

## South Wales Spinal Network Risk Log

<b>Sponsor:</b>	SRO	<b>Complied by:</b>	ODN
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**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	Post Mitigation Expected Risk Score / Severity			Risk Target Date
				"if xxx (cause) occurs"	"then xxx (event) may happen"	"which will result in xxx (effect)"	Consequence	Likelihood	Total								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	15/08/2023- ABUHB, C&VUHB, SBUHB have provided assurance to the Network Implementation Board of 24/7 MRI provision within the Health Board. HDUHB & CTMUHB will be providing an update at the next Network Implementation Board 05/09. 05/03/2024 - The risk remains the same due to inconsistent access to 24/7 MRI scanning. The ODN are continuing to implement processes to support this. 24/09/2024- CTM to CAV pathway is only applicable to CES. Further solution required.				
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	3	9	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	15/08/2023- SWSN to engage with WSCIRC along with involvement into the All-Wales Rehabilitation Network. 05/03/2024 - There is still improvements to be made with training and education plans for the patient cohort.				
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.	4	4	16	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.	N/A	↔		30/10/2023	Spinal Network	28/11/2023- QI&R group to take ownership. SBUHB to acquire SCI trends. QI&R group to undertake deep dive of SCI provision 05/03/2024 - The ODN have established a therapy network to share and improve knowledge however lack of training for this patient cohort remains. The QI&R lead for the network has been tasked to coordinate training guidance.				
SWSN.005	Supra-regional	Quality and patient safety	There is risk that paediatric spinal surgery patients at the CHW may have suboptimal experiences and outcomes	Absence of a paediatric spinal nurse practitioners	Patients may experience avoidable delays in treatment, including cancellation of surgery. This results in additional avoidable stress for children and their parents.	This reduces the ability to coordinate care and maintain communication with patients and their families, provide information, co-ordinate pre-operative assessment and facilitate outcome data collection.	3	2	6	Appointment of SCP, nurse practitioner to ensure continuity of care as most ward doctors work in a shift pattern.	Revenue	↓		30/10/2023	Spinal Network	15/08/2023- Paediatric nurse practitioner funding within C&VUHB has been approved from September 2023. 05/03/2024 - No change to risk.				
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.	4	3	12	Establish a S.Wales orthotics and therapy network to share/improve knowledge, with alignment of current service provision (staffing and equipment) with BSRM guidelines.	Both	↔		30/10/2023	Spinal Network	15/08/2023- SWSN are in the process of establishing a Network Spinal Bracing T&F Group to develop standards for spinal bracing across the Network. 05/03/2024 - There are a number of various active work-streams in place. The Spinal Bracing T&F will have completed a draft of a Spinal Bracing Clinical Guideline in March 2024 which can support standardising appropriate rehab treatment for patients.				
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 journeys 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	Establish outreach /virtual clinical for South West Wales	Revenue	↔		30/10/2023	Spinal Network	05/03/2024 - 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.				
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.	4	3	12	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.	Revenue	↔		30/10/2023	Spinal Network	05/03/2024 - The ODN do not have the ability to recruit to any post currently.				
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.	2	3	6	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- Supreregional 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				
SWSN.011	South West	Quality & Patient Safety	Inconsistent access to 24/7 MRI in SSW	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.	3	2	6	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: HDDUHB - Unavailable between 00:00hrs to 09:00am. There is no current health board wide service for HDDUHB. 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.				

SWSN.012	South West	Quality & Patient Safety	Limited availability of therapists with specialist knowledge of MSCC, to cover ward 12 SGH and increasing MSCC patient numbers in MDU.	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 rehabilitation and adjuvant oncological treatment and reviews "piecemeal", rather than the more integrated and specialist management that was available on ward 12.	3	4	12	More integrated approach to MSCC management in line with output of working group proposed pathway. Establish Specialist spinal ward in MDU and spinal ward area in HDda. Appoint MSCC coordinators to aid with flow, integration and training. There is intention from WSCIRC to offer MSCC rehab. This needs to be supported and commissioned formally	Revenue	↔	30/10/2023	Spinal Network	05/03/2024 - Two MSCC co-ordinators have been appointed with the start date of 1st April 2024. 1 will be based in the West and 1 will be based in the East.					
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.	3	3	9	WSCIRC enhanced outreach and training	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.					
SWSN.015	South West	Servie Sustainability	Some patients originate and are treated in one hospital but are resident in another area. If they are transferred for rehab back in their HB, there is ambiguity of which spinal unit is responsible for ongoing t/u. e.g. patient resident of Cardiff treated in Morriston then receiving specialist rehab in Rookwood - who is contacted for ongoing problems?	Lack of robust seamless repatriation pathways with formal commissioning.	Potential for delayed rehab and recognition of any post-operative issues. Reduced patient experiences. Staffing stress. Unclear pathway.	Difficulties identifying a responsible team to manage ongoing care of repatriated pts.	2	2	4	Robust protocol across both regions to be agreed at supraregional level	N/A	↓	30/10/2023	Spinal Network	15/08/2023- SWSN developed P01 Repatriation Policy					
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						
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	3	12	Appoint MSCC coordinators to aid with flow, integration and training	Revenue	↔	30/10/2023	Spinal Network						
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	4	4	16	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.	4	4	16	
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	4	4	16	Treat contingent	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.	4	4	16	
SWSN.020	Regional	Clinical	Spinal Bracing	Variation in spinal bracing provision, training and procurement	Regional variation	Reduced understanding of brace fitting	2	4	8	Clinical Guidelines Implementation			02/07/2024	03/12/2024	Health Boards/Trust				0	
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				0	
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	4	4	16				04/07/2024	04/12/2024	Health Boards/Trust				0	