

## South Wales Spinal Network Risk Log

<b>Sponsor:</b>	SRO	<b>Complied by:</b>	ODN
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Please do not adjust the formatting / layout of this log

**Remember!** A risk is an uncertain event that, should it occur, will have an effect (negative or positive) of the achievement of objectives

Risk ID	Risk Footprint	Risk Category	Risk Title	Cause	Event (Impact)	Effect	Current Risk Score / Severity			Management & Mitigation	Revenue / Capital Requirement	Since Last Review	Date raised	Date for review	Risk Owner	Comments & Updates
				"If xxx (cause) occurs"	"then xxx (event) may happen"	"which will result in xxx (effect)"	Consequence	Likelihood	Total							
SWSN.002	South East	Quality and patient safety	There is a risk of patients with time sensitive pathologies, outside of the spinal centre, may receive delayed or inappropriate care.	Inconsistent access to 24/7 MRI in SEW (as a result of limited radiographer and radiologist cover) and the absence of standardised clinical pathways.	potentially resulting in patient harm/ irreversible neurological injury. Major medicolegal payouts.	risk that time sensitive pathologies (cauda equina syndrome, metastatic spinal cord compression, traumatic acute spinal cord injury, acute deterioration from epidural abscess/ haematoma) are not managed in appropriate timescale	4	4	16	Development and adoption of agreed clinical pathways for the management of time sensitive pathologies.	N/A	↑		30/10/2023	Spinal Network	<p><b>15/08/2023-</b> ABUHB, C&amp;VUHB, SBUHB have provided assurance to the Network Implementation Board of 24/7 MRI provision within the Health Board. HDUHB &amp; CTMUHB will be providing an update at the next Network Implementation Board 05/09.</p> <p><b>05/03/2024</b> - The risk remains the same due to inconsistent access to 24/7 MRI scanning. The ODN are continuing to implement processed to support this.</p> <p><b>24/09/2024</b>- CTM to CAV pathway is only applicable to CES. Further solution required.</p> <p><b>03/12/2024</b> - This risk has been increased to a red risk of 16 following the number of SIDs the ODN have received. <b>13/5/25</b> - Letter to be sent to CTM requesting resolution of this risk as CTM are th only HB with no 24/7 MRI access</p>
SWSN.003	South West	Quality and patient safety	Absence of appropriately trained nurses in managing SCI outside of WSCIRC	Increased scope of SBUHB spinal unit as the regional emergency spinal surgical unit	Suboptimal patient experience and outcomes. Prolonged hospital stay. Potential for increased inpatient complications.	Limited dedicated support for the management of patients with SCI on the surgical ward	3	1	3	Enhanced Inreach service from WSCIRC will lead the training of local allied health professionals. Will require additional WSCIRC nurse, therapist and psychologist. Benchmark from BSRM staffing standards.	Revenue	↔		30/10/2023	Spinal Network	<p><b>15/08/2023-</b> SWSN to engage with WSCIRC along with involvement into the All-Wales Rehabilitation Network.</p> <p><b>05/03/2024</b> - There is still improvements to be made with training and education plans for the patient cohort.</p> <p><b>19/11/2024</b> - There is currently no funding for a training and education lead.13/5/25 - All Spinal hubs and partners have nurses trained in th emanagement of SCI patients.</p>
SWSN.004	South West	Quality and patient safety	Limited dedicated support for the management of patients with SCI on the surgical ward	Increased scope of SBUHB Spinal unit as the regional emergency spinal surgical unit	Potential Inadequate ratios of therapy staff and time to manage SCI patients	Suboptimal patient experience and outcomes. Prolonged hospital stay. Potential for increased inpatient complications.	2	2	4	Establish a S.Wales therapy network to share/improve knowledge, with alignment of current service provision (staffing and equipment) with BSRM guidelines- Network QI&R Lead to coordinate. HB to review number of SCI patients being admitted to Morrision and report to the Network with any increased trend. Rehabilitation workstream initiated by HEIW with various network involvement	N/A	↔		30/10/2023	Spinal Network	<p><b>28/11/2023-</b> QI&amp;R group to take ownership. SBUHB to acquire SCI trends. QI&amp;R group to undertake deep dive of SCI provision</p> <p><b>05/03/2024</b> - The ODN have established a therapy network to share and improve knowledge however lack of training for this patient cohort remains. The QI&amp;R lead for the network has been tasked to coordinate training guidance.</p> <p><b>19/11/2024</b> - Raise with MSK network, if there is any scope to support with training for the spinal rehab patient cohort.</p>
SWSN.006	Supra-regional	Quality and patient safety	There is insufficient capacity in outpatient therapy services to deliver appropriate rehabilitation to spinal deformity patients	Delayed in bracing resulting in increased spinal curvature.	Failed conservative treatment may lead to surgical intervention.	Delayed treatment resulting in failure of conservative treatment.	2	2	4	Establish a S.Wales orthotics and therapy network to share/improve knowledge, with alignment of current service provision (staffing and equipment) with BSRM guidelines.CG06-bracing guideline has now been issued	Both	↔		30/10/2023	Spinal Network	<p><b>15/08/2023-</b> SWSN are in the process of establishing a Network Spinal Bracing T&amp;F Group to develop standards for spinal bracing across the Network.</p> <p><b>05/03/2024</b> - There are a number of various active work-streams in place. The Spinal Bracing T&amp;F will have completed a draft of a Spinal Bracing Clinical Guideline in March 2024 which can support standardising appropriate rehab treatment for patients.</p> <p><b>19/11/2024</b> - The ODN will monitor the CG06 Spinal Bracing through benchmarking.</p>
SWSN.007	Supra-regional	Quality and patient safety	There is a risk of reduced access to spinal services for paediatric residents in South West Wales.	Lack of spinal outreach services in South West Wales.	Parents and children have to make long journeyers into Noah's Ark Hospital, this can present financial and childcare challenges for families.	Parents and children are unable to access spinal services locally.	3	3	9		Revenue	↔		30/10/2023	Spinal Network	<p><b>05/03/2024</b> - AT is the point of contact in SW Wales for virtual clinics. The paediatric pathway highlights what the ODN would like to happen within each health board which is being submitted for sign on at network board on 2nd April 2024.</p> <p><b>19/11/2024</b> - Awaiting outcome of CG05 Paediatric Spinal from the T&amp;F Group.</p> <p><b>26/03/2025-</b> Development of CP02 Paediatric Spinal Deformity</p> <p><b>13/05/2025</b> - awaiting publication og CG02</p>
SWSN.009	South West	Quality & Patient Safety	There is insufficient capacity in outpatient therapy services to deliver appropriate rehabilitation to spinal patients following discharge from hospital.	Increased scope of SBUHB spinal unit as the regional emergency spinal surgical unit. Increasing elective spinal surgical demand without requisite increase in resource.	This may lead to suboptimal outcomes including a reduced level of function and independence.	Reduced quality and frequency of rehabilitation. Additional stress on staffing.	2	2	4	specific OPD spinal rehab commissioning for SB and HD. Additional recruitment, outreach from WSCIRC, training. Will require additional WSCIRC nurse, therapist and psychologist. Benchmark from BSRM staffing standards. Rehabilitation	Revenue	↔		30/10/2023	Spinal Network	<p><b>05/03/2024</b> - The ODN do not have the ability to recruit to any post currently.</p> <p><b>19/11/2024</b> - Cross check this risk with SBUHB, CLB. Ensure it is on their local risk register. 13/5/25 -</p>

SWSN.010	South West	Quality & Patient Safety	Lack of structured integrated management of complex spinal conditions requiring multi specialist involvement. e.g. Intradural with Neurology, MSCC/ oncology. Also requirement for supraregional MDT every quarter.	Increased scope of SBUHB spinal unit as the regional complex spinal surgical unit. Legacy of decommissioning Neurosurgical centre.	This may lead to suboptimal outcomes in potentially time critical conditions. Increased burden on consultant sessions.	May result in delay to opinion and subsequent treatment. Inefficient use of consultant time.	1	2	2	Formal weekly MDT as per GIRFT with pathology specific sections. Requires 1 session per week for spinal surgeons and formal less frequent sessions for other specialists e.g. oncology, neurology MDT tie in/ Formally job planned supraregional MDT.	Revenue	↓		30/06/2024	Spinal Network	15/08/2023- Supraregional MDT established. CG04 Intradural & Complex Neurospinal clinical guideline in development 05/03/2024 - An intradural MDT meeting is being arranged for March 2024 for SE Wales with a combined input from MSCC oncology. There isn't a supra regional MDT set up currently 19/11/2024 - MDT established bi-monthly. Risk reduced. Spinal surgeons with neurosurgical training in post. 03/12/2024- This risk highlights the risk of not having a structured complex intradural spinal meeting. These meetings are scheduled on a quarterly basis. Although there have been issues with accessing radiologists to attend.
SWSN.011	South West	Quality & Patient Safety	Inconsistent access to 24/7 MRI in SWW	Lack of robust standardised clinical pathways. Lack of radiographer and radiology cover.	potentially resulting in patient harm/ irreversible neurological injury. Major medicolegal payouts.	Prolonged periods of bed rest. Referring/ admitting team having to arrange the rehab and adjuvant oncological treatment and reviews "piecemeal", rather than the more integrated and specialist management that was available on ward 12.	1	1	1	Development and adoption of agreed clinical pathways for the management of time sensitive pathologies. (in line with outputs of working group proposed pathways). Robust access 24/7 to MRI in HDUHB, SGH, NPT and MDU. OOHs - This may require a network approach and therefore a further radiology/ radiography T & F group. In hours - further MRI commissioning e.g. mobile scanners/ outsourcing, to be considered.	Both	↑		30/10/2023	Spinal Network	15/08/2023- HDUHB adhere to the 24/7 protocol 05/03/2024 - MRI Scanning: HDUHB – Unavailable between 00:00hrs to 09:00am. There is no current health board wide service for HDUHB. There are discussions of an SLA with SBUHB happening. ABUHB have trained CT radiographers who are 24hr on site to carry out MRIs. The reporting is completed through outsourcing. CTMUHB are discussing a potential SLA with C&V. Currently, there is no MRI scanning from 22:00hrs-07:30am in CTMUHB. 19/11/2024 - Risk increased. Several SIDs submitted in relation to 24/7 MRI scanning provision for patients. Submitted relevant SIDs are 43 & 44. 03/12/2024 - Risk reduced from red. 13/5/25 - HDUHB now have 24/7 MRI access in Prince Philip Hospital.
SWSN.014	South West	Quality & Patient Safety	Limited access to learning difficulties training for rehabilitation staff.	Lack of commissioned pathway and regular funded training sessions.	Delayed discharged. Reduced patient experiences. Increased staff stress.	Patients being managed by staff without necessary training.	1	1	1	WSCIRC enhanced outreach and training. mandatory training on ESR now in each HB with learning difficulty specialist nurses employed in various wards,	Revenue	↔		30/10/2023	Spinal Network	15/08/2023- Plans to appoint T&E Lead to develop an education programme for the Network. 05/03/2024 - Weekly outreach to C&V remains. A new consultant has been appointed. 19/11/2024 - Discuss with governance group. Is this a local issue?
SWSN.016	South West	Quality & Patient Safety	Inadequate post-operative spinal surgical therapy support.	Increased demand on service due to regionalisation of emergency and complex service as well as increasing elective demand.	Reduced patient experiences. Staffing stress. Reduced rehab potential and patient outcomes functionally.	Reduced therapies to patient ratio. Delayed review	3	3	9	Establish a S.Wales therapy network to share/improve knowledge, with alignment of current service provision (staffing and equipment) with BSRM guidelines.	Revenue	↓		30/10/2023	Spinal Network	19/11/2024 - Need to liaise with SBU to ensure this is on their local risk register. <b>This risk will be removed from the network risk register.</b>
SWSN.017	South West	Quality & Patient Safety	Limited availability of Orthotics to cover MSCC service in ward 12 SGH and increasing MSCC pt numbers in MDU and HDda.	Regionalisation of SBUHB emergency spinal service. This has been compounded by reduced inpatient input from oncology due to the practice of single fraction radiotherapy as day case interhospital transfer.	Deconditioning, increased risk of complications reducing their long term recovery potential.	Prolonged periods of bed rest. Referring/ admitting team having to arrange the rehab and adjuvant oncological treatment and reviews "piecemeal", rather than the more integrated and specialist management that was available on ward 12.	4	2	8	Appoint MSCC coordinators to aid with flow, integration and training. SB have an appropriately trained AHP but still limited in HD.	Revenue	↔		30/10/2023	Spinal Network	19/11/2024 - Need to liaise with SBU to ensure this is on their local risk register. This risk will be removed from the network risk register. 13/05/2025 - MSCC coordinators appointed
SWSN.018	Supra-regional	Governance	Lack of standardisation referral system for MSCC	It is not possible to have one version of the form when emailing documents, this will lead to multiple versions existing and causing incorrect information being shared and could result in a patient safety risk.	Numerous emails back and forth with multiple versions of referral forms existing.	Delays to patient care	2	3	6	As an interim solution, a word document has been devised to collect all MSCC referrals	N/A	↓	01/07/2024	01/09/2024	Spinal ODN	07/2024- Discussion with the ODN required before launching. 19/11/2024 - Service is launched. Standardised pathway has been agreed. Risk reduced. 03/12/2024 - This risk have been reduced since the MSCC coordinators have begun their role and the service is live in the West and East.
SWSN.019	Regional	Clinical	Issues surrounding accepting teams of MSCC patients	Suspected/confirmed MSCC requires admission	Delay in transfer for treatment if there is no accepting team for repatriation	Delay in effective treatment for patients with MSCC	3	3	9	Audit MSCC Service as per agreed KPIs	N/A	↓	09/07/2024	31/01/2024	Health Boards/Trust	07/2024- MSCC coordinators providing educational sessions to Health Boards with the aim of streamlining the pathway. 19/11/2024 - MSCC service launched. Ongoing education programme established. Risk reduced. 03/12/2024 - these risks have been reduced since the MSCC coordinators have begun their role and the service is live in the West and East.
SWSN.020	Regional	Clinical	Spinal Bracing	Variation in spinal bracing provision, training and procurement	Regional variation	Reduced understanding of brace fitting	2	2	4	Clinical Guidelines Implementation Audit		↓	02/07/2024	03/12/2024	Health Boards/Trust	19/11/2024 - Spinal Bracing CG audit to be performed by QI&R lead for SWSN.
SWSN.021	Regional	Clinical	Implementation of CG/CP/OPs	Lack of resource / financial implications	Regional variation	Variation of quality of care across the region	2	4	8	Baseline assessment / GAP analysis / Programme to implement		↔	03/07/2024	03/12/2024	Health Boards/Trust	19/11/2024 - Benchmarking tool shared with health boards to complete and benchmark with the SWSN.
SWSN.022	Regional	Clinical	Long inpatient spinal waiting list	Lack of Theatre Access	Regional variation	This is leading to pressure to treat patients not on priority which is leading to potential paralysis and poor outcome	5	5	25			↑	04/07/2024	04/12/2024	Health Boards/Trust	19/11/2024 - Risk increased due to ongoing bed pressures around elective spinal patients and poor access around the network, except ABUHB. 03/12/2024 - FB added that with some of the urgent waiting lists, harm is being caused to patients if their waiting 100+ weeks. There were no objections to the increase of this risk.