



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER WORKFORCE & OD RISKS October 2022



Datix ID Number: 843 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 3 Target Date: 31st March 2023		Current Risk Rating 4 x 5 = 20																																								
Objective: Excellent Staff		Director Lead: Debbie Eytayo, Director of Workforce and OD Assuring Committee: Workforce and OD Committee																																										
Risk: Workforce recruitment of medical & dental staff		Date last reviewed: October 2022																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 4 x 5 = 20 Target: 4 x 3 = 12		<table border="1"> <caption>Risk and Target Scores (Nov-21 to Oct-22)</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>12</td><td>20</td></tr> <tr><td>Dec-21</td><td>12</td><td>20</td></tr> <tr><td>Jan-22</td><td>12</td><td>20</td></tr> <tr><td>Feb-22</td><td>12</td><td>20</td></tr> <tr><td>Mar-22</td><td>12</td><td>20</td></tr> <tr><td>Apr-22</td><td>12</td><td>20</td></tr> <tr><td>May-22</td><td>12</td><td>20</td></tr> <tr><td>Jun-22</td><td>12</td><td>20</td></tr> <tr><td>Jul-22</td><td>12</td><td>20</td></tr> <tr><td>Aug-22</td><td>12</td><td>20</td></tr> <tr><td>Sep-22</td><td>12</td><td>20</td></tr> <tr><td>Oct-22</td><td>12</td><td>20</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Nov-21	12	20	Dec-21	12	20	Jan-22	12	20	Feb-22	12	20	Mar-22	12	20	Apr-22	12	20	May-22	12	20	Jun-22	12	20	Jul-22	12	20	Aug-22	12	20	Sep-22	12	20	Oct-22	12	20	Rationale for current score: National shortages of numbers in some areas can lead to: <ul style="list-style-type: none"> • Inability to recruit sufficient numbers of trainees to fulfil rotas on all sites • Inability to attract non training grades to complete rotas • Inability to fill Consultant grade posts in some specialties with adverse effects on patient safety and employer relations. Inability to recruit sufficient registered nursing staff. 	
Month	Target Score	Risk Score																																										
Nov-21	12	20																																										
Dec-21	12	20																																										
Jan-22	12	20																																										
Feb-22	12	20																																										
Mar-22	12	20																																										
Apr-22	12	20																																										
May-22	12	20																																										
Jun-22	12	20																																										
Jul-22	12	20																																										
Aug-22	12	20																																										
Sep-22	12	20																																										
Oct-22	12	20																																										
Level of Control = 70%		Rationale for target score: This remains a challenge and is also a national problem.																																										
Date added to the HB risk register April 2012																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> • Regular monitoring of recruitment position with reports to Executive Team and Board via Medical Director and Medical Workforce Board. • Specialty based local workforce boards established to monitor and control specific issues. The new HB Workforce & OD Committee will seek assurance of medical workforce plans to maintain services. • Engagement of the Deanery about recruitment position. • Weekly workforce delivery meetings with CEO to review progress against critical medical and clinical posts • Working with specialist agency and head hunters to improve chances to fill hard to recruit posts • Plan to work with a marketing agency to develop a branding and attraction campaign for the health board. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> <tr> <td>The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> <tr> <td>Continue to recruit internationally.</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> <tr> <td>Continue to work with head hunters</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> </tbody> </table>		Action	Lead	Deadline	Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment	Director W&OD	31/03/2023	The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.	Director W&OD	31/03/2023	Continue to recruit internationally.	Director W&OD	31/03/2023	Continue to work with head hunters	Director W&OD	31/03/2023																										
Action	Lead	Deadline																																										
Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment	Director W&OD	31/03/2023																																										
The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.	Director W&OD	31/03/2023																																										
Continue to recruit internationally.	Director W&OD	31/03/2023																																										
Continue to work with head hunters	Director W&OD	31/03/2023																																										
Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> • General situation monitored through W&OD Committee • Communication with Deanery • Recruitment campaigns • Monitoring by Executive Teams and specialty based local workforce boards • Workforce planning and deployment taskforce meetings with service groups • Weekly workforce delivery meetings with CEO as above 		Gaps in assurance (What additional assurances should we seek?) Locum cover Adequate supply of doctors who can work in this country Ability to flexibly deploy doctors in training. Dedicated work between workforce and finance to review and confirm budgeted medical workforce establishment by service group to confirm SIP and vacancy factor.																																										
Additional Comments / Progress Notes																																												
May 2022: Action Targets and Gaps in Assurance updated. June 2022: No updates to report this month.																																												

Datix ID Number: 1759 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 51 Target Date: 30th September 2022		Current Risk Rating 5 x 4 = 20																																								
Objective: Excellent Staff		Director Lead: Gareth Howells, Executive Director of Nursing Assuring Committee: Workforce and OD Committee																																										
Risk: Non Compliance with Nurse Staffing Levels Act (2016)		Date last reviewed: October 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 4 x 3 = 12		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>20</td><td>8</td></tr> <tr><td>Dec-21</td><td>20</td><td>8</td></tr> <tr><td>Jan-22</td><td>25</td><td>8</td></tr> <tr><td>Feb-22</td><td>20</td><td>8</td></tr> <tr><td>Mar-22</td><td>20</td><td>8</td></tr> <tr><td>Apr-22</td><td>20</td><td>8</td></tr> <tr><td>May-22</td><td>20</td><td>8</td></tr> <tr><td>Jun-22</td><td>20</td><td>8</td></tr> <tr><td>Jul-22</td><td>20</td><td>8</td></tr> <tr><td>Aug-22</td><td>20</td><td>8</td></tr> <tr><td>Sep-22</td><td>20</td><td>8</td></tr> <tr><td>Oct-22</td><td>20</td><td>8</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Nov-21	20	8	Dec-21	20	8	Jan-22	25	8	Feb-22	20	8	Mar-22	20	8	Apr-22	20	8	May-22	20	8	Jun-22	20	8	Jul-22	20	8	Aug-22	20	8	Sep-22	20	8	Oct-22	20	8	Rationale for current score: <ul style="list-style-type: none"> Pressures at Morriston and Singleton Hospitals remain high. Clinically optimised patient numbers continue to be high. Ongoing cladding works in SH continue, with split wards. Impact of AMSR not fully understood, although affecting staffing in NPTSH site currently. Vacancies remain high. Non-attendance of agency staff increasing risk. 	
Month	Risk Score	Target Score																																										
Nov-21	20	8																																										
Dec-21	20	8																																										
Jan-22	25	8																																										
Feb-22	20	8																																										
Mar-22	20	8																																										
Apr-22	20	8																																										
May-22	20	8																																										
Jun-22	20	8																																										
Jul-22	20	8																																										
Aug-22	20	8																																										
Sep-22	20	8																																										
Oct-22	20	8																																										
Level of Control = 80%		Rationale for target score: <ul style="list-style-type: none"> The Health Board is ensuring we have the structures and processes in place to provide reassurance under the Act and are allocating resources accordingly. Health Boards are duty bound to take all reasonable steps to maintain nurse staffing levels. Student Streamlining will provide additional qualified nurses to the workforce, overseas recruitment continues. Cladding work at Singleton Hospital might still be ongoing by 31.10.22 																																										
Date added to the HB risk register November 2018																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
The Health board has put the following controls in place: <ul style="list-style-type: none"> Designated person confirmed as Director of Nursing & Patient Experience. The responsibility for decisions relating to the maintenance of the nurse staffing level rests with the Health Board should be based on evidence provided by and the professional opinions of the Executive Directors with the portfolios of Nursing, Finance, Workforce, and Operations. The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally apprised. The Health Board NSA Steering group continues to meet on a monthly basis, ensuring risks are presented at each meeting, chaired by the Interim Deputy Director of Nursing and reports to NMB and Workforce & Organisational Development Committee Health Board has representation at the All-Wales Nurse Staffing Group and its sub groups. Bi-annual acuity audits, calculations and scrutiny undertaken across all acute Service Delivery Units for calculating and reporting nurse staffing requirements. Mandatory Assurance Report submitted to November Board and May Assurance Board Paper undertaken annually. Workforce planning & redesign, training and development. recruitment and retention continues. Workforce 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Student Streamlining and Overseas recruitment</td> <td>Executive Director of Nursing</td> <td>31/10/2022 Monthly ongoing</td> </tr> <tr> <td>The Board should ensure a system is in place that allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster. Implementation of Safecare, commenced 1st February, roll out plan is 32 weeks.</td> <td>Executive Director of Nursing</td> <td>31/01/2023 Monthly ongoing</td> </tr> </tbody> </table>			Action	Lead	Deadline	Student Streamlining and Overseas recruitment	Executive Director of Nursing	31/10/2022 Monthly ongoing	The Board should ensure a system is in place that allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster. Implementation of Safecare, commenced 1 st February, roll out plan is 32 weeks.	Executive Director of Nursing	31/01/2023 Monthly ongoing																														
Action	Lead	Deadline																																										
Student Streamlining and Overseas recruitment	Executive Director of Nursing	31/10/2022 Monthly ongoing																																										
The Board should ensure a system is in place that allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster. Implementation of Safecare, commenced 1 st February, roll out plan is 32 weeks.	Executive Director of Nursing	31/01/2023 Monthly ongoing																																										

<p>meetings for each Service Group, on a rotation basis continue.</p> <ul style="list-style-type: none"> • Student Streamlining and Overseas recruitment continues, bi-annually for adult training nurses, annually for paediatric nurses. • Robust roster scrutiny is undertaken to optimise nursing workforce • Implementation of SafeCare underway. Completion date for roll out is 30th November 2022. Planning for further support to ensure full use of the Safecare system operationally to support the reporting potential of system. • Workforce Plans remain in place for each Service Group to agree staffing in light of escalation, with consideration of all reasonable steps. • Service groups continue daily staffing huddles and daily staffing tool and escalate as appropriate. • Risk register reviewed monthly. 			
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Ongoing robust recruitment and retention plans in place to reduce vacancies in key clinical areas, which is in line with the Health Board recruitment plan and recruitment team. • Accurate reporting of Acuity data and governance around sign off. • Agreed establishments funded. • E-Rostering implemented and roster scrutiny undertaken, ensuring effective staff allocation • All Wales Templates are visible informing patients/visitors of planned roster on each Section 25B ward. • At least Annual Board reports outlining compliance and any key risks. • Assurance reports to Board in May and November, with three yearly report to Welsh Government due Spring 2024. 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <ul style="list-style-type: none"> • Issue raised regarding Information Technology barriers around the capture of data required for the Act on an All- Wales and Health Board basis. All Wales work with Allocate (Safecare) to improve reporting capabilities of Safecare. • Implementation of SafeCare, due to complete roll out by 30th Nov 2022, next phase is to support service group to ensure Safecare is used to its full potential for both operational and reporting use. • Ongoing work across Wales to ensure IT systems are compatible with each other for operational and reporting purposes. 		
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>21.09.2022 – Corporate Nurse Staffing Risk score remains unchanged at 20. Monthly NSA Steering Group discussed scores. MHSG score = 20, NPTSHSG Adults = 20, Paediatrics and Neonatal = 20, Maternity = Two risks a. related to BirthRate Plus = 20 b. Critical Midwifery Staffing = 25, District nursing = 20, Mental Health = 15. Despite Maternity reporting critical midwifery staffing risk score of 25, the consensus across the group is that the overall HB NSA risk score should remain at 20 this month and will be reviewed at October NSA meeting or earlier if required.</p> <p>Target scores further discussed on 20.09.22, agreement for final target score to be set at 12, with interim score to be set at 16. For review at monthly at HB NSA meeting.</p> <p>June bi-annual acuity undertaken, visualisers prepared through Power BI. Service groups currently finalising NSA templates. Corporate Scrutiny undertaken on 7th October 2022.</p> <p>Safecare roll out continues in line with plans, aiming for completion by 30th November 2022, now a time to embedded system into every day practice.</p> <p>Student streamlining and overseas recruitment continues. Retention of staff remains a high priority. Increased uptake of exit interviews.</p> <p>Vacancies reported on 12.10.22 are 337 Band 5 and 167 Band 2.</p> <p>Nurse Staffing Level Mandatory Report to Board being written and for Board on 24th November 2022, on agenda for discussion at HB NSA meeting on 18th October 2022.</p>			

Datix ID Number: 2788 Health Care Standards: 7.1 Workforce		HBR Ref Number: 81 Target Date: 31st December 2022		Current Risk Rating 5 x 5 = 25																																								
Objective: Best value outcomes		Director Lead: Gareth Howells, Executive Director of Nursing Assuring Committee: Quality & Safety Committee For Information: Workforce & OD Committee		Date last reviewed: October 2022																																								
Risk: Critical staffing levels – Midwifery Vacancies and unplanned absences resulting from Covid-19 related sickness, alongside other long term absences including maternity leave, have resulted in critical staffing levels, which undermine the ability to maintain the full range of expected services safely, increasing the potential for harm, poor patient outcomes and/or choice of birthplace. Poor service quality or reduction in services could impact on organisational reputation.		Rationale for current score: Pressure on staffing increased at the end of June 2022 as a result of increasing short term sickness, particularly COVID-19 related - 12.24wte midwives are absent due to COVID-19 which equates to 7.6% of the overall clinical midwifery workforce. Vacancies exist within the service however and two rounds of recruitment for Band 6 midwives have failed to fully appoint to the vacancies available. A third round of recruitment is progressing to interview stage. Some aspects of service provision have been suspended in order to ensure resource is best directed to support safe provision. Increased to 25.		Rationale for target score: It is intended that through actions currently identified to address vacancies we can reinstate services fully and reduce the likelihood of the need to suspend elements further.																																								
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 5 x 5 = 25 Target: 4 x 4 = 16		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>16</td><td>25</td></tr> <tr><td>Dec-21</td><td>16</td><td>20</td></tr> <tr><td>Jan-22</td><td>16</td><td>20</td></tr> <tr><td>Feb-22</td><td>16</td><td>20</td></tr> <tr><td>Mar-22</td><td>16</td><td>20</td></tr> <tr><td>Apr-22</td><td>16</td><td>20</td></tr> <tr><td>May-22</td><td>16</td><td>20</td></tr> <tr><td>Jun-22</td><td>16</td><td>20</td></tr> <tr><td>Jul-22</td><td>16</td><td>25</td></tr> <tr><td>Aug-22</td><td>16</td><td>25</td></tr> <tr><td>Sep-22</td><td>16</td><td>25</td></tr> <tr><td>Oct-22</td><td>16</td><td>25</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Nov-21	16	25	Dec-21	16	20	Jan-22	16	20	Feb-22	16	20	Mar-22	16	20	Apr-22	16	20	May-22	16	20	Jun-22	16	20	Jul-22	16	25	Aug-22	16	25	Sep-22	16	25	Oct-22	16	25		
Month	Target Score	Risk Score																																										
Nov-21	16	25																																										
Dec-21	16	20																																										
Jan-22	16	20																																										
Feb-22	16	20																																										
Mar-22	16	20																																										
Apr-22	16	20																																										
May-22	16	20																																										
Jun-22	16	20																																										
Jul-22	16	25																																										
Aug-22	16	25																																										
Sep-22	16	25																																										
Oct-22	16	25																																										
Level of Control = %																																												
Date added to the risk register 12/10/2021																																												
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> All midwives are working at the hours they require up to full time. Specialist midwives and management redeployed to support clinical care as required Birth rate plus Intrapartum acuity tool completed 4 hourly to guide safe service provision and escalation; Escalation meeting now daily to review rotas and reallocate staff as required – this is Director led Morning safety huddle for community midwifery teams Additional shifts offered via Bank, additional hours and overtime – targeted enhanced overtime rates offered for 3 weeks (from 24/06/2022) with authorisation of Executive Director of Nursing and subject to daily review. Plus enhanced bank rate offered to registered midwives. Utilisation of off-contract midwifery agency authorised by Executive Director of Nursing (from 24/06/2022) – prospective bookings in place to end of January 2023. Six Graduate midwives employed October 2022 Open advert for recruitment on TRAC On-Call Manager Rota in place. Medical team support used when required. Continue to suspend services in the FMU at NPT. International recruitment campaign initiated with MEDACS. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Complete workforce paper with HR and finance to establish vacancy position and develop vacancy tracker going forward. Support for Cwm Taf secured to develop this.</td> <td>Head of Midwifery</td> <td>30/12/2022</td> </tr> <tr> <td>Complete Birthrate+ Cymru assessment.</td> <td>Head of Midwifery</td> <td>Closed as separate action – to be considered as part of above</td> </tr> <tr> <td>Review the role and capacity of the HCSW to maximise registered midwife capacity.</td> <td>Deputy Head of Midwifery</td> <td>31/10/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	Complete workforce paper with HR and finance to establish vacancy position and develop vacancy tracker going forward. Support for Cwm Taf secured to develop this.	Head of Midwifery	30/12/2022	Complete Birthrate+ Cymru assessment.	Head of Midwifery	Closed as separate action – to be considered as part of above	Review the role and capacity of the HCSW to maximise registered midwife capacity.	Deputy Head of Midwifery	31/10/2022																											
Action	Lead	Deadline																																										
Complete workforce paper with HR and finance to establish vacancy position and develop vacancy tracker going forward. Support for Cwm Taf secured to develop this.	Head of Midwifery	30/12/2022																																										
Complete Birthrate+ Cymru assessment.	Head of Midwifery	Closed as separate action – to be considered as part of above																																										
Review the role and capacity of the HCSW to maximise registered midwife capacity.	Deputy Head of Midwifery	31/10/2022																																										

<ul style="list-style-type: none"> • Offer of additional support worker shifts particularly in the postnatal area for additional support for women • Absences in senior roles supported mitigated as follows: Head of Safeguarding supporting the governance team; Temporary extension of Interim Midwifery Matron post to support oversight of the governance team; Retired Head of Midwifery mentoring new Deputy Head; Intrapartum Lead Midwife (Cwm Taf) is supporting development of future workforce requirements; WG offer of advice/support where required. • Regular communication with stakeholders includes: Early warnings to Welsh Government; Verbal and formal communication with CHC; Internal communications on home births, RCM updates; weekly staff briefings and bulletins. 			
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>We will be able to maintain safe staffing rotas and women and families will receive safe and effective care wherever they chose to birth. We will report increased staff satisfaction. We will have a reduction in complaints to the service. we will have reduced sickness rates. We will be able to effectively support secondments for staff development without depleting the clinical service. Long term sickness and maternity leave will not impact on our ability to sustain staffing levels within the clinical areas. The following assurance mechanisms in place currently:</p> <p>Birth-rate Plus Intrapartum acuity tool completed 4 hourly</p> <p>Daily Director-led midwifery staff escalation meetings which considers sickness & other absences and daily review of safety and quality outcomes. The Group Head of Quality Safety & Risk is supporting daily oversight of Datix incidents (commenced July 2022). Red flag events are monitored and reported in accordance with NICE Guidance 2021:</p> <ul style="list-style-type: none"> • Cancelled elective caesarean sections; • Missed or delayed care; • Delayed or cancelled induction of labour; • Delay of 2 hours or more between admission for induction of labour and beginning of process; • Delay of 30 minute or more between presentation and triage. 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Incorporate Birthrate+ Cymru required staffing levels when available.</p> <p>To restructure the management SIP for robust management and governance including succession planning for management roles in line with RCM recommendations</p> <p>Evidence has shown midwifery led intrapartum services have high value from reduced intervention rates and improved satisfaction/experience as well as financial benefits as births in midwifery led intrapartum care has lower financial cost to obstetric unit births. SBU are reporting an increase in the caesarean section rates year on year.</p> <p>The ability to recruit graduate midwives to the commissioned numbers.</p>		
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>03/08/2022: Management Board has approved proposal to suspend home births until end Sept to support effective deployment of staff on open services.</p> <p>Work being undertaken to maximise the centralisation of community services between Neath, Swansea and Port Talbot including a modified schedule of routine antenatal and postnatal care directed by RCOG/RCM recommendations to support better deployment of staff resource. Enhanced bank rate implemented until further notice and continued use of off contract agency midwifery staff. CHC have been formally informed of the suspension of home birth services.</p> <p>12.08.2022 – Situation reviewed – Risk score increased to 25 following discussions with WG as we are still unable to resume home births or reopen the birth centre.</p> <p>3 actions complete - Shortlist for band 6 midwifery vacancies following closure date. Fourth recruitment round to be initiated. Interview dates to be confirmed. SBAR to be prepared for vacancy panel to advertise for Band 5 midwives where band 6 recruitment cannot be achieved.</p> <p>Updated 12.9.22 - Daily meetings still taking place. Risk score remains the same at 25.</p> <p>A task & finish group has been established to review the current midwifery establishments and roster templates with Finance. Update - 4/10/22 - establishments reviewed and compared to BR+; paper sent to Mgt Board due to be presented 4th November. Action completed – Task and Finish group established.</p> <p>14/10/2022 - 5 x Band 5 Midwives commenced induction in October 2022. Meeting held with Community Midwives 13.10.22 - action plan presented and agreed for rotation of midwives to community posts. Band 6 have commenced in October 2022. Suspension of home birth and NPT Birth Centre remains in place with a fortnightly review. Centralised community</p>			

midwifery service in place. Use of agency and bank midwifery staff approved by the Executive Team until end of January 2023. Rolling recruitment for midwives on TRAC. Options for overseas recruitment being considered.

24/10/2022- Homebirth and FMU birth remain suspended. Six of thirteen commissioned graduate midwives able to commence employment immediately. Two actions complete – recruitment for Band 6 midwives. Recruitment for Band 8a Lead Midwife for Intrapartum Services.

Datix ID Number: 2554 Health & Care Standard: Standard 5.1 Timely Access		HBR Ref Number: 82 Target Date: 1 st December 2023		Current Risk Rating 4 x 4 = 16																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Richard Evans, Executive Medical Director Assuring Committee: Performance & Finance Committee For Information: Quality & Safety Committee, Workforce & OD Committee Date last reviewed: October 2022																																										
Risk: Risk of closure of Burns service if Burns Anaesthetic Consultant cover not sustained There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, potentially resulting in closure to this regional service, harm to those patients would require access to it when closed and the associated reputational damage. This is caused by: <ul style="list-style-type: none"> • Significant reduction in Burns anaesthetic consultant numbers due to retirement and long-term sickness • Inability to recruit to substantive burns anaesthetic posts • The reliance on temporary cover by General intensive care consultants, and Consultants from the Morriston General on-call and Paediatric Anaesthesia rotas, to cover while building work is completed in order to co-locate the burns service on General ITU • Reliance on capital funding from Welsh Government to support the co-location of the service 																																												
Risk Rating (consequence x likelihood): Initial: 4 x 3 = 12 Current: 4 x 4 = 16 Target: 3 x 1 = 3		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Nov-21</td><td>25</td><td>3</td></tr> <tr><td>Dec-21</td><td>20</td><td>3</td></tr> <tr><td>Jan-22</td><td>20</td><td>3</td></tr> <tr><td>Feb-22</td><td>20</td><td>3</td></tr> <tr><td>Mar-22</td><td>20</td><td>3</td></tr> <tr><td>Apr-22</td><td>20</td><td>3</td></tr> <tr><td>May-22</td><td>16</td><td>3</td></tr> <tr><td>Jun-22</td><td>16</td><td>3</td></tr> <tr><td>Jul-22</td><td>16</td><td>3</td></tr> <tr><td>Aug-22</td><td>16</td><td>3</td></tr> <tr><td>Sep-22</td><td>16</td><td>3</td></tr> <tr><td>Oct-22</td><td>16</td><td>3</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Nov-21	25	3	Dec-21	20	3	Jan-22	20	3	Feb-22	20	3	Mar-22	20	3	Apr-22	20	3	May-22	16	3	Jun-22	16	3	Jul-22	16	3	Aug-22	16	3	Sep-22	16	3	Oct-22	16	3	Rationale for current score: This risk was increased due to closure of the Burns Unit due to staffing levels, and reduced from 25 to 20 having secured the agreement of the general ITU consultants to provide cross-cover while enabling capital works are completed. Propose reduce risk to 16 now and reduce to 12 when funding confirmed by WG.	
Month	Risk Score	Target Score																																										
Nov-21	25	3																																										
Dec-21	20	3																																										
Jan-22	20	3																																										
Feb-22	20	3																																										
Mar-22	20	3																																										
Apr-22	20	3																																										
May-22	16	3																																										
Jun-22	16	3																																										
Jul-22	16	3																																										
Aug-22	16	3																																										
Sep-22	16	3																																										
Oct-22	16	3																																										
Level of Control =				Rationale for target score: This is a small clinical service with staff with highly specialised skills. While a small service may always be vulnerable to challenges (eg staff) the intention will be to operate a more resilient clinical model that is supported by other clinical groups.																																								
Date added to the HB risk register December 2021																																												
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> • The general ITU consultants, and some Consultants from the Morriston General and Paediatric Anaesthetists to support the Burns service on a temporary basis, supporting the remaining burns anaesthetic colleagues to provide cover for the Burns service. • The agreement reached is that they will cover the current Burns Unit on Tempest ward at Morriston hospital for 6-9 months while capital work is underway on general ITU to enable co-location of the service. • Capital works will be completed by mid-2023 to co-locate the burns patients within the GICU footprint. • WHSSC as commissioners of the service have been kept fully informed, as has the South West (UK) Regional Burns Network • Other UK burns units have ICU co-located with Burns ICU, removing the need for dual certified consultants 		Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>WG have agreed funding in principle for capital works to progress. Scoping document submitted to WG and discussions ongoing about expediting a decision on an outline/full business case.</td> <td>Morriston Service Group</td> <td>30th November 2022</td> </tr> </tbody> </table>				Action	Lead	Deadline	WG have agreed funding in principle for capital works to progress. Scoping document submitted to WG and discussions ongoing about expediting a decision on an outline/full business case.	Morriston Service Group	30 th November 2022																																	
Action	Lead	Deadline																																										
WG have agreed funding in principle for capital works to progress. Scoping document submitted to WG and discussions ongoing about expediting a decision on an outline/full business case.	Morriston Service Group	30 th November 2022																																										
Assurances (How do we know if the things we are doing are having an impact?) Effect on patients of the temporary closure of the burns service in Swansea is mitigated by maintaining an urgent		Gaps in assurance (What additional assurances should we seek?)																																										

assessment/stabilisation service for patients in Wales with severe burns, with onward transfer for inpatient care to another unit in the UK following the initial assessment.
The service reopened fully on 14/02/2022.

Additional Comments / Progress Notes

31.03.22: The service reopened fully on 14/02/2022.

Action completed - Securing the agreement of GITU consultants to cover pending completion of capital work.

13/05/22: Scoping document submitted to WG; meeting 17/05/22 to agree timescale for submission of business case. Risk score reviewed – interim arrangements working well; no concerns raised. Propose reduce risk to 16 now and reduce to 12 when funding confirmed by WG.

27.06.22 – Action complete: Submission of bid for capital funding to Welsh Government for both phases of work required.

11.08.22 – EMD has secured agreement for continued support of the Burns service by anaesthetics and critical care pending the completion of capital works. While there is willingness to provide that cover, staffing vulnerabilities remain in those clinical areas.

Risk Score Calculation

For each risk identified, the LIKELIHOOD & CONSEQUENCE mechanism will be utilised. Essentially this examines each of the risks and attempts to assess the likelihood of the event occurring (PROBABILITY) and the effect it could have on the Health Board (IMPACT). This process ensures that the Health Board will be focusing on those risks which require immediate attention rather than spending time on areas which are, relatively, a lower priority.

Risk Matrix	LIKELIHOOD (*)				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25