

South Wales Trauma Network Risk Log

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| Sponsor: | SRO | Complied by: | 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 Category | Risk Title | Cause | Event | Effect | Current Risk Score / Severity | | | Management & Mitigation | Since Last Review | Date raised | Date for review | Risk Owner | Risk Response | Comments & Updates |
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| | | | "If xxx (cause) occurs" | "then xxx (event) may happen" | "which will result in xxx (effect)" | Consequence | Likelihood | Total | | | | | Named person | | |
| Risk Identifier | Choose category the risk falls into | Staff engagement (Example Risk) | If staff are not fully engaged in the programme | Then there may be resistance to the upcoming changes | Which will result in a slowing of progress and changes not being accepted. | Assign Score 1-5 (see guidance) | Assign Score 1-5 (see guidance) | | Choose how the risk is going to be dealt with (see guidance for definitions) | State direction of travel since last review | 20/02/2018 | 20/03/2020 | Joe Bloggs | 22/02/18 - Discussed at workstream meeting and assigned owner with list of mitigating tasks. | Describe actions undertaken to control and mitigate the risk |
| ODN27 | Human Resources | Resilience within NMTR Coordinator service across the SWTN | If one or more NMTR coordinators were to be absent from work for a prolonged time period | there is currently little or no provision within Health Boards or across the network to backfill or subsidise the service | resulting in a delay and/or omission of NMTR data input and case ascertainment for HB's across the Network | 3 | 3 | 9 | Tolerate | ↑ | 03/02/2021 | 19/12/2024 | Network and HB's | ODN currently exploring mitigations for this including potential cross cover between TARN coordinators across the network | <p>4/6/2021- TARN Coordinator in AB retiring therefore risk in AB has increased. C&V- new resource to be recruited & trained. CTM- TARN Coordinator vacancy</p> <p>30/6/2021- New TARN Coordinator x1 at RGH, x2 at UHW. Advert at ABUHB recently closed and recruitment to be confirmed imminently.</p> <p>8/9/2021- TARN coordinator service in place within all HB's however resilience remains a risk in some HB's due to single roles and no network cross cover arrangements.</p> <p>07/04/2022- As above</p> <p>30/05/2022- ODN exploring the development of a Network Wide TARN coordinator role. To be progressed through the WHSSC CIAG process in July 2022- If approved, this will mitigate the risk to a tolerated level</p> <p>13/7/2022- No TARN Coordinators in UHW. CTM reduced TARN coordinator service. Case ascertainment reduced in Q4 and is anticipated to have reduced further in Q1 (22/23). Central TARN Support Manager model being looked at by ODN to support all HB services where required. Non-recurrent MTC slippage to be agreed to implement this position for proof of concept pilot. Risk Increased to an Issue due to current situation.</p> <p>Comments taken from Issue Log</p> <p>22/09/2022 & 10/10/2022- TARN support and training provided by ODN to MTC- development plan in place. Currently no TARN Coordinator in ABUHB- ODN to support ABUHB with TARN coordinator support. Central TARN support manager role to be advertised by ODN in October 22 to provide a pan network TARN support service.</p> <p>16/01/2023- Central TARN Support Manager role appointed to and beginning in post January 2023. Initial target areas of support identified as MTC and ABUHB.</p> <p>18/09/2023- SWTN TARN Support Manager in place to support all HB's. Training and development provided across the SWTN to ensure consistency of data collection and service provision. Development of TARN coordinator service taking place in various provider HB's. SWTN TARN Support manager role extended at present- Issue downgraded to Risk as the above mitigations currently in place.</p> <p>21/09/23- Risk reduced due to all HB's having a TARN coordinator in place although lack of resilience across service throughout the SWTN. Risk score reduced as detailed by Chair (21/09/23)</p> <p>21/12/2023 - Risk suspended due to TARN Cyber-attack.</p> <p>01/12/2024- Risk to be reassessed in response to NMTR data entry being live</p> <p>12/12/24- Risk increased due to NMTR coordinator absence in 2 HB's at a time when data both retrospective and prospective data entry is required in order to meet NMTR requirements. Support offered by the NMTR Central coordinator however, due to funded hours this is 27 as a maximum.</p> |
| ODN33 | Operational | Repatriation | Any increase in significant operational pressures in hospitals | could potentially cause a delay in repatriation to from MTC to the LHB | Resulting in potential capacity issues for MTC | 3 | 3 | 9 | Treat containment | ↓ | 21/03/2024 | 19/12/2024 | HB's & ODN | Enact surge plan in event of increased Covid cases Maintain close contact with HB's Maintain early identification of potential repatriation requirements from MTC to LHB's. | <p>Downgraded from an Issue to a risk at Network Governance Day 18/03/2021- to be monitored by ODN via TRIDs and operational catch ups with Health Boards</p> <p>28/1/2022 - some HBs having delays with repatriations due to operational pressures</p> <p>07/04/2022- Operational pressures increased across Wales currently resulting in delayed repatriations across the SWTN.</p> <p>30/05/2022- This is consistently monitored by the ODN. At time of review timely repatriations have improved and risk reduced.</p> <p>13/07/22 & 22/09/22- Formal repatriation evaluation underway. Results will be presented at COB & DAG (Oct 22). The evaluation will enable the SWTN to refine the process where required. ODN working with HB's to regularly complete the SITREP for notification of any capacity difficulties and identification of mitigating actions early on.</p> <p>16/01/2023- Escalation status has altered to the major trauma OPEL escalation status. Delayed repatriations have increased as the Winter months have progressed- predominantly due to capacity pressures. ODN monitoring and an additional evaluation of SWTN repatriations ongoing at the request of DAG Chair.</p> <p>22/06/2023 - Delayed repatriation tending to be for reasons of capacity rather than pathway issues- monitored by ODN via TRIDs. Dates in diary for AB to attend HBs to reaffirm repatriation policy.</p> <p>21/12/2023 - There are no changes to repatriation numbers, it depends on the time of year. It is difficult to utilise TRIDs to review the numbers of repatriations due to reliability of data as the TRIDs are submitted by clinicians. No change to the risk score.</p> <p>28/02/2024 - ODN will submit repatriation policy to governance group for review.</p> <p>21/03/2024 - There has been an increase in delayed repatriations, sometimes waiting 7-11 days. The ODN will write out to health board with a break down of the repatriations including 24, 48 and 72hrs.</p> <p>12/12/2024 - Reported delayed repatriations have decreased in the last quarter, ODN monitoring via TRID system though conscious this relies on human reporting. ODN have met with HB MT managerial colleagues to review the repatriation policy, no changes requested at present.</p> |
| ODN35 | Human Resources | WAST Trauma Desk | Staff absence in WAST Trauma Desk team | has led to a lack of resource to cover the Trauma Desk as originally proposed | resulting in requirement for EMRTS to provide unplanned cover resulting in a negative impact on performance | 3 | 4 | 12 | Treat containment | ↑ | 30/06/2021 | 19/12/2024 | WAST | Resilience resolution being explored within WAST. Likely advert for a 6 month secondment position at a cost pressure to cover the 1 x long term sickness. ODN & WAST to meet to discuss. | <p>ODN awaiting formal update from WAST. Being monitored via TRID's/Occurrence Log</p> <p>8/9/2021- Secondment position filled, currently yet to commence in post</p> <p>9/12/2021- secondment position in place however further resignations received. WAST going out to advert for permanent position to replace resignation W/C 13/12/21</p> <p>28/1/2022 - 1 x vacancy with Trauma desk. mitigation put in place over Christmas due to rota gaps. waiting for outcome of replacement post</p> <p>07/04/2022: Remains a problem at present. EMRTS Desk covers when able. Awaiting long term resilience plan from WAST, to be discussed at next WAST meeting due early May 2022.</p> <p>13/07/2022- WAST have recruited to the permanent post so complement of permanent trauma desk staff is back to 3 WTE. ODN awaiting notification if the secondment will continue to ensure complement of 4 is in place to cover 12/7 trauma desk requirement.</p> <p>22/09/2022- Recruitment of further appointment into Trauma Desk position ensuring compliance of 4 trauma desk staff in place. Appointment still in training at present.</p> <p>10/10/2022- New trauma desk staff member in post and fully inducted.</p> <p>16/01/2023- WAST developing business case to manage the Trauma Desk 27/7 with an uplift in staff which will provide further resilience into the team.</p> <p>18/09/2023- Awaiting update regarding WAST EASC bid</p> <p>17/07/2023 - meeting with WAST to discuss bid to WHSSC to increase funding for Trauma Desk.</p> <p>21/09/2023- Awaiting WAST plan for progression of this programme of work in response to the annual financial bid from EASC being withdrawn. Being monitored by ODN via provider catch up meeting in November 23.</p> <p>21/12/2023 - There is no additional funding to support the desk being 24 hour self-sufficient by WAST. It would require a further 6 x band 7s to support the desk. WAST have included this on their risk register.</p> <p>12/12/2024 - ODN keeping a log of instances of no WAST staff covering Trauma Desk, increased occurrences recently. WAST business case to be updated and progressed through SWTN governance structure to DAG and JCC for potential solution.</p> |

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| ODN37 | Operational | WAST Transport | Lack of availability of WAST transport vehicles | causing a delay in both secondary transfers into the MTC & repatriations to resident health boards | resulting in a delay in access to MTC level care for patients and operational capacity issues in MTC | 3 | 4 | 12 | Treat containment | ↔ | 08/07/2021 | 19/12/2024 | WAST | WAST NEPTS working internally to address WAST capacity issues | <p>Highlighted a COB on 8/7/21- ODN awaiting formal update from WAST. Being monitored via TRID's. ODN imminently setting up a working group with WAST & MTC to address this risk.</p> <p>8/9/2021- Trauma Desk to support complex transfers and pathway 3 transfers with theatre time target- to be reviewed & monitored via weekly ODN/MTC meetings</p> <p>9/12/2021 Repatriation information has been analysed by the ODN and presented to Health Boards in letters to the SRO's and major trauma teams. Focused meetings with SRO's have been arranged with health boards with increased delays in repatriation.</p> <p>9/12/2021- Meeting held between WAST, ODN & EASC to discuss- actions from meeting to be carried out and follow up meeting arranged where updated position on the discharge transport model will be provided by WAST & EASC.</p> <p>07/04/2022- Repatriation continues to be monitored by the ODN via TRID's and escalated where required and via ODN & WAST/EASC meetings. WAST currently looking at a private provider, ODN awaiting update at meeting scheduled with WAST & EASC for May 2022.</p> <p>30/05/2022- WAST developing the national Transfer & Discharge model. Presentation to be delivered at DAG in August 2022.</p> <p>13/07/2022 & 22/09/2022- Private provider solution explored to support the requirement of secondary transfers, this was not supported. ODN continuing to monitor secondary transfer delays, at present these have reduced.</p> <p>10/10/2022 & 16/01/2023- ODN monitoring via TRID's and discussed at regular catch ups</p> <p>17/07/2023 - No change.</p> <p>18/09/2023- ODN monitoring via TRID's, no change at present</p> <p>21/12/2023 - WAST are aware that at the workload within the service increases, the ability to move non-emergency or emergency patients are reducing dramatically. CP and GL are working out a way to potentially involve the trauma desk without increasing their workload.</p> <p>12/12/2024 - ODN monitoring via TRID's, no change at present</p> |
| ODN38 | Management of Information & Data | Sharing of Clinical Images & Information across SWTN both radiology and via non-health approved communication apps resulting in medico-legal vulnerability | Lack of access to the sharing of imaging, clinical results and photographic evidence of injuries for patients across the SWTN | will appear to those looking at the patient's digital record that the imaging and/or diagnostics did not occur | resulting in a misrepresentation and misinformation regarding a patient's care and clinical journey | 3 | 2 | 6 | Treat containment | ↔ | 28/07/2021 | 19/12/2024 | HB's / DHCW | ODN to formally request that C&VJHB reconcile NHS numbers for any investigations on all digital systems including those investigations performed on 'unknown' patients. | <p>8/9/2021- to be monitored via TRID's</p> <p>28/1/2022 - ongoing work nationally with an aim to resolve</p> <p>07/04/2022- As above- Informatics clinical lead working with DHCW for input into national work stream.</p> <p>17/07/22 & 22/09/22- Image sharing solution in place for inter-network sharing, awaiting national work for long term solution.</p> <p>16/01/2023- SWTN Informatics lead has written to national group to enquire on progression and planned resolution of All Wales solution</p> <p>18/09/2023- SWTN Informatics Clinical Lead involved in National work with DHCW- no updates</p> <p>21/12/2023 - Meeting has been arranged for further discussion.</p> <p>12/12/2024- Awaiting update from SWTN Informatics lead</p> |
| ODN39 | Clinical | Appropriate local management of repatriated patients requiring complex management & rehabilitation medicine consultant dedicated sessions | Patients repatriated to LHB's with complex injuries | may be repatriated to an inappropriate ward for the care needs required | resulting in patients receiving sub-optimal care as a result of being bedded on an inappropriate ward, creating an inequity for patients across the SWTN | 3 | 2 | 6 | Treat containment | ↔ | 08/09/2021 | 19/12/2024 | ABUHB | Original agreement in ABUHB was for patients to be managed by specific consultants on identified wards however capacity on wards not available therefore access to services an issue. Being escalated to Assistant Medical Director and Director of Therapies team. | <p>15/9/2021 – ODN have met with ABUHB MD/planning leads to discuss need and requirement for rehab medicine to support management and discharge of complex patients. Plan for in year resourcing. Follow-up required to determine status.</p> <p>28/1/2022 - agreement by AB to fund 4 sessions of rehab medicine. network rehab lead aware and incorporating these sessions into plan going forward</p> <p>07/04/2022- As above, further detail to be provided as available.</p> <p>13/07/2022- Landing pad model in LHB's being progressed by ODN. ODN to receive progress reports on development at regular catch up meetings with HB's</p> <p>22/09/2022- Provider workplans for 2022/23 to be formally received by COB and DAG in October 22. ODN formally meeting with rehabilitation medicine providers to discuss solution for ABUHB</p> <p>16/01/2023- Rehabilitation Medicine solution for ABUHB awaited. Landing Pad model working plans to be progressed in 2023 through the WF&SD group chaired by SWTN Operational Manager. Mitigation in place by SWTN AHP Lead to collectively meet with HB MT staff weekly to discuss any complex rehabilitation repatriations in an MDT manner- initiative to begin in Jan 2023.</p> <p>17/07/2023 - No change.</p> <p>18/09/2023- Rehabilitation service provided to all HB's via inpatient/outreach/OPD clinic model depending on location. Strategic rehabilitation plan being developed by SWTN Rehabilitation clinical lead.</p> <p>21/12/2023 - There is no interest in the Rehab Medicine Consultant post in C&V.</p> <p>14/11/2024 - Branwen Melville has been recruited in C&VUHB. There is a plan for Branwen to cover sessions in ABUHB from December 2024.</p> <p>12/12/2024 - Monitor risk in response to new Rehabilitation resource being deployed to AB. Review next quarter as risk is recorded at tolerated level.</p> |
| ODN44 | Programme | Level One Training | All HB's required to reach 80% level 1 ED training and work ongoing to scope the current position with regards to level 1 ward training | in order to provide proficient major trauma care | that meet the standards of the SWTN and National Trauma Network Quality Indicators | 3 | 3 | 9 | Treat contingent | ↔ | 08/09/2021 | 19/12/2024 | ODN & HB's | Most HB in a relatively good position. Some will struggle. Level 1 resources being provided by Network end of September – plans to help design delivery with individual HB's as required. | <p>If not attained 80% by peer review, will certainly be under good progress.</p> <p>9/12/2021- All training materials shared with Health Boards & train the trainer sessions completed.</p> <p>13/07/2022 & 22/09/2022 - Health boards presented adequate levels of level 1 ED trained staff at peer review. Scoping exercise for network level 1 ward trained staff being led by SWTN Matron and AHP Lead consultant to take place.</p> <p>16/01/2023- Updated positions of Level 1 trained staff to be received and monitored by the ODN at regular HB meetings-interventions or support to be identified by SWTN Senior Matron and Lead AHP if required. 13/04/23 - AB to chase for updates.</p> <p>18/09/2023 - Still awaiting reliable feedback data from health boards. This discussion has been added to their monthly catch ups. AG is trying to improve compliance by developing the level 1 portfolio into an e-learning format. Ongoing and to remain the same for the moment.</p> <p>21/12/2023 - Level 1 compliance is improving across the network from an ED perspective, although not from a ward perspective. AG is continuing to convert this into an e-learning portfolio which can be linked to AG's ESR however there are difficulties in completing this. The NMTNG have purchased an e-learning package which enables people to create e-learning. AG will work with Hannah to complete this.</p> <p>12/12/2024- Training continues to be provided across teh SWTN. This is monitored by the SWTN Senior Matron. Recruitment and retention is a challenge currently. The development of eLearning attached to ESR remains an ongoing project however this will provide teh ODN with an accurate representation of trained staff.</p> |
| ODN47 | Management of Information & Data | E-Referral Software | Some organisations using the H2H software | feel it is not fit for purpose | and are therefore not willing to go live with the software iteration | 4 | 4 | 16 | Treat containment | ↑ | 19/01/2022 | 19/12/2024 | All / DHCW | SWTN Informatics lead to explore the use of the eReferral system within Welsh Clinical Portal as a medium term mitigation while DHCW develops the longer term national plan. | <p>7/04/2022- Dependent on work stream of National Group via DHCW</p> <p>13/07/2022 & 22/09/2022- SWTN Informatics clinical lead to explore WCP eReferral ability</p> <p>16/01/2023- Above to be progressed as part of SWTN informatics agenda throughout 2023.</p> <p>18/09/2023 - This remains the same until the issue is resolved.</p> <p>21/12/2023 - No update.</p> <p>29/02/2024 - AB to ask DR for an update - ?Plastics & Spines</p> <p>12/12/2024 - SWTN Informatics clinical lead to update. Orthoplastics currently utilise standard telephone contact via switchboard model for referral. Spinal network trialling referral form model and will feedback to ODN.</p> <p>19/12/2024 - Risk increased due to lack of eReferral processes being experienced, causing delays and lack of governance as discussed in CQR</p> |
| ODN49 | Clinical | Escalation of patients for secondary transfer into the MTC | Adherence and/or interpretation of the Automatic Acceptance policy | can result in the lack of acceptance of secondary transfer patients into the MTC | meaning that unsuitable patients remain in local DGH's and do not receive the benefit of MTC holistic care | 4 | 4 | 16 | Tolerate | ↑ | 09/12/2021 | 19/12/2024 | All | Review of automatic acceptance policy to clarify process | <p>09/12/2021- Reduced from an issue to a risk at Governance and COB.</p> <p>07/04/2022- Decline of secondary transfers by the MTC continues to reduce. ODN to monitor via TRID's and re-review of Automatic Acceptance policy to take place in June 2022.</p> <p>13/07/2022 & 22/09/2022- Review of Automatic Acceptance Policy took place. Agreement reached that no changes were to be made and another review would take place in 6 months (Jan 2023) or sooner if required.</p> <p>16/01/2023- As per previous update, Automatic Acceptance Policy to be reviewed in COB in Feb 2023</p> <p>18/09/2023 - Problems regarding access into the MTC for secondary transfer patients has reduced though will always remain a risk. Discussed and risk score reduced at Governance meeting 22/06/2023.</p> <p>21/12/2023 - Cases are highlighted and monitored through CQR.</p> <p>29/02/2024 - Risk reduced.</p> <p>12/12/2024- Risk increased in response to number of occurrences due to issues reported via TRID's- being monitored by the ODN.</p> |

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| ODN50 | Clinical | Psychology Provision for adult and paediatric Major Trauma Patients and as outpatients within CBIT | There is an inequity of liaison psychiatry/psychology provision for major trauma patients in the MTC | as Liaison Psychiatry input varies based on parent health board | MTC Psychologist has facilitated discussions between mental health services supported by other MTC clinicians as an interim solution. | 4 | 5 | 20 | Treat contingent | ↑ | 21/03/2024 | 19/12/2024 | All | Network wide meeting being convened to discuss this with mental health services for long term strategy | 13/07/2022- Inaugural Rehabilitation Strategy group took place 13/07/22. Group will progress this agenda as a priority. 22/09/22- SWTN ODN are working collaboratively with third sector organisation in order for major trauma patients to utilise counselling and psychological support via the service in the absence of formal NHS services. 16/01/23- Paediatric Psychologist appointed in MTC to cover PICU and OWL Ward. Paediatric patients will receive follow up if seen in the Paeds MTC and is required. 13/04/23 - AB following up with MR 18/09/23 - MTC adult major trauma psychologist remains in place. The MTC no longer have a Paediatric Psychologist, therefore from a paediatric perspective the situation has worsened. SBUHB have recruited to the paediatric plastics post in the TUs. The spinal injuries psychology vacancy has been appointed in the MTC, this post outreaches into acute as required for spinal patients. 21/12/2023 - Rather than meet with psychologists as a whole, KJ and Phil are meeting with each individual department to ask them to look at their inpatient and outpatient psychology provision to look at how they may be able to meet the needs of the SWTN patients. The first step was SBUHB who have had a reconfiguration and are now an outpatient service, and have agreed to take referrals from the major trauma team in Swansea and their remit it to see anyone who has been traumatised by a medical incident or diagnosis. 20/03/2024 - CBIT and paediatric psychology discussions that are taking place locally. 12/12/2024- KJ and PB working with HB's to provide psychology services to MT patients, currently only formally provided by C&V and SB. Paediatric psychology in place for orthopaedic patients in SBUHB. KJ awaiting response from child health team in C&V regarding paediatric psychology services for MT patients. |
| ODN54 | Clinical | Rehabilitation prescriptions are not currently given to patients. | Due to a patient friendly document not currently being available, rehabilitation prescriptions are not currently provided to patients. | Then patients may not receive adequate information regarding their injuries and consequent care received. | This may mean they miss outpatient appointments/receive less follow up advice. Have less information to pass on to future care providers. | 2 | 2 | 4 | Treat containment | ↔ | Feb-22 | 19/12/2024 | All | Patient suitable rehabilitation prescription to be developed at network level, led by Strategic Rehabilitation group. | 13/07/2022- Rehab prescription not being shared with patients was noted in peer review reports and improvement on this was recommended. The inaugural Rehabilitation Strategy group meeting took place 13/07/22. Group will progress this agenda item as a priority. 22/09/22- Workshop on the rehabilitation prescription to progress imminently- being led by SWTN Lead AHP. 16/01/23- Rehabilitation prescriptions now being completed as a narrative in the second person directly to the patient and is being shared with patients at the MTC 18/09/2023 - This is moving forward. It has been re-evaluated to include the information TARN require. To form part of the outputs of forthcoming 'key worker' project being provided throughout the SWTN. Being rolled out within PTU and across the SWTN thereafter. 21/09/2023- SOP developed in C&V/UHB around process. RP's now being delivered to patients at MTC, still needs to be rolled out across SWTN. Risk reduced at Governance meeting (21/09/23) with intention to reduce further as rolling programme delivered across SWTN. 21/12/2023 - C&V have been carrying out work with MTD colleagues to look at removing details which patients aren't always comfortable receiving. Therefore details such as DNAR and capacity aren't included in the printed version which patients are receiving. 12/12/2024- MTC are currently compliant with this. More work required with TU's to achieve this as it is also a TU quality indicator. |
| ODN55 | Human Resources | Provision of Physiotherapy Service for MTC Orthopaedic Patients in Morriston Hospital | Both a recent and gradual increase in Plastic Surgery activity, due to major trauma activity has not been matched with an increase in physiotherapy resource | in order to support the consultant led orthopaedic follow up clinic that forms part of the Major Trauma Centre pathway. This clinic is typically for the post op management of lower limb open fractures with plastic surgical reconstruction | resulting in the following risks as a result of this dilution of clinical skills- * Insufficient capacity for elective follow up * Poor outcomes increasing the need for secondary surgery * Inappropriate use of Consultant time referring patients for physiotherapy and giving advice * Lack of succession planning * Disruption to other physiotherapy services attempting to cover the work | 3 | 2 | 6 | Treat containment | ↔ | 23/06/2022 | 19/12/2024 | SBUHB | Currently the service is in the process of requesting resource funding through the WHSSC CIAG process. Submissions are being considered by WHSSC in August 2022. Local mitigation currently underway is listed below- * Prioritisation of patients occupying beds * Help from the Burns team * Written patient information being utilised | Awaiting outcome of CIAG review to know if proposal progressing through WHSSC governance processes thereafter 13/04/23 - No WHSSC Funding available. 22/06/23 - CIAG Proposal submitted. 18/09/2023- SWTN Awaiting mitigation plan from SBUHB Orthopaedics Service. 21/12/2023 - No update. 19/09/2024 - Risk reduced. A CIAG bid was submitted to JCC from C&V/UHB. 19/12/2023- Local mitigations in place as detailed in 'Risk Response', no funding available reported by orthopaedic service. |
| ODN56 | Policy Implementation | All Wales Mass Casualty Plans & incorporating SWTN processes | Currently the All Wales Mass Casualty plans do not incorporate the changes in flow introduced across SW Wales with the launch of the SWTN | If a Mass casualty event were to take place currently | patients would be inappropriately dispersed across SW Wales and would not receive timely MTC level care if required | 5 | 2 | 10 | Treat contingent | ↔ | 13/07/2022 | 19/12/2024 | ODN & WG | The ODN are working with the All Wales Mass Casualty group to develop an updated plan. The following mitigations are in place- * Template provided by the ODN and to be completed by HB's for the first 2hrs of capacity and services present at each site * Table top exercise took place (Celtic Consolidation) to explore the new patient flows * Another table top exercise planned to further explore the renewed plan * Publication of revised plan anticipated September 2022 | 13/07/22- Awaiting date for second table top exercise from All Wales Group 22/09/22- Revised Mass Casualty plan shared and desktop exercise to take place in October 22. ODN currently reviewing plan and will attend desktop exercise to ensure SWTN pathways are adhered to. 16/01/23- Desktop exercise rearranged for 2023, ODN to attend 22/06/23 - Mass casualty tool to be tested on an all Wales Basis in upcoming months. 21/12/2023 - The misconceptions were presented in the EPRR conference 2023. If a mass casualty event were to occur, the patient should be triaged to appropriate facilities and highlighted that each unit are given predesignated numbers of P1/P2/P3, they will be accepted unquestioned. 12/12/2024- SWTN CD presented at National EPRR conference once again. SWTN pathways have been incorporated into the National document and is due to be formally tested prior to publication. |
| ODN58 | Management of Information & Data | Discrepancy of major trauma data | Currently there is a discrepancy of data across multiple data sources used throughout the SWTN | TARN Analytics, the Major Trauma Database and local business intelligence systems do not correlate beyond expected discrepancies due to TARN eligibility etc. | resulting in the potential for inaccurate reporting of major trauma activity | 2 | 2 | 4 | Treat containment | ↔ | 29/09/2022 | 19/12/2024 | All HB's & ODN | MTC currently undertaking an evaluation of the discrepancy in C&V and will report back through COB. ODN to support wider evaluation tasks to be defined. | 16/01/23- LW employed by the ODN to formally evaluate the MTD with regards to the changing requirements for future provision of the SWTN. Data Manager formally appointed in MTC to investigate and mitigate local data issues with support from the ODN. 22/06/23 - ongoing issue for the MTC. MTC are actively liaising with their SRO to find a solution to manage the discrepancies. 28/11/2023 - KJ to liaise with NZ regarding groups of patients who are missed off BIS. KR/MR will report findings at CQR Governance Day 21/12/23. 21/11/2023 - Data was presented at the previous meeting. AB will discuss combined funding with PB. 29/02/2024 - Risk reduced. 12/12/2024- MTC data dashboards now available. Confidence in data quality being tested by C&V and will compare with NMTR data as its published. MTC will report findings to ODN and if confident risk can be closed. |
| ODN60 | Operational | SWTN Orthopaedic Nursing Service | The split orthopaedic model within the SWTN coupled with the constraints of launching the SWTN during the Covid pandemic | has encouraged a silo SWTN orthopaedic working model between C&V/UHB and SBUHB | resulting in a vulnerable orthopaedic nursing workforce in the MTC | 2 | 2 | 4 | Treat containment | ↔ | 29/09/2022 | 19/12/2024 | MTC/Tuss/ODN | ODN to progress a collaborative resolution with the MTC and Orthopaedic service based in SBUHB through the formal ODN & Orthopaedic meeting agenda as a priority. | 18/09/23 - No change to risk. To be progressed as part of the ODN led SWTN Orthopaedic Service Review. 21/12/2023 - Deep dive of processes is ongoing. 29/02/2024 - Deep dive report will be submitted to SWTN Governance Group 21st March 2024. 12/12/2024- Funding allocated to MTC via JCC CIAG bid. MTC awaiting funding to be received, advised early 2025. Risk can be closed when funding received |
| ODN63 | Clinical | Funding for Radiology department at MTC | Due to lack of funding, Radiology do not have the resource to provide in depth supplementary reporting required for TARN submissions | Potential for inaccurate data being submitted. | Effects data quality including ISS, probability of survival and excess rate of survival statistics | 2 | 2 | 4 | Treat containment | ↔ | 13/04/2023 | 19/12/2024 | MTC | MTC working through requirements to progress a CIAG bid with WHSSC for increase in Radiology funding for Major Trauma | 23/03/23 - CIAG proposal is being re-submitted to WHSSC. 17/07/23 - CIAG proposal submitted. Awaiting response. 21/12/23 - C&V are in the process of collecting data to support funding reapplications. 12/12/2024- Funding allocated to resolve risk via JCC. Risk to be closed when funding received in early 2025. |
| ODN66 | Clinical | Provision of paediatric specialist rehabilitation across SWTN | Due to a lack of specialist paediatric rehabilitation across the SWTN | there is an impact upon the ability of the MTC | To meet specialist needs of children following major trauma | 4 | 3 | 12 | Treat containment | ↔ | 21/03/2024 | 19/12/2024 | MTC | 18/09/2023- Currently the MTC rehabilitation consultants and lead AHP provides support as required. WHSSC are currently undertaking a broad ranging consultation to develop a strategy for paediatric specialist rehab in the region of which the ODN are part of. | 21/12/2023 - No update. 12/12/2024- Money allocated by JCC. MTC have modelled number of beds required for all paediatric specialist rehab requirements. Awaiting decision from HB Child Health service to progress. |

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| ODN67 | Clinical | Provision for Clinical Lead for Trauma in Older People (TOP) | Due to lack of funding | there is a deficiency of geriatrician input across the Network | Resulting in lack of strategic drive to policy, equity and advocacy in this cohort of patients | 4 | 3 | 12 | Escalate | ↔ | 01/09/2023 | 19/12/2024 | ODN | 01/09/2023- Second round of CIAG proposal been submitted to WHSSC and awaiting outcome. | 21/12/2023 - The ODN will continue to seek funding for this post. 19/09/2024 - This risk has been reduced to the funding identified from slippage through the ODN. The ODN will recruit into this role by Jan 2025. 12/12/2024- Short term solution of fixed term funding for 2 years from date of appointment mitigates the risk until 2027, however long term solution required. |
| ODN68 | Operational | Reconfiguring of NMTR following cyber-attack on TARN leading to loss of data from June 2023 to April 2024 | Cyber attack on TARN data accessed through Manchester University | Unable to access TARN to gain access to current and past data. | Potential lack of data leading to lack of ability to gage performance and monitor services. | 4 | 3 | 12 | Escalate | ↔ | 15/06/2023 | 19/12/2024 | WG | 28/11/2023 - Local database formulated to capture as much data as able during current constraints. | 21/12/2023 - NMTR is not live as of yet. 16/05/2024 - There has been a delay to IG clearance from NHSE. This has further delayed the go live date of NMTR in Wales. 12/12/2024 - NMTR now operational across SWTN and throughout NHS Wales though delayed from NHSE by 4 months. SWTN COB & DAG have agreed to accept the data loss, ODN to monitor and report outcomes of this with regards to performance data and National benchmarking. |
| ODN69 | Premises Operational Risk | CTMUHB - POW - Repats more compromised due to losing POW as a TU. | Failure of building due to estates issue | The diversion of TU provision to RGH from POW. | Further delay to repatriations in CTMUHB. | 4 | 4 | 16 | Treat containment | ↑ | 20/10/2024 | 19/12/2024 | CTM | 12/12/2024 - CTM report the loss of circa 200 beds in POW. All repatriations currently going to RGH and PCH as appropriate at present. ODN awaiting formal plan regarding repatriations from CTM at radiness assessment visit. | |
| ODN70 | Management of Information & Data | Major Trauma Database | Current iteration of the major trauma database | is not fit for purpose and requires significant development | in order to provide it intended value across the SWTN | 3 | 5 | 15 | Treat containment | ↑ | 12/12/2024 | 19/12/2024 | ODN & HB's | 12/12/2024- ODN / clinical lead for informatics to delvelop formal plan and mitigation in response to recommendations of MTD review report carried out in 2023. | |