

Hannah Gostling

## HDUHB Risk Assessment Form (Datix Admin Form)

 Click [here](#) to view some tips to help you navigate this form.

**If you are reviewing this risk, please ensure you review the actions as well.**

For assistance with completing this form please email the Datix Team at: [Datix Mailbox](#)

### Risk Assessment

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Datix risk reference	1955
Date of entry	06/11/2024
Type of risk	Operational

Please contact the Head of Assurance and Risk before adding strategic or corporate risks.

### Risk Ownership/Responsibility

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Please select your Directorate	USC: PPH, Diabetes and Respiratory
Please select your Service/Department	USC: PPH
Executive Director	Carruthers, Andrew - Chief Operating Officer
Directorate lead	Perry, Sarah - General Manager Unscheduled Care
Management or service lead	Evans, Iona - Head of Nursing GGH & PPH (Interim)

### Risk Details

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Title of risk	Risk of patient harm due to insufficient GP cover in MIU.
<b>Maximum characters: 128</b>	
Date risk identified (dd/MM/yyyy)	01/04/2024
Domains of Quality	Effective Efficient Equitable Person Centred Safe Timely

### Additional Risk Details

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Strategic Objectives

Does this risk affect any strategic objectives? If so, please choose from the drop-down list. Otherwise, please select 'Not applicable'.

Planning Objectives

Does this risk affect any planning objectives? If so, please choose from the drop-down list.

Links to other Datix risks

Please include the relevant risk reference number(s) if this link relates to another risk already on Datix. If there are numerous, please separate by using a comma

**Risk Statement**

**What is the risk to the Health Board?**

There is a risk...

Maximum characters: 200

of patients being unable to receive appropriate medical treatment under Medics during periods of unavailable GP cover.

This is caused by...

Maximum characters: 400

a lack of substantive Doctors contracted to MIU.

This could lead to an impact/effect on...

Maximum characters: 450

patient care being compromised due to the wrong staff set looking after them, increased referrals to the On Call Medical team, increased pressure on nursing staff and hospital flow. Reputational harm to the Health Board. Potential increase of complaints and patient incidents. Potential of increased sickness levels in the department, low staff morale, recruitment and retention issues.

Location of risk

You can select as many as apply.

Prince Philip Hospital

If this risk materialised, what would be the estimated financial impact?

Please enter the estimated financial cost to the health board if the risk materialises.

Costing out individual risks helps the UHB to prioritise its resources, ensure a proportionate response to the risk and understand the overall risk exposure of the organisation.

**Domain**

Domain

[Click here to use the risk matrix for guidance.](#)

- Safety - Patient, Staff or Public
- Quality/Complaints/Audit
- Workforce/OD
- Statutory duty/inspections

- Adverse publicity/reputation
- Business objectives/projects
- Finance inc. claims
- Service/Business interruption/disruption
- Health Equity

Please select the impact of the risk concerning Safety of Patients, Staff or Public based on the information below.

Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
<p><b>Minimal injury requiring no/minimal intervention or treatment.</b></p> <p><b>No time off work.</b></p>	<p><b>Minor injury or illness, requiring minor intervention.</b></p> <p><b>Requiring time off work for &gt;3 days</b></p> <p><b>Increase in length of hospital stay by 1-3 days</b></p>	<p><b>Moderate injury requiring professional intervention</b></p> <p><b>Requiring time off work for 4-14 days</b></p> <p><b>Increase in length of hospital stay by 4-15 days</b></p> <p><b>Agency reportable incident</b></p> <p><b>An event which impacts on a small number of patients</b></p>	<p><b>Major injury leading to long-term incapacity/disability</b></p> <p><b>Requiring time off work for &gt;14 days</b></p> <p><b>Increase in length of hospital stay by &gt;15 days</b></p> <p><b>Mismanagement of patient care with long-term effects</b></p>	<p><b>Incident leading to death</b></p> <p><b>Multiple permanent injuries or irreversible health effects</b></p> <p><b>An event which impacts on a large number of patients</b></p>

### Inherent Risk Rating

Evaluate the **INHERENT** risk rating  
This is the level of risk before any control measures are applied.

Inherent Impact: 5  
 Inherent Likelihood: 4  
 Inherent Risk Score: 20  
 Risk Level (Inherent): EXTR

[Click here to use the risk matrix for guidance.](#)

### Control Measures Currently in Place

List the **CURRENT** control measures already in place to manage/mitigate this risk.

Existing Control Measures **CURRENTLY IN PLACE**

Enter in list format and leave a space between each control.

There is a communication system to alert patients to times when there is no GP cover. This is also cascaded to WAST, local Police teams and Mental Health teams. Redirection policy is in place. The criteria of patients that are seen in MIU, during the triage process, if their treatment falls outside of MIU remit, they are advised to travel to GGH for appropriate treatment. Rota Team do have a Local Cover Group which they utilise – searching for cover right up until the shift starts and also work with the

Doctors on duty to query whether they can cover additional hours by starting shift earlier/remaining later.  
Medics on Call would be the point of call for anything that comes in for urgent care.

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### Adequacy of Controls

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Gap in Controls  
How do you know your controls are working and effective?

Not all patients will have seen the communication alert and may still arrive at MIU.  
Acutely unwell patients may still arrive at MIU for treatment.  
Rota Team cannot always obtain cover.

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### Current Risk Rating

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Evaluate the **CURRENT risk rating**  
This is the current level of risk taking into account the control measures in place.

Current Impact: 5  
Current Likelihood: 3  
Current Risk Score: 15  
Risk Level (Current): EXTR

[Click here to use the risk matrix for guidance.](#)

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Rationale of current risk score  
For formal committee reporting. **Maximum characters: 1500**

Despite current control measures in place, there remains a risk that patients are not receiving appropriate medical care and would require a referral to the Medical On Call Team which could delay treatment and possibly compromise patient care.

Lack of GP cover increases pressure on nursing staff and may increase the risk of errors in patient care.

Increased amount of long stay mental health patients is also adding to the pressure within the department for staff. This contributes to the inability to recruit vacant posts and/or Doctors agreeing to work additional hours.

Unable to attract new substantive or locum GPs due to the pay not being competitive with more lucrative positions available on site.

Staff have been lost due to the continued uncertainty of night closure at PPH, adding increased pressure onto the rota.

Current MIU GPs also cover other areas (SDEC) and may have worked additional hours there, prior to working shifts at MIU, therefore are unavailable to work any additional hours.

Cover is needed for 3 shifts a day – 5 x Substantive Job Planned GPs

Recruitment process ongoing through January 2025 with candidates to start early late February 2025. Current score remains until staff are in post.

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What is the tolerance score for this type of risk, based on the domain? 6

[Please click the question mark above for guidance on the tolerable risk score.](#)

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Risk decision  
If the risk is over tolerance, you must take action to treat the risk, i.e. develop a risk action plan below.

Treat

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If the risk is within tolerance, you may not need to take further action, i.e. tolerate the risk.

Risks which are at or below the agreed Health Board tolerance level are approved by the management lead. Any risks which exceed the Board agreed tolerance level but are being tolerated require authorisation by the relevant Director.

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#### Risk level accepted by Board

The acceptance of risks above their agreed Health Board tolerance level require approval as follows, dependant on level of the risk:

Corporate risks need to be accepted by Board  
Directorate level risks need to be approved at Board level committee and relevant director  
Service and specialty level risks need to be approved by the Directorate lead

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Date of Decision

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#### Target Risk Rating

Evaluate the **TARGET risk rating**  
This is the ultimate level of risk you are trying to achieve when the actions are put in place.

Target Impact: 5

Target Likelihood: 2

Click [here](#) to use the risk matrix for guidance.

Target Risk Score: 10

If after developing your Risk Action Plan you believe that the target risk score will be above the tolerance level for this type of risk, the Board will need to be asked to accept the level of risk via committee reporting.

Risk Level (Target): High risk

Please contact the Head of Assurance and Risk for further guidance.

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#### Risk Review & Monitoring

Risk theme(s)  
You can select as many themes as apply. If no themes apply, then please select not applicable.

Business continuity/service disruption  
Finance  
Fragile Services  
Patient safety  
Workforce

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Lead committee or sub committee

Quality, Safety and Experience Committee

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COVID-19 Command and Control

Local management group Carmarthenshire SOG Meeting

Date of review 08/01/2025

**Please input today's date**

Date of next review (dd/MM/yyyy) 10/02/2025

**Extreme risks (15-25): Monthly**

**High risks (8-12): Bi-monthly**

**Moderate risks (4-6): Six-monthly**

**Low risks (1-3): Annually**

Last updated [REDACTED] 08/01/2025 09:07:22

**Risk Action Plan**

**Please specify actions to address any gaps in the control of this risk. Actions should be taken to reduce the likelihood of the risk materialising, and/or mitigate the impact if it does.**

**Actions specified must be SMART: Specific, Measurable, Achievable, Realistic and Time-bound.**

**After creating and updating the actions, please check the Target Risk Rating and ensure that it equates with the actions you have agreed.**

Type	Additional Risk Action Required	By Whom	By When	Reporting/Monitoring requirements	Progress Update on Risk Actions
	Currently looking at a new recruitment drive into GP post. Waiting to hear of confirmed opening hours of MIU	Colin O'Sullivan	31/12/2024		A bespoke job plan was created and is now ready. Panel has cleared it.
	Started implementation of the redirection policy. Currently being audited for effectiveness.	Colin O'Sullivan	31/12/2024	31/01/2025 28/02/2025	Clinical Lead for MIU has written SOP and is out with triumverate for agreement.

**Datix Approval Status**

**Risk Team Only**

**To be completed by the Risk Team only.**

Date of entry/escalation onto the Corporate Risk Register/Board Assurance Framework

Date of removal/de-escalation from the Corporate Risk Register/Board Assurance Framework

Reason for removal from the Corporate Risk Register

**Other Access**

Other access

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**Communication**

When you 'save' this risk for the first time, it will be added to your Service or Department Risk Register and a notification will be sent to the Directorate Lead and Executive Director to ask them to review this risk and consider if it should be added/escalated to the Directorate Risk Register or Corporate Risk Register.

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**Communication and feedback**

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**Recipients**

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**Message**

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Message history				
Date/Time	Sender	Recipient	Body of Message	Attachments
No messages				

**Notepad**

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No progress notes.

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**Documents**

Please upload any relevant documents that relate to the risk, e.g., the paper risk assessment.

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No documents.

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**Linked Records**

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No Linked Records.

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