 July 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks incorporating COVID-19
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations Jill Paterson, Director of Primary Care, Community and Long Term Care Dr Philip Kloer, Executive Medical Director Deputy CEO Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary Charlotte Beare, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This is the second report to the Quality, Safety and Experience Assurance Committee (QSEAC) that details the operational risks identified with a COVID-19 theme on the Datix Risk Module.

The Committee is asked to take assurance that operational risks are being reviewed and updated to reflect the impact of COVID-19.

Cefndir / Background

Management of Operational Risks

Following agreement at the Board on 16th April 2020 a directive was sent to Executive Directors (Corporate functions) and General Managers (Operations Directorates) to advise that understanding the risks facing the organisation was as, if not, more important, now as the organisation responds to a global pandemic. Whilst recognising the significant capacity pressures and challenges on services, the organisation still requires there to be a proportionate response to risk and that the 'business as usual' risks needed to reflect current internal and external environment factors, i.e. COVID-19.

The Assurance and Risk team contacted risk owners in May 2020 requesting that they review their existing operational risks on the Datix Risk Module. Risk owners were informed of the new COVID-19 theme added to Datix for selection on any existing or new risks as appropriate. For existing risks, risk owners were asked to review to ascertain which risks remained a priority to manage and mitigate during the COVID-19 pandemic, and which risks that do not present a significant risk during the COVID-19 pandemic to be archived (however they must ensure that existing controls are in place and remain effective otherwise the risk could increase). Risk owners were also asked to consider new and emerging risks to their service as a result of the COVID-19 pandemic (including potential risks in respect of returning to normal business).

Asesiad / Assessment

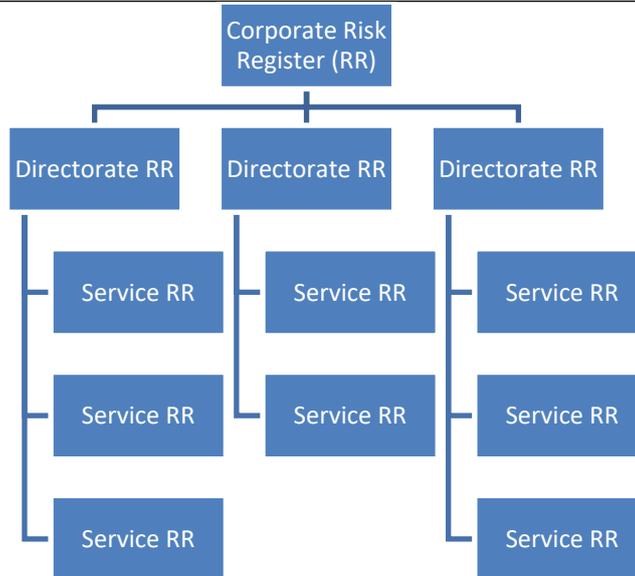
At the time of writing this report, the Health Board is developing its delivery plan in response to the Welsh Government Quarter 2 Operating Framework. Appendix A of the Quarter 2 Operating Framework 'Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential' outlines the role that Board Quality and Safety Committees have in terms of gaining assurance that harm is minimised from the reduction in non-COVID-19 activity. It states that this should be done by triangulating timely information from different sources such as quantitative data, quality impact assessments, audit, harm reviews and risk profiles. These need to take into account clinical, operational and population risks and controls such as infection control and prevention interventions and processes. An open and transparent process to monitor and identify risks to delivery is necessary to identify where alternative solutions or ways of working may need to be determined.

It is anticipated that risks to delivery of the agreed plan will be identified and assessed on the Datix Risk Module, and monitored through the Bronze level groups, with assurance on delivery of the plan being provided to the People, Planning and Performance Assurance Committee. Significant risks to delivery should be escalated by the relevant Director to the Corporate Risk Register.

As of 23rd June 2020, there are 459 open operational risks (excludes 25 corporate risks) on the Datix Risk Module. 35 risks have COVID-19 selected as a theme, up by 9 from the previous meeting (one new risk (ref 859) and 8 existing risks that have been aligned to the COVID-19 theme – denoted by * on tables below).

The number of risks within this report still feels disproportionately low to the number of operational risks that might be expected to be affected by COVID-19, therefore this may not provide QSEAC with the appropriate assurance at this time. The Assurance and Risk team will continue to work with services to ensure risks are reviewed with a COVID-19 lens and reflect a more current position at future QSEAC meetings. However the responsibility to identify, review and manage risks sits with risk owners within services who have to balance/prioritise this work with their other responsibilities.

The 35 risks in this report have been divided by Directorate (Appendix 1) and Service level (Appendix 2). The Directorate risk register includes any operational risks that affect the Directorate and its operational objectives. General Managers/Directors are responsible for approving the inclusion of operational risks and escalation of service level risks onto the Directorate Risk Register. The Service risk register includes any risks which affects a service or department. The Head of Service/Departmental Manager is responsible for approving the inclusion of operational risks on to Service/Department Risk Registers.



An extract from Datix of the 6 Directorate level risks can be found in the table below:

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Target Risk Score
114	01/01/2016	Health Board wide, increased demand for CT and MRI & ultrasound services exceeding capacity and staff to deliver.	USC Pathways Pathology & Radiology	12 →	6
71	01/02/2011	Lack of effective communication between daytime practices and Out of Hours (OOH).	Central Operations	9 →	3
551*	22/12/2017	Health Board risk relating to Waste Management - Generation, handling, storage and segregation.	Estates & Facilities	8 ↓ (From 12)	6
384	23/09/2017	Ability to fully comply with statutory and manufacturer guidelines for medical devices and equipment.	Central Operations	8 →	4
111	01/01/2016	Avoidable delay in diagnosis and treatment of patients lack of Consultant radiologists	USC Pathways Pathology & Radiology	6 →	6
857	22/05/2020	Inability to facilitate mandatory and statutory training due to COVID 19	Women & Children's	5 →	5

An extract from Datix of the 29 service level risks can be found in the table below:

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Target Risk Score
846*	10/03/2020	A patient , member of staff or the public receiving a meal containing an allergen that they are allergic to	Estates & Facilities	20 →	5
572	01/04/2016	Inappropriate use of hospital beds due to a lack of capacity for timely	3 Counties	16 →	8

		assessments and delivery of packages of care in Ceredigion			
859 NEW	30/03/2020	COVID-19 Pandemic Community, Nursing Accommodation	3 Counties	16 NEW	4
720	15/04/2019	Avoidable harm to patients and staff due to staffing levels at Tregaron Hospital.	3 Counties	16 →	4
574	01/12/2017	Community nursing will be unable to provide the level and quality of care to keep patients in the community in Ceredigion.	3 Counties	12 →	8
573	01/10/2016	GP practices serving notice that practice nurses will no longer treat and manage patients with leg ulcers in Ceredigion.	3 Counties	12 →	8
848	15/04/2020	Avoidable death due to unavailability of critical care medicines.	Primary, Community and Long Term Care (P,C,LTC)	12 →	8
751*	25/01/2019	Potential for failure of Storz Camera Systems in GGH Theatres.	Scheduled Care	12 →	4
752*	25/01/2019	Potential for failure of the Storz camera systems in BGH.	Scheduled Care	12 →	4
753*	25/01/2019	Potential for the failure of the Storz camera system in main theatre in PPH.	Scheduled Care	12 →	4
754*	25/01/2019	Potential for the failure of the Storz camera system in WGH theatre 1.	Scheduled Care	12 →	4
492*	13/06/2017	Damage to Meurig Ward Flooring – Bronglais General Hospital	Estates & Facilities	12 →	4
279	01/09/2016	HB wide: Inequality of care for children requiring access to Learning Disability Services.	Women & Children's	12 →	4
758	12/07/2019	Medical Device Regulation (MDR) and the In Vitro Diagnostic Medical Device Regulation (IVDR)	Central Operations	9 →	6
850	01/04/2020	Reporting, monitoring and escalation of patient safety issues during Covid-19	Nursing, Quality & Patient Experience (NQ&PE)	9 →	6
832	06/02/2020	Lack of clinical engagement in clinical effectiveness e.g. implementation of NICE guidance.	Medical Directorate (MD)	9 →	6
852	18/05/2020	COVID-19 – Domiciliary care / care home resilience	3 Counties	9 →	6
803	19/11/2019	Disruption to Out of Hours Service due to the failure of 111 IT systems.	Central Operations	9 →	6
851	18/05/2020	COVID-19 Risk of unknown harm to those who would ordinarily present to our services	3 Counties	9 →	6
664	09/11/2018	HB wide risk; Stability of 3rd sector to provide commissioned care particularly significant in Pembrokeshire.	Women & Children's	8 →	8
844	28/02/2020	Ability to specify the standards that guided care and management of patients	Medical Directorate (MD)	8 →	4
830	03/01/2020	Out of Hours service demand exceeds capacity.	Central Operations	8 →	4

392	01/12/2017	Lack of community paediatricians causing delayed assessment and review of community paediatric patients.	Women & Children's	6 →	6
858	22/05/2020	Reconfiguration of maternity services in HDdUHB.	Women & Children's	6 →	6
294	24/04/2017	Non-compliance with Royal College of Nursing Standards; ratio of nursing to child or young person.	Women & Children's	6 →	6
151*	23/05/2016	Non-compliance with Royal College of Nursing Standards; ratio of nursing to child or young person.	Women & Children's	6 →	6
278	20/02/2015	Non-compliance with Diabetes Peer Review Standards causing delayed and sub-optimal care of diabetic paediatric patients.	Women & Children's	6 →	6
721	08/03/2019	Lack of resources to implement HB NICE policy.	Medical Directorate (MD)	6 →	4
849	07/05/2020	Security operations at COVID-19 sites	Estates & Facilities	5 →	5

Below is a list of new risks relating to COVID-19 that the Assurance and Risk team have been made aware of and have asked the services to consider for assessment on Datix.

- C4C Audits - All very high and high risk areas are now being audited and have been completed, wherever possible, in June 2020. The only exception to this would be on health and safety grounds such as positive/suspected COVID-19 patients receiving aerosol generating procedures within a room. Supervisors would not be expected to enter the room to undertake audits. This would pose very little risk to the cleanliness of the room as cleaning regimes have been increased and deep cleaning of rooms is carried out regularly due to COVID-19. *Risk assessment will be undertaken week commencing 29th June 2020.*
- Oxygen infrastructure systems - The University Health Board's (UHB's) existing oxygen infrastructure systems are unable to produce the required oxygen capacity levels to support the needs of patients during pandemic conditions such as COVID-19, where significantly large volumes of patients require oxygen therapy at the same time via ventilators or Continuous positive airway pressure (CPAP) machines. This will be a UHB wide overarching risk and a risk specifically for Glangwili General Hospital (GGH) and Bronglais General Hospital (BGH), as there are separate concerns at these sites. *Risk is currently being drafted and reviewed by the service.*
- Workforce - The Workforce team have identified several potential risks in the areas listed below. These will be evaluated by the Director of Workforce and OD prior to being added to Datix:
 - Mass recruitment – *risk has been added to Datix (868).*
 - Availability of workforce to meet future peaks/troughs in demand – *risk has been added to Datix (870).*
 - Occupational Health (OH) checks for the new starters - *risk has been added to Datix (869).*
 - Training capacity – *risk assessment has been undertaken, with risk to be added to Datix.*
 - Employee relations delays - *risk assessment has been undertaken, with risk to be added to Datix.*
 - Black, Asian and Minority Ethnicity (BAME) – *risk assessment has been undertaken with further work required before risk being added to Datix.*

The Committee is asked to take assurance that operational risks are being reviewed and updated to reflect the impact of COVID-19, noting that work is continuing.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.1 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across the UHB's services reviewed by risk leads/owners
Rhestr Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented

	Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – Risk Appetite Statement
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however impacts of each risk are outlined in risk description.
Cyfreithiol: Legal:	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts

**Cydraddoldeb:
Equality:**

Has EqIA screening been undertaken? /No
Has a full EqIA been undertaken? No

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed	
114	Standard 3.1 Safe and Clinically Effective Care	USC: Radiology	Perry, Sarah	Evans, Amanda	01/01/2016	<p>There is a risk of delay in diagnosis, not achieving 8 week diagnostic waits, increased inpatient Length of Stay (LOS) and inability to achieve cancer pathway targets.</p> <p>This is caused by increased demand for CT, MRI, Ultrasound and nuclear medicine which exceeds current capacity and staffing to deliver. Establishment of radiology staff and radiologists have not increased with demand. Inability to recruit to vacancies in both disciplines.</p> <p>This will lead to an impact/affect on delayed access to all imaging resulting in Negative impact on patient health and treatment plans. Increased stress and pressure for radiology staff.</p> <p>Risk location, Health Board wide.</p>	<p>Monthly monitoring of activity, demand. Patients / staff moved to available capacity .</p> <p>Weekly review of all patients on Cancer Pathway.</p> <p>Prioritisation of referrals based on clinical risk and discharge dependant investigations.</p> <p>Regular monitoring of waits.</p> <p>staff working additional hours to meet demand.</p>	Safety - Patient, Staff or Public	6	4	3	12	<p>The role of reporting radiographers has been increased.</p> <p>Use of overtime and external reporting as required to meet demand. SBAR completed for 7 day working. On going SBAR - awaiting response.</p> <p>Working with the Programme Management office on a demand optimisation project to reduce the amount of inappropriate requests.</p> <p>Workforce and on call review to ensure right people, right place, right time.</p>	<p>Evans, Amanda</p> <p>Evans, Amanda</p> <p>Evans, Amanda</p> <p>Evans, Amanda</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>30/08/2020</p>	<p>Eight trained reporting radiographers in post. No increase this year.</p> <p>Costs identified for working week extension to 7 days not yet funded. Welsh Audit Office review of HDUHB radiology service completed July 16. Report published June 2017, indicates that radiographers and radiologists are more productive than the welsh average Preview copy highlights: Manpower and Demand as risks. Management response is being formulated. Currently reviewing templates and cross site working to improve efficiency.</p> <p>Process is in place and constantly monitored.</p> <p>Following initial analysis it has been decided to undertake a full workforce and service review which is underway to understand the correct levels and disciplines required to deliver the service. This is being undertaken with Programme Management Office support including HR, W&OD and Medical Recruitment.</p>	Operational Quality, Safety & Experience Sub Committee	2	3	6	15/05/2020

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71	Central Operations: Out of Hours	Rees, Gareth	Davies, Nick	01/02/2011	<p>There is a risk of avoidable detriment to the quality of care from a lack of effective communication between daytime practices and the Out of Hours service. This is specifically in relation to the inability to obtain timely Special Patient Notes (SPN).</p> <p>This is caused by insufficient clinical information specifically SPNs and inaccurate or incomplete information available to clinicians in the out of hours period.</p> <p>This will lead to an impact/affect on on patient experience. This could result in admission of patients who would otherwise be kept at home. Increased impact on Unscheduled Care. Calls to palliative care patients (or high-risk patients) could be more challenging owing to a lack of information from the day time practice.</p> <p>This can also result in a risk to staff safety due to lack of information.</p> <p>Risk location, Health Board wide.</p>	<p>Individual Health Records (IHR) improve access to clinical information.</p> <p>Roll out of new system access to 30%.</p>	Quality/Complaints/Audit	8	3	3	9	<p>Improve links with in hours practices, particularly around the provision of 'Special Notes' via WebAccess system.</p> <p>IT system to be purchased to bridge the technological gap between Day Time Practice and the OOH service systems.</p>	Davies, Nick	18/09/2017 01/04/2020 30/09/2020	<p>IHR Systems are functional in all 3 Counties. SPN Web access software has been purchased. Rollout has commenced with the support of the Service Governance administrator. Rollout has been supported by the Deputy Medical Director of the Health Board who is securing resources to assist completion of this action.</p> <p>The new system has now been purchased and role out to day time practices has commenced.</p>	Information Governance Sub Committee	1	3	3	21/05/2020
551	E&F: Property Performance	Elliott, Rob	Williams, Paul -	22/12/2017	<p>There is a risk of potential pollution, a risk to human health through incorrect handling of sharp and infectious waste, fines, inefficient disposal and negative public perception, e.g. poor reuse and recycling.</p> <p>This is caused by the potentially harmful nature of waste, the level of regulatory control, obligations and Welsh Governments aspirations for long term sustainable waste management, costs associated with waste disposal and poor resource efficiency.</p> <p>This will lead to an impact/affect on staff, patients and visitors through incorrect handling and storage, negative publicity through wasteful practices, unnecessary spend through inefficient waste segregation and purchasing practices and regulatory fines for not meeting legal requirements.</p> <p>Risk location, Health Board wide.</p>	<p>The Waste Management Policy (V2 2017) is in place.</p> <p>Departmental waste procedures are in place in, for example, labs, Hotel Services and Pharmacy.</p> <p>Legal compliance monitoring as part of ISO 14001 standard.</p> <p>Auditing as part of ISO 14001 including operational audits of storage and transport and internal audits of training, segregation, etc.</p> <p>A Waste Management Strategy is in place.</p> <p>Delivery of segregation projects in line with Welsh Government and statutory targets and requirements.</p> <p>Training programmes have been developed. Clinical waste training is also included in Infection Control induction basic level 1 and 2.</p> <p>Spreadsheets have been set up to monitor additional waste spend associated with Covid-19 from field hospitals, additional requirements on acute sites and community collections to ensure that additional costs are correctly allocated to Covid-19 cost centres.</p>	Statutory duty/inspections	8	2	4	8	<p>Environmental Team to collate and review departmental procedures for hotel services, Pathology, Pharmacy, Theatres, Maintenance and provide feedback as required.</p> <p>Ensure all sites have appropriate waste paper work files, given the move towards e-consignment notes. Environmental team to audit as part of ISO 14001 audit schedule.</p> <p>Investigate options to have a wider staff base to undertake waste segregation audits e.g. facilities, link Nurses and Infection Control teams.</p> <p>Update waste management strategy.</p>	Corcoran, Rhian	24/12/2018 31/12/2019	<p>Delivery still impacted by resource, date to be delayed to April 2020</p> <p>Delayed due to reduced resource of admin and waste support in the Environment team, new target following replacement of staff in section in April(2020)</p> <p>This hasn't happened due to reduced resource in the department</p> <p>Update to strategy has commenced but not completed due to competing priorities. Target date amended due to resource changes within the environment team, expect the document to be completed within 18 months of the new senior environmental officer starting.</p>	Capital, Estates and IM&T Sub Committee	2	3	6	05/06/2020

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed	
384	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems	Central Operations: Clinical Engineering	Rees, Gareth	Hopkins, Mr Chris	23/09/2017	<p>There is a risk of avoidable non-compliance with statutory and implied statutory standards where medical devices are concerned.</p> <p>This is caused by equipment not being maintained in accordance with manufacturers' instructions.</p> <p>This will lead to an impact/affect on overall treatment or suboptimal services with a potential impact of reputational harm and regulatory enforcement.</p> <p>Risk location, Health Board wide.</p>	<p>Medical and Non-Medical Devices Control Group has been reviewing performance. This group has now de-escalated and the risks are managed through relevant management structures and through the medical device group.</p> <p>HSE Action Plan is complete.</p> <p>Management information including regular reports provided for scrutiny to Medical Device Group.</p> <p>Identification of devices and categorisation and inventory refresh complete and new database procured and commissioned.</p> <p>System review processes operating to ensure missed inspections are not allowed to go unchecked.</p> <p>5 tier risk stratification system developed for Health Board device holding which facilitates high risk devices targeted for first attention.</p> <p>Increased capital allocation has been realised.</p> <p>Strategic replacement plan for the Health Board's medical device holding now in place and servicing capital decision making.</p> <p>Improved ultrasound governance in place.</p> <p>Training Needs Analysis has been undertaken in conjunction with L&D Team.</p> <p>Servicing and inspection capacity restored to 2015 levels in clinical engineering.</p> <p>Broader control over all aspects of all aspects of medical device management to include radiology and estates now in place.</p> <p>Medical Device Policy now operational.</p>	Statutory duty/inspections	8	2	4	8	<p>Deliver waste segregation project at Prince Philip and Withybush hospitals in line with Welsh Government requirements.</p> <p>Develop training schedule to complete waste paper work training and waste portering training. Waste training for staff will be undertaken in line with the roll out of waste segregation projects.</p> <p>Implement Medical Devices Action Plan (inc development of inventory, categorisation of incidents) - delivery is monitored by Medical Devices Control Group.</p> <p>Operations Prioritisation System and Programme in place which feeds into annual capital planning process.</p> <p>Review Medical Devices Assurance Group which reports to Operational QSE Sub-Committee to improve reporting of assurance.</p> <p>Review Medical Devices Assurance Group which reports to Operational QSE Sub-Committee to improve reporting of assurance.</p> <p>Establish Information Governance requirements for medical devices.</p> <p>Complete a full 24 month schedule of Planned Preventative Maintenance work</p>	<p>Corcoran, Rhian</p> <p>Corcoran, Rhian</p> <p>Rees, Gareth</p> <p>Rees, Gareth</p> <p>Rayani, Mandy</p> <p>Rayani, Mandy</p> <p>Rees, Gareth</p> <p>Hopkins, Mr Chris</p>	<p>29/03/2019</p> <p>29/07/2020</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>44/04/2021 This action will not conclude until April 2021</p>	<p>Work plan for Prince Philip complete but project for WBH included as a T&O in 20/21 for ISO14001. Capital funding to be secured to delvier project.</p> <p>Portering training undertaken at Bronglais hospital. Waste contractor is developing online training which Portering staff will be able to access in the next few months.</p> <p>Agreement on funding arrangements for remaining action outstanding. Discussions taking place with Director of Nursing, Quality and Patient Experience.</p> <p>Completed.</p> <p>This has been resolved and the Medical Devices Group now formally reports to Operational QSE Sub-Committee with escalation to QSEAC.</p> <p>This has been resolved and the Medical Devices group now formally reports to Operational QSE Sub-Committee with escalation to QSEAC.</p> <p>List of all equipment that holds PII or connects to the internet has now been forwarded to the IG team.</p> <p>60% of inventory has now received a Planned Preventative Maintenance check.</p>	Operational Quality, Safety & Experience Sub Committee	1	4	4	15/05/2020

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed	
111	Standard 3.1 Safe and Clinically Effective Care	USC: Radiology	Perry, Sarah	Evans, Amanda	01/01/2016	<p>There is a risk of avoidable delay in diagnosis and treatment of patients, leading to a poorer quality of care. Increases in diagnostic waiting time breaches and cancer pathway breaches.</p> <p>This is caused by unavailability of consultants in specialised areas (MSK Paeds and Interventional).</p> <p>This will lead to an impact/affect on the failure to treat patients, clinical deterioration and death. Lack of availability to cover MDT meetings. Increased costs for external reporting. Inpatients may have increased length of stay due to delay in reported studies being available. Increased turnaround time for reports. Financial impacts due to high cost of external reporting and agency staff</p> <p>Risk location, Health Board wide.</p>	<p>Arrangements in place for additional reporting by existing radiology team (In lieu of Locum). Unreported studies sent to third party tele-radiology company (Everlight).</p> <p>Recruitment campaign commenced to target radiologists with special interest. Radiologist money utilised to employ consultant radiographer in breast. Communication with both Swansea Bay and the National Imaging Academy for additional support with joint appointments and trainee radiologist placements.</p> <p>Continued communication with Swansea Bay around joint appointments.</p> <p>Reporting radiographers working to capacity , worklists redone to accomodate. Reporting radiographers trained for appropriate studies.</p> <p>Use of some locums and low cost agency to fill some gaps.</p>	Safety - Patient, Staff or Public	6	2	3	6	<p>Advertise for substantive and locum radiologists and recruit trainee reporting radiographers.</p> <p>Increase number of reporting Radiographers.</p> <p>Monitor delay in unreported studies.</p> <p>Unreported studies sent to third party tele-radiology company.</p> <p>work with the National Imaging Academy to recruit trainee radiologists</p> <p>Job description approval</p> <p>Re launch the camapaign for substantive radiologists with the support of workforce</p> <p>Continual monitoring of radiology reporting lists to ensure no delays in turn around</p>	<p>Evans, Amanda</p> <p>Evans, Amanda</p> <p>Evans, Amanda</p> <p>Evans, Amanda</p> <p>Evans, Amanda</p> <p>Khan, Dr Liaquat</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>8 reporting radiographers now trained and in post.</p> <p>Review to commence, with HR support, on efficiency of current staff and to evaluate the gaps. eview completed . identification of succession planning .. current staff able to fill the capacity . Robust governance identifiedand implemented</p> <p>Software installed to permit bulk upload of images to 3rd party reporting company. Routinely used across all sites.</p> <p>Radiology Services Manager and Clinical Director in contact with deanery to improve traiing facilities Radiologist who is trainer working in conjunction with NAID</p> <p>Trainees to start 1st August</p> <p>Awaiting feedback from RCR</p> <p>Feedback recieved and Job description approved</p> <p>Communications team about to launch new recruitment video in Arabic</p> <p>Working across all sites to maximise current levels of capacity</p>	Operational Quality, Safety & Experience Sub Committee	2	3	6	15/05/2020

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												Review reporting radiographer capacity in light of recent retirements and vacancies of radiographers Recruit more reporting radiographers on Chest and Abdomen reporting as resilience in the system	Evans, Amanda	3-4/03/2020 30/09/2020	Appendicular and Axial reporting current being evaluated. Visits to Homerton to review arrangements and ensure Hywel Dda has robust governance and peer support for reporting rads Reporting radiographers governance improved however chest and Abdo reporting is an issue due to training						
												Review radiology referral pathways and levels of inappropriate tests	Evans, Amanda	3-4/03/2020 30/09/2020	Radiology dashboard produced with assistance from programme management office. Demand optimisation work underway The COVID-19 pandemic and the restoration of services have impacted o the ability to drive this work . However as each service is restored pathways will be reviewed and improved						
857	Standard 2.1 Managing Risk and Promoting Health and Safety	Women & Children's: Midwifery/Maternity	Humphrey, Lisa	Jenkins, Mrs Julie	22/05/2020	<p>There is a risk of of staff not being fully compliant with mandatory and statutory training requirements in line with national and local guidance as a result of COVID 19 pandemic.</p> <p>This is caused by COVID 19 pandemic and need for all personnel to adhere to social distancing (2 meters) and staff being unable to work due to shielding and not being patient facing(in administration roles) in line with National Government Guidelines and advice.</p> <p>This will lead to an impact/affect on all staff not being compliant with mandatory training requirements In addition staff's skill set and competency my be affected resulting in non adherence to guidelines and policies and potentially poor patient outcome.</p> <p>Risk location, Health Board wide.</p>	<p>All staff encouraged to complete mandatory e-learning.</p> <p>All staff were compliant with annual mandatory training up until end of March 2020 and all staff complete annually.</p> <p>Exploring Webinar teaching for interpretation of fetal monitoring.</p> <p>Weekly fetal monitoring workshops held via remote Zoom facility.</p> <p>PROMPT reviewing current policies to incorporate COVID 19 guidelines.</p>	Safety - Patient, Staff or Public	6	1	5	5	<p>All Wales HOM to review in partnership with Welsh Government and with Welsh Risk Pool the future plans for Mandatory Training requirements across Wales.</p> <p>Arrange a virtual Masterclass on interpretation of CTG with Mr Edwin Chandrahan to maintain staffs knowledge on interpretation of CTG's</p> <p>Establish weekly CTG reflections to maintain obstetric midwifery skills</p>	Jenkins, Mrs Julie Jenkins, Mrs Julie Jenkins, Mrs Julie	31/07/2020 31/07/2020 31/07/2020	<p>All Wales HOM to review in partnership with Welsh Government and with Welsh Risk Pool the future plans for Mandatory Training requirements across Wales.</p> <p>Arrange a virtual Masterclass on interpretation of CTG with Mr Edwin Chandrahan to maintain staffs knowledge on interpretation of CTG's</p> <p>Establish weekly CTG reflections to maintain obstetric midwifery skills</p>	Operational Quality, Safety & Experience Sub Committee	1	3	3	22/05/2020

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846	Standard 2.5 Nutrition and Hydration	E&F: Specialist Services (Catering/Laundry)	Elliott, Rob	Baines, Mr Tim	10/03/2020	<p>There is a risk of that a patient, member of staff or a member of the public may receive a meal that contains an allergen that they are allergic to</p> <p>This is caused by a meal containing one of the recognised allergens being consumed by someone allergic to a particular allergen</p> <p>This will lead to an impact/affect on the health of a person with very serious consequences</p> <p>Risk location, Health Board wide.</p>	<p>Catering staff are trained in allergens as part of their food hygiene training</p> <p>Allergen Information is displayed in dining rooms</p>	Safety - Patient, Staff or Public	6	4	5	20	<p>Review of all training records including food hygiene training by all catering managers by 11.7.20</p> <p>Ensure supervision is available to cover new due to Covid and existing staff and catering managers to check supervision is always available</p> <p>Catering managers to check allergen posters are visible and staff made aware of posters</p> <p>Allergen awareness and training is to be raised by joint dietetic and catering meetings</p>	Baines, Mr Tim	07/10/2020	<p>New action</p> <p>Rota check of supervision will be on going process</p> <p>Catering managers to ensure staff meetings take place and allergens always an agenda item and minutes provided to all staff</p> <p>Meetings not taking place due to Covid with dietetics but will be raised now and at future meetings</p>	Operational Quality, Safety & Experience Sub Committee	1	5	5	03/06/2020
572	Standard 5.1 Timely Access	3 Counties: Ceredigion	Skitt, Peter	Hawkes, Jina	01/04/2016	<p>There is a risk of delayed patient transfers resulting in further deconditioning of patients and hence avoidable harm. Increase of hospital patients being discharged directly to long term placements.</p> <p>This is caused by a lack of timely care packages and interim placements and a fragile domiciliary care provision within the Ceredigion and neighbouring counties.</p> <p>This will lead to an impact/affect on patients' loss of functional ability, delayed transfers of care, risk of hospital acquired infection and being able to maintain patients within their own home.</p> <p>Risk location, Ceredigion.</p>	<p>Delayed Transfers of Care monthly meetings embedded in practice as part of a formalised Welsh Government reporting.</p> <p>Robust processes in place with regards to Continuing Health Care requests which include Fast track arrangements.</p> <p>All Wales Escalation Guidance process in place which reports into the daily All Wales calls.</p> <p>Joint tendering process has been undertaken between Ceredigion County Council and the Health Board. Domiciliary Care contracts have been agreed and will be reviewed as part of an ongoing performance process.</p> <p>The Interim Placement Scheme was established as an alternative model of care when hospital beds were de-commissioned in Cardigan Hospital. The scheme 'block-purchased' beds in privately run nursing homes (maximum 6 weeks per patient) to enable timely assessment. The scheme worked successfully from 2015 until March 2018. In 2018-19 funding from the scheme was realigned to saving targets.</p>	Safety - Patient, Staff or Public	8	4	4	16	<p>Develop Community Resource Teams (North and South) which will include access to domiciliary care for a period of two weeks to enable a package of care to be sourced.</p> <p>Develop a SBAR demonstrating the risk associated with funding of the interim care beds in relation to the TCS strategy</p> <p>Engage with the Transformation Programme in order to develop a 24/7 service which can respond for a short term.</p> <p>Utilise data to understand the scope and demand for a 24 / 7 response service</p> <p>Working with the LA, a service specification is being developed aligned with Programme 1 and Programme 3 of the Transitional Framework</p>	Hawkes, Jina	Completed	<p>The South Ceredigion Community Resource Team (Nursing) is established with statistical evidence demonstrating good patient outcomes.</p> <p>The North Community Resource Team (Nursing) is partially established using Integrated Care Funding. This is short term until 2020.</p> <p>Data has been collated.</p> <p>Work has commenced with Ceredigion County Council to develop a service spec and business case.</p> <p>Work has commenced with Ceredigion County Council and HDUHB to scope the service.</p> <p>Programme 3 draft submitted to Regional</p>	Operational Quality, Safety & Experience Sub Committee	2	4	8	18/05/2020

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								6	4	4	16						1	4	4		
859	Standard 2.1 Managing Risk and Promoting Health and Safety	3 Counties: Carmarthenshire: Community Nursing	Dawson, Rhian	Cameron, Sarah	30/03/2020	<p>There is a risk of to Carmarthen community nursing staff and their ability to correctly adhere to the social distancing regulations.</p> <p>This is caused by current office design and layout that they currently occupy and the requirement for social distancing within the community teams during the current COVID-19 pandemic.</p> <p>This will lead to an impact/affect on potential for staff to contract COVID-19, Increase in sickness level, on-going medical concerns for staff. This may affect the functions of Community Nursing within Carmarthenshire.</p> <p>Risk location, Carmarthenshire.</p>	<p>Where applicable desks have been moved to accommodate the 2m social distancing requirements. Hot desking is now prohibited. Staff who come into the office observe social distancing.</p> <p>Clinell wipes and hand sanitizers are available in each office and staff are asked to clean desks at the start/end of occupation.</p> <p>Offices are locked when not in use.</p> <p>Staff have been allocated new Health Board laptops and associated soft tokens, also the use of Skype and Microsoft Teams is promoted.</p> <p>Only 1 person allowed in the kitchen areas at any one time. Staff also announce when they need to go down the corridor or access the kitchen/toilet facilities.</p>	Safety - Patient, Staff or Public	6	4	4	16	Secure additional accommodation centrally in Carmarthenshire which would reduce high numbers of staff in Llanelli and Carmarthen.	Dawson, Rhian	31/07/2020	New action, to be updated at next review.	Health and Safety Committee	1	4	4	04/06/2020
												Monitor Covid-19 related sickness trends as a measure of compliance to mitigating actions.	Dawson, Rhian	31/07/2020	New action, to be updated at next review.						
574	3 Counties: Ceredigion	Skitt, Peter	Hawkes, Jina	01/12/2017	<p>There is a risk of avoidable harm by nursing services being unable to provide the level & quality of care to keep patients in the community as recommended by nurse staffing principles and supported by Welsh Government.</p> <p>This is caused by an inability to release staff to attend mandatory and essential training, the lack of clarity of the roles and responsibilities between health and social care in the delivery of specific tasks, insufficient numbers of nursing staff, delays in the recruitment process and an increased workload.</p> <p>This will lead to an impact/affect on care being compromised as nurses are not able to access the knowledge and skills required to deliver evidence based practice. Capacity will be reduced, timely response and may cause delays in discharge from the acute hospitals. Inability to meet tier 1 targets, increased complaints. Negative impact on the ability to meet patients nursing needs and ensure a safe quality service.</p> <p>Risk location, Health Board wide.</p>	<p>Regular review of service specification, resources and caseloads.</p> <p>Escalation policy.</p> <p>Use of bank and agency.</p> <p>The Coronavirus pandemic has resulted in reduced capacity within the service as a number of nurses are vulnerable to COVID-19 and are therefore unable to undertake face to face patient work.</p>	Safety - Patient, Staff or Public	6	3	4	12	Update response for the 6-monthly monitoring of the response for the Chief Nursing Officer staffing principles for DN teams to be completed.	Evans, Tracey -	Completed	The second baseline of community staffing was completed in October 2018	Operational Quality, Safety & Experience Sub Committee	2	4	8	18/05/2020	
												Create a second staffing principles for DN teams six monthly monitoring report for the Chief Nursing Officer	Evans, Tracey -	Completed	Awaiting feedback relating to the first draft report. Second draft completed 6/10/2018.						
												Create a third staffing principles for DN teams six monthly monitoring report for the Chief Nursing Officer (completed March 2019)	Evans, Tracey -	Completed	Third staffing principles for DN teams report has been produced.						
												Continue to create six monthly reports (March and September)	Evans, Tracey -	30/03/2020	Continue to monitor against principles and report on a six monthly basis. Report submitted Feb 2020.						

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												Implement escalation policy. Regularly review the service.	Evans, Tracey -	30/06/2020	The escalation policy was implemented during March 2020, prioritising and limiting patient contacts. COVID-19 vulnerable staff are deployed to undertake telephone patient contact as well as administration duties. Daily (Mon - Fri) COVID-19 Touch Point meetings have been established where community nursing activity is being reported and when appropriate de-escalating actions are put into place.					
573	3 Counties: Ceredigion	Skitt, Peter	Hawkes, Jina	01/10/2016	<p>There is a risk of avoidable harm to existing patients and new referrals being directed onto district nurses' caseloads.</p> <p>This is caused by GP practices no longer providing treatment and management for ambulant patients with leg ulcers. This risk has been growing incrementally since 2014.</p> <p>This will lead to an impact/affect on an already overburdened district nursing resource which will draw out longer waits and potentially exacerbate existing conditions. In Jan 2017 there are 52 clinic sessions in operation to accommodate venous leg ulcers. GP practices intend to serve notice on venous, arterial and leg ulcers of mixed arteriology. This will impact on patient flow, delays in discharge, increased length of stay & increased exposure to hospital-acquired infection (HAI).</p> <p>Risk location, Health Board wide.</p>	<p>Counties have established leg ulcer clinics to accommodate ambulatory patients. These clinics are staffed by community nursing staff on a rotational basis.</p> <p>The Coronavirus pandemic has impacted upon the numbers of patients using the Leg Clubs.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Explore opportunities associated with the Lindsey Leg Club model of delivery. Whilst this will not eliminate the risk, it may support control measures.</p> <p>Monitor and evaluate the Lindsey Leg Club activity and patient outcomes.</p> <p>Monitor and evaluation, especially in relation to the sustainability of volunteers as they are fundamental to the approach.</p> <p>Open Lindsey Leg clubs in Lampeter and Cardigan</p>	Hawkes, Jina Hawkes, Jina Evans, Tracey - Evans, Tracey	Completed Completed Completed Completed	<p>3 County Leg Ulcer Group has been established which continues to meet with Local Medical Council representatives A SBAR and Business Plan has been submitted to the Business Planning and Performance Assurance Committee (BPPAC) and HDUHB to provide a HDUHB Leg Ulcer service based on the preferred model. The first Ceredigion Lindsey Leg Club has been established.</p> <p>The first Ceredigion Lindsey Leg Club was established in December 2018. The Lindsey Leg Club approach has now been used successfully in Aberystwyth for some time and there are plans to roll out the same model in Lampeter</p> <p>The Lindsey Leg Club approach has now been used successfully in Aberystwyth for some time and there are plans to roll out the same model in Lampeter. Monitoring continues.</p> <p>Lindsey Leg Clubs are now open in both Lampeter and Cardigan</p>	Operational Quality, Safety & Experience Sub Committee	2	4	8	18/05/2020

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												Monitor the scheme in relation to patient attendance and sustainability of reliance on volunteers	Evans, Tracey -	Completed	Patient attendance appears to be greater than anticipated, with patient outcomes positive. The flow of both patients and volunteers is being recorded. Meeting with GPs is being arranged.						
												The Coronavirus pandemic has impacted upon the numbers of patients using the Leg Clubs as well as the capacity within the nursing service to support the clubs - continuous monitoring and reviewing is required.	Evans, Tracey -	30/06/2020	Daily (Mon - Fri) COVID-19 Touch Point meetings have been established where Leg Club activity is being reported.						
848	Standard 2.6 Medicines Management	P,C,LTC: Medicines Management	Pugh-Jones, Jenny	Rees, Stuart	15/04/2020	<p>There is a risk of avoidable harm to patients due to potential unavailability of critical care medicines including haemofiltration fluids.</p> <p>This is caused by increased current demand and national shortages of medicines and also an All Wales Agreement allocating medicines to the highest need across Wales, this enables other Health Boards to draw on Hywel Dda stock of medicines.</p> <p>This will lead to an impact/affect on the Health Board's ability to provide and manage medicines for its intensive care patients across Hywel Dda, including those patients requiring ventilation and or renal replacement therapy.</p> <p>Risk location, Health Board wide.</p>	<p>All Wales agreement.</p> <p>Dashboard T20 stock levels controls of medicines - updated daily.</p> <p>Action Cards for movement of stock.</p> <p>Stock monitoring daily on all four sites.</p> <p>Input into HB Critical Care Functional Capacity Dashboard.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Increase stock holding by approximately 25% to be undertaken by Site Leads.</p> <p>Establishing a process for ring-fencing critical care medication for COVID that would alert the HB when stocks are becoming low. This can be used to inform when planned surgery likely to need ITU may need to be postponed to preserve stocks for COVID</p>	Rees, Stuart	30/06/2020	Established monthly stock holding baseline, gradual increase ordering to achieve target of 25%.	Operational Quality, Safety & Experience Sub Committee	2	4	8	04/06/2020
751	Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	25/01/2019	<p>There is a risk of of failure of the Storz camera systems in theatre 2 and Preseli theatre.</p> <p>This is caused by the age of the camera systems currently in use within theatre 2 and Preseli theatre which are now out of support by the manufacturer.</p> <p>This will lead to an impact/affect on service delivery, complaint & organisational reputation.</p> <p>Risk location, Glangwili General Hospital.</p>	Regular servicing of camera systems and repair where parts are available.	Service/Business interruption/disruption	6	4	3	12	To identify if a managed service is a viable option.	James, David	30/09/2019 31/03/2021	Discussion underway for a managed service for camera systems with the manufacturer and the Health Board. Awaiting final figures etc. Discussions on going. 02/03/2020 update:- Awaiting date for meeting to discuss this issue. 11/05/2020 Discussions currently on hold due to pandemic.	Operational Quality, Safety & Experience Sub Committee	2	2	4	11/05/2020	

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752	Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	25/01/2019	<p>There is a risk of the failure of the 3 Storz camera systems in use in DSU 1, DSU 2 & DSU 3.</p> <p>This is caused by the age of the 3 camera systems currently in use within DSU 1, DSU 2 and DSU 3 which are now out of support with the manufacturer.</p> <p>This will lead to an impact/affect on service delivery, complaint & organisational reputation.</p> <p>Risk location, Bronglais General Hospital.</p>	Regular servicing of the camera systems and replacement of parts where available	Service/Business interruption/disruption	6	3	4	12	To identify if a managed service is a viable option.	James, David	30/08/2019 31/03/2021	Discussion underway for a managed service for camera systems with the manufacturer and the Health Board. Awaiting final figures etc. Discussions on going. 02/03/2020 update:- Awaiting date for meeting to discuss this issue. 11/05/2020 Discussions currently on hold due to pandemic	Operational Quality, Safety & Experience Sub Committee	1	4	4	11/05/2020
753	Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	25/01/2019	<p>There is a risk of the potential failure of the Storz camera system in main theatres in PPH.</p> <p>This is caused by the age of the camera system currently in use within main theatres which is now out of support with the manufacturer.</p> <p>This will lead to an impact/affect on service delivery, complaints and organisational reputation.</p> <p>Risk location, Prince Philip Hospital.</p>	Regular servicing and replacement of parts where available.	Service/Business interruption/disruption	6	3	4	12	To see if a managed service is a viable option.	James, David	30/08/2019 31/03/2021	Discussion underway for a managed service for camera systems with the manufacturer and the Health Board. Awaiting final figures etc. Discussions on going 02/03/2020 update:- Awaiting date for meeting to discuss this issue. 11/05/2020 Discussions currently on hold due to pandemic.	Operational Quality, Safety & Experience Sub Committee	1	4	4	11/05/2020
754	Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	25/01/2019	<p>There is a risk of the potential for the failure of the Storz camera system in theatre 1.</p> <p>This is caused by the age of the camera system in use in theatre 1 which is now out of support with the manufacturer.</p> <p>This will lead to an impact/affect on service delivery, complaint & organisational reputation.</p> <p>Risk location, Withybush General Hospital.</p>	Regularly serviced and repaired where parts are available.	Service/Business interruption/disruption	6	3	4	12	To see if a managed service is a viable option.	James, David	30/08/2019 30/03/2021	Discussion underway for a managed service for camera systems with the manufacturer and the Health Board. Awaiting final figures etc. Discussions on going. 02/03/2020 update:- Awaiting date for meeting to discuss this issue. 11/05/2020 Discussions on hold due to pandemic	Operational Quality, Safety & Experience Sub Committee	1	4	4	11/05/2020
492	E&F: Ceredigion	Elliott, Rob	Jones, Eiflyn	13/06/2017	<p>There is a risk of avoidable harm to patients and potentially the general public from slipping or falling on uneven flooring in specific areas around the ward.</p> <p>This is caused by damaged floor surfaces to a range of areas.</p> <p>This will lead to an impact/affect on serious injury. Possible Health and Safety Executive (HSE) intervention in the event of a serious incident occurring.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Both estates staff and ward staff are fully aware of this issue.</p> <p>Temporary improvements have taken place previously to patch the floor as best as possible to the worst affected areas.</p>	Safety - Patient, Staff or Public	6	3	4	12	Due to the scale of work required and the need to replace the entire ward floor, the estates department would need the ward vacated for up to 7 days. Due to current patient demand this is unlikely. Capital funding for this has been submitted. The issue is closure of ward related and not a financial issue. Discussions with ward staff remain ongoing.	Jones, Eiflyn	Completed	A formal bid will be submitted for 2019-20 funding.	Health and Safety Committee	1	4	4	05/06/2020

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279	Women & Children's: Community Children's Services	Humphrey, Lisa	Devonald-Morris, Margaret	01/09/2016	<p>There is a risk of inequality of care for children and young people requiring access to Learning Disability (LD) services.</p> <p>This is caused by lack of health practitioners with the appropriate knowledge and skills to assess, monitor and review commissioned LD services for children and young people in residential care under 18 years of age.</p> <p>This will lead to an impact/affect on inequality in LD services across HDUHB is also a UK wide problem. Evidence shows that many physical, sensory and mental health needs of people with learning disabilities go unrecognised and unmet by services, with consequent negative impacts on their quality of life, life chances, life expectancy and experience of services(Strengthening the commitment, 2012).</p> <p>Risk location, Health Board wide.</p>	<p>Children's Disability Teams in Ceredigion and Carmarthenshire, and the Key working model undertaken by Action for Children in Pembrokeshire provide multiagency services.</p> <p>The young people who reside in residential settings are reviewed by Social Care, our Disability Team practitioners and for some the LAC nurse.</p> <p>The Service Delivery Manager or Senior Nurse for Community Services attends the 3 Complex Needs Panels where updates are provided regarding the residential placements.</p> <p>Learning Disability Continuing Health Care Adult commissioning team work with children's services regarding continuing care assessments.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Need to arrange when ward decant can take place to allow flooring work to be undertaken.</p> <p>Develop a Health Board Learning Disability strategy for children and young people in partnership with the Learning Disability service.</p> <p>Clinical Lead, Service Delivery Manager and Senior Nurse to work with LD services in developing the strategy in line with 'Together for Children and Young People's service improvement programme.</p> <p>Engage with Learning disabilities regarding the Continuing Care assessment of children and young people.</p>	Jones, Eilfyn Devonald-Morris, Margaret Devonald-Morris, Margaret Devonald-Morris, Margaret	31/03/2021 Completed Completed Completed	<p>Action owner to discuss at site senior managers meeting when decant of ward can potentially take place. This currently continues to be delayed due to COVID-19.</p> <p>Met with the Interim Director of Mental Health and Learning Disabilities on 22/08/18 who will set up the initial steering group to scope our current practice, practices across Wales, reviewing National and NICE guidelines to support the development of a Health Board strategy for children and young people. 02/10/19 meeting with LD and SCAMHS services.</p> <p>Meeting coordinated by LD services to begin mapping and developing a LD strategy for Children and Young People. Following on from meeting, email communication on 23/01/20 from Head of Nursing Mental Health and Learning Disability stating that escalation to the Health Board's Vice Chair has been raised regarding the issue of the absence of a strategic Children's lead across a number of Directorates for learning Disability and Behaviours that challenge.</p> <p>The Learning Disability Nurse Assessor is supporting the children's nurse assessor relating to the assessment and funding requirements of children and young people who have a learning disability and behaviours that challenge.</p>	Operational Quality, Safety & Experience Sub Committee	1	4	4	19/06/2020

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852	Standard 6.1 Planning Care to Promote Independence 3 Counties: Ceredigion	Skitt, Peter	Skitt, Peter	18/05/2020	<p>There is a risk of harm to patients due to a lack of resilience within domiciliary care / care homes during the Coronavirus pandemic</p> <p>This is caused by lack of staff capacity due to: staff being vulnerable to COVID-19, staff having to self-isolate whilst awaiting screening results; reluctance to take on additional clients without appropriate assurances in place.</p> <p>This will lead to an impact/affect on patient flow from hospital as well as increased demand on services to fill the gap.</p> <p>Risk location, Health Board wide.</p>	<p>Daily County meeting are established along with regular sit rep reporting.</p> <p>Local authority has deployed staff from alternative departments to support the sectors, however this may not be in place once services start to re-commence.</p>	Safety - Patient, Staff or Public	6	3	3	9	<p>Clinical Lead, Service Delivery Manager/Senior Nurse Community, Head of Nursing for Mental Health and Learning Disabilities, and Head of Specialist Child and Adolescent Mental Health Service (SCAMHS) & Psychological Therapies to work together in developing a robust service delivery for Children and young People who have a Learning Disability including those who have behaviours that challenge.</p> <p>Business Continuity Action Plans (BCAP) developed for both Disability teams in Carmarthenshire and Ceredigion as a result of Welsh Government directive in response to COVID-19.</p>	Devonald-Morris, Margaret	30/04/2021	<p>25/03/20, meeting postponed due to COVID-19 planning.</p> <p>30/04/20, meeting with Head of SCAMHS and Lead Psychology, re: attached email communication detailing the outcome and actions.</p> <p>Progress delayed due to COVID.</p>	Operational Quality, Safety & Experience Sub Committee	2	3	6	18/05/2020

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758	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems	Central Operations: Clinical Engineering	Rees, Gareth	Hopkins, Mr Chris	12/07/2019	<p>There is a risk of not achieving compliance with the new legislation for Medical Device Regulations (MDR) and the In Vitro Diagnostic Medical Device Regulation (IVDR) which comes into force from May 2020.</p> <p>This is caused by the new regulations placing further legal obligations on the UHB will need to be met by 26 May 2020 for medical devices and 26 May 2022 for in vitro diagnostic devices.</p> <p>This will lead to an impact/affect on organisational reputation as the UHB will be non-compliant with legal requirements and general safety and performance requirements. Possible fines and prosecution.</p> <p>Risk location, Health Board wide.</p>	<p>An All Wales task and finish group is in place.</p> <p>An action plan is in place in order to address the requirements of the new MDR.</p> <p>ISO 13485 Registration required with BSI.</p>	Statutory duty/inspections	6	3	3	9	<p>Secure funding to implement the new regulations.</p> <p>Establish a local Task and Finish Group under the guidance of the Medical Device Governance and Assurance Group.</p> <p>A recognised quality system ISO 13485 needs to be in place for HSDU and Clinical Engineering Departments.</p>	<p>Hopkins, Mr Chris</p> <p>Oliver, Will</p> <p>Hopkins, Mr Chris</p>	<p>Completed</p> <p>Completed</p> <p>23/12/2019</p>	<p>Funding secured.</p> <p>T&F Group established.</p> <p>HSDU have already achieved compliance and certification to ISO 13485. Clinical Engineering are working towards certification in November 2020. Certification now on hold until after the COVID-19 crisis.</p>	Operational Quality, Safety & Experience Sub Committee	2	3	6	15/05/2020
803	Standard 3.2 Communicating Effectively	Central Operations: Out of Hours	Rees, Gareth	Davies, Nick	19/11/2019	<p>There is a risk of disruption of the Out of Hours Service due to the failure of the out of hours and 111 IT systems.</p> <p>This is caused by a number of issues including failure of Hywel Dda, WAST IT system, CAS (111) system and Adastra (OOH) system.</p> <p>This will lead to an impact/affect on on data sharing and information processing which will directly affect patient care. Resulting in potential clinical risk to patients, to include care not being accessed. The need to revert to contingency processes to ensure patient referrals and sharing of confidential, or complex information impacts on information governance.</p> <p>Risk location, Health Board wide.</p>	<p>Action cards to support operational staff in the event of a IT outage are in wide circulation.</p> <p>Communication lines between WAST (111) and OOHs are established.</p> <p>Links to on-call local IT support are in place and access to Advanced helpdesk has been procured.</p> <p>Contingency developed, paper documentation is in place and manned fax lines are present in all OOH bases; a Safe Haven fax to coordinate OOH demand is held in WGH switchboard to receive demand from 111.</p> <p>Access to on-call service managerial support is in place.</p>	Service/Business interruption/disruption	6	3	3	9	<p>New IT solution (nationally based) is under development with proposed roll-out date of Q4 2021. This will be reviewed by the national programme team and the HB will be advised of progress as appropriate.</p> <p>Enquiry with IT to provide additional independent fax lines to improve contingency measures and efficiency and security of data sharing.</p> <p>Provision of "incident boxes" to be allocated to all OOH bases for use in the event of system failure.</p> <p>Transition to local installation of Adastra software via "SmartClient" in order to remove risks associated with Citrix environment.</p>	<p>Davies, Nick</p> <p>Davies, Nick</p> <p>Davies, Nick</p> <p>Davies, Nick</p>	<p>30/09/2021</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Procurement stages complete and work to build new system has commenced. Ops managers and Clinical Leads are involved in the development of the system.</p> <p>Currently agreed and installing an alternative solution for fax machines.</p> <p>Allocated to members of Admin team to circulate and is in progress.</p> <p>No longer valid as an action as no longer an option to deliver.</p>	Capital, Estates and IM&T Sub Committee	2	3	6	21/05/2020

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851	Standard 5.1 Timely Access	3 Counties: Ceredigion	Skitt, Peter	Skitt, Peter	18/05/2020	<p>There is a risk of patients who would ordinarily present to our services, but are now delayed or prevented from initial or follow-up appointments.</p> <p>This is caused by the in-direct consequence of the coronavirus pandemic which has resulted in specialist nurses supporting other services, clinic sites operating as COVID sites and social distancing restrictions.</p> <p>This will lead to an impact/affect on patients may not receive timely assessments and interventions.</p> <p>Risk location, Health Board wide.</p>	<p>Community specialist nurses have prioritised their patients to maintain contact with those who are most vulnerable.</p> <p>Alternative communication channels are being utilised where appropriate.</p> <p>Emergency clinics are operational.</p>	Safety - Patient, Staff or Public	6	3	3	9	Capacity in Cardigan Integrated Care centre to be maintained to enable emergency clinics when required	Evans, Tracey -	31/05/2020	Capacity in Cardigan ICC is currently available for emergency clinics	Operational Quality, Safety & Experience Sub Committee	2	3	6	18/05/2020
													Monitor the quantity of outpatient clinics operational in Ceredigion, currently operating 15% of pre-covid	Evans, Tracey -	30/09/2020	Processes are being put in place to monitor changes to the delivery of outpatient clinics					
850	Standard 2.1 Managing Risk and Promoting Health and Safety	Nursing, Quality & Patient Experience	Passey, Sian	Steele, Cathie	01/04/2020	<p>There is a risk of issuing affecting the quality of care and patient safety will not reported.</p> <p>This is caused by changes in wards and staffing during the Covid-19 pandemic.</p> <p>This will lead to an impact/affect on a positive patient safety culture.</p> <p>openness and transparency escalation and timely investigation of patient safety incidents.</p> <p>Risk location, .</p>	<p>Incident reporting procedure in place</p> <p>Corporate induction includes incident reporting</p> <p>Datix available for all staff</p> <p>Patient safety awareness briefings</p> <p>Concerns management during Covid-19 question and answer document circulated to managers by Director of Nursing</p> <p>Monitoring and scrutiny of incident reporting by the Quality Assurance and Safety Team.</p> <p>Assurance report QSEAC and extraordinary QSEAC (Covid)</p>	Safety - Patient, Staff or Public	6	3	3	9					Operational Quality, Safety & Experience Sub Committee	2	3	6	15/05/2020
832	Standard 3.1 Safe and Clinically Effective Care	MD: Effective Clinical Practice	Evans, John	Davies, Lisa	06/02/2020	<p>There is a risk of that NICE and other National Guidance is not effectively disseminated and implemented across the Health Board</p> <p>This is caused by a lack of clinical engagement in the Effective Clinical Practice agenda, and a failure to identify the appropriate clinical leads</p> <p>This will lead to an impact/affect on service developments to improve outcomes for patients, and delivery of safe and effective care.</p> <p>Risk location, Health Board wide.</p>	<p>AMD for Quality and Safety is in place;</p> <p>Clinical Director for Clinical Audit has been appointed.</p>	Quality/Complaints/Audit	8	3	3	9	Appoint to clinical roles - Quality Improvement site leads (x4).	Ghosh, Dr Subhamay	29/06/2020 31/07/2020	Advert has been developed and will go out imminently.	Operational Quality, Safety & Experience Sub Committee	2	3	6	26/05/2020
													Structures and systems are being developed to streamline the dissemination of NICE and other Guidance, in order to free up capacity to further support clinical engagement.	Davies, Lisa	28/08/2020 30/09/2020	Review of systems and structures has commenced. Delayed due to COVID-19. Capacity has been redeployed to the management of COVID-19 guidance.					
													Progress the clinical engagement and communications workstreams identified within the project plan for clinical effectiveness.	Davies, Lisa	26/02/2021	A project plan for clinical effectiveness is in draft and work in the clinical engagement and communication workstreams is underway. Further development of these workstreams is subject to the review which is currently underway.					

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664	Standard 3.1 Safe and Clinically Effective Care	Women & Children's: Community Children's Services	Humphrey, Lisa	Devonald-Morris, Margaret	09/11/2018	<p>There is a risk of unsustainable care delivery for children and young people who have continuing care packages delivered by only two 3rd sector providers.</p> <p>This is caused by only two providers, one covering Carmarthenshire and the other covers Ceredigion and Pembrokeshire.</p> <p>This will lead to an impact/affect on the provider covering Pembrokeshire has had issues with one package where family dynamics/expectations has been a contributing factor in retaining and recruiting care staff. This can lead to assessed need not being met and potential increase admissions to secondary care and or use of Health Board Bank Staff.</p> <p>Risk location, Health Board wide, Pembrokeshire.</p>	<p>Implemented impact assessments and contingency plans for all care packages HB wide.</p> <p>Children's Community Nursing Service working with Health & Safety and Social Care to address the family's dynamics and expectations.</p> <p>Use of HB core community staff and bank staff to cover packages of care to avoid admission to secondary care.</p>	Safety - Patient, Staff or Public	8	2	4	8	<p>Liaise with providers, Service Delivery Manager (SDM)/Senior Nurse (SN) Community, Children's Community Nurse Team Leader and Nurse Assessor to ensure the lease disruption to transfer of care delivery from one provider to another.</p> <p>SDM/SN Community to work with Finance team to explore increase in nursing resource to develop 'in-house home care team' funded via the Continuing Care Budget.</p> <p>Team Leader to plan monthly meetings with 3rd sector provider to develop action plans around recruitment and retention.</p> <p>Seek authorization from Bronze Command to maintain contract payment for Continuing Care package delivery in Carmarthen.</p>	Devonald-Morris, Margaret	Completed	<p>Children's Community Nursing Team Leader and Nurse Assessor to undertake weekly monitoring of care, identify gaps in service and implement action plan to address.</p> <p>SDM/SN Community liaising with finance lead sharing SBAR development. Establishment for Continuing care packages identified on IMTP. Delayed due to COVID pandemic.</p> <p>Meeting booked with 3rd sector provider, Health Board Procurement and Team Leader to review position.</p> <p>SBAR submitted to Bronze Command on 06/04/20, the Chair Person escalated to Gold Command, approval confirmed On 22/04/20.</p>	Operational Quality, Safety & Experience Sub Committee	2	4	8	19/06/2020
844	Standard 3.1 Safe and Clinically Effective Care	MD: Effective Clinical Practice	Evans, John	Davies, Lisa	28/02/2020	<p>There is a risk of clinicians delivering care/treatment on behalf of the Health Board are unable to specify the standards that guided their care and management of the patient, or explain any deliberate and informed departure</p> <p>This is caused by the failure of Directorates (as owning groups) to respond to existing processes for dissemination, assessment and recording around compliance with NICE/other Guidance, and decisions around departure from guidance or standards.</p> <p>This will lead to an impact/affect on considerations of the Ombudsman when preparing any report on investigations being undertaken into complaints about the care and treatment of patients in Hywel Dda University Health Board.</p> <p>Risk location, Health Board wide.</p>	<p>NICE Guidance is disseminated to owning groups and leads for onward cascade, according to NICE and Other National Guidance Implementation Policy.</p> <p>A system exists to capture dissemination of NICE Guidance and record the status, using a Status Feedback Form and Baseline Assessment if required.</p>	Quality/Complaints/Audit	8	2	4	8	<p>Review and further develop processes to disseminate, assess and record compliance with NICE/other Guidance.</p> <p>Explore systems/software to support dissemination, assessment and recording compliance with NICE/other Guidance.</p> <p>Develop a risk-based work programme for a systematic review position regarding dissemination, assessment and recording around compliance with NICE/other Guidance, and decisions around departure from guidance or standards.</p> <p>Review process for approval of COVID-19 related national and local guidance with a view to identifying lessons learned and implementing new ways of working.</p>	Davies, Lisa	31/03/2021	<p>Review has commenced</p> <p>Systems are currently being identified and assessed, including AMaT and Datix Cloud IQ</p> <p>Approach is in development.</p> <p>Discussions have commenced to review scope to amend current processes.</p>	Operational Quality, Safety & Experience Sub Committee	1	4	4	26/05/2020

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830	Standard 2.1 Managing Risk and Promoting Health and Safety	Central Operations: Out of Hours	Rees, Gareth	Davies, Nick	03/01/2020	<p>There is a risk of that patients requiring urgent primary care assessment and treatment during out of hours periods may not be seen within clinically acceptable time periods.</p> <p>This is caused by periodic staffing shortfalls within the GP out of hours service coupled with increased 111 generated demand along with ambulance service and ED escalation.</p> <p>This will lead to an impact/affect on clinical safety impacts arising from delayed or no care provision along with poor patient experience. This could result in significant harm to patients and the potential for increased complaints and possible litigation towards the HB.</p> <p>Risk location, Carmarthenshire, Ceredigion, Pembrokeshire.</p>	<p>Rota coordinators focus on maximising shift fill at all times.</p> <p>Remote working solutions have been identified and clinicians secured when available.</p> <p>Enhanced clinical support secured via the 111 clinical support hub - when available.</p> <p>Escalation plan shared with hospital managers, Executive team and 111 managers.</p> <p>Additional ED resources can be secured for potential increased ED attendance if required.</p> <p>Ability to increase pay in recognition of poor working conditions in an attempt to increase resilience.</p> <p>Advanced Paramedic Practitioners (APP) rotation utilising WAST Advanced Paramedic Practitioners to support with HB wide activity-when available.</p>	Safety - Patient, Staff or Public	6	2	4	8	<p>Recruit and deploy clinical shift lead GPs (where engagement can be secured) at times of highest demand to direct demand to available clinicians and to allocate available resources. This will require cross-border agreements where GPs operate from their particular base but cover calls across the HB footprint</p> <p>Direction and challenge of current GP activity and cultural behaviour is required by Medical Directorate to ensure all GPs contribute fairly to HB wide demand (to include telephone advice and face to face consultation- including home visiting- regardless of geographical location.</p> <p>To hold a senior management/ service lead and 111 lead meeting to discuss current concern, understand risks and discuss potential solutions- to be chaired by Director of Operations</p> <p>Maximise clinician availability to support wider workforce pressure- while developing multi-disciplinary approach to service delivery. 2 month pilot utilising Acute Response Team (ART) staff on a bank basis to support OOH demand on a 3-county basis, ensuring access to patients (especially palliative care) is secured- without affecting capacity of existing ART caseload</p> <p>Increase the deployment of WAST Advanced Paramedic Practitioners into the OOH rotation. Currently utilises skills of 2 WTE, looking to increase to 3 WTE.</p> <p>Recruitment of additional clinicians (to include GP and Advanced Nurse Practitioners) upon the receipt of potential applications.</p>	Davies, Nick	Completed	<p>Expressions of interest have been received. Clinical Lead, Deputy MD and 111 Clinical Advisor will all support with immediate pressures. Interviews to be arranged for remaining applicants</p> <p>Service leads and medical directors to meet and address issue and agree lines of communication</p> <p>Meeting has been arranged for 28/01/2020 and invite circulated- responses awaited</p> <p>Expressions of interest received and workforce approval gained- currently meeting with staff to ensure roles are appropriate and ascertain availability- rota to be prepared by 24/01/2020 with a view to initial deployment on 01/02/2020</p> <p>Delayed due to external educational requirements. Service leads are in discussion with WAST leads regarding the potential increase.</p> <p>Now have sufficient sessional GPs in place.</p>	People, Planning & Performance Assurance Committee	1	4	4	21/05/2020

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												Complete service redesign is needed and this work is being undertaken in collaboration with the Transformation Directorate.	Davies, Nick	31/12/2025	Working group established and workstreams assigned. Workforce planning will be complex and may require a complete statistical review of the service in collaboration with the Delivery Unit. It is envisaged that a plan will be devised within 12 months (July 2021- delayed due to COVID) but rollout likely to take several years when educational requirements etc are taken into account. This will be reviewed as the project plan develops and the workforce profile (and availability) is established.					
												SDM to assess the potential benefit of a Triage Nurse service- and possible implementation- to support with current service demand and delivery	Davies, Nick	29/06/2020 31/12/2020	Benefit to nurse triage has been identified, SDM now to link with resourcing and with Nurse Directors to identify appropriate job descriptions, costings, business case and develop nurse hierarchy to enable securing of funding and then recruitment process to begin. Action has been delayed due to COVID planning and the current standing down of the TCS team.					

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858	Standard 2.1 Managing Risk and Promoting Health and Safety	Women & Children's: Midwifery/Maternity	Humphrey, Lisa	Jenkins, Mrs Julie	22/05/2020	<p>There is a risk of to service users and staff as a result of departments needing to be reconfigured due to COVID 19 .</p> <p>This is caused by reconfiguration of services, Ante Natal Clinic(ANC), DAU, Triage, Antenatal Ward and MLU have been relocated and streamlined in line with RCOG guidelines and the Antenatal Screening Wales Guidelines. Resulting in virtual consultations and streamlined antenatal and postnatal care due to the COVID 19 pandemic.</p> <p>This will lead to an impact/affect on service users and staff, lack of face to face services may increase incidents and mis-diagnosis, claims and complaints.</p> <p>Risk location, Health Board wide.</p>	<p>Pathway formatted in line with RCOG guidelines, ASW guidelines and NHS Wales collaborative Maintenance of essential maternity services through COVID 19 Pandemic.</p> <p>Signage in place to direct service users to appropriate areas.</p> <p>Working document in place to guide staff in clinical RED/GREEN areas.</p> <p>Dedicated theatres for COVID 19 patients.</p> <p>Telephone consultations for antenatal/postnatal care.</p> <p>Guideline for Home birth delivery working in partnership with WAST.</p> <p>Postnatal contraceptive pathway implemented POP pill available on discharge from hospital.</p> <p>Working in partnership with Newborn Blood Spot Screening to ensure compliance.</p> <p>Maintaining inter hospital transfers as and when required.</p>	Service/Business interruption/disruption	6	2	3	6	<p>Update Standing Operating Pathway and clinical documentation in line with RCOG guidelines</p>	Owen, Lesley	31/07/2020	Update Standing Operating Pathway and clinical documentation in line with RCOG guidelines	Operational Quality, Safety & Experience Sub Committee	3	2	6	22/05/2020
294	Women & Children's: Community Children's Services	Humphrey, Lisa	Devonald-Morris, Margaret	24/04/2017	<p>There is a risk of delayed and sub-optimal care of paediatric patients requiring community nursing and a holistic approach to palliative care needs in line with NICE Guidance 61 End of Life care for infants.</p> <p>This is caused by non-compliance with Royal College of Nursing Standards re ratio of nursing to child, young people population.</p> <p>This will lead to an impact/affect on timely interventions and clinical outcomes for children and families, in addition to them coming to terms with end of life prognosis.</p> <p>Risk location, Health Board wide.</p>	<p>One Hywel Dda children's community nursing team in place.</p> <p>Traffic Light System in place to ensure a safe and sustainable Children's Community Nursing Service that has the flexibility to meet the holistic nursing needs of current caseload.</p> <p>All Wales Paediatric Advanced Care Plan and delivery action plan in place.</p>	Quality/Complaints/Audit	8	2	3	6	Monitor existing caseload, referrals to be reviewed against the traffic light framework to ensure a safe, sustainable service delivery.	Devonald-Morris, Margaret	Completed	Ongoing appraisal of case load and referrals monitored.	Operational Quality, Safety & Experience Sub Committee	2	3	6	14/05/2020	
												Ensure investment for service delivery is included in the Delivery Action Plans.	Devonald-Morris, Margaret	Completed	No investment to date. Investment for 2020-2022 included in IMTP.						
												Develop a paediatric action & delivery plan in line with NICE guidance self assessment.	Devonald-Morris, Margaret	Completed	Action & Delivery Plan completed, to present at the next Q&S meeting.						
												Develop an additional SBAR which includes nursing and medical staffing as an action from the Paediatric Task and finish Group.	Devonald-Morris, Margaret	Completed	SBAR completed and presented to Paediatric Task and finish group.						

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												<p>Team review of case management, working practices, and the acuity across each patch to ensure quality and safety, and equitable distribution of staff.</p> <p>As a result of COVID 19, re: attached Business Continuity Action Plan, Covid-19 Contingency guidance version 4, SBAR on-call 01/04/20 and SBAR on-call V3 01/05/20 submitted via email to Human Resource Bronze meeting.</p>	Lewis, Ms Teresa	Completed	perceived increased demand on the Carmarthenshire area. Following case load review, redistribution of staff across Carmarthenshire and Pembrokeshire.						
													Devonald-Morris, Margaret	30/06/2020	08/04/20: Business Continuity Action Plan, Covid-19 Contingency guidance version 4, SBAR on-call 01/04/20 submitted on 08/04/20 via email to the Bonze command Community Group. SBAR on-call 01/04/20 agreed in principle but when submitted to Gold command request was put on hold until assurance had been received from HR. 13/05/20 Microsoft Team meeting with the Children's Community Nursing staff to review current practices in light of COVID-19.						
151	Standard 2.1 Managing Risk and Promoting Health and Safety	MD: Medical Education & Knowledge	Evans, John	Noble, Jayne	23/05/2016	<p>There is a risk of service provision impacted if Junior Doctor posts are removed.</p> <p>This is caused by the failure to deliver the GMC Standards for training and failing to deliver the specialty curriculum.</p> <p>This will lead to an impact/affect on the Health Boards ability to recruit or retain medical staff due to poor training resources and facilities.</p> <p>Risk location, Health Board wide.</p>	<p>Review of physical space to deliver clinical skills/simulation and review of Educators across the Health Board. Review to be complete by end of February 2018.</p> <p>Clinical Skills Hub set up, first meeting held on 11th Jan.</p> <p>Clinical Skills/Simulation Faculty to be organised - first meeting to be held by March 2018.</p> <p>Monitor Educational Contract adherence.</p> <p>Work with College Tutors.</p> <p>Monitor education contract components through the ECAS system for all Specialties from August 2017.</p> <p>Raise issues early if any deterioration.</p>	Service/Business interruption/disruption	6	2	3	6	<p>Lack of physical space to delivery clinical skills/simulation in BGH. Review Clinical Skills Educators in PPH.</p> <p>T&FG to be organised to review resources for Clinical Skills across the Health Board.</p> <p>Highlight lack of space in the L&KS Service (Library and Knowledge Services) for GGH.</p>	Noble, Jayne	Completed	Collaborative review teaching rooms in BGH awaited, progress reliant on other Services. Clinical Skills/Faculty sub group, Clinical Skills Hub working to collate all equipment and personnel.	People, Planning & Performance Assurance Committee	2	3	6	12/12/2019
													Noble, Jayne	Completed	Deanery to continue monitoring educational contracts and provide Health Board with exception reports from August 2017 through to July 2018.						
													Noble, Jayne	Completed	Implement reporting system for College Tutors through the Medical Education Board.						

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												Deanery Exception report tool (ECERT) available from September 2018, replacing ECAS. Trainees encouraged to report exceptions when they cannot fulfil the Education Contract due to service pressures, etc.	Noble, Jayne	Completed	Trainees encouraged to use ECERT to provide early warning that training is not being met.					
												Recruit clinical skills trainers for introduction of Internal Medicine Training Programme on PPH, GGH and WGH sites.	Noble, Jayne	31/07/2019	Clinical Skills Faculty to be set up, with Hywel Board lead in place ongoing.					
												Ensure that Teaching clinics are in place for IMT in GGH, PPH and WGH.	Noble, Jayne	31/07/2019	Difficulties attending Regional Study Days due to service pressure in WGH. Raising with Service to ensure IMTs are released					
												COVID distancing rules require delivering teaching in different ways to fulfil curriculum requirements. Working with College Tutors and Foundation Programme Directors to explore ways to overcome difficulties	Noble, Jayne	08/05/2020	Working closely with HEIW, Specialty Schools and Foundation School to find solutions					

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278	Women & Children's: Community Children's Services	Humphrey, Lisa	Devonald-Morris, Margaret	20/02/2015	<p>There is a risk of delayed and sub-optimal care of paediatric diabetic patients as a result of current non-compliance with Diabetes Peer Review standards, including psychology support.</p> <p>This is caused by insufficient staff funding. Paediatric Dietetic time is managed by County teams.</p> <p>This will lead to an impact/affect on the timing of patient reviews and advice resulting in the subsequent risk of increased long-term diabetes-related morbidity and mortality, with deteriorating HbA1c.</p> <p>Risk location, Health Board wide.</p>	<p>Paediatric Diabetes nurse capacity combined across the Health Board to maximise availability of current resource to each county.</p> <p>Paediatric team prioritise patient access and reviews according to known clinical priority.</p>	Safety - Patient, Staff or Public	6	2	3	6	<p>Dietetic service to progress recruitment of additional Dietetic time via IMTP plans.</p> <p>Senior Nurse Community Paediatrics to undertake further assessment of Paediatric Diabetes Specialist Nurse(PDSN) Workforce.</p> <p>Identify appropriate funding to support PDSN bank staff.</p> <p>Develop a local management arrangement between paediatric ward staff and PDSN.</p> <p>Cover required for maternity leave from March 2020.</p>	<p>Devonald-Morris, Margaret</p> <p>Devonald-Morris, Margaret</p> <p>Devonald-Morris, Margaret</p> <p>Devonald-Morris, Margaret</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Instruction from Executive board to fund 0.6</p> <p>Directorate unable to further progress within available funding. Issue of 1.0 WTE highlighted via IMTP proposals.</p> <p>PDSN bank is being used to support nursing services.</p> <p>Local management arrangements in place and review for periods of leave.</p> <p>Recruited 0.8 WTE to 1.0 WTE post, commencement date end July 2018. 0.2 WTE vacancy currently funding bank hours. 0.8 WTE PDSN increased to 0.91WTE and 0.6 WTE increased to 0.69 WTE. PDSN bank not being used as current establishment filled.</p> <p>Maternity leave cover being fully funded from vacant posts agreed - cost neutral. Waiting for Resourcing to authorise vacancy on TRAC to progress with appointing a suitable practitioner. Appointed but due to COVID-19 secondment delayed.</p>	Operational Quality, Safety & Experience Sub Committee	2	3	6	14/05/2020

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												Due to COVID-19 a phased reduction in service as detailed on the attached Business Continuity Action Plans (BCAP), version 1 and version 2.	Devonald-Morris, Margaret	48/09/2020 31/12/2020	BCAP reviewed and revised in response to the Welsh Government directive on social isolation and the revision to acute paediatric service delivery. Submission of BCAP via email to the Community Bronze Group on 08/04/20. SBAR submitted to COVID-19 ACUTE SERVICES BRONZE MANAGEMENT MEETING on 3rd June 2020 to commence Drive-thru clinics allowing blood sampling for HbA1C to allow monitoring and adjustments to treatment.					
392	Women & Children's: Community Children's Services	Humphrey, Lisa	Devonald-Morris, Margaret	01/12/2017	<p>There is a risk of delayed assessment and review of community paediatric patients.</p> <p>This is caused by long standing vacancies within Consultant Community Paediatric Team and is compounded by vacancies within supporting middle grade team.</p> <p>This will lead to an impact/affect on on timeliness of care and follow up review for patients.</p> <p>Risk location, Health Board wide.</p>	<p>Recruitment continues and employment of NHS locum staff.</p> <p>Community paediatric referrals are triaged and prioritised.</p> <p>Existing job plans regularly reviewed.</p>	Safety - Patient, Staff or Public	6	2	3	6	<p>Combined medical and nursing SBAR to be developed as an action of the paediatric task and finish group.</p> <p>Development of an 'action plan' to address the issues identified following the Demand and Capacity Review.</p> <p>Active validation of waiting list for new and follow-up appointments.</p> <p>Review of service delivery in response to Welsh Government directive on COVID 19 and the revision of acute paediatric services. Business Continuity Action Plans (BCAP) completed and sent via email on 08/04/20 to the Bronze Community Group and included the following services, ADHD, Epilepsy, Antipsychotic Medication, adoption, Genetics, Paediatric Outreach Oncology service .</p>	Devonald-Morris, Margaret	Completed	<p>SBAR completed reviewed at Pediatric Task and Finish.</p> <p>Action Plan completed, further work is ongoing to address the issues.</p> <p>On-going validation as part of normal process.</p> <p>14/05/20: attached BCAP to this risk for ADHD, Epilepsy, Antipsychotic Medication, adoption, Genetics, Paediatric Outreach Oncology service</p>	Operational Quality, Safety & Experience Sub Committee	3	2	6	14/02/2020

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721	Standard 3.1 Safe and Clinically Effective Care	MD: Effective Clinical Practice	Evans, John	Davies, Lisa	08/03/2019	<p>There is a risk of NICE guidance not being disseminated to appropriate staff in a timely manner.</p> <p>This is caused by resources being limited to a staff of 0.4 WTE Band 7 and 0.4 WTE band 5.</p> <p>This will lead to an impact/affect on the possibility that services will not be fully aware of their responsibilities in relation to NICE guidance. The Health Board is expected to ensure that provision is made to enable healthcare staff to implement NICE guidance as expected by the Welsh Government.</p> <p>Risk location, Health Board wide.</p>	<p>Review of NICE policy initiated.</p> <p>Clinical Effectiveness Co-ordinator recruited, increased to 1 w.t.e. NICE Support Officer 1 w.t.e.</p> <p>Review of system for dissemination and collection of baseline information.</p>	Quality/Complaints/Audit	8	3	2	6	Directorate lead to identify further resources and with Co-ordinator to identify new ways of working.	Eden, Ingaret	Completed	New action.	Operational Quality, Safety & Experience Sub Committee	2	2	4	26/05/2020
													Complete review of NICE Policy, processes and systems.	Davies, Lisa	06/09/2020 31/09/2020	Review underway, commenced January 2020. Review was paused as capacity has been redeployed to the management of COVID-19 guidance. However, this will recommence pending confirmed approach for maintenance of COVID-19 processes for clinical guidance and release of capacity.					
													Explore feasibility of procuring a system for central management and dissemination of NICE and other National Guidelines	Davies, Lisa	06/08/2020 30/09/2020	An option has been demo'd and discussions ongoing with other Health Boards. Delayed due to COVID-19. Capacity has been redeployed to the management of COVID-19 guidance.					
849	Standard 2.1 Managing Risk and Promoting Health and Safety	Health and Safety (NQPE)	Harrison, Tim	Harrison, Tim	07/05/2020	<p>There is a risk of to patient and staff safety at Covid 19 field hospitals sites.</p> <p>This is caused by the introduction of field hospitals resulting in high value equipment left unused and unattended for long periods of time exposing it to malicious loss. The operational phase of the field hospitals could potentially see site visits with attempts to gain unlawful access to red zones.</p> <p>This will lead to an impact/affect on staff being at increased likelihood of exposure to violence and aggression through visitors trying to access unlawful areas. Potential compromise of red zones exposes facility to interrupted operations and the community to higher risks of the Covid 19 pathogen. Theft of equipment could be catastrophic in that standards such as emergency generators are required and if failure occurs on site during treatment of ventilated patient this could result in death.</p> <p>Risk location, Health Board wide.</p>	<p>Security operatives are employed at all Covid 19 field sites in order to protect buildings and assets in the preparatory phase, escalating to protect site integrity , persons, property and operations during a live phase , followed with a step down phase to protect assets and buildings until removed and transferred out of control of the health board.</p>	Safety - Patient, Staff or Public	6	1	5	5				Health and Safety Committee	1	5	5	07/05/2020	