Name of Register: CORPORATE

Date: June 2014 (Q1)

Ref	Opened	Objective for 13/14	Domain/Type	Description	Controls in place	Initial RA			Action Plan	Action Lead	Option Agreed	Board/ Committee	Progress	Revised RA - (2014/15)			
						Consequence	Likelihood	Rating						Q1	Q2	Q3	Q4
1	Q1 2012/13	**Excellent Patient Outcomes** ……..	**Timeliness of Care & Access** …….. Unscheduled Care Access	Difficult to achieve waiting times in A&E and handovers which may lead to delays in assessing and treating patients and a risk of the right care not being given at the right time. Pressures on the service from number of factors which include changing profile of patient, increased demand, major service change in unscheduled care services, reduced opportunities for surge capacity due to refurbishment programme and service change, medical staffing pressures, norovirus.	ABMU and partners Unscheduled Care and Patient Flow Improvement plan for 2014/15 developed via USC and Patient Flow Programme board , chaired by CEO. This is supported by individual Directorate and Locality plans. Daily Health Board wide conference calls escalation process in place. Weekly meetings at POWH and Morriston Hospital. New monthly performance meetings being introduced regarding ambulance performance. Regular reporting to Executive Team, Executive Board and Health Board/Quality and Safety Committee. External reporting to Welsh Government.	4	5	20	2 main areas of forucs for 2014/15: 'Front Door' and 'Flow'	Chief Operating Officer and Director of POWH	Treat	Q&S Committee Board	Progress made regarding improvement in 12 breaches and excessive ambulance delays. Focus now on achieving 4 hour wait trajectary included in IMTP.	20			
3	Q1 2012/13	**Excellent People** …….. **Excellent Patient Outcomes** ……..	**Safety Domain** ..... Deliver services effectively through trained competent staff and develop new roles as services change over time. Workforce Planning Compliance with Mandatory and statutory training	National shortages of numbers in some areas can lead to: Unable to recruit sufficient numbers of trainees to fulfil rotas on all sites Unable to attract non training grades to complete rotas Unable to fill Consultant grade posts in some specialties with adverse affects on patient safety and industrial relations	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	5	4	20	HB Workforce & OD Committee to be established. Medical workforce issues are seen as a lever for service planning and factored into C4B and South Wales service plans. Ongoiong discussions and communication with Deanery about recruitment position. Recruitment campaigns for additional non training posts to fill gaps. Specific Medical Workforce Group for Integrated Medicine and Paediatrics to develop short term workfoce plans. Medical Workforce Board to consider current and future shape of medical workforce. Review of primary care in terms of recruitment and retention underway. Funding to be secured to increase nurse staffing levels. Number of workforce risks have been identified by NPT Locality relating to staffing issues of therapy staff. Action plans being worked trhough to ensure appropriate controls in place.	Director of Workforce and OD Medical Director, Director of Nursing, Director of Therapies & Health Sciences	Treat	ABMU Workforce &OD Committee	Regular Workforce and OD Committee meetings now underway on a quarterly basis to provide assurance on WF and OD issues including staffing levels and recruitment. Focus of Changing for the Better and South Wales Programme is to redesign services and roles that take account of recruitment difficulties in key specialties. A number of medical training initiatives are being pursued in a numer of specialties to ease junior doctor recruitment. Medical Workforce Board continues to monitor recrutiment and junior doctors rotas 1.2m investment for nurse staffing - 44 wte registered nurses commenced employment in July 2013 across the Health Board. Block recruitment arrangements are in place for qualified nursing staff for 2014.	20			

33	Q4 2012/13	**Patient Outcomes …… Sustainable Services**	Safety Domain	Risk to Cardiac surgical population of South West Wales. In the event of this unit being full with no suitable discharges to HDU or other available ITU beds within ABMU Health Board. .	Patients are admitted and treated according to clinical need. Patients are advised to discuss their condition with their GP should they have concerns recording their condition. Patients are formally pre-assessed prior to elective surgery. Emergency admissions are retained until a date for surgery can be provided. Options assessment with architect new build required have been explored for the development and expansion of CITU/CHU unit to increase capacity and flexibility.	4	5	20	Discussions are ongoing with WHSCC and WG about options to extend Cardiac ITU. Cardiac Action Plan in place. • A Cardiothoracic Directorate has been established. • Appointment of a Consultant Cardiac Intensivists • Clinical leadership has been enhanced for CITU with the appointment of a Director of CITU. • Regular communication with staff has continued through fortnightly staff briefings led by the Chief Executive and Chief Operating Officer. • Workforce plans to address gaps and deficiencies have been developed and costed. Revised operational processes in place regarding team briefing and Board rounds which are maximising	Chief Operating Officer	Treat	Quality & Safety Committee	Cardiac Action plan in place and reviewed by the Q&S Committee every other meeting. Follow up review to take place in September 2014.	20		
7	Q1 2012/13	**Good Governance**	Adverse publicity	Adverse publicity can put the reputation of the Health Board at risk	Management structures provide an escalation mechanism Communications Department to respond to press queries Policies and procedures in place in relation to risk and incident reporting	5	4	20	Revise arrangements for dealing with FOI requests to include assessment of reputation risk with associated escalation process Regular reporting to the Quality and Safety Committee of Serious Incidents and No Surprise Reports notified to the Welsh Government	Board Secretary	Treat	Board	Increase in media attention on a national basis linked in the main to care/treatement issues at the PoWH. For Princess of Wales Hospital, 4 ANP's and 2 replacement Consultants appointed. AMU split from April 2014. Focus now on flow through the hospital to maintain integrity at front door.	20		
31	Q4 2012/13	**Sustainable Services …… Good Governance**	Safety Domain	The quality of the storage of the records directly impacts on availability of records. Despite continuing with a robust ongoing programme of retention, destruction and removal of records off site - all acute Health Records Libraries have reached full capacity. This leaves the service in a very hazardous position. The unavailability of space threatens the ongoing provision of service and will lead to an inevitable deterioration in the availability of records and patient care	Retention & destruction action plan in place includes destruction of deceased records from 2005; moving non-active notes to the storage unit ; culling current filing areas	4	5	20	Additional resources required to implement further actions across all sites. Proposal includes the leasing of additional off site storage space total costs £70k capital; £24k recurring	Director of W&OD	Treat	Informatics Governance Committee	Jan 14 - R&D action plan in place; further funding to be sourced	20		

2	Q1 2012/13	**Good Governance**	**Efficiency Domain** - Finance Achieving financial balance for 2013/14 is a statutory requirement	Number of factors mean that this risk is high and include: * ability to deliver CIPs and cost containment measures * ITU activity levels above funded levels as a result of increased demand * Ability to recruit to medical staff * Investment required in Unscheduled care Capacity and Nurse Staffing levels * Capital Resource limit *Capacity and Demand Issues for Unscheduled Care and cost of Delivery of RTT targets. Nurse shortages creating heavy reliance on bank and agency.	• Directorate/Locality CIPs are updated and maintained on weekly/monthly basis · Use of risk rating to assess CIPs · Review of CIP delivery through monthly performance reviews · Regular reporting/monitoring of CIPs to Health Board * Counter Fraud specialist in post, Fraud work plan reporting to the Audit Committee * Regular review of Workforce information * Regular reporting of Medical Staffing	4	5	20	* Review of CIP through monthly performance reviews. * Target reduction in use of agency, bank staff and overtime. Need to continue to identify further savings. *Structured approach to unscheduled care & RTT delivery plan .* Briefings to WG identifying significant overspend. Options to reduce £32M financial gap presented to HB.	Director of Finance and Chief Operating Officer	Treat	Audit committee	Financial Plans and current £32.5m gap have been presented in detail to WG. WG have issued additional allocation of £20.5m, this leaves the Health Board with a forecast deficit of £12m. . Options to reduce costs further to be considered by Executive Team (JDIs) and Health Board for schemes that impact on service.	16		
8	Q1 2012/13	**Sustainable Services**	**Safety Domain** …… Environment Records	The inability to access records stored off site or held in community based settings, particularly out of hours, can present a risk to patient care. GPOOH access to Hospital records.	Staff adherence to policies and procedures for retention and destruction of records, enabling existing storage to be used more effectively and for records to be consolidated.	4	4	16	Development of business case for an off site storage solution.	Director of Chief Operating Officer	Treat	Changing for the Better Board	Discussed at Performance meeting and a Task and Finish Group established to consider options to reduce the risk and actions taken in high risk areas. Directorates/Localities requested to review all areas and ensure compliance with the Records Management Policies prior to further actions being considered.	16		
11	Q1 2012/13	**Excellent Patient Outcomes**	**All 6 Domains …….. Focus on improving Dignity in Care and the needs of older people**	Increasing challenge of providing healthcare models for aging population. Over next 20 years care resident population will see a 24% increase in people of a pensionable age and 15% increase in people of non working age. Providing services to enable citizens to live independently at home is a major challenge.		4	4	16	Action Plan to implement 12 key recommendations within the Older People Strategy. Number of Programmes to support delivery of this priority: C4B, South Wales Programme, Delivering Capacity, Workforce and financial plans, Leadership development, Developing infrastructure, Strengthening Partnerships, Public Health Strategy.	Director of Therapies	Treat	Q&S Committee	Action plan in place and monitored through the Older Persons Group. Full implementation of the Butterfly Scheme and Dementia Training in Place across the Health Board.	16		
10	Q1 2012/13	**Excellent Population Health**	**Safety & Effectiveness Domain …….. Improving Cardiovascular Health**	Failure to deliver against this priority and reduce mortality rates for citizens of the HB population.	1000 Lives plus Programme, Localities and Directorates have plans in place for Tobacco Control and obesity, ABM Public Health Team contributed to the Health Improvement Plans.	4	4	16	Number of Programmes to support delivery of this priority: C4B, South Wales Programme, Delivering Capacity, Workforce and financial plans, Leadership development, Developing infrastructure, Strengthening Partnerships, Public Health Strategy.	Director of Clinical Strategy and Director of Public Health	Treat	Q&S Committee	ABMU Public Health Team supporting the development of an ABMU HB area 2012/13 Obesity Strategic Action Plan. Implementing the actions from the ABMU HB Tobacco Control Strategic Action Plan 2012 - 14 across the Localities	16		
9	Q1 2012/13	**Excellent Patient Outcomes …….. Sustainable Services ……**	**Access** …… .	Insufficient bed capacity to meet demand at peak times can have a major impact on service delivery around access particularly	Patient Flow Programme.	4	4	16	• Board Rounds • 7 day working. • Analysis of < 15 day LOS • Community capacity increase • Increased staffing levels • Improved operational provisions	Chief Operating Officer and Director of POWH	Tolerate	Board	Significant reduction in medical outliers at Morriston Hospital as a result of 13/14 actions now need to focus on ringfenced bed for stroke. All physical capacity in Princess of Wales Hospital is open that can be opened. The issue is now of reducing the number of patients who are medically fit waiting to be discharged.	16		

21	Q3 2012/13	**Sustainable Services**	**Safety Domain** ……..…… Follow up Not Booked Lists	Length of follow up OPD lists. Patients are waiting over their target dates in numerous specialties. There is potential for patient harm.	Detailed Follow Up Not Booked lists published weekly on the Caldicott Drive. FUNB information with exception reporting is also available via Hypercube. Additionally, Follow Up Not Booked lists and exception reports are provided to Directorates on a weekly basis for review and action. Impact of the actions are reviewed through the monthly performance review meetings as part of the quality scorecard.	4	4	16	Working with Directorates to review clinic capacity, clinic templates/ follow up policy/ virtual clinics/ SOS follow up/validation of lists etc in order to reduce FUNB problem	All Operational Directorates	Treat	Changing for the Better Board	Speciality specific action plans being developed and monitored monthly through the performance meetings.	16		
25	Q4 2012/13	**Excellent Outcomes**	**Safety** ……..…… . Delayed electronic discharge Summaries	Lack of timely discharge information provided to General Practitioners may lead to patient harm - minimum standard of information - specific follow up instructions, medication and diagnosis	Board wide project in place to improve compliance. IT systems in place to assist in streamlining processes. Performance monitored via HB perf report and monthly performance review meetings with each Directorate and locality.	4	4	16	Working Group established to oversee implementation of the actions identified to support increase in compliance.	Medical Director	Treat	Changing for the Better Board - Patient Safety Programme	Single PAS project & rollout of PIMS+portal to Swansea I by March 2014, will provide single solution for creating discharge summaries as part of Admission process	16		
26	Q2 2012/13	**Good Governance**	Good Governance …….. Investigation Redress Department	Prolonged period of reduced resourcing within the department, arising through high staff turnover resulting in limited knowledge levels within the team. Increased volume of work entering the department - 50% increase in complaints over past 3 years / continual increases in volumes of incidents reported / increasing Serious incidents and Never Events / increasing litigation / increasing numbers of cases progressing to Ombudsman / NHS Redress requiring far greater input to achieve compliance / changes to HM Coroners requirements demanding greater co-ordination.	Interim Complaints strategist recruited to review complaints arrangements and progress devolvement of work. Interim Operational Manager for Complaints assisting within department to progress backlog complaints and resolve complaints capacity issues through the next 3 months. Former departmental staff assisting undertaking work as external contractors. Executive oversight of Ombudsman correspondence.	4	4	16	Progress restructuring and redesign of corporate functions provided by the existing department to ensure ownership is appropriately allocated to increase awareness and likelihood of improvement actions being realised and more effective in reducing recurrence.	Director of Therapies & Health Sciences	Treat	HR Group / Quality & Safety Committee	Anticipated reorganisation and devolvement to be progressed to implementation within 6 months with the assistance of the Interim Complaints Strategist.	16		

4	Q1 2012/13	**Excellent Patient Outcomes ……..……**	**Safety Domain** …….. Infection Control Reducing Healthcare Acquired infections	Healthcare acquired infection (HCAI) causes patients harm. HCAI also results in increased costs, length of stay and bed losses.	Comprehensive Control of Infection Policies & Procedures / SOPs in place. HB wide ICD appointed. Comprehensive programme of action via the 1,000 Lives Programme being actioned including hand hygiene, antibiotic stewardship, dress code, cleaning standards Regular monitoring of compliance with standards and the identification of hot spots Operational engagement of infection control in site management processes Clear escalation process in place. Operational Infection Prevention Board established chaired by the Chief Executive. Performance Indictors agreed and monitored through the IPB.	5	4	20	Continue with current management arrangements Consider implications of zero tolerance approach Focus backlog maintenance efforts in high risk areas Ensure full compliance with Hand Hygiene requirements. Monitored through Infection Prevention Board. Reviewed monthly through the performance meetings on the quality section of the performance scorecard.	Director of Nursing Chief Operating Officer Medical Director & Director of T&HS	Treat	Infection Prevention Board Infection Control Committee reporting to the Q&S Committee	• The Health Board achieved good progress towards Commitment to Purpose improving by the end of March 2014, with 94% of actions at Green; 6% (3) at Amber; none are Red from 85 % green and 15% amber • A follow up Internal Audit provided an assessment of Green rating in relation to governance, risk management and internal control within Infection Prevention & Control. Further work is underway to develop further the governance and assurance framework in line with the quality and safety review. • The Health Board achieved a 14% reduction in its target in relation to Clostridium difficile infection and increase by one case (4%) of MRSA bacteraemia. There was a 11% decrease in MSSA bacteraemia cases. In 2013/14, the Health Board achieved an overall 6% reduction in the total number of cases of Staph. aureus bacteraemia (MRSA and MSSA bacteraemia collectively), 12 fewer cases than in 2012/13. • Compliance with all four elements of the antimicrobial bundle improved from 52% to 69 % • Hand Hygiene audit compliance improved from an average score of 89% to 90% against a target of 95%. • A Decontamination (Clinical) Lead commenced in post in September 2013. • Hydrogen Peroxide Vapors cleaning machines were purchased and implemented into practice • The Average credit for cleaning scores was 90.7% exceeding the average site target score of 88% • The environmental audit score improved to an average of 81% against a previous average score 79% in 2013/14 Key risks-Microbiology input and ICC medical lead,Appropriate decant facilities for deep cleaning programmes,	16		
34	Q4 2013/14	**Excellent Patient Outcomes**	Princess of Wales	Increase in complaints relating to care and treatment at the PoWH.	PoWH Quality & Steering Group established, chaired by Chief Executive.	4	4	16	* 15 wte nurses recuited, 26.43 wte Band 5's to be recrutied to in April. 4 wte Advanced Nurse Practitioners appointed for the ED, full time Continence Specialist Nurse to be appointed. Specialist and advanced practice workforce within the site. A Specialist Nurse and Advanced Practice Forum and Steering Group has been established. • 2 Consultants in Emergency Medicine appointed on 4th April 2014. • Interviews for an Acute Care Physician has been arranged for the 15th May 2014 and at present there are 2 appointable applicants. • An advert will be placed imminently for 2 Consultant Cardiologists and the interviews will be held in the middle of June 2014.Two wards have been piloting the Ward Hostess service with excellent results in terms of patient experience, compliance with nutritional standards and food waste. * All complaints reviewed by the Director of Princess of Wales Hospital and Head of Patient Experience and decision made. * review of the condition of the maintenance of the Princess of Wales Hospital priotiy areas identiifed as Ward 7, Ward 9 and Maternity Unit. * Hospital management Committee estalbished first meetign 16th May.	Director for PoWH	Treat	Q&S Committee	Q&S Committee receive a report on the work undertaken to progress the actions idenitifed during each meeting. The action plan incorproates actions identified within the AQuA report and this is being addressed to include the Andrews Report to develop a consolidated Quality & Safety Plan.	16		
35	Q4 2013/14	**All objectives**	Changing for the Better prorgamme.	If the programmes set up to dleiver C4B are not managed effectively then they will have an impact on all of the Health Boards objectives.	C4B Board established to oversee all prorgammes and an Assurance Group set up to review the programmes.	4	4	16	Contained witihn the C4B Risk regsiter for all the risks identified.	Director of Planning	Treat	Changing for the Better Board Health Board	A number of risks for each programme are identifiedwith the C4B Risk Regsiter and plans to manage these risks within the embedded excel document. C4B Risk Register - Master Copy.xlsx	16		

32	Q4 2012/13	**Patient Outcomes**	Safety Domain	Approximately 10 batches of appointment letters not being printed when patients are appointed on Myrddin (affecting about 400 patients) mainly affected POW & NPT since go live on Myrddin (25/11/13) with isolated incidents in Swansea. This issue has caused subsequent delays in booking processes as additional checks being put in place	Fix in place since 13/1/14. Able to reproduce letters for 600 forthcoming appts. Continued monitoring and feedback to NWIS Myrddin Team to identify problem and ensure issues are resolved	3	5	15	Myrddin Team to work with ABM to resolve this issue.	Director of W&OD	Treat	Informatics Governance Committee	1 J C4B Risk Register - Master Copy.xlsx d to NWIS Directors on 21/1/14 in order for resources to be allocated to resolve problems asap	15		
15	Q1	**Excellent Population Health**	**All 6 Domains**	Failure to achieve population health improvement targets leading to an increase in preventable disease amongst the population resulting in increased morbidity impacting on operational and financial pressures.	Local Public Health Strategic Framework developed to ensure that work to achieve targets is being delivered and progress reported via the HB performance reviews.	5	3	15	Actions plans and strategic plans in place for actions relating to tobacco control, substance misuse, obesity, falls and injuries, workplace health and sexual health.	Director of Public Health and Chief Operating Officer	Treat	Board	ABM Public Health Team contributed to the Single Integrated Plan Joint Needs Assessment in Bridgend, NPT and Swansea. Director of Public Health Annual report which will inform the work of the three Localities.	15		
31	Q3 2012/13	**Sustainable Services**	All 6 Domains ……... Delay in agreeing the way forward for the South Wales Programme	A decision is awaited on the way forward for the service changes required and has been postponed from December 2013. There is a risk that the fragile services may fail and result in emergency changes which may not follow the strategic direction and impact on other services.	Timescales reviewed by each SWP Board meeting. Framework for making recommendations approved by the Programme Board. Health Board has a strategic plan for local services which complements the SWP.	5	3	15		Director of Planning	Tolerate	Board		15		
14	Q1 2012/13	**Sustainable Services**	Safety and Efficiency …… Fragmented and duplicate records	Enterprise Master Patient Index now contains all known numbers for a patient's hospital record (those previously held on PAS systems) Majority of these numbers have physical paper records associated with them. There is still a risk that the clinician will not have all the information for a patient at the point of care, as there is not enough capacity in Health Records to retrieve all the records for that patient and amalgamate them. Currently there are approximately 600,000 duplicate records that have been identified	Guidance issued to staff on how to choose the most relevant number where duplicates exist. The most relevant paper case note is pulled for the patients new consultation ie. the note with any cardiology activity would be pulled for a cardiology appt etc	4	4	16	Implement Informatics Devt plan and move to paperlite outpatients and more electronic ways of working, reducing the need for paper case notes. Medium to long term investigate funding for scanning of historical paper records to also reduce reliance on paper.	Director of Workforce and OD	Treat	Informatics Governance Committee	Ongoing programme of duplicate record amalgamation in place where resources allow.	15		
23	Q4 2012/13	**Good Governance**	**Safety Domain** …… Business continuity and Disaster Recovery	Large scale system failure may impact the delivery of key services	ICT Business Continuity Task and Finish Group set up to develop coordinated disaster recovery plan.	4	3	12	Business Continuity plans to be developed for key IT and Clinical Systems to be made available across the Health Board via the Emergency Planning Web Site	Director of Workforce and OD and all Operational Directorates	Treat	Emergency planning and Informatics Strategy and Governance Board		12		
13	Q1 2012/13	**Excellent Patient Outcomes …… Sustainable Services**	**Safety** ……..…….. Environment - Premises	Accommodation that does not meet statutory/health and safety requirements could have an adverse impact citizens, staff, financial and operational performance. This is a problem in the acute setting as well as across primary care in community clinics and surgeries.	Key areas where performance linked to health & safety/fire issues flagged through Health and Safety Committee and actions agreed to mitigate impacts. Issues raised through site meetings held regarding service changes for all 4 acute hospital sites	4	4	16	Develop a strategy to improve primary and community services estate.	Director of Planning	Tolerate	H&S Committee	Position statement in respect of primary and community services in progress and will be available by end October	12		

17	Q1 2012/13	**Excellent Patient Outcomes**	**Safety and Efficiency Domains** …… Equipment Replacement	Inability to replace key pieces of equipment could adversely affect capacity and patient well being	Ensure that asset life information will be produced in the new single EBME system from 2011/12, is consistent with the Fixed Asset Register and will allow equipment replacement programmes to be planned for future years. Ensure equipment replacement requirements are identified within all future capital new build/ refurbishment schemes	4	3	12		Director of Planning	Tolerate	Medical Device Committee	Database being developed to support an ongoing equipment replacement programme.	12		
24	Q4 2012/13	**Excellent Patient Outcomes**	**Safety Domain** …… Compliance with NPSA Alerts	NPSA alerts are produced following a review of incidents across England and Wales promoting safer ways of working to limit the risk of a reoccurrence. Non compliance with the alerts exposes the Health Board to safety risks.	Exception reports produced for the RMRG on a bi monthly basis and reported to the Q&S Committee on a quarterly basis. All Wales Group for leads to share practice in compliance with the alerts.	4	3	12	Continuous monitoring	Director of Nursing	Treat and Tolerate for the alert re neuralaxial connectors	Risk Management Review Group and Q&S Committee	Action Plans for each notice monitored on an exception basis at each RMRG and T&F Groups set up to oversee implementation of the actions for specific alerts.	12		
16	Q1 2012/13	**Excellent Patient Outcomes**	**Access, Efficiency & Timeliness Domains** ……	Failure to achieve compliance with waiting times, failure to ensure Equity planning maps through our access plans.	Weekly information provided to RTT management teams with prospective views of patient booking. Monthly performance reviews track progress against delivery. Flexible resource identified to manage in-year waiting times risks. Weekly executive support meetings in place in high risk areas	4	3	12	Number of Programmes to support delivery of this priority: C4B, South Wales Programme, Delivering Capacity, Workforce and financial plans, Leadership development, Developing infrastructure, Strengthening Partnerships, Public Health Strategy. Two efficiency Programmes (Surgical Pathway and Patient Flow) support the delivery of this work.	Chief Operating Officer and Director of Planning and Director of POWH	Tolerate	Board and Q&S Committee	Regular Monitoring in place.	12		