# Organisational Risk Register Dashboard & Index

| TOTAL RISKS | SCORE 25 | SCORE 20–24 | TREAT | TOLERATE |
|---|---|---|---|---|
| 153 | 19 | 134 | 87 | 66 |

## Division Index


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| Risk title | Date raised | Risk event | Risk cause | Risk effect | Division | Business unit | Speciality | Risk category | Initial rating score | Current rating score | Target rating score | Response (Status) | Key controls | Assurance on controls | Gaps in controls | Barriers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Regulation 18 Area - UHW Boiler House | 22/12/2025 | There is a risk that the asbestos identified on the mezzanine floor and high level gantries may affect general pre-planned maintenance of equipment accessible from these areas. In the case of an emergency, any works necessary would need to be undertaken by a licensed contractor or using internal Category B trained staff working with an Asbestos Permit. | This is caused by the identification of loose insulation materials in the grid floor and framework of the mezzanine floor and within cables trays and on surfaces below the grid leading to the area being restricted. | If there were to be an unexpected plant failure in the boiler house, the current asbestos restrictions will lead to significant delays and costs to make the area safe enough for the plant to be repaired. This potentially leaves the UHW site without heating, steam, hot water, electrical capacity issues and would affect the operation of the CHP for an extended period of time (potentially weeks) which would severly affect operational continuity across the site. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Asbestos | People risks<br>Infrastructure<br>Operational risks<br>Reputational risks<br>Strategic risks | 20 | 20 | 5 | Treat | Initially the key control will be restricting access to the affected area through physical barriers, signage, training via tool box talks and asbestos information provided on MiCAD (Asbestos register).<br>The longer term plan would be to remediate the boiler room using Licensed Asbestos Removal Contractors.<br>Any work required in this area in the interim, would need to be undertaken by a LARC or a Cat B trained member of staff (working for less than 60mins per week under an Asbestos Permit). | None specified.<br>Pre planned work is undertaken under permit (if internal) or by LARC working to an approved RAMS.<br>Regular checks done on Reg 18 location to ensure locks and signage are still in place.<br>LARCs are from the approved framework and RAMS etc are approved on Work Wallet before work starts.<br>5% of all LARC activity is formally audited per year to ensure the quality of work. | None specified. | There would be a significant cost to remediating the asbestos within the boiler room. This is partly because of the size and complexity of the area but also because the boilers run all the time so the work would need to be phased to reduce the temperature of the asbestos enclosures.<br>Status: Current<br>Owen Davies 22/12/2025 09:34 |
| Regulation 18 Areas - Dental Hospital | 02/01/2025 | Regulation 18 (R18) areas in the Dental Hospital (ceiling voids and risers) do not allow routine maintenance of services (Fire alarms, fire compartmentation & dampers, ventilation systems and other essential services). It also makes routine upgrades of equipment, cabling and other services complex and more high risk and makes dealing with emergencies (water leaks etc) slower, more complex and more expensive | Although the R18 areas have been identified previously, due to the type and condition of the asbestos materials - primarily friable materials. It has become more apparent how the risk associated with such areas will impact upon the need to access such areas to carry out plant repairs/ replacement. | When there are emergencies (ceiling tile collapsing, fire etc) there is an increased risk of exposure to persons in the vicinity of airbourne asbestos fibres above the control limit of 0.010 f/ml. This has the potential to lead to persons developing incurable asbestos related diseases. The lack of routine maintenance increases the risk of loss of service for the clinical areas. The increased costs involved in working in this building are significant. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Asbestos | Infrastructure | 20 | 20 | 10 | Tolerate | General access to ceiling voids and risers is generally restricted and this is primarily communicated via MiCAD and staff Asbestos training sessions. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor). There are a number of areas where the ceiling voids and risers have already been remediated and these experience far less issues in terms of leaks and general maintenance of these areas is simpler. | General access to ceiling voids and risers is generally restricted and this is primarily communicated via MiCAD and staff Asbestos training sessions. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor). There are a number of areas where the ceiling voids and risers have already been remediated and these experience far less issues in terms of leaks and general maintenance of these areas is simpler. | There have been several occasions over the last 3 years where contractors have undertaken work without the necessary controls in place because they were not aware of the requirements. | By not following the policy both Health Board and its Supervising Officers and contractors lend themselves to investigation in the event of an accident/ incident.<br>Status: Current<br>Adrian Griffin 10/03/2025 14:48 |
| Unsuitable and insufficient Contractor Documentation | 14/02/2025 | Risk Assessment (RA)/ Method Statements (MS) that are provided and in some cases not provided unless prompted and are often not suitable for the task being carried out. They are often generic and not job specific. The RA/MS are often not provided in good time for review. On occasion contractors will attend site to start work without the submission of RA/MS. Contractors / sub-contractors often attend site not provided with or equiped with the information and documentation that they require to work safely on the C&V estate. | The risk cause being, that we are not compiant with the Cardiff & Vale University Health Board Control of Contractors Policy V4. There is a potential for an accident/ incident that can be serious in nature, leading to enforcemant action/ prosecution by the enforcing authorities | Supervising officers often fail to ensure that the contracted out works are not always carried out in accordance with the C&V Control of Contractors Policy V4. Supervising Officers have specific duties under the policy. Contractors often do not work in accordance to the Control of Contractors Policy V4. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Assurance & Compliance | Legal/Regulatory risks | 20 | 20 | 5 | Tolerate | Following the Cardiff and Vale Control of Contractors Policy V4 would allow for compliance to the policy. The standard dictated within the policy if followed should provide the necessary assurance to the health board that contracted out works will be carried out safely and efficiently | Following the Cardiff and Vale Control of Contractors Policy V4 would allow for compliance to the policy. The standard dictated within the policy if followed should provide the necessary assurance to the health board that contracted out works will be carried out safely and efficiently | By not following the policy both Health Board and its Supervising Officers and contractors lend themselves to investigation in the event of an accident/ incident. | |
| Plant Room Roofs - UHW. Profiled steal sheeting | 02/08/2021 | Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corroision with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk here is a risk that | Corrosion, possible damage during installation, inability to maintain safely. | Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk here is a risk thathich w/could lead to an impact/effect on | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Building | Infrastructure | 25 | 25 | 10 | Tolerate | Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss | Roof is subject to ongoing monitoring. | No plan at present to address the issues. No plan at present to address the issues. | |
| Electrical Distribution - Potential Loss of Power | 01/02/2024 | CFPU are sitting on the outer HV ring, which isn't currently backed up by the HV generator, also without a local LV generator. | Current electrical back-up distribution system does support the CFPU in the event of a power failure. | Food production of patient cook freeze meals would stop. Large storage freezers and refrigeration holding high stock levels would fail to store frozen products at the correct temperature, stock levels of patient meals will need to be disposed of, this will compromise the ability to feed patients in line with Nutrition and hydration guidelines. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Catering CFPU | Operational risks | 20 | 20 | 5 | Tolerate | The issue has been highlighted during the Power outage testing. CEF are aware. | There is limited reassurance due to the fact we have no location with large freezer space for the volume of meals. | A location for an external freezer/refrigeration space is required. A generator to supply the CFPU is prefered. | |
| Verification Smoke/Fire Dampers | 01/12/2023 | There is a risk that Insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure. Potential for loss of service. Disruption to patient care. Danger of fire spread. | Assets not assetised at the time of installation. Asset identicication incomplete/inaccurate. | Which w/could lead to a potential for loss of service. Disruption to patient care. Danger of fire spread. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Compliance | Operational risks | 20 | 20 | 5 | Tolerate | Assets are currently on long term contract arrangement with a single supplier for all UHB sites. | 5 year contract in place. Started 1st Sept 2019. 3 + 1 + 1 year contract end date 1st Sept till 2024. 60% of dampers are being inspected annually. | Dampers 40% of dampers are not being serviced due to access issues. These range from no access hatched through to existing services prevent void access. | |
| Ventilation Smoke/Fire Dampers Dental Hospital UHW | 01/12/2023 | There is a risk that regular inspection and / or maintenance is not possible. | This is caused by the fire / smoke dampers are housed in ceiling void which is contaminated with Asbestos. | Which w/could lead to the potential for loss of service. Disruption to patient care. Danger of fire spread. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Compliance | Operational risks | 20 | 20 | 5 | Tolerate | The current drainage replacement programme involves clearing asbestos from the whole ceiling void on of a wing, one floor at a time. This will allow access to these areas. | Fire damper inspections will be carried when asbestos clearance has been completed. This will be done on a floor by floor basis. | Unable to complete until all floors have been made safe of asbestos. | |
| Fire Compartmentation | 08/04/2024 | There is a risk that fire could spread from one compartmentation (i.e ward) to another. | This is caused by potential breach in fire compartmentation. | Which w/could lead to an impact/effect to patient care. Danger of fire spread. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Compliance | Infrastructure | 20 | 20 | 10 | Treat | 5 year contract in place to inspect compartmentation | Working through HB from high risk patient areas to low risk patient areas | Timescale to complete all areas throughout HB and amount of breaches encountered | timescale<br>Status: Current<br>Tony Ward 28/08/2025 09:41 |
| Fume Cabinet Inspections | 11/10/2023 | There is a risk of Service delivery, harm to staff, compliance with Authority Departments | This is caused by insufficient asset identification and lack of regular inspections and / or maintenance | Which w/could lead to an impact/effect on service delivery harm to staff using equipment. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Compliance | Operational risks | 20 | 20 | 5 | Treat | Inspections required with documentation held centrally | | These assets are owned by end users. We are unsure of all known assets. Assets need to be collated, records recorded and kept in one location. This information has been requested on several occasions at the Ventilation Safety Group (VSG). | The barrier for CEF is identification of a single source from each clinical board to provide this information. I have therefore put Robert Warren as responsible person as it seems a corporate issue.<br>Status: Current<br>Tony Ward 28/08/2025 10:26 |

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| UHW Boiler House - Equipment noted as D / Dx in C&B Condition Survey | 23/09/2026 | There is a risk that equipment or elements within the boiler house rated as D or Dx within the C&B Condition Survey could fail. | This is caused by the equipment or elements identified being rated as D or Dx (these represent elements that are either at the end of their serviceable life or have failed, or are at imminent risk of failure). | Which w/could lead to an impact/effect on the operation of the boiler house. This may affect steam production, heating, hot water and electric supplies to the hospital. This has the potential to affect clinical and business continuity. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Condition Survey | Infrastructure | 20 | 20 | 5 | Treat | Electrical equipment is independently inspected in line with statutory guidelines. | Fixed wire testing of equipment provided by Guardian every 5 years (max). Any remedial actions noted to maintain the equipment are actioned. | Fire compartmentation is incomplete and fire doors require remdial works. | Potential costs of £337,665 + VAT<br>Status: Current<br>Owen Davies 23/09/2026 10:40 |
| UHW Tower Block 2 - Electrical infrastructure noted as D / Dx in C&B Condition Survey | 25/09/2026 | There is a risk that electrical infrastructure within Tower Block 2 rated as D or Dx within the C&B Condition Survey could fail. | This is caused by the infrastructure identified being rated as D or Dx (these represent elements that are either at the end of their serviceable life or have failed, or are at imminent risk of failure). | Which could lead to an loss of power supplies to Main Theatres and Theatre Recovery, JBIOS, Cardiff University CL3 Laboratory, PHW laboratories and other warded areas within the Link Blocks adjacent. This would also affect IT, ventilation and water distribution which are all supplied by this infrastructure and in the event of a significant power failure the generators would not be able to supply power to the essential supplies.. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Condition Survey | Infrastructure | 20 | 20 | 5 | Treat | Electrical infrastructure is subject to regular fixed wire testing (5 yearly) and remeidals noted during inspections are actioned. | The Fixed Wire Testing contractor is an accredited and independent company working on a 5 year contract. | No specific gaps identified. | The risers each cost approximately £250,000 + VAT to replace and due to the complexity of the system they require many phases of electrical shut downs to swap the supplies across. This places a significant burden on the UHW Authorised Persons to facilitate this work.<br>Status: Current<br>Owen Davies 25/09/2026 10:50 |
| UHW Pumped Cold Water Mains to Roof Tanks | 22/11/2023 | Unable to supply cold water to roof tanks. | Failure of pipework (resilience).<br>Age of original pipe and number of previous repairs.<br>+1 Pipe is now approximately 20 years old.<br>Both pipes converge into one riser ( single point of failure)<br>Diosruption to site when failure occurs.<br>Treated water (chlorine dioxide) not supplied in the event of total failure.<br>Labour intensive to resolve. | Cold water supply unavailable. Affecting operational capabilities. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 20 | 20 | 5 | Tolerate | "•N+1 installed one can supply the site<br>•Contractors usually effect repair within 2 days<br>•Pipes separated for most of run minimizing accidental damage, or subsidence.<br>•+1 installed within 20 years<br>•Alternative supply available in LGF (untreated)" | None specified. | None specified. | |
| UHW Blowdown vessel of main steam boilers | 01/12/2023 | Operational difficulty in controlling quality of boiler water | Plant/equipment age - deterioration | •Failure to meet pressure vessel regulations (subject to defect notice)<br>•Contravention for water discharge permit by Welsh water<br>•Scalding risk<br>•Isolation vales showing signs of wear<br>•Age of vessel beyond working life | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 20 | 20 | 5 | Tolerate | •Discharge water pipe repaired and replaced by estates recently to prevent boiling water being exhausted through vent (actual event)<br>•Approved people in boiler house and trained | None specified. | None specified. | |
| UHW 11KV Mains Distribution Board - Site Network | 01/12/2024 | There are no additional spare circuits for any further expansion. Any additional substations are added to existing circuits adding to their criticality and reliance.<br>Fault with board causing loss of power to hospital<br>Breakers are SF6 (Sulphur hexafluoride) ozone depleting gas | Unsure of the availability of replacement parts due to age and Gas type (Sulphur hexafluoride) | All the electrical intake equipment is in one location, feeding the whole of hospital, risk to loss from fire would mean total loss. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 20 | 20 | 5 | Tolerate | •Able to split board and feed from other half of board<br>•Contract with specialist contractors for maintenance<br>•Trained staff and competent staff on call 24/7<br>•Full alarm system and regular maintenance | "•Undertake independent review and seek advice off Authorizing Engineer on level of Risk<br>•Consider sourcing spares<br>•Review upgrade options<br>•Look at extension of existing board<br>•Look at having back up emergency arrangements away from existing building." | None recorded. | |
| Main 415v Distribution Panel - UHW | 01/12/2024 | Loss of power.Leading to the disruption to the electrical distribution system. | Due to Age of equipment. | •Live terminals exposed RISK OF ELECTROCUTION.<br>•Whole distribution board requires shut down, to work on system.<br>•Parts not readily available, adaptations would need to be completed to make a repair.<br>•No overload protection only rewireable fuses.<br>•No expansion available without add on board. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 20 | 20 | 5 | Tolerate | •No mitigation against failure.<br>•Warning notices to be fitted.<br>•Qualified competent electrician only to work on system. | None provided. | No mitigation against failure. | |
| 2 Cold/ Hot Water Storage Tanks - CHFW | 01/12/2024 | Tank or Tanks Failure. | Loss of water supply Cold/ Hot to CHFW Phase 1. | •Failure of a tank or tanks leading to loss of water supply hot and cold to CHFW Phase 1.<br>•Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance.<br>•Tanks serve both services hot and cold any issues result in both services being affected.<br>•Tanks 24 years old life expectancy is 25 years<br>•Tanks physically joined together and not wholly independent.<br>•Access ladder non-compliant. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 20 | 20 | 5 | Tolerate | •Chlorine dioxide plant feeding tanks reducing legionella and pseudomonas risk to system. | •2 tanks normally available for resilience. | None provided. | |

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| Cast Iron Above Ground Drainage Pipes | 04/12/2024 | Failure of cast iron pipes. | Age related cracking. | •Sewerage outfall at failure of pipes causing disruption to departments.<br>•Internal bore restricted causing blockages<br>•Damage to equipment and departments<br>•Expensive repairs and clean ups to revenue budget | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 20 | 20 | 5 | Tolerate | •Replacement program for main ward blocks | •Repairs can be carried out at point of failure | None provided. | |
| UHW Day Surgery Medical Air Compressors | 04/12/2024 | The plant is locatedwithin in a general plantroom. The plant is aged with repairs being carried out to keep it operable. | The location of the plant is unsuitable. | Non-conformity/ non-compliance - of plant due to its unsuitable location. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 20 | 20 | 5 | Tolerate | Maintenance contract in place for repairs to plant. | None. | Unable to mitigate against non-compliance. | |
| Steam Plate Heat Exchanger - UHL | 29/11/2024 | There is a risk of failure to the entire package system. | This is caused by -<br>•Plate already failed leaving no N+1 should the other plate fail.<br>•Single valves for isolation on steam supply making repairs<br>disruptive and time sensitive.<br>•Disruption to system for repairs to valve arrangement<br>•Time to get repairs completed. | Which w/could lead to an impact/effect on the loss of heating or ventilation heating control to CAVOC. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 20 | 20 | 5 | Tolerate | None specified. | None specified. | None specified. | |
| Modular Heating Boilers -CHFW | 18/12/2024 | There is a risk of a lack of heating during the winter months. | This is caused by-<br>•Boiler safety notice issued only 3 out of the 12 modules working, will not meet heat demand in winter<br>•Expensive to replace modules beyond repair<br>•Obsolescence in future new variant required to replace<br>•Only 60% efficiency as single pass boiler (condensing boiler 90%)<br>•Lack of maintenance caused issues<br>•Boilers coming to end of working life less reliable<br>•Financial implications to repair<br>•Bad publicity if cold" | Which w/could lead to an impact/effect on to the temperature in CHFW Ph1. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 20 | 20 | 5 | Tolerate | None specified at this time. | None specified at this time. | None specified at this time. | |
| UHW High Voltage Load Shedding Equipment | 20/11/2023 | The system relies on data provided by the Building Management System (BMS). | The system age is now not compatible with latest BMS installed | Failure of the system could result in no power being distributed to site.<br>Failure could result in the overload of the generator and no power available.<br>External parts could fail and not work correctly causing loss of power. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 25 | 25 | 5 | Tolerate | Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSI is in place to maintain the system. | None specified. | None specified. | |
| Main Steam Header and Valves - UHW | 29/11/2024 | There is a risk of failure of the steam header and associated valves | This is caused by-<br>•The steam header is of an age and condition not checked and unknown thickness.<br>•probably asbestos joints on some of the flanges/pipework (not confirmed) hindering repairs.<br>•Valves are of a single isolation type and not now the double block and bleed type. Major shutdowns now require in most cases a major shutdown of steam to the hospital.<br>•Existing valves not seating and holding, unable to maintain due to criticality of shutting off steam. | Which w/could lead to an impact/effect on the main steam header being unable to distribute steam through the steam network. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Critical Risk Project | Infrastructure | 25 | 25 | 5 | Tolerate | • Contractors and DEL staff available to conduct repairs as required | None specified. | None specified | |
| E17 - Reliance on High Voltage generation for critical services. | 02/12/2024 | There is a risk of reliance on HV generation for critical resources across the health board identified during Operation POET when the generator failed to start. | The HV generator (DSS1) did not start up when the mains power was shut down for Operation POET. This was due to maintenance issues. The system is also a single point of failure so has no back up when not working and this makes shutting down for maintenance difficult. | In the event of a power outage the HV generator does not supply electrical power to essential supplies feeding the Ward Blocks, Critical Care, Day Theatres, Jubilee Garden switch room and CHfW Phase 2. This would significantly operational and clinical continuity. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Electrical | Infrastructure | 20 | 20 | 5 | Treat | On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss.<br>Alternative LV generators and manual emergency links could allow some of the essential services to be partially backed up in the event of the HV Generator failing. | This is tested monthly as part of maintenance regime by A&M Generators and Estates Colleagues. | The mitigation relies on manual switching which has to be done by an AP (of which there are 3). If the power outage was out of hours this switch over process would be substantially delayed.<br>Compliance contractors does not formally flag issues requiring maintenance. | |
| E19 - UHW - No Backup Electricity Supply to Boilerhouse if HV Generator Fails During Powercut | 16/01/2026 | In the event of a loss of power from the electrical grid and the HV generator fails to start, there will be no source of power to the boiler house. | This is due to not having a dedicated backup generator for the boilerhouse panel, relying on the HV generator which provides power to the main bulk of the hospital. | Which would lead to no heating or hot water for the majority of the site, main water reservoir not pumping water into the building, and loss of all site BMS systems. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Electrical | Infrastructure | 20 | 20 | 5 | Treat | Maintenance regime for HV Generator and Incoming ACBs<br>Temporary generator has been installed beside boiler house | Maintenance regime for HV Generator and Incoming ACBs | None specified. | |

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| E18 - UHW LGF Switch Room 4 | 09/06/2025 | UHW LGF switch room 4 suffers from significant water ingress due leaking valves within the room, that as a potential to cause harm / loss of electrical supply. | Water ingression and damp, due to leaking valves and the humidity within the room. | The electrical switch gear is suffering from corrosion and standing water and has the potential to short circuit. This would cause a major failure of the switchgear which is an electrocution risk to operatives. A short circuit of this area would also cause a loss of non essential power to Tower Block 2 north and Link Block 6. This could cause a significant long term closure. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Electrical | Infrastructure | 25 | 25 | 5 | Treat | None. | | Estates have been unable to control water ingress within the area. | |
| Energy & Environmental Management Resourcing | 09/12/2025 | There is a risk that additional resources are required to support the Energy, Environmental and Decarbonisation Agenda and Strategy | This is caused by additional resourcing being required | Which could lead to an impact/effect on meeting targets and accreditations, as well as ensuring invoices are paid on time, avoiding late payment interest | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Energy & Environment | Quality risks | 20 | 20 | 10 | Tolerate | Head of Energy and Performance is currently in post | Control is through ISO14001 accreditation process and EMSG and other departmental mechanisms | Additional resourcing is to be sought | |
| Energy Cost Pressures - instability within the energy markets. | 14/08/2025 | There is a risk that the Energy Markets are very unstable which is resulting in dramatic tariff increases for 26-27 with a potential increase of £1 million (total expenditure of £17 million). | War in the Ukraine, conflicts in Iran/Israel and Gaza, energy costs in general, uncertainty in the energy markets, increase in non commodity costs on electricity | The increase in costs, causing an additional drain on the annual overall health board budget. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Energy & Environment | Financial risks | 25 | 25 | 5 | Tolerate | Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings | Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings | None specified. | |
| Combined Heating and Power Plant (CHP) | 28/02/2025 | Current Combined Heat and Power plant has exceeded 95,000 run hours requiring major overhaul / upgrade or plant replacement. Operation and Management contract is in place but does not provide warranty or cover for major CHP failure. The works to CHP Engine 1 are currently being completed including 90,000 hour service, control system replacement and radiator replacement. CHP Engine 2 now requires identical works urgently as the control system components are starting to fail and the radiator will not be able to continue operation after April 2027. This will result in CHP Engine 2 not being able to be operated after April 27 until radiator is replaced. A paper is being submitted to CMG to seek approval for these works to be undertaken. If CHP Engine 2 is not able to be operated, this will result in reduced heating capacity and lost savings of approximately over £1 million a year. | The age of the CHPs are over 18 years old and therefore require major servicing and supporting equipment replacement/upgrade. Once these upgrades are complete, whilst the risk of plant failure is significantly reduced, it is not eliminated. | As the CHP plant provides significant revenue savings and forms a significant element of the heating and electricity infrastructure, plant failure will result in operational difficulties. Current contract states that plant failure risk lies with the UHB | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Energy & Environment | Infrastructure | 20 | 25 | 5 | Treat | Current O and M contract is in place until April 2025. Internal discussions are being held to develop propsed solutions. | Controls are through Departmental Assurance meetings, Team Brief and discussions with Clarke Energy. | CHP plant upgrade/replacement is required. | |
| Cold water supply to theatres (CAVOC, Spinal) | 02/12/2024 | 54MM pipework is leaking, possibly across multiple locations. The locations of the leaks are masked by asbestos containg materials e.g. pipe lagging. | The pipework is pin holed across a distance20 mts. | The removal of the pipe lagging would constitute a licensable removal. The removal of the lagging could possibly expediate the failing copndition of the 54mm pipework. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 4 | Tolerate | Temporary watewr supply diversion initiated. | Temporary bypass to keep the areas previously identified as operational. | The bypass is a short term solution. | |
| Working at Height lack of edge protection | 16/01/2025 | Edge protection to the east and West elevations of the roof only. | Lack of edge protection/ mansafe system. | Potential for a fall from height. Limited access to the roof area. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 4 | Tolerate | Access restricted. | Restrict access to the gutter walkway only. | Personel not adhering to the instruction to utilise the access gutter walkway (access gutter not an ideal solution). | |
| Overtime authorisation potentially not given - Electrical | 11/02/2025 | Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Electrical Engineer on site out of hours to respond to emergencies. | Budget constraints. | These emergencies consist of fire alarm activation, loss of electrical power, lift entrapments, significant health and safety concern/s relating to the patient experience or staff and visitor safety. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 20 | 20 | 4 | Tolerate | Escalation to Senior High Voltage Engineer, Senior Management Team & SMOC. | None available. | None, due to levels of constraints around time and travelling to site. | |
| Overtime authorisation potentially not given - Mechanical | 11/02/2025 | Due to authorisation not given, there will be occasions when there will be no qualified and competent Mechanical Engineer on site out of hours to respond to emergencies. | Budget constraints. | These emergencies consist of loss of medical gases including oxygen, loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam (sterilisation), lift entrapments, significant health and safety concern relating to patient experience or staff and visitor safety. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 20 | 20 | 4 | Tolerate | Escalation to Senior Management team & SMOC. | None available. | None, due to levels of constraints around overtime payments, time and travelling to site. | |

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| Risk title | Date raised | Risk event | Risk cause | Risk effect | Division | Business unit | Speciality | Risk category | Initial rating score | Current rating score | Target rating score | Response (Status) | Key controls | Assurance on controls | Gaps in controls | Barriers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Overtime authorisation potentially not given - Team Leader | 11/02/2025 | Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Team Leader on site out of hours to respond to emergencies. | Budget constraints. | These emergencies consist of loss of electrical supply, fire alarm activation, loss of medical gases including oxygen, loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam which is used for sterilisation, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 20 | 20 | 4 | Tolerate | Escalate to Senior Management Team & SMOC, | None available | None, due to levels of constraints around overtime payments, time and travelling to site. | |
| Roof Lifeline/Mansafe covered & obstructed | 01/05/2025 | Roof Lifeline/Mansafe covered & obstructed. | Persons are unable to clip onto the Mansafe line. | The lifeline is unusable in it's current state and as parts of the lifeline are under the AHU, it cannot be certified for use under LOLER. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 4 | Tolerate | Restrict / No Access, lifeline cannot be used. | Access restricted. | None specified. | |
| Roof parapet wall not to regulation height. (UHW - A3 Link east & west) | 01/05/2025 | Roof Parapet wall not to regulation height (1.1M) | Parapet wall not to regulation height. Local Mansafe system inaccessible. | Suitable edge protection unavailable. Mansafe is not safely accessible in it's current state (to clip on lifeline, you would have to climb onto sloping roof to be able to clip on). As AC Units section cover place of safe access. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 4 | Tolerate | Restrict access. | None specified. | None specified. | |
| CRI Main Boiler Plant - High Levels of Corrosion | 02/12/2024 | The boilers in the main plantroom at CRI are suffering from high levels of corrosion. | Upon investigation the general opinion from two seperate contracting companies was, that this corrosion is due to compromised gaskets in the double skin of the flue itself. | Temperature control is proving difficult. The leak on the flue is also a concern for the offering a source of combustion in the plantroom. (Due to fears around the integrity of the flue). | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 4 | Tolerate | Leak diversion set up. | The secondary assurance is that of the ongoing protection of the boilers to prevent further deterioration. | None specified. | |
| Nurse Call System in CAVOC (UHL) | 06/05/2026 | There is a risk that: There is an imminent risk that we will have a total failure on the nurse call. We will have 19 beds out of action. | This is caused by: The nurse call was incredibly old and the parts are obsolete. | Which w/could lead to an impact/effect on: Which would/could lead to 19 beds out of use. This ward being affected could affect CAVOC Theatres | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 16 | 20 | 8 | Tolerate | We have sourced a new contractor who is attempting to make repairs using redundant parts from the estates bed stores area. | None entered onto risk proforma when submitted | The system will eventually completely fail | High cost estimated £10K<br>Status: Current<br>Paul George 06/05/2026 16:52 |
| Damaged Electrical Trunking and Distribution Circuits Following Repeated Vehicle Strikes | 27/07/2026 | There is a risk that - Electrical trunking and associated wiring installed within Car Park 8 have sustained repeated damage from over-height vehicles striking the containment system. Although repairs have been undertaken on numerous occasions, the extent and frequency of damage has resulted in a complex network of repaired and altered circuits.<br>The integrity of the installation can no longer be assured. Circuit identification has become unreliable, and there is concern that borrowed neutrals and undocumented alterations may exist. This presents significant risks to electrical safety, including the inability to safely isolate circuits for maintenance or emergency work.<br>The installation is now considered beyond economical and safe repair, and complete replacement of the affected wiring and containment is required. | This is caused by - Low installation and over height vehicles and/or roof racks repeatedly hitting the containment, | Which w/could lead to an impact/effect on - Serious injury or fatality to staff or contractors. Breach of the Electricity at Work Regulations 1989, particularly Regulation 4 (Systems to be of such construction as to prevent danger) and Regulation 13 (Work on or near live conductors).<br>Failure to comply with BS 7671 requirements regarding identification, isolation and verification of electrical installations.<br>Increased operational disruption through repeated emergency repairs.<br>Potential enforcement action by the Health and Safety Executive.<br>Reputational damage to the Health Board. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks<br>People risks | 20 | 20 | 12 | Tolerate | Visual inspections following reported vehicle strikes.<br>Localised repairs undertaken where damage is identified.<br>Permit to Work and Safe Isolation procedures.<br>Warning signage and reporting arrangements.<br>Periodic electrical inspection and testing where practicable | Undertake a formal engineering assessment of the affected installation.<br>Restrict further alterations to emergency repairs only.<br>Clearly identify the area as having limitations for safe isolation.<br>Review vehicle height restriction measures and impact protection. | Inspections are not formally recorded at defined intervals and do not include intrusive verification of cable integrity.<br>Repairs are short-term and do not address underlying vulnerability to repeated impact<br>Safe isolation cannot be fully assured due to compromised circuit integrity and unclear labelling. | Operational constraints within Car Park 8 -The car park remains in active use, limiting access for intrusive inspection, testing, and installation of protective measures without disruption to users.<br>Funding approval and capital allocation delays<br>Full replacement of electrical infrastructure will require capital investment approval, which may extend programme timelines.<br>Status: Current<br>Paul George 11/08/2026 15:44 |
| Carpenter's Workshop LEV Dust Extraction System and Equipment (UHW) | 23/04/2026 | There is a risk that the current system is non compliant and unable to use and risk to craftsmen of inhaling sawdust fumes/particles when cutting, sanding or other wood working activities inside the workshop | This is caused by the extraction equipment and system is non compliant due to statutory inspection fail and not fit for use. | Which w/could lead to an impact/effect on replacement equipment and system to meet current legislation standards and improve the safety for craftsmen working in the workshop on wood products | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 16 | 20 | 8 | Treat | Currently using PPE Dust masks to prevent inhalation and some kind of protection | This control of using dust masks is only a temporary solution to protect craftsment | Risk when escaping dust particles/fumes become airborne after work and linger in the workshop atmosphere | Potential funding will be required to replace this extraction system<br>Status: Current<br>Paul George 23/04/2026 09:05 |
| Carpenter's Workshop LEV Dust Extraction System and Equipment (UHL) | 23/04/2026 | There is a risk that the current system is non compliant and unable to use and risk to craftsmen of inhaling sawdust fumes/particles when cutting, sanding or other wood working activities inside the workshop | This is caused by the extraction equipment and system is non compliant due to statutory inspection fail and not fit for use | Which w/could lead to an impact/effect on an impact/effect on replacement equipment and system to meet current legislation standards and improve the safety for craftsmen working in the workshop on wood products | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 16 | 20 | 8 | Treat | Craftsmen currently using PPE dust masks as some protection, but not permanent solution | Face fitting has been completed to test how to wear this PPE | nly a temporary solution and a new LEV system is required for protection | Potential funding of new system and requires backlog maintenance money<br>Status: Current<br>Paul George 23/04/2026 09:34 |
| Component failure UHL theatre block AHU (UHL) | 22/05/2019 | Therer is a risk that theatre AHU will fail/ stop. | This is caused by obsolete control gear. | Which w/could lead to an impact/effect on theatre operations/ surgical procedures. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 16 | 20 | 4 | Tolerate | Equipment is currently being maintained ro a reasonable standard. | Plans in place to fit direct drives to all systems under the refit scheme | Some theatres are more at risk than others dependent on the age of the equipment. | |
| Dali Lighting System at Hafan Y Coed (UHL) | 10/06/2025 | There is a risk that The DALI lighting system is faulting regularly. We have had a survey conducted. This has shown that the 28 controllers are obsolete. We have no programming terminal or access into the system. If one of these controllers fails completely we will lose all lighting control in this the area of the failure. | This is caused by This has shown that the 28 controllers are obsolete. We have no programming terminal or access into the system. | Which w/could lead to an impact/effect on staff, visitors and patients if lighting fails and provides a darker environment | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 16 | 20 | 8 | Tolerate | repairing lighting in situ when possible. If a DALI controller fails on the system we can not make these repairs. If a we lose control of a particular fitting we can power it off locally and it might come back on the system after 15 minutes or so. | area surveyed and are awaiting a quotation to be provided. | When we are powering off the fittings we are really just hoping that the fitting come back onto the systems control. We are unable to offer temporary lighting in this hospital due to the nature of the patients. Due to anti ligature rules etc. | Potential cost for upgrade and will require capital funding<br>Status: Current<br>Paul George 26/02/2026 09:28 |
| Dali Lighting System at CRI (Community Site-CRI) | 10/06/2025 | There is a risk that The DALI lighting system is faulting regularly. We have had a survey conducted in HYC. This has shown that the 28 controllers are obsolete. CRI Is an older system and worse condition | This is caused by If one of these controllers fails completely we will lose all lighting control in this the area of the failure. The upgrade cost for HYC is £25k. CRI is in worse condition and is older. | Which w/could lead to an impact/effect on Staff, patients visitors and general morale with a failing system | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 16 | 20 | 8 | Tolerate | repairing lighting in situ when possible. If a DALI controller fails on the system we can not make these repairs. If a we lose control of a particular fitting we can power it off locally and it might come back on the system after 15 minutes or so. | waiting for a survey to be conducted but are expecting a large quotation once it is done. | When we are powering off the fittings we are really just hoping that the fitting come back onto the systems control.<br>We are unable to offer temporary lighting in certain areas of this hospital. | expecting the quotation to come back £25K. An upgrade to the current system and installation of a fixed terminal where new fitting can be programmed prior to installation.<br>Status: Current<br>Paul George 26/02/2026 13:55 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dental Annex Walkway | 01/04/2026 | There is a risk of the walkway suddenly falling | This is caused by rotten timber frame work | Which w/could lead to an impact/effect on access to IT hub rooms and fire escape | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 12 | 20 | 9 | Tolerate | Continue to monitor | Walkway subject to PPM check | Non specified | |
| Main Theatres AGSS systems are shared between 3 Theatres and risk if pump unit fails (UHW) | 14/05/2026 | There is a risk that One AGSS pump unit is installed for 3 theatres, e.g. theatre 0-2, 3-5, 6-8, 9-11 and controlled from each theatre and risk if pump fails then potential lose the use of 3 theatres. | This is caused by Non compliant aged installation and not to HTM compliance. | Which w/could lead to an impact/effect on Patients for theatre operation as unable to extract anaesthetic gas as inability to remove Nitrous Oxide and risk to all theatre staff dur to exposure to N2O and staff not meeting the Time Weighted Average as per HSE EH40 guidance for workplace exposure limits. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 16 | 20 | 8 | Tolerate | PPMs in place and a duty and stand by pump, but these have shared electrical control panel, | PPMs in place to inspect, but as these run for long times then inevitable will fail at some point | Funding and theatre availability and pipework modifications and new cables required for theatre control from plant room 19 | Funding and availabilty<br>Status: Current<br>Paul George 14/05/2026 16:43 |
| Fire Doors Require Replacing | 07/04/2025 | Fire doors identified as requiring replacement , due to condition of the doors not meeting fire requirements. | Fire doors. Non Compliant. | Door will not perform in accordance with standards in the event of fire, thus not containing the spread of fire and putting patients staff , visitors and property at risk. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | Door inspected weekly as part of a PPM by estates staff | Inspection results recorded | Doors identified as not been compliant LGF Central link doors 237 x 2, LGF PLANT ROOM 3 No 143 x 2, LGF Dental No 14 x 2, LGF Medical Records No 317 new doors required, LGF Pembroke 330, 341N, 341, 343, 345, 346, 360 all require replacing, LGF Lakeside No 317 x 2, 359, 330, 331, 335A, LGF Outpatients rear exit doors. | |
| Main CIAT Chiller, replacement X6 EBM Papst fan assemblies units on chiller circuit No2. | 04/07/2023 | 3 out of 8 fans working on circuit No1: 3 out of 4 on circuit No2, removed 3 of faulty fans from circuit No1 and replaced the 3 working from circuit No2. Circuit No1 is larger system running on single point of failure. | Age and condition of the chiller plant. | Chiller plant unable to provide the neccessary assurance as to its required performance. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | None specified. | 3 out of 8 fans working on circuit No1: 3 out of 4 on circuit No2, removed 3 of faulty fans from circuit No1 and replaced the 3 working from circuit No2. Circuit No1 is larger system running on single point of failure. Due to chilled circuit being on roof plant room, any temporary chiller options would be very challenging, but not impossible. | Parts availability 6-8 weeks | |
| Both DSS4 Maternity HV substation double doors and LV switchroom single door | 09/09/2023 | Both DSS4 Maternity HV substation double doors and LV switchroom single door are made from slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations. | Wooden doors and rotten, damaged and not secure. | The condition of the doors will impact upon the security of the switch rooms leading potentially to unauthorised access. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | Monitor condition until planned replacement | Due to the condition and no solid fixing availability and loose fitting doors plus the possibility of barring open the doors allowing access into the HV/LV rooms No assurances. No issues to date but high possibilty | Due to the condition no solid fixing, loose fitting doors, plus possible barring open the doors into the HV/LV rooms No assurances. No issues to date but high possibilty | |
| Safe Access Cold Water Storage Tank (CWST) (B58) | 14/10/2023 | Safe Access to the CWST (B58) is difficult. | No ladder or any safe means of access to carry out statutory tank inspections and testing. | Serious risk of fall from height and injury to the person. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | The CWST has been inspected and a further visit required to see what temporary solution can be put in place. | Monthly , quarterly and annual thorough cleaning of the CWST is required and some safe access as a temporary measure utilised until permanent access can be installed. | Both contractors and estates labour require access. | |
| 2 Unservicable Boilers (from 6) | 04/08/2023 | 2 Boilers unservicable out of 6 | Leaking flue causing damage to the printed circuit boards related to boiler control. | Possibility of losing heating or hot water, affecting clinics and patient care (leaking flue affected PCB's) | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 20 | 20 | 5 | Tolerate | Leak diverted / temporary fix until Flu repair has been carried | None specified. | None specified. | |
| Roofing Sheets Rusted Through | 05/06/2025 | Roofing sheets rusted through (at high level) A Block Link | Corrosion - possible lack of maintenance due to the inaccessibility, due to the height and lack safety infrastructure for safe working. | Ingress of water causing flooding to the floors/ office space below. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | Contractor attended site to look at temporary repair, before further damage can be caused by inclement weather (Flooding below and roof sheet deterioration) | None specified. | None specified. | |
| General Issues With I.T. Ports - BEMS | 14/12/2022 | Issues with BEMS related I.T. Ports | The ports become locked preventing system communications over the network. | Affecting plant - primarily its control functions. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Digital risks<br>Operational risks<br>Strategic risks | 20 | 20 | 5 | Tolerate | Contact IT department to reset the I.T. port. | Can operate valves, pumps and vents manually. | Not ideal and adds additional pressures to the already stretched estates team. | |
| UHW Mains water services risk of failure | 14/12/2022 | Failure of mains water services. | Aged infrastructure. | Supply failure. Preventing mains water supply. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | Most repairs can be completed within 48 hours depending on location of the leak and a water bowser can be hired to provide water supply. | Currently only short duration with water turned off for repair to minimise disruption to services and areas affected. | None specified. | |
| Satchwell Sigma BMS Control Cards | 18/01/2023 | Control cards are no longer supported. | The unavailability of control cards will potentially impact upon heating/ventilation/ LTHW/DHW and cooling in the following areas - UHW Operating theatres (plantroom 19), CHFW theatres, SSSU day theatres, ITU, NICU, Boiler House, Multiple Cardiff University labs including BIOVS facility (regulated by Home office, reportable when out of compliance) Known outstations failures have increased due to the start-up of heating session instigation across various location | Loss of service and patient care facilities. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | Have now been limited to unknown second-hand option's (potentially unavailability) | None specified. | Minimal Upgrades have taken part, recent issues with IM&T ports closing down, firewall rules not allowing communication, single points of failure BMS computer, no IT direct support. | |
| VIE underground piped oxygen - From estates. | 18/10/2023 | VIE piped oxygen runs underground. No ducting and large tree growing above the oxygen pipe run. | Environmental issue, tree roots encroaching on oxygen pipe run. Ducting should have been installed along the pipe run to ensure the protection and containment of the oxygen pipe along its length. | Potential loss of oxygen supply caused by environmental damage. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | C&V UHB an have emergency manifold system for an emergency scenario, but not for longivity to maintain oxygen demand for hospital. | Planned improvement works to site oxygen from the second site VIE. The long term project and the estates VIE will form part of the overall improvement plan. | Unsure of general condition of buried oxygen pipework. | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MRC plant room condition. | 12/06/2025 | MRC plant failure. Plant failure would signifficantly impact the services provided. | Aged plant and equipment/ general condition. | High risk of failure. Whole plant room needs total full refurbishment of plant infrastructure. Heating calorifier and access limited. Single calorifier unlagged and uneconomical. Condense Receiver has a big split in the tank surrounded with asbestos, high cost for removal. Hot water cylinder original copper cylinder beyond working life and ready to fail. Condensate pumps corroded and poor condition. Electrics containment and switches corroded. Old BMS controls. Poor circulation on heating system.Disruption to dept. services users (IPC -Housekeeping Department-Medical records Staff). High financial cost for the whole of the plant infrastructure. Rusted corroded failed/pipework valves – Needs replacing | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 16 | 20 | 5 | Tolerate | Estatesr continue to monitor on a weekly basis and look to repair minor repairs when required.<br>We have diverted the current leak from the calorifier. | Due to the size of the works required and financial risk cost, this needs to be passed for Capital intervention to replace whole plant infrastructure. This should be looked at before and review the winter season. | High risk of failure of large plant and to provide heating and hot water to the service users. | |
| No Authorising Engineer Assigned to Lifts | 07/12/2022 | With no Authorising Engineer assigned to Lifts, we are unable to appoint Lift AP's and carry out Audits on Lift condition & management systems etc | Unavailability of lift Authorising Engineer. | Unable to carry out Audits on Lift condition & management systems etc. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Operational risks | 20 | 20 | 4 | Tolerate | Reliant on training that has been provided at Eastwood Park. Lift engineer to manage the lift system. | No incidents recorded, the system is managed to the correct standard using OTIS contractor & statutory inspection. | System managed, trained but not appointed formally. | |
| CHFW Ph 2 MRI Unit Scaleformation, Corrosion, Biological Growth | 24/03/2025 | Poor industrial water quality. | This is caused by : Scale Formation, Corrosion, Biological Growth, Sedimentation | Energy Impact of Poor Industrial Water Quality a chiller operating with scaled heat exchangers can consume up to 30% more energy to provide the same amount of cooling. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | None provided. | None provided. | None provided. | |
| CHFW P2 Main Chiller Scale Formation, Corrosion, Biological Growth, | 13/02/2025 | Poor industrial water quality. | This is caused by: Scale Formation, Corrosion, Biological Growth, Sedimentation. | Poor Industrial Water Quality a chiller operating with scaled heat exchangers can consume up to 30% more energy to provide the same amount of cooling. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | None provided. | None provided. | None provided. | |
| Radiology Plantroom Main Chillers | 24/03/2025 | Poor industrial water quality. | This is caused by: Scale Formation, Corrosion, Biological Growth, Sedimentation. | Energy Impact of Poor Industrial Water Quality a chiller operating with scaled heat exchangers can consume up to 30% more energy to provide the same amount of cooling. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | None provided. | None p[rovided. | None provided. | |
| Fire Fighting Lift Control | 26/03/2025 | 18 Fire fighting or Evacuation lifts require annual testing and inspection throughout CAVUHB<br>2 at Barry, 6 at UHL and 10 at UHW. | This has not been done previously (no record if it has). | This was noted in the LOLER inspections for firefighting lifts. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Estates | Infrastructure | 20 | 20 | 5 | Tolerate | None specified. | None specified. | None specified. | |
| M61 - Hamadryad Centre Boiler 1 & 2 | 02/10/2023 | Boilers 1&2 Poor Condition | Overall condition. Fan dilution system inadequate. | Boilers becoming inoperable. Potential loss of heating to the area. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Mechanical | Infrastructure | 20 | 20 | 4 | Tolerate | Regular maintenance being carried out to maintain the systems as is. | Systems are statutory tested and inspected annualy | None specified. | |
| M67 - Ro Water system no longer supported by Manufacturer from 2027 | 21/11/2025 | Manufacturer support will stop in 2027. Loss of clinical continuity as a result. | This is caused by the age of the system and parts for the system being unavailable. | If the plant was to fail it could not be repaired and would lead to the Kidney Dialysis department not being able to offer treatment for a significant period of time. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Mechanical | Operational risks | 16 | 20 | 4 | Treat | Regular maintenance being carried out to maintain the systems as is. | Systems are statutory tested and inspected annualy | None specified. | |
| M9 - UHW ITU A3N Non Compliance | 01/06/2021 | There is a risk that the Ventilation verification of UHW ITU A3N is Non Compliant. | This is caused by non compliance to the Hospital Technical Memorandum (HTM) as a result of the age of the units and their design not meeting current standards. | If the units were to fail they cannot be accessed for maintenance and repair which will affect the air flow within the Intensive Care Unit, which has the possibility of affecting the Clinical continuity of the area. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Mechanical | Infrastructure | 20 | 20 | 5 | Tolerate | Restricted maintenance operations. | None specified. | System is not suitable and correct maintenance is restricted, control measures are not sufficient to reduce the risks significantly. | |
| M30 - UHW ITU B3N Non Compliance | 01/06/2021 | There is a risk that the Ventilation verification of UHW ITU B3N is Non Compliant. | This is caused by non compliance to the Hospital Technical Memorandum (HTM). | Which would lead to the HTM not being adhered to. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Mechanical | Infrastructure | 20 | 20 | 5 | Tolerate | Maintenance intermitent due to access issues AHU within ward. | None specified. | Maintenance intermitent due to access issues AHU within ward. | |
| M31 - UHW ITU C3 Link Non Compliance | 01/06/2021 | There is a risk that the Ventilation verification of UHW Cardiac ITU C3 Link is Non Compliant. | This is caused by non compliance to the Hospital Technical Memorandum (HTM). | Which would lead to the HTM not being adhered to. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Mechanical | Infrastructure | 20 | 20 | 5 | Tolerate | Regular maintenance being carried out | None specified. | System isn't suitable and correct maintenance is restricted. Control measures are not sufficient to reduce the risks significantly | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M38- Ventilation AHU serving HDU AT UHL does not comply to WHTM's. | 01/12/2019 | There are major issues with it's Air Handling Unit and we recommend a replacement. | Potential AHU failure leading to loss of service. Patient safety at risk. | Theatres cannot be used in its current condition. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Mechanical | Operational risks | 20 | 20 | 5 | Tolerate | Regular maintenance being carried out to maintain the systems as is. | Systems are statutory tested and inspected annualy | replacement of AHU required | |
| M29 - Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation. | 01/06/2021 | There is a risk that: Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation. | System has never complied with WHTM'S. Maintenance intermittent due to access issues with AHU with ward WASTE room. Fan coils in ward are not accessible unless ward is emptied, but they do not comply anyway. | Which w/could lead to an impact/effect on patient safety. | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Mechanical | Operational risks | 20 | 20 | 5 | Tolerate | Maintenance intermittent due to access. | None specified. | System isnt suitable and correct maintenance is restricted. | |
| M36 - UHW & UHL Medical Gas Pressure Reducing Sets. | 01/01/2021 | Potential to fail - Medical Gas Pressure reducing sets. Loss of clinical continuity as a result. | Are out of the manufacturers recommended operational service date periods. | Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients | Capital Estates and Facilities | Capital Estates and Facilities | CEF - Mechanical | Infrastructure | 25 | 25 | 5 | Treat | Regular maintenance being carried out by M&M Medical in line with HTM.<br>UHL Pressure reducing sets have all been replaced. | All work undertaken by M&M is signed off by Authorised Person using PtW.<br>M&M are an accredited company and have been chosen using a quality biased tender process. | No obvious gaps in control. | Not all of the pressure reducing sets can be traced to a specific area. This means there is a risk of turning off medical gas in an area without ensuring sufficient mitigation is in place in advance. All of the routes need to be traced before the works to replace the sets can be undertaken.<br>Status: Current<br>Owen Davies 05/10/2026 14:49 |
| Inadequate governance arrangements in place for Adult Learning Disability (CHC) | 27/05/2026 | There is a risk that patient safety, safeguarding responsibilities and UHB funding arrangements are compromised as a result of an inadequate governance framework for adults with LD who have Continuing Healthcare (CHC) packages | This service has recently transferred from PCIC and is complex as some elements are contracted to SBUHB. There is a lack of clarity regarding responsibilities relating to SBUHB. There appears to be a lack of capacity within their team to undertake the required monitoring and review of placements which is in line with our UHB Protocol. | The lack of monitoring and review means that packages are not stepped up and down based on assessed need, we are reliant on providers to inform us of changes, incidents etc. Some of this cohort may no longer meet CHC threshold. Some incidents may not be reported to us . These are often high cost residential packages which can be anywhere across the UK. Providers are non NHS and are often subject to investigation by regulators and safeguarding incidents / professional abuse investigation are high due to the nature and vulnerability of this cohort of adults. Delays in SBUHB undertaking DST assessment results in delayed decision making, placement, communication with families and interim funding requests from LA. It has been identified that only 8 out of 100 reviews have been undertaken (Jan 2026) and that at least 16 individuals receiving a 100% health funded package may no longer have a primary health need so full funding would not be appropriate. Aside from the quality, safeguarding and safety concerns, a potential saving of £2.3 million has been estimated if reviews are undertaken. A number of patients are allocated to the wrong team (e.g. LD rather than physical | Children & Women | Community Child Health | | Quality risks | 20 | 20 | 8 | Treat | 1. New QA Process being established to mirror the panel process in place for CYP.<br>2. All amendments in care packages/ variations are reviewed and decisions documented prior to UHB CHC Panel.<br>3. All equipment requests are discussed and agreed (or declined) at QA Panel prior to UHB CHC Panel.<br>4. Regular meetings are to be progressed with SBUHB to develop agreed pathways<br>5. Placement reviews are prioritised and take place promptly where provider concerns have been raised by any agency/ family/ inspectorate | 1. Monthly QA meetings with LA and SBUHB being prioritised.<br>2. Draft QA pathways shared with SBUHB and LA<br>3. WG CHC Framework ( adult framework is clear and legally binding)<br>4. UHB Monitoring and Review of Non NHS Placements Protocol<br>UHB Complex Care Board will support with QA and provide strategic oversight once established.<br>UHB is working through Direct Payments process, T&F Group and CYPFHS represented on this. | 1. Capacity within CYPFHS as no transfer of management resource only 2 case managers<br>2. Contract / SLA with SBUHB - lack of clarity regarding what historical agreement is in place between CAV & SBUHB.<br>3. Recent All Wales introduction of Direct Payments in Adult CHC. | 1. Lack of capacity in CYPFHS, currently having to manage and prioritise incidents and changes in provision on a daily basis.<br>2. Need for support to understand contractual arrangements with SBUHB.<br>Status: Current<br>Paula Davies 04/06/2026 10:51 |
| Lengthy Delays with Outpatient Hysteroscopy Waiting List (OG38) | 30/04/2025 | There is a risk of patient harm and poor experience | This is caused by lengthy delays with outpatient hysteroscopy waiting lists | Which w/could lead to an impact/effect on potential harm to patients and poor patient experience | Children & Women | Gynaecology | | Operational risks | 25 | 20 | 10 | Treat | Where there is available capacity in the week, appointments are arranged for those patients waiting for an urgent or routine appointment<br>Where a case is considered to be USC, a patient is put on the USC pathway<br>Clinical Validation is being undertaken and cases upgraded to USC where considered necessary<br>Risk Assessment Reviewed and updated - submitted 05/12/2025 | Clinical validation/phonecalls have started to take place where a nurse practitioner is contacting patients to check on symptoms of individual patients. Patients waiting since 2022,2023 and 2024 have been contacted and cases clinicians are concerned about upgraded to USC | Patients on the routine and urgent waiting lists are not being reviewed routinely<br>Not all one stop PMB Hysteroscopy clinics are one stop clinics, therefore cases are still being referred to outpatient operating and reducing capacity to see urgent and routine patients | No additional funding available for weekend clinics<br>Status: Current<br>Kirsty Hook 10/09/2025 08:51<br>There is no funding available for insourcing or outsourcing<br>Status: Current<br>Kirsty Hook 08/12/2025 13:10<br>Patients waiting since the beginning of 2025 are still to be contacted.<br>There is a risk that symptoms worsen and telephone validations has its limitations<br>Status: Current<br>Kirsty Hook 08/12/2025 13:11<br>Current shortage of trained clinicians<br>Status: Current<br>Victoria Titshall 12/05/2026 09:46 |
| Lengthy Outpatient Waiting Lists not meeting WG Outpatient Waiting Standards (OG32) | 24/09/2024 | There is a risk of patient harm | This is caused by lengthy outpatient waiting lists not meeting WG outpatient waiting standards | Which w/could lead to an impact/effect on patient outcomes and patient experience | Children & Women | Gynaecology | | People risks | 25 | 20 | 10 | Treat | Validation is undertaken by the UHB validation team. All clinics are booked as appropriate in respect of expected activity and trainees allocated to clinics where possible to increase throughout | Ongoing monitoring and escalation of concerns regarding increasing number of patients for an inpatient and daycase procedure to the Clinical Board | Waiting list continues to increase with no clear plan or timescale regarding address of demand/capacity gap<br>Nil funding to support/address of demand/capacity gap | Waiting times will increase as referrals needing vetting increasing<br>Status: Current<br>Victoria Titshall 12/05/2026 09:59<br>As of 1 May 2026 1118 unvetted referrals, 353 urgent referrals going back to 4/3/26 submission<br>Status: Current<br>Victoria Titshall 12/05/2026 10:02 |
| Potential loss of BSGE accreditation, resulting in major financial, clinical and reputational consequences for the organisation | 12/02/2026 | There is a risk of losing BSGE accreditation by December 2026 | Due to insufficient workforce, theatre capacity and multidisciplinary support, which would result in major financial, clinical and reputational consequences for the organisation | Which would lead to an impact/effect to the organisation which will result in major financial, clinical and reputational consequences, and the closure of the largest tertiary endometriosis centre in Wales. | Children & Women | Womens | Endometriosis | Legal/Regulatory risks | 20 | 20 | 8 | Treat | No key controls identified | | No finances available therefore no current resolution available. New criteria definition for accreditation from BSGE formalises process (previous service has run informally and on good will). | Financial barriers<br>Status: Current<br>Kirsty Hook 12/02/2026 12:20 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Failure to fully comply with NICE guidance for introduction of weight loss injectable medication in Specialist Weight Management Service | 21/03/2024 | There is a risk that the UHB will fail to fully comply with NICE technical appraisal for introduction of weight loss injectable drugs through specialist weight management services. Semaglutide (Wegovy) and Trizapetide (Mounjaro) are injectable GLP1/GIP drugs for use in specialist weight management services (SWMS), for those patients with BMI 35kgm2 with one or more weight related co-morbidity. NICE TA states that the drug must be prescribed, monitored and delivered as part of a lifestyle intervention and behaviour change programme. | Since the launch of these drugs referrals are significantly exceeding service capacity. No investment in services came with this launch. SWMS is funded to support 200 people per year. Currently there are over 450 people in service with over 1400 people awaiting assessment, current wait for SWMS is around 10 years. | Which has lead to an impact/effect on current capacity across the service. Priority referral from services across the HB are unable to be expedited due to the limited capacity within SWMS.<br>SWMS waiting times are currently around 10 years, exceeding the 26 – week Consultant waiting time target. Level 2 service waiting times are approximately 42 weeks exceeding the 14 – week therapy waiting time target. These delays represent a significant clinical risk, including deterioration of long-term conditions, unsafe access to medications, and failure to meet NICE guidance and equitable care standards. This has also resulted in a significant amount of concerns and negative press, affecting staff welfare and morale.<br>The causes of obesity are complex and multifactorial, influenced by environmental, behavioural, and social factors. Adverse Childhood Experiences (ACEs) significantly contribute to health inequalities. Local data from the Level 3 Specialist Weight Management Service (SWMS) indicates:<br>55% of patients report ≥4 ACEs, which is 4x higher than the general population.<br>27% report childhood sexual abuse<br>This highlights the high clinical complexity | Clinical Diagnostics & Therapeutics | Allied Health Professionals | Nutrition & Dietetics | Operational risks<br>Financial risks<br>Legal/Regulatory risks<br>People risks<br>Quality risks<br>Reputational risks<br>Strategic risks | 20 | 20 | 9 | Treat | Business case produced including SWMS development of GLP1 pathway. Remains unfunded<br>SBAR presented to clinical board<br>SEA controls flow of patients through service .<br>Patients offered L2 WM service to encourage lifestyle change prior to entry to L3 service (increases demand at L2)<br>Information supporting self management for WM added to KMW website and primary care health pathways.<br>Consultants and CNS have re-organsied clinical time to allow for monitoring of current levels of active patients, this impacts other clinical time. CNS is now a supplementary prescriber.<br>Shared decision making at L2 informs patients that waiting time for access to injectable medications is now 9-10years. Patients then have the choice to wait or access other options. | The Consultants and CNS are shifting clinical priorities in order that injectable medications are available to patients reaching the Service Entry Assessment appointment. This impacts other parts of the service e.g. the Bariatric Post Op waiting list has grown to 8 years. | Increased referrals to L2 and SWMS weight management services due to launch of injectable weight loss medications putting additional pressures on existing services, waiting times rapidly increasing.<br>The SEA is essential in formulating service delivery for every patient entering the SWMS service, removing this is not an option.<br>Partial compliance to NICE TA due to increased demands within service (E.g. Psychology).<br>Patients buying the drug privately are attending NHS services when they are financially spent, expecting prescription immediately.<br>Referrals from other HB services are adding to unrealistic expectations for patients and other service Consultants. Expecting access to weight loss injectable quickly due to those service priorities.<br>Increased demand from post natal patients who had drugs stopped due to pregnancy, now accessing the SWMS service without waiting, as they sit within a protected characteristic. Rapid access for veterans under the convenant. The inability to discharge patients referred for baritric surgery to WIMOS, because they need to be monitored whilst taking GLP1/GIP, WIMOS does not provid this service. Requests from services over the border, where patients | |
| RIF funding withdrawl | 28/08/2026 | Due to the imminent (end of March 27) withdrawl of RIF funding clinical risk is raised: interventions are not accepted if require longer intervention than the time remaining for the funding, one vacancy is held in Gulady as we were not able to second to this post, staff are looking for other permanent positions. | This is caused by the imminent withdrawl of RIF funding. | Which w/could lead to an impact/effect on ability to deliver effective MDT and specifically occupational therapy intervention to children, as well as risk of care breakdown as these children have the greatest need for therapy focusing on trauma and sensory regulation. | Clinical Diagnostics & Therapeutics | Allied Health Professionals | Occupational Therapy | Quality risks<br>Reputational risks | 20 | 20 | 1 | Treat | Hadas to escalate through QS&E | | | |
| Reduced clincal capacity in Lymphodema service | 06/11/2025 | There is a risk that there is reduced clinical capacity within the Lymphoedema service. | This is caused by low staffing levels due to vacancies, sickness and maternity leaves. | Which w/could lead to an impact/effect on long waits for FU appts. Currently 16 week wait for treatments. Only managing urgent care. Breaching all national targets. Resulting in delays of patients getting treatment for their chronic health condition. | Clinical Diagnostics & Therapeutics | Allied Health Professionals | Physiotherapy | Operational risks | 20 | 20 | 8 | Treat | Exploring options to use bank. Using OGEP model to support urgent primary care work. Working with national team. Band 5 vacacny approved for recruitment will prioritise urgent care and treatment of patients. | Monitoring of targets, WL position and FU through performance | Extra capacity not enought to manage the growing waiting list | |
| Compliance with Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 | 27/02/2026 | There is a risk that therapies prescribe and loan equipment to patients (babies, children, young people and adults), whilst there are no regular 6 monthly inspection arrangements in place in line with LOLER. | This is caused by current arrangements are for servicing to be taken place only when equipment is returned from loan. Mixed arrangements between servicing being completed by JES or clinical engineering. | Which w/could lead to an impact/effect on patient safety and liability to the UHB due to provision of equipment with no suitable servicing in line with LOLER. | Clinical Diagnostics & Therapeutics | Allied Health Professionals | | Legal/Regulatory risks | 20 | 20 | 2 | Treat | Current arrangement: - JES service beds, hoists, slings - it is unclear if this is done 6 monthly or when return for cleaning. - Clinical engineering service high-low seating systems, arm Charis and some wheelchairs - only when these are returned to cleaning. | | There is no clear arrangement for 6 monthly review of the equipment<br>there is no clear arrangement for all the equipment used by therapies - some of the equipment in children's hospital is not serviced, some of the wheelchairs are not serviced.<br>There is no one arrangement for all of therapies and each service has different arrangement | The additional servicing will have cost implications<br>Status: Current<br>Hadas Reshef 27/02/2026 12:38 |
| Refurbishment of new NBS Laboratory Space | 26/09/2025 | There is a risk that adequate funding needs to be provided to refurbish the new laboratory space. | This is caused by the need for funding to be agreed by Welsh Governement. Estates team are designing the build to generate a quote and an external company to prepare a BJP to submit to WG for funding. | Which w/could lead to an impact/effect on the expansion of the NBS Service, expansion of ABS track system, the need for the laboratory space to be brought up to building standards. If the space is not refurbished there is a risk to enabling Wales to provide HT1 screening and screening for additional conditons. | Clinical Diagnostics & Therapeutics | Laboratory Medicine | Biochemistry | Infrastructure | 20 | 20 | 2 | Treat | Estates team designing build to generate quote<br>External consultant employed to prepare BJP to submit to WG for funding | Draft floorplan drawings available<br>BJP in progress | Confirmation of funding required | |
| Loss of Patient Stem Cells due to failing liquid nitrogen freezer and no capacity to remove the cells to enable repair | 16/02/2026 | There is a risk that patient stem cells for transplantation will suffer a temperature excursion and be unsuitable for treatment. | This is caused by malfunction of the filling mechanism that allows the liquid nitrogen in the freezer to be replenished. | Which w/could lead to an impact/effect on the treatment options for patients with haematological malignancy, particularly autologous transplantation for multiple myeloma and donor lymphocyte infusion for early relapse and graft failure in patients that have received an allogeneic transplant | Clinical Diagnostics & Therapeutics | Laboratory Medicine | Haematology (lab medicine) | Operational risks | 25 | 20 | 5 | Treat | Schedule twice weekly manually initiated liquid nitrogen fills. | Temperature data is reviewed as described in the document uploaded. Dial-out notification is active as evidenced by phone records | No feasible action for decanting the contents as there is insufficient capacity in the other freezers. Action requires estates work to commence and be completed. | Estates assessment of the feasibility (floor loading weight) of additional freezers<br>Status: Current<br>Sarah Phillips 16/02/2026 12:10 |
| Risk related to air pressure cascade within aspetic suite of rooms in SMPU in relation to production of Hemgenix | 16/10/2025 | There is a risk that the air pressure cascade within this suite of rooms could create a background environment within the M22 room that was at higher risk of contamination due to personnel entry without a fully compliant positive cascade of air out through the change rooms to the corridor | This is caused by the clean room and support rooms are non-compliant with Quality Assurance of Aseptic preparation Standards (QAAPS) in that the correct pressure cascades between the M22 room and change room are not fully met. Furthermore, the M22 and M30 rooms do not meet the ideal total air change requirements | Which could result in higher risk of contamination of the product | Clinical Diagnostics & Therapeutics | Pharmacy and Medicine Management | St Mary's Pharmaceutical Unit (SMPU) | Quality risks | 20 | 20 | 4 | Treat | 1.Continuous facility monitoring (Pharmagraph) of room pressures. Pharmagragh alarms configured to alert incorrect pressure differentials<br>2.Cleaning completed per schedule.<br>3.Appropriate clothing grade work within the unit. Dedicated change room for Hemgenix activity<br>4.Room settle plates twice weekly and in-operation sessional plate monitoring<br>5.Qube Isolator performing correctly (weekly checks until in use) and if any out of specifications or alarms noted, cabinets are placed out of use immediately until issue resolved.<br>6.Validation of transfer sanitisation of materials process verified for Hemgenix preparation<br>7.Monthly viable monitoring to ensure graded rooms are within specification.<br>8.Three monthly non-viable monitoring to ensure all graded rooms are within specification<br>9.Environmental trending completed monthly and reported to Monthly Quality Meeting.<br>10.Six monthly servicing and calibration of Qube isolator<br>11.Validated VHP gassing cycle of empty chamber (for decontamination purposes) | 1.Current viable monitoring (monthly/weekly/sessional) of the rooms provide assurances the clean rooms are achieving the required room specifications and no trends identified upon review.<br>2.Review of the pressure differentials seen between rooms have no adverse trend<br>3.TAC monitoring shows no adverse trend in M22 room. | 1.Estates – SMPU Technical agreement not in place / No formal AHU service and maintenance programme<br>2.Six monthly servicing and planned preventative maintenance for facility.<br>3.AHU last serviced 12 months (October 2024)<br>4.Stores roof leak not resolved<br>5.Pharmagraph system (facility monitoring) requires update as version out of support from August 2026 | 1.Unit remains at high risk following WHC audit (August 2025) – Stores roof / SMPU Phase 2 delays<br>Status: Current<br>Helen Luton 16/10/2025 09:40 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patient Safety risk due to severe planned maintenance backlog due to workforce shortages in Clinical Engineering | 03/02/2026 | There is a risk that patient safety could be compromised due to severe planned maintenance backlogs in Clinical Engineering. | This is caused by staff shortages. | Which w/could lead to an impact/effect on ceasing services. | Clinical Diagnostics & Therapeutics | RMPCE | Medical Physics/Clinical Engineering | People risks | 20 | 20 | 4 | Treat | Vacancy requests submitted | Trac forms working through the authorisation process. | Current vacancy process asks for internal recuritment first, which effectively delays the process further. | |
| Delay to laboratory information system (LIMS) implementation | 01/07/2025 | There is a risk that Laboratory information system, migration from TLC2016 to TCLE. If TCL2016 continues to operate past mid-December 2025, it presents significant operational, clinical and financial risk.<br>- Financial - DHCW have estimated that the cost of passing the December deadline could amount to £6.5m nationally with the need to update the hosting infrastructure and licencing, and extension of the programme team.<br>- Operational - Despite the infrastructure refresh, the TCL2016 system is end of life, and presents a greater risk of breakdown / disruption to service for which there would be minimal support from the supplier and inability to fix problems.<br>- Clinical - Running the laboratories on an unsupported system presents significant clinical risk of unavailability of results for patient care.<br>- Workforce - Extending the programme beyond December 2025 will exacerbate an already known workforce risk of burnout and retention.<br>2. Risk to achieving December deadline<br>- Ongoing delays to the completion of UAT is causing the deployment schedule to be | This is caused by issues with completion of UAT | Which w/could lead to an impact/effect on achieving December deadline, potential financial risk, disruption to the service, having to run laboratories on unsupported systems presents a clinical risk. The effect could alos be on staff burnout and retention | Clinical Diagnostics & Therapeutics | | | Digital risks | 20 | 20 | 5 | Treat | 1. Contingency plans for backup and alternative storage systems<br>2. Accelerate migration to TCLE<br>3. Prioritise completing UAT for TCLE | 1. Monitor storage configurations closely and conduct regular audits to assess<br>2. Programme board developing robust monitoring plan to identify blockers. | 1. Repeat UAT impacting on other work within BTL and Haematology, high levels of sickness within team if continues may impact on delivery<br>2. UAT cannot be prioritised over urgent operational deliverables, where it relies on the same people to do both.<br>3. Loss of local expertise, integral to the programme, cannot be replaced within timescales. | 1. Repeat UAT impacting on other work within BTL and Haematology, high levels of sickness within team if continues may impact on delivery<br>2. UAT cannot be prioritised over urgent operational deliverables, where it relies on the same people to do both.<br>3. Loss of local expertise, integral to the programme, cannot be replaced within timescales.<br>Status: Current<br>Helen Luton 12/09/2025 14:17 |
| Variation in heparin infusion protocols | 29/09/2025 | There is a risk that variation in heparin regimens and niche protocols is leading to medication errors and risk to patients. | This is caused by different protocols being used in different areas. This lack of standardisation poses a risk in particular during transfer of care. | Which could lead to lack of staff awareness of differences in protocols and increase risk to patients for medication errors. There have been two recent significant incidents where these differences in protocols have resulted in patient harm (Datix ID 72441 and 97581) | Corporate | Clinical Safety Group | Medicines Safety Group | Quality risks | 20 | 20 | 5 | Treat | Standardised concentration used in critical care<br>Heparin sign introduced in Critical Care and is attached to the monitor in the bed space of each patient who is prescribed heparin | Monitoring of Datix reports | Different protocols remain in different clinical areas<br>Current measures remain insufficient to reduce risk. | Engagement of multi-disciplinary specialities in reaching a agreement.<br>Status: Current<br>Jenna Walker 29/09/2025 15:10 |
| Cyber Security | 21/07/2025 | **Redacted** | **Redacted** | **Redacted** | Corporate | Digital and Health Intelligence | D&HI - Cyber Security | Cyber Security | 20 | 20 | 12 | Treat | **Redacted** | **Redacted** | **Redacted** | **Redacted** |
| Genomics AWS | 12/06/2026 | **Redacted** | **Redacted** | **Redacted** | Corporate | Digital and Health Intelligence | D&HI - Cyber Security | Cyber Security | 20 | 20 | 15 | Treat | **Redacted** | **Redacted** | **Redacted** | **Redacted** |
| Cyber Security | 06/08/2022 | **Redacted** | **Redacted** | **Redacted** | Corporate | Digital and Health Intelligence | | Operational risks | 20 | 20 | 20 | Treat | **Redacted** | **Redacted** | **Redacted** | **Redacted** |
| Lack of dedicated staff resource to effectivly embed business continuity planning within the organisation. | 03/02/2025 | There is a risk that business continuity planning within the organisation will not be effectivly embed. | The team consists of only 2 whole time equivelants.<br>Business continuity is one componenet of a far reaching portfolio, and represents 1 of the 7 statuatiry responsibilities under the Civil Contingencies Act (2004).<br>Do not have the capacity to ensure BC is absolutely embedded within the UHB. | The organisation fails to comply with its statury duties under the Civil Contingencies Act 2004 | Corporate | EPRR | | People risks | 20 | 20 | 4 | Tolerate | Dedicated regular traing is delivered to clinical and service boards.<br>Bespoke BC leads training package to uskill clinical board and service leads.<br>Business Continuity Strategic Oversight group meets bi monthly<br>Delivery of BC table top exercise | Training records.<br>Exercise reports<br>Incident debriefs<br>Joint operational learning | Organisations of a similar size and complexity would have a dedicated BC manager who is appropriatly trained and qualified.<br>The BC manager should be an integral member of the core EPRR team | Lack of financial investment within EPRR team<br>Status: Current<br>Simon Dring 21/04/2026 13:12 |
| No provision for specialist EPRR advice or presenece outside normal office hours. | 12/03/2025 | There is a risk that specialist advice is not available during adverse events out of hours | Historically this provision has been provided on a "good will" free of charge basis, and has not attracted the same financial reconpense afforded to other on call managers.<br>The frequency of calls for advice, and both "stand by" and "Live" incidents have increased to an unacceptable level for good will alone.<br>Role will default to the on call Executive Director and Senior Manager.<br>A dedicated SMOC training programme has been developed and delivered in the last 3 years to help address knowledge gaps.<br>However, there is uncertainty if staff will be released this year.<br>Requestes to shorten the course and remove content will leave gaps in knoledge and lack of compliance with minimum occupational stanadards.<br>Training is not mandated | Specialist Advice and support to commanders will not be available for an incident which may impact on patient and responder safety | Corporate | EPRR | | Legal/Regulatory risks<br>Strategic risks | 20 | 20 | 6 | Tolerate | SMOC and Exec on call out of hours | SMOC and Exec on call out of hours<br>No EPRR specialist support out of hours | No EPRR specialsit advice out of hours.<br>Exc and SMOC on call may have no or limited experience for Major Incidents, exposing gaps in cababilities | limited staff in EPRR, oncall allowance<br>Status: Current<br>Simon Dring 27/03/2025 13:41 |
| EPRR Training is not mandatory | 06/02/2025 | There is a risk that staff responding to an incident / event are not trainined to the minimum occupational standards | EPRR education and training non mandatory - but essential to meet organisations<br>Statuatoiry compliance. Present austerity measures have resulted in staff declining training opportunities. Service managers supportive of training, but unable to release staff. | Staff are inadequatly trained which which may impact on patient and responder safety, and creat reputational issues | Corporate | EPRR | | Legal/Regulatory risks<br>People risks<br>Strategic risks | 20 | 20 | 4 | Treat | EPRR team will exercise maximum flexibility and provide as much inhouse training as possible at individual staff base.WG / LRF / Multi agency training opportunities which involve travel will be declined until Executive direction permits expenditure. | Training records are maintained and auditable | EPRR Traning is not mandated within the organisation.<br>There are othere competing demands on time.<br>Relies on individuals appertite for EPRR trainig | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Incident Call Cascade | 03/02/2025 | There is a risk tat an incident is not cascaded in a timly manner and to all users | In order for the UHB to respond to a wide range of incidents that could affect health or patient care, the appropriate alerting and escalation processes need to be in place to inform those responsible for coordinating the applicable response.<br>The existing system is a manual data entry time consuming process which places additional demands on switchboard especialy out of hours.<br>here is no facility to records contact / response / staff ability to attend.<br>An automated "Multitone" solution has been identified - but cannot be purchased due to financial restraints. | The HB response to an incident is hindered by staff not being aware risking patient and responder safety | Corporate | EPRR | | Operational risks | 9 | 20 | 4 | Treat | Manual call cascade lists are held in switchboard.<br>Switch board will dedicat 1 or 2 operators depending on the time of day who will action the call out list and call staff in. | Regular testing of the call cascade process 4 time a year which is over and above that required by legislation. | Manual call cascade lists.<br>Switch board will dedicat 1 or 2 operators depending on the time of day who will action the call out list and call staff in. Operators are unable t responded to other calls whilst cascading the call out.<br>The process is time consuming which impacts on the response time. | Lack of financial investment in an automated call cascade system<br>Status: Current<br>Simon Dring 21/04/2026 13:26 |
| Staff Shortage | 03/02/2025 | There is a significant risk of staff abscence severly impacting service provision | Extremely small critical mass of specialist staff. EPRR team consists of only 2 whole time equivelants.<br>Both have in excess of 40 years expert knowledge and experience across the NHS / HM Forces / Blue light organisations.<br>Both post holders are close to retirement, however there is no sucsession planning.<br>Highly specialist role which is not replicated by any other postholder within the UHB.<br>Neighbouring UHBs has a larger establishment which affords a greater degree of security and resilience.<br>Business cases to enhance establishment, promote resillience , facilitate sucession planning, have been repeatidly declined from 2014 - 2023 due to a stated lack of financial resources. | Which would lead to the Health Board failing to meet and comply with its statatury duties | Corporate | EPRR | | People risks | 20 | 20 | 6 | Tolerate | There are no current controls | There is sufficient trained people that would apply for a post when recruitment is sanctioned | There are no controls without financial investment in EPRR | Lack of investment within EPRR by the Health Board<br>Status: Current<br>Simon Dring 21/04/2026 12:50 |
| Failure to manage recurrent operational/CIP pressures | 01/04/2026 | Failure to manage recurrent operational pressures and to deliver a recurrent Cost Improvement Programme could lead to a deterioration in underlying deficit, future financial plans and ability to produce 3 year balanced and approved IMTP | Failure to manage recurrent operational pressures and deliver recurrent Cost Improvement Programme | Deterioration in underlying deficit, future financial plans and ability to produce 3 year balanced and approved IMTP | Corporate | Finance | | Financial risks | 20 | 20 | 12 | Treat | Governance reporting and monitoring arrangements through operational teams, Finance & Performance Committee and Board Cost improvement tracker in place with weekly monitoring of progress across the organisation | Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission<br>Various internal audits confirming controls are in-place | | |
| Remain within Cash Limit | 01/04/2026 | There is a risk that the UHB will require cash support from WG. | This is caused by the 26/27 planned deficit of £86.5m along with likely movements in working capital from the 25/26 balance sheet. | Which w/could lead to an impact/effect on the UHBs ability to meet payment deadlines. | Corporate | Finance | | Financial risks | 20 | 20 | 10 | Treat | Careful management of creditor payment feeds/payment performance targets | Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission<br>Various internal audits confirming controls are in place | | |
| Overcrowding | 06/08/2026 | There is a risk of overcrowding in the EU. Lack of sufficient and appropriate clinical space within the extended footprint of the EU areas to meet demand, due to patients referred to specialities remaining in the footprint. Due to this, the occupancy of the Emergency Unit exceeds the nurse:patient ratio, increasing risk and reducing time to care. Specific areas of concern include all ambulatory areas. | This is caused by extremely limited flow and insufficient UHB capacity resulting in the inability to provide and maintain key quality standards. | Which w/could lead to an impact/effect on timely access to treatment and discharge. | Medicine | Acute and Emergency Medicine | Emergency Medicine | Operational risks | 20 | 20 | 16 | Treat | (To be updated) | Performance review, E Datix reporting, Concerns regarding common themes. WAST Launchpad hours lost secondary to delays. EU Controller/Nurse in Charge AU hand over reports. Fortnightly silver meeting with WAST. | Unpredictable in terms of demand and capacity. Increased winter pressures, IP&C outbreaks | |
| Capacity- Lack of capacity within the Emergency and Acute Medicine Directorate | 29/07/2026 | There is a risk that a lack of capacity within the Emergency and Acute Medicine Directorate for both paediatrics and adults results in delays in the ability to assess, treat and discharge patients in a timely manner at UHW, UHL and through to the Children's Hospital of Wales. Operational risk to the safe and timely delivery of the fundamentals of care to patients with undifferentiated and undiagnosed conditions. At times, Resus bays are being used to handover patients conveyed by the Welsh Ambulance Service Trust who do not meet Resuscitation criteria. Use of the Clinical Decisions Unit for patients who do not meet the Clinical Decisions Unit criteria to facilitate capacity in Majors. W45 bays are in regular use and we still have ambulance delays in excess of 15 minutes. AÇU remains continuously over capacity resulting in delays in care and contributing to overcrowding. | Overcrowding increases the likelihood of human error and resultant patient harm. For example, multiple patients sent for CT scans incorrectly, prescribing errors resulting in allergic reactions to known allergies. | The outcome of no capacity is overcrowding. Due to this the occupancy of the Emergency Unit exceeds the nurse:patient ratio, increasing risk and reducing time to care. This affects timely access to treatment and discharge. Specific areas of concern include all ambulatory areas. | Medicine | Acute and Emergency Medicine | | Operational risks | 20 | 20 | 16 | Treat | 1. 2 hourly safety huddle meetings in EU department with representation from Patient Flow and Site Service (PF&SS) to identify issues that can be resolved locally and to escalate information to MCB. Recently revised times and attendance with an automated report to collate information.<br>2. Weekly operational meetings.<br>3. OPAT meetings 5 times a day with Departmental/senior representation. UHB and departmental escalation measures in place.<br>3.1. Site/MCB escalation and breaches communication group in place<br>3.2. MCB daily operational communication group in place<br>3.3. EU directorate and site weekly meetings in place<br>4. Daily monitoring and reporting to WG.<br>5. Ongoing partnership working with WAST improved communication between majors assessment nurse and WAST clinical team leaders at the front door to ensure patient safety.<br>5.1. Always aim to ensure buffer spaces in majors.<br>6. Monthly performance meetings with MCB.<br>6.1. Looking to establish EU hot report.<br>7. Escalate constraints to other Directorates and wider Clinical Boards.<br>8. Controller, NIC and EPIC have responsibility to monitor and maintain patient safety and support patient flow - aligned to 2 hourly huddles referenced above.<br>9. Escalation of vulnerable and priority patients to PF&SS.<br>10. Implementation of internal professional standards.<br>11. To maintain fundamentals of care of pts cared for on | Huddle reports including meeting internal professional standards. Incident reports via E datix. WAST lost hours. 4 and 12 hour performance. Concerns. Monthly EU performance meeting with MCB. Directorate performance reviews. Escalation at weekly MCB and SMT by GM. Escalated at Lead Nurse meetings on a weekly basis. Discussed at OPAT meeting four times a day. | Unpredictable in terms of demand and capacity. Increased winter pressures, IP&C outbreaks | |
| Specialties within Integrated Medicine will be breaching 52 weeks | 21/08/2024 | There is a risk that Specialties within Integrated Medicine will be breaching 52 weeks in their outpatient waiting list cycle from September/October 2024. | This is caused by Lack of resources to increase capacity any further | Which w/could lead to an impact/effect on waiting time | Medicine | Integrated Medicine | Internal Medicine | Operational risks | 20 | 20 | 4 | Tolerate | Weekly performance monitoring within the team.<br>Funding from WG to support the reduction of long waits | | | |

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| Risk title | Date raised | Risk event | Risk cause | Risk effect | Division | Business unit | Speciality | Risk category | Initial rating score | Current rating score | Target rating score | Response (Status) | Key controls | Assurance on controls | Gaps in controls | Barriers |
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| Specialities within integrated Medicine: Breaching 52 weeks in outpatient waiting list from Sep/Oct 2024 | 21/08/2024 | There is a risk that we will see delayed diagnosis and treatments | This is caused by capacity constrains with single handed operators in and increased demand for service in spefici areas within IM:<br>Endocrine: nurse led clinic<br>Respiratory: COPD Service<br>Respiratory: ILD Service | Which w/could lead to an increase in patient harm due to long waits, poor patient experience, increased patient concerns, staff burnout, reputational risk, potential to lose trainee posts further impacting on workforce, potential to lose commissioned services. | Medicine | Integrated Medicine | | Quality risks | 20 | 20 | 6 | Tolerate | Endocrine:<br>Clinic is run by one member of staff on alternative weeks. Due to level of detail given to patient there are only 4 news seen per clinic.<br>Were increasing clinic capacity to 3 per month but due to nursing vacancy within team, this has stopped.<br>Consultants unable to support due to 2x vacancies within team.<br>Respiratory: COPD Service:<br>Clinic is run yu one consultant<br>Increase in demand post COVID and due to being delivered by one member of staff, unable to increase further.<br>Sought to obtain dedicated SpR/CRF but not possible due to staffing levels.<br>Respiratory ILD Service:<br>Ongoing increase in demand<br>Capacity issues earlier in the year due to consultant absence<br>Clinical decision made to see urgent patients only due to length of waiting time.<br>Overall capacity issues with follow up due to increases in patient numbers and change in treatment options | no assurance described | No identified resources to increase capacity at this time.<br>Action April 2025:<br>robust action required to address the clinical risk associated with long waits/delayed treatment and FU across several services across IM. Urgent action required. Will updates May 2025 | |
| Lack of capacity in the Interstitial Lung Disease (ILD) Service. | 21/11/2024 | There is a risk that the lack of capacity in ILD service is affecting new and follow up patients. ILD is life limiting therefore requires routine reviews. The ILD team do not have adequate capacity to deliver their service, as such they are currently only seeing urgent and new cases and the longest wait time is 58 weeks. Imp | This is caused by workforce gaps | Which w/could lead to an impact/effect on delayed diagnosis and treatments. Risk of patient harm, poor patient experience, increase concerns, burnout, reputational risk. This has been described elsewhere. | Medicine | Integrated Medicine | | Quality risks | 25 | 25 | 6 | Tolerate | Consultants to clinically validate the list of patients with FU appointments beyond their clinical target - confirm which patients need appointments brought forward.<br>Additional clinical sessions to accommodate patients that need urgent FU<br>Increase NOP and FU capacity across ILD service by introducing SCF post for 12 months initially from August 2025<br>Escalate the clinical risk to MCB and ensure risk is accurately described on the directorate and clinical board RR.<br>Consider options to increase ILD consultant activity by back filling acute resp work. | no assurances described | no gaps in controls described | |
| Pharmacy Workforce Gap Affecting CFTR Modulator Therapy Delivery | 06/08/2025 | There is a risk that Eligible cystic fibrosis (CF) patients will experience delayed or no access to the new modulator therapy, Alyftrek. | This is caused by Failure to progress the backfill for the CF Pharmacist (0.5 WTE Band 7) through TRAC/Pharmacy Scrutiny Panel, resulting in insufficient pharmacy capacity to manage CFTR modulator therapy monitoring and homecare prescription requests. | Which w/could lead to an impact/effect on Significant delays in initiating Alyftrek treatment for eligible patients, potential clinical harm, and reputational damage as both the Joint Clinical Commissioning (JCC) and CF Trust monitor prescribing and adherence through the National CF Registry. | Medicine | Specialised Medicine | Cystic Fibrosis | Quality risks | 20 | 20 | 4 | Treat | Regular Monitoring of CFTR Modulator Therapy Patients<br>Existing CF team ensures ongoing monitoring of patients already on therapy to minimize clinical risk.<br>Escalation via Datix and Governance Meetings<br>Risk flagged and reviewed at Quality & Safety and Directorate meetings for oversight.<br>Prioritisation of High-Risk Patients<br>Eligible patients for Alyftrek prioritised based on clinical severity to mitigate harm. | Governance Oversight<br>Risk reviewed at Quality & Safety meetings and Directorate Board, with documented minutes.<br>Datix Escalation<br>Risk logged and monitored through Datix, ensuring visibility and escalation if patient safety concerns arise.<br>CF Team Monitoring<br>Clinical team continues regular monitoring of CFTR modulator therapy patients, evidenced by patient records and audit trails.<br>Return-to-Work Confirmation- expected return date for pharmacist post, documented in workforce planning reports. | Patient demand could increase, and workforce may not meet current demands<br>Unable to backfill post due to current financial scrutiny | |
| Failure to Enter CF Patient Data into National Registry Due to Vacant Administrative Post | 28/11/2025 | There is a risk that no CF patient data will be entered into the National Registry because the JCC-funded administrative assistant post is vacant and there is no capacity within the team to absorb this workload. | This is caused by Vacancy in JCC-funded Band 2 administrative assistant post.<br>Delay in scrutiny panel approval to re-advertise the role.<br>No contingency plan for data entry during vacancy | Which w/could lead to an impact/effect on Financial Loss: Funding linked to data entry will not be received.<br>Reputational Damage: Service flagged as failing by CF Trust and JCC.<br>Contractual Breach: Non-compliance with SOC requirement and minimum standards.<br>Operational Impact: Cardiff becomes the only CF service not submitting data nationally. | Medicine | Specialised Medicine | Cystic Fibrosis | Financial risks | 25 | 25 | 4 | Treat | Datix reporting<br>Regular CF Business Meeting updates on vacancy status<br>Escalation to scrutiny panel for job re-advertisement. | Confirmation that funding for the post remains available.<br>Agreement to support re-advertisement. | No interim solution for data entry during vacancy.<br>No confirmed timeline for recruitment process.<br>No cross-cover arrangement within existing team.<br>Specific:<br>Expedite scrutiny panel approval and re-advertise Band 2 admin post.<br>Implement interim data entry solution using temporary staff or bank admin support.<br>Measurable:<br>Post advertised and interviews scheduled.<br>Interim data entry resumes within 4 weeks.<br>Assignable:<br>CF Service Manager to lead recruitment process.<br>Directorate Workforce Manager to arrange interim cover.<br>Realistic:<br>Use existing funding and recruitment channels.<br>Time-bound:<br>Scrutiny panel approval by December 2025.<br>Interim cover in place by January 2026.<br>Permanent post filled by March 2026. | |
| Vacant CF Clinical Nurse Specialist Post – Risk to CFRD Patient Care and Compliance with National Standards | 23/07/2025 | There is a risk that From August 2025, the CF CNS post has been vacant with no trained staff available to deliver this role. This results in no specialist input for CFRD patients to manage diabetes and insulin therapy. | This is caused by Vacancy in CF CNS post since August 2025.<br>No internal applicants for the role.<br>Delay in external recruitment (scheduled for 4th December 2025). | Which w/could lead to an impact/effect on Failure to meet National Standards of Care.<br>Declining health outcomes for CFRD patients due to lack of specialist support.<br>Increased patient stress and burden of treatment without guidance.<br>Risk of complications from poorly managed diabetes and insulin therapy.<br>Non-compliance with compulsory annual Libre fitting and assessments. | Medicine | Specialised Medicine | Cystic Fibrosis | Quality risks | 25 | 25 | 10 | Treat | Datix reporting on incidents and risks<br>escalation to MCB | Funding for the CNS post confirmed.<br>Agreement to proceed with external recruitment.<br>Documented discussion in governance meetings. | No interim CNS cover in place.<br>No contingency plan for Libre fitting and annual assessments.<br>Recruitment timeline leaves prolonged gap in service provision.<br>Specific:<br>Expedite external recruitment for CF CNS post.<br>Arrange interim cover for CFRD support and Libre fitting using bank or agency nurses.<br>Measurable:<br>Post advertised and interviews scheduled.<br>Interim cover in place within 4 weeks.<br>Assignable:<br>CF Service Manager to lead recruitment and interim arrangements.<br>Realistic:<br>Use existing funding and agency resources.<br>Time-bound:<br>External advert live by 4th December 2025.<br>Interim cover in place by January 2026.<br>Permanent post filled by March 2026. | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Water leak from first-floor cubicle impacting Procedure Room 6 | 10/12/2025 | There is a risk that Procedure Room 6 cannot be used for cancer-related procedures, causing delays/cancellations and potential patient harm. | This is caused by Persistent water ingress from the first-floor cubicle (ongoing leak around the window despite patch repairs) and failed HVAC (no warm air circulation), with no permanent Estates fix in place yet. | Which w/could lead to an impact/effect on Patient safety (delayed cancer treatment, disease progression), operational performance (longer waits, reduced throughput), IP&C and safety risks (wet surfaces, electrical hazards), and reputational/regulatory impact. | Medicine | Specialised Medicine | Dermatology | Quality risks | 20 | 20 | 8 | Treat | Estates escalation logged (MR request; marked top priority; site re-assessments completed; photo evidence shared).<br>Temporary make-safe repairs applied; ongoing daily condition checks of window/reveal/ceiling.<br>Room closure when unsafe; decant plan to alternative rooms to prioritise cancer procedures.<br>IP&C controls: cordon/"do not use" signage; wet-floor signage, absorbent mats/drip trays; terminal clean after ingress.<br>Electrical safety: sockets/fixtures in affected zone isolated and checked before reuse.<br>HVAC issue raised to Estates<br>Datix incident reporting for any delay/cancellation or safety hazard; risk on register with monthly review | [L1 Operational] Daily leak/condition checks logged with photos (post-rain).<br>[L1 Operational] Room closure & re-open sign-offs recorded (IP&C + Electrical).<br>[L1 Operational] Estates MR/job status updated; before/after photos filed.<br>[L2 Oversight] Monthly KRI dashboard to Q&S/H&S (days unavailable, procedures affected, Datix trend, inspection compliance).<br>[L2 Oversight] Estates programme updates to governance; actions tracked in AMaT.<br>[L3 Independent] Estates completion of permanent repair.<br>[L3 Independent] HVAC completion of permanent repair.<br>[L3 Independent] Internal Audit (premises/water ingress), actions closed. | No permanent repair in place; source of ingress not definitively identified (window/flashings/fabric).<br>HVAC non-functional; no temporary redundancy to maintain safe thermal conditions.<br>Decant capacity not guaranteed; no protected slots for time-critical cancer procedures during outage.<br>No Estates rapid-response SLA for leaks triggered by weather events | |
| General Anaesthetic/deep sedation procedures | 08/12/2020 | There is a risk that there would be a delay in treating patients with suspected cancer, pre-malignant changes or confirmed malignancy (e.g. Barrett's) | This is caused by Some patients require procedures performed under General Anaesthetic (GA) or Propofol deep sedation either due to the nature of the procedure (e.g. complex endoscopy) or tolerance. Pre-COVID the directorate had to 0.5 funded sessions per week of GA/Propofol lists. COVID resulted in redeployment of anaesthetic staff to ITU and suspension of Propofol lists due to IP&C restrictions. As a result of this there is a current backlog of patients as well as limited availability due to surgical/anaesthetic service recovery | Which w/could lead to an impact/effect on Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards | Medicine | Specialised Medicine | Gastroenterology | Quality risks | 20 | 20 | 12 | Treat | Waiting list validated to confirm need for procedure on Propofol/GA<br>Dedicated GA/Propofol endoscopy coordinator optimises available capacity (Jenna)<br>Weekly meetings held to request additional capacity | Patients informed of anticipated delays at the time of listing, routinely completed by the consulting clinician.<br>Production of Endoscopy Dashboard. | "Continuous need for Waiting list validation in the context of reduced clinical capacity.<br>Unassured GA / Theatre capacity - creating ad hoc capacity resuling in patients having delayed procedures.<br>Limited bed capacity to admit patients to due to current UHW footprint and pressures. "<br>Lack of evidence that patients are provided with advice of waiting times and safety netting advice.<br>GA waiting times not highlighted specifically on reporting dashboards.<br>16.07.2024<br>Continued issues with unassured GA activity; causing delays in treatment and harm to patients.<br>GM liaising with SCB regarding assured GA capacity - update sought. " | workforce, finance, capacity<br>Status: Current<br>Catherine Morris 23/10/2025 09:42 |
| Delay in histopathology reporting and diagnosis | 08/02/2023 | There is a risk that due to the delay in histopathology reporting and diagnosis there is a potential loss or compromise in treatment options for Cancers | This is caused by Operational pressures in cellular pathology resulting in backlogs and delays in reporting | Which w/could lead to an impact/effect on Patient safety due to long waits and delay in diagnosis, poor patient experience and an increase in patient concerns | Medicine | Specialised Medicine | Gastroenterology | Quality risks | 20 | 20 | 10 | Treat | "Actions in cellular pathology to mitigate delays in turnaround time, including changes to flow, extended days and outsourcing<br>System in place to identify USC specimen for prioritisation<br>" | "Straight to test Radiology/CT process in place within Gastroenterology for staging when likely cancers identified through Endoscopy<br>Process in place to escalate urgent cases for MDT" | Constraints within cellular pathology but cross cut to Gastroenterology<br>Sustainability of service with growth in service and activity when additional activity undertaken | |
| Increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures | 09/11/2020 | There is a risk that Increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures.<br>Which w/could lead to an impact/effect on Progression of benign to malignant disease (e.g. polyps, Barrett's oesophagus). Current position there are multiple NRI's reported. | This is caused by Delay caused by COVID-19 panedmic due to reduced operating capacity through pandemic. Endoscopy expansion (from 4 to 6 rooms) delayed due to workforce constraints including operators capacity.<br>Demand is current in excess of capacity. | Which could lead to Unnecessary cancer treatments (e.g. chemoradiotherapy) and associated short & long-term consequences; conversion from curative to palliative cancer treatment intent; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards | Medicine | Specialised Medicine | Gastroenterology | Quality risks | 25 | 25 | 4 | Treat | Corporate risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification<br>Insourcing extended into Q1 2024/2025, as well as in week insourcing in Q4 20232024 to increase to 6 rooms 5 days per week.<br>Weekly Endoscopy Dashboard shared articularing planned activity to address backlog. | Bi-Montly Priority and planning meetings to manage the clinical risk.<br>Anttendance at the Weekly, Endoscopy Delivery Group meeting with the UHB.<br>Endoscopy dashboard utilised to manage activity.<br>Utilisation of Datix Cymru for reporting Incidents | There is not an agreed standard of risk stratification following COVID-19, NEP guidance not applicable in the curretn climate.<br>Patients being prioritised by the current risk rating of 4A, 4B and 4C and not necessiarly based on clinical risk.<br>Patients unaware of potential delays & need to seek medical attention if symptom change whilst on waiting list<br>Planned recall patients with short recall dates (e.g. within 8 weeks) form part of surveillance waiting list - not identified unless pulled based upon surveillance risk cube score or review of PMS report comments | workforce, capacity<br>Status: Current<br>Catherine Morris 23/10/2025 08:41 |

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| there is not a robust method of risk stratifying patients based on current, evidence based guidance for surveillance. | 28/03/2024 | There is a risk that progression of benign to malignant disease (polyps, Barrett's oesophagus). Currently there are multiple NRI being reported which identify this as being a theme. | This is caused by: Due to the high volume of surveilalnce patients as a result of COVID-19 panedmic, the change in guidance and sustained need for ongoing surveillance, there is not a robust method of risk stratifying patients based on current, evidence based guidance for surveliance.<br>The service continues to use the 4A, 4B and 4C method of stratifying risk which was used during COVID-19 pandemic until an appropriate alternatives has been identified, which is insufficient to assist with ensuring the most urgent cases are prioritised. | Which w/could lead to an impact/effect on Patient may require cancer treatments unnecessarily, with associated short and long term effects. In extreme this could result in the death of patients due to the delay of diagnosis of any malignant diseases. | Medicine | Specialised Medicine | Gastroenterology | Quality risks | 25 | 25 | 9 | Treat | Corporate risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification<br>Insourcing extended into Q1 2024/2025, as well as in week insourcing in Q4 20232024 to increase to 6 rooms 5 days per week.<br>Weekly Endoscopy Dashboard shared articularing planned activity to address backlog. | Bi-Montly Priority and planning meetings to manage the clinical risk.<br>Anttendance at the Weekly, Endoscopy Delivery Group meeting with the UHB.<br>Endoscopy dashboard utilised to manage activity.<br>Utilisation of Datix Cymru for reporting Incidents. | There is not an agreed standard of risk stratification following COVID-19, NEP guidance not applicable in the current climate.<br>Patients being prioritised by the current risk rating of 4A, 4B and 4C and not necessarily based on clinical risk.<br>Patients unaware of potential delays & need to seek medical attention if symptom change whilst on waiting list<br>Planned recall patients with short recall dates (e.g. within 8 weeks) form part of surveillance waiting list - not identified unless pulled based upon surveillance risk cube score or review of PMS report comments<br>There is no definitive decisions on how best to risk stratify Surveillance patients within the directorate<br>"There is not an up to date Clerical and Clinical Validation of the Surveillance waiting lists.<br>There is no agreed process on how to validate.<br>There is no agreed method of collating and recording validation to create an audit trail. " | workforce, capacity<br>Status: Current<br>Catherine Morris 23/10/2025 09:14 |
| Increased waiting times for Local Gender Teams | 23/04/2021 | There is a risk to patient safety unable to access hormone treatment. LGT waiting list growing; increased waiting time for patients to initiate hormone treatment. | This is caused by Local Gender Teams (LGT) role is to prescribe, initiate and monitor hormone therapy in line with specialised guidance until the patient is optimised. Models UHB initiative to treat patients closer to home,<br>support with appropriate prescribing, initiating and monitoring of hormone therapy or SALT and admin support accessed locally in each of 7 Health Boards. Optimised patients, after 1 year with a LGT that require ongoing hormone therapy after such treatment has been initiated, can be discharged to the Directed Enhanced Service (DES) for maintenance treatment in primary care. At present local HBs are not taking responsibility for this service provision. | Which w/could lead to an impact/effect on Patient complaints; service business interruption as WGS has picked up additional workload from other HBs unable to cope, lacking capacity and resource. | Medicine | Specialised Medicine | Welsh Gender Service | Quality risks | 20 | 20 | 8 | Treat | LGTs in each local HB to resume agreed activity. | "Validation of waiting lists in each HB being undertaken to discharge suitable patients to DES. WHSSC coordinating an audience with Judith Paget to gain exec level support. Meeting with Judith Paget and Local Health Boards took place on 10th June 2021. During this meeting actions were agreed to review LGT service spec, analysis of LGT DEM/CAP with each health board. A managed clinical network will also be established in order to support LGTs. Additional resource and communication was requested in order to support LGT demand and capacity constraints. Follow up meeting to be arranged with Judith Paget in August + a separate meeting with LGT leads & team to establish areas of challenge and solutions going forward. " | Limited capacity and resource available to meet demand.<br>Defined funding stream to support increase in resource. 08/02/2023 Progress has stalled on creation of a Managed Clinical Network; there has not been any additional resource made available to Health Boards. Waiting lists for access to the LGT vary between 6 weeks and 15 months. Feb 24 - | |
| Psychology waiting times | 11/08/2021 | There is a risk that Increased waiting times for Psychology support leading to High risk of suicidal ideation/completion and self-harm due to delay in assessment and treatment, high risk of patients starting to self-medicate also. | This is caused by Psychology capacity in the team severely constrained due to LTS/Mat Leave/Recruitment difficulties | Which w/could lead to an impact/effect on Serious risk of harm and to patient life; delays to patients; increased dissatisfaction from stakeholder community; risk of negative national media coverage putting the Welsh model and reputation at risk. | Medicine | Specialised Medicine | Welsh Gender Service | Quality risks | 25 | 25 | 5 | Treat | Proactive engagement with interested clinicans contacting the service enquiring about upcoming recruitment. Continued development of local expertise through training and shadowing moving towards permanent recruitment plans. Demcap/skills analysis to take place to ensure correct skills mix in place. | Regular review of service performance with WHSSC commissioner by senior management and directorate. Following return of Psychology 8c, prioritisation of work to develop a staffing model that does not carry the single operator risk. | No capacity and resource currently available to meet Psychology demand 08/02/2023 Risk mitigated with increased Psychology capacity | |
| HPN (Home Perenteral Nutrition) Service | 22/10/2025 | There is a risk that Intestinal failure/HPN (Home Parenteral Nutrition) is a WHSSC funded south/mid Wales service for patients unable to maintain their nutrition through alternative routes. There is a single Consultant providing clinical leadership but with no succession plan. Due to advances in surgical techniques and critical care there are increased numbers of patients requiring HPN which is commonly needed longer term (increase in patients numbers form 80 in 2015 to 130 in 2019). The funding model has been based upon an inpatient bed day model which does not capture all service components. The service has no current capacity with delays in inpatient transfer and outpatient assessment. There was widespread patient concern & media reporting when there was previous impact on the HPN nutrition chain. An SBAR and case has been submitted to WHSSC | This is caused by delays in offering nutrition to patients in whom there is no alternative with complications including death & increased length of hospitalisation for shorter term bridging treatments. There is also currently a single consultant with an HPN interest creating significant service vulnerability and gaps in patient care during any times of leave. This is against national nutritional society recommendations | Which w/could lead to an impact/effect on potential harm including death; multiple concerns and media coverage; not meeting national guidelines | Medicine | Specialised Medicine | | Quality risks | 20 | 20 | 20 | Tolerate | Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated<br>Previous business case and SBAR to WHSSC for additional service support including consultant post | WHSSC case submitted for additional funding for workforce in addition to SBAR. UHB in discussions with WHSSC regarding business case (UHB agreed to cover some sessions at risk) | Only single consultant with clinical experience required to manage complex tertiary (SW) patient group - no cross cover available during periods of prolonged leave (patients would require referral to English tertiary nutrition centre) | Dependant upon agreement of funding by WHSSC/UHB and availablity of suitability experienced workforce to fill new posts<br>Status: Current<br>Lyndsey Macdonald 22/10/2025 14:48 |

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| Risk title | Date raised | Risk event | Risk cause | Risk effect | Division | Business unit | Speciality | Risk category | Initial rating score | Current rating score | Target rating score | Response (Status) | Key controls | Assurance on controls | Gaps in controls | Barriers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Endoscopy - EMR/ESD/EUS/ERCP | 09/08/2024 | There is a risk that some complex procedures (i.e. Endoscopic mucosal resection (EMR), submucosal dissection (ESD) of colorectal and upper GI tract lesions, upper and lower GI Endoscopic ultrasound (EUS), Endoscopic Retrograde Cholangiopancreatography (ERCP)) may be delayed beyond desired timeframes. | This is caused by limited capacity due to there only being a single handed operator with the skill required to undertake these specialised endoscopy procedures. | Which could lead to harm including death; if patients do not receive therapeutic procedures in a timely manner they are at risk of deteriorating further and can then require more invasive interventions or progress to non-curative status. | Medicine | | | Operational risks | 25 | 20 | 10 | Treat | Prioritisation of patients by clinicians based on clinical urgency.<br>Formal arrangement in place with ABHB for EMR.<br>Additional sessions offered to clinicians to increase capacity for complex endoscopy | MCB Board reporting, Endoscopy Delivery group oversight, Exec scrutiny of performance and Joint Commissioning Committee. | Arrangement in place with ABHB is only temporary. | |
| MH-AMH-53 - Out of Area Bed Requirement | 01/06/2023 | Due to sustained pressure on local adult mental health inpatient capacity and Community Mental Health Teams within Cardiff and Vale University Health Board, patients are placed in Out of Area Beds (OABs) when clinical need and risk is present requiring assessment and treatment within the inpatient environment both informally and under the legal framework of the mental health act. | Patient Flow/Increased Acuity at point of admission/Increased demand: Due to the reduced ability to discharge patients from Mental Health Services into appropriate placements, step down to locality wards from PICU or find beds when patients are requiring admission or detention there is a risk of patient and public harm, delayed discharge and admission or patients held for extensive periods in the Emergency Assessment Suite. Patient acuity remains high with individuals being admitted when more acutely unwell meaning their LOS is negatively impacted and the degree of recovery is reduced. Patient complexity impacting on Local Authorities ability to appropriately house in specific clinical cases. | These placements may be outside the Health Board footprint and at significant distance from a patient's home area.<br>The use of OABs increases the risk of harm to patients through reduced continuity of care, delays in clinical review and discharge planning, safeguarding challenges, reduced family involvement, increased workforce pressure, and significant financial cost.<br>There is also risk to patient and staff experience and to organisational reputation.<br>OAB bed usage impacts on Length of Stay.<br>There is a requirement for governance oversight and assurance.<br>Delayed clinical review and discharge planning. | Mental Health | Adult Mental Health | | Quality risks | 25 | 20 | 4 | Treat | Escalation card actions developed.<br>Daily bed management meetings.<br>Once weekly CB bed management meetings. Patient flow teams in place.<br>OOA beds being sought but at high cost to MHCB<br>On CCAPS framework bed use where possible<br>Discharge planning initiated at point of admission<br>OOA boardround<br>HYC inpatient ward round and boardround<br>Weekly DTOC meetings<br>In-situ housing officers for Cardiff LA and Vale LA. | All relevant managers notified<br>Liaison between stakeholders<br>Escalation routes in place<br>Clinical governance processes maintained | Inconsistent quality nd timeliness of clinical information from private providers | |
| Risk to provision of effective Neuropsychiatry care due to insufficient therapy and support staff | 10/09/2025 | There is a risk that current therapy staffing levels are insufficient to meet the demands of the neuropsychiatry service. This threatens the delivery of safe, effective, and equitable care across Wales and undermines national strategic goals for integrated, community-focused healthcare. | This is caused by a sustained rise in patient complexity over the past 5–7 years, driven by increased clinical severity, mental health comorbidities, social challenges, and carer demand. Contributing factors include the Major Trauma Centre and Network, which have led to more brain injury survivors with chronic neuropsychiatric issues, and delayed rehabilitation access during COVID-19, resulting in later-life complexity. These cases often require bespoke 1:1 interventions from clinicians with advanced expertise, sometimes involving 2–3 specialists per session before group rehabilitation is possible. Despite clear evidence of rising complexity and demand, there has been no sustained investment, widening the gap between patient need and service capacity. | Which w/could lead to an impact/effect on:<br>Delayed recovery and prolonged hospital stays, leading to patient deconditioning and increased healthcare costs<br>Reduced access to appropriate interventions, resulting in inequitable care and unmet clinical need<br>Increased pressure on staffing, including nursing, contributing to reduced morale, burnout and retention challenges which could result in increased sickness rate and/or increased risk of clinical error<br>Diminished carer and family wellbeing, leading to mistrust in services, increase in formal complaints and reputational damage<br>Limited capacity to advance or evolve the therapy service, due to inadequate supervision and staffing infrastructure, resulting in a risk of erosion of tertiary-level specialist skills.<br>Failure to meet national service standards and strategic objectives, including those set out in BSRM, JCC, A Healthier Wales 2018, the AHP Framework, and the Mental Health and Wellbeing Strategy for Wales 2025–2035 | Mental Health | MHSOP | Ash Day Unit | Quality risks | 20 | 20 | 4 | Tolerate | Well written care and treatment plans identifying patient needs<br>Monthly monitoring of therapy activity<br>WARRN risk assessments<br>Introduction of AHP Lead to support service development and interdisciplinary working<br>Introduction of multiprotection rehab assistants (MPRAs) to support service delivery | Monthly therapy activity and monitoring<br>MDT triage and prioritisation<br>AHP lead driving service process improvements to enhance interdisciplinary working and increase patient contact time<br>AHP lead supporting development and optimisation of MPRA roles to expand service capacity | Vacancy freeze impacting vacant MPRA posts<br>Therapy activity data does not fully capture unmet need<br>No outcome measures in day unit/community service limits visibility of therapy impact and service gaps<br>Therapy staffing levels insufficient to deliver full interdisciplinary care and treatment plans and complete WARRB risk assessments, resulting in ongoing unmet clinical need<br>Service continues to fall short of British Society of Rehabilitation Medicine (BSRM) standards<br>Lack of sustainable community-based intervention pathways<br>Lack of therapy staffing capacity to provide supervision or upskilling, risking erosion of tertiary-level specialist rehabilitation skills which risks downgrading the service to a generalist model, which would be unable to meet the needs of the most complex patients | |
| St Barruc Ward isolation | 19/09/2025 | There are riska that patients on St Barruc ward will receive inequitable care and support due to the location of the ward, and of potential harm to patients as a result of the ward not being on a general hospital site. | St Barruc Ward, a 14-bedded Young Onset Dementia unit at Barry Hospital, is increasingly unable to meet the complex needs of its patient cohort, which includes individuals with acute mental health issues and significant physical health co-morbidities. Despite improvements in nursing standards following previous incidents, the ward remains isolated with limited emergency response capabilities, no high care areas, and inadequate psychiatric support compared to other sites. Environmental and infrastructure issues—such as broken locks, faulty doors, water and other leaks, and an unsuitable fire alarm system—pose ongoing safety risks. The ward's design and staffing model are no longer fit for purpose given the rising acuity and vulnerability of patients, and there is a persistent risk of serious incidents<br>In the last 3 years there have been 4 patient safety incidents; 2 of which identified training needs to improve practice, and action plans have been implemented. There have been noted improvements in standards of nursing, particularly recognising unwell patients. However, following the 2 further incidents, in spite of the improvements it appears there is variation in care compared with patients in | The lack of emergency response and ambulance response poses a significant risk to very vulnerable patients. Although discussions have been held with WAST, the site is still considered to be a hospital site and is a lower priority response than community dwellings. Ambulances have taken 5 hours+ to arrive. Staff on the ward are mental health trained nurses, and do not have the physical health skills required to support acutely unwell patients.<br>Reputationally, patients on St Barruc ward receive an inequitable standard of care in terms of emergency response than they would if in UHL or UHW | Mental Health | MHSOP | St Barrucs Ward, Barry | Quality risks | 20 | 20 | 6 | Treat | GPs attend twice a week.<br>Increase Senior Nurse support to twice a week. Including physical health nurse.<br>News 2 implemented to identify deteriorating patient.<br>Clear procedure to access 999.<br>Physical Heath Training Sessions provided to staff.<br>Training to be provided – bladder scanner/ECG.<br>All staff to be trained in ILS.<br>All staff to be trained in SIMA.<br>Consider moving physically/ acutely unwell patients up to UHL | SBAR raised to Clinical Board November 2022 raising concerns about location, access to support- this has been raised to executive team and plans to move St Barruc in Spring 2024<br>Lists of trained Staff trained in each physical health skill.<br>999 Emergency response procedure sign off on CDOG<br>Ward managers meeting 3 times a week to identify physically and psychiatrically unwell patients and put extra support in place.<br>Datix reports identifying delays in care.<br>Continued Senior Nurse presence twice a week | Training does not alleviate the inequitable service patients recieve in Barry Hospital compared to UHL, where emergency response and physical health care is available more regularly | Space availability in UHL<br>Status: Current<br>Joanne Wilson 19/09/2025 16:51 |

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| Upcoming period of absence of Psychology provision across Forensic Services | 05/08/2026 | There is a risk that Forensic Services (inpatient low secure and community) will have zero psychology provision for the period between November 2026 and September 2027 due to the current Forensic Psychologist being on maternity leave. | This is caused by a depletion over time in the Psychology provision for the service whereby the team now consists of one 8a Forensic Psychologist and one CAAP. The CAAP will be unable to remain in the service without supervision from a registered psychologist, and therefore the registered Forensic Psychologist going on maternity leave results in the team losing all provision. Although a secondment or temporary cover may be possible, the specialist nature of the service and short contract means that appropriate candidates may not be available. | Which would lead to reduced capacity to provide specialist violence, sexual offending and stalking risk assessments, offence-related formulations and rehabilitative interventions. This may delay patient progression, restrict access to leave and community rehabilitation opportunities, prolong admissions and increase pressure on secure inpatient beds. For restricted patients, progression through the forensic pathway is frequently dependent upon evidence that risks have been assessed, understood, treated and can be safely managed in less restrictive settings. Psychology is often central to generating that evidence and requested by statutory agencies including the Ministry of Justice and Multi Agency Public Protection Arrangements, as well as tribunal panels. This would also lead to zero capacity for Psychological interventions for mental health being made available to patients covered by Forensic Services, as recommended by NICE guidelines and Matrics Cymru. | Mental Health | Psychology and Psychological Therapies | Psychology Low Secure | Operational risks Quality risks Reputational risks | 15 | 20 | 3 | Treat | Proposal for an increase to psychology provision for a second registered psychologist to join the service Back up proposal for a secondment to cover maternity leave | | Requirement of new job post being created/returned to the service involves sign off at multiple levels, as well as budget available in current difficult financial climate Potential unavailability of suitable candidates for secondment/temporary cover | Current financial status of health board Status: Current Megan Davis 05/08/2026 12:07 Limited time frame for recruitment Status: Current Megan Davis 05/08/2026 12:07 Availability of appropriately skilled staff to take on a secondment. Status: Current Megan Davis 08/10/2026 14:32 |
| Safety risks associated with Main Reception at Hafan Y Coed | 09/03/2026 | There is a risk that patients or staff may come to harm due to the current lack control around building access. There have been safety incidents in the building, resulting in a need to improve building security, particularly in the evening. | This is caused by lack of adequate CCTV, doors that dont provide robust security, and open access to the vast corridor spaces throughout the building. Main hazards: -Patients or visitors entering clinical areas unsupervised. -Aggression or absconding risk in open reception zone. -Reduced observation at night with minimal staffing | This has and can have an impact on staff and patient safety, especially with reduced staffing at night. People most at risk: -Reception staff -Clinical staff accessing wards -Patients — including individuals with cognitive impairment, agitation, or high risk behaviours | Mental Health | | | People risks | 20 | 20 | 4 | Treat | https://nhswales365.sharepoint.com/sites/CAV_mentalhealthdepartment/SitePages/Building-Works-at-Hafan-Y-Coed-Hospital.aspx Link on MHCB Sharepoint page to demonstrate the Capital works plan for making the Reception area safer | Capital Works plan has been carefully considered and consulted upon. Whilst the preferable option was to have concierge security on site 24/7, this plan is feasible currently, and will be supported by any future opportunities to base Security staff on site | Deadline of financial year end. Plans are in place and a plan of works meeting has been held. All safety aspects, including anti-ligature boardings, site security etc have been documented | |
| Neurodevelopment Service Funding | 09/03/2026 | There is a risk that the non recurrent Welsh Government funding for ND services is not continued beyond 2027 the current end date. | ND services are currently reliant on time-limited, non-recurrent Welsh Government funding. Demand for ND assessment and support is ongoing and increasing, but funding is not embedded in core budgets. Short-term funding limits long-term workforce planning and service development. There is uncertainty about future national funding priorities beyond 2027. | Loss of posts and reduced clinical capacity - would need to consider redeployment or continuing substantive posts without funding. Increased difficulty recruiting and retaining skilled staff due to job insecurity. Growth in waiting lists and deterioration in access and timeliness. Reduced continuity of care and poorer patient and family experience. Increased pressure on staff, contributing to stress, burnout and sickness absence. Heightened risk of failing to meet national standards, guidance and performance expectations. Increased financial inefficiency due to repeated start-stop investment and inability to plan sustainably. Reputational risk to the Health Board and escalation of unmet need into crisis and higher-cost services. Quality and safety risks for adults waiting for ND services. Widening health inequalities. Poor value for money and increased downstream cost pressures. | Mental Health | | | Operational risks | 20 | 20 | 10 | Treat | Welsh Government ND funding allocation currently in place until 2027, providing short-term service stability. Formal governance and oversight of ND services through RPB, Directorate, Clinical Board and Corporate risk and performance structures. Regular reporting of ND activity, waiting times and workforce data, enabling early identification of pressure points and escalation. Established engagement with Welsh Government and RPB, providing a route for dialogue on funding and service expectations. Approved service models and delivery plans aligned to national ND priorities and guidance. Active risk register entry ensuring visibility, review and executive awareness of the funding risk. Integrated working across ND pathways to maximise use of available resource and reduce duplication. Use of non-recurrent funding controls to maintain service delivery within agreed allocations and governance requirements. | Early engagement with Welsh Government to secure continuation or mainstreaming of ND funding beyond 2027. Development of a robust, evidence-based case demonstrating demand, outcomes, quality, safety and value for money. Alignment of ND services with national priorities, standards and statutory expectations. Ongoing escalation through Directorate, Clinical Board and Corporate governance structures to maintain visibility and assurance. Forward workforce and financial planning to avoid a funding cliff edge. These actions are intended to significantly reduce the probability of the risk materialising, while recognising that the severity of impact cannot be mitigated if funding were withdrawn. | There is no confirmed recurrent funding commitment beyond 2027, leaving the service exposed to a funding cliff edge. Current controls rely on short-term national funding decisions that are outside the direct control of the Health Board. There is no agreed exit or transition plan should funding not be continued. Workforce planning remains constrained by funding uncertainty. Existing governance arrangements do not guarantee timely national decision-making, increasing the risk of late confirmation and reactive service changes. Financial mitigations within core budgets are not sufficient to absorb the loss of ND funding without significant service reduction. Controls largely mitigate visibility and escalation, but do not directly mitigate the structural dependency on non-recurrent funding. | Funding decisions sit outside the Health Board's control, limiting the ability to guarantee continuation beyond 2027. The funding is explicitly non-recurrent, creating structural uncertainty that cannot be resolved locally. National decision-making timescales may not align with workforce planning requirements, increasing the risk of late confirmation. Rising demand for ND services across Wales creates competition for limited national resources, including across the age range. Financial pressures within the NHS limit the scope to mainstream funding locally without displacing other services. Workforce recruitment and retention are constrained by inability to offer long-term security, reducing stability. Evidence requirements for national funding decisions are high and resource-intensive to maintain, particularly around outcomes and value for money. There is no mandated national requirement for recurrent ND funding, reducing leverage despite service criticality. Status: Current Teresa Delaney 09/03/2026 13:19 |

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| Prescribing budget | 25/08/2015 | PCIC Risk Register reference: MM005 NB duplicate number<br>There is a risk of overspend in the prescribing budget | This is caused by volatility of drug tariff, category M prices, drug shortages and NCSO concessionary pricing, growth in volume, increased use of expensive medicines in primary care.<br>There is a legal responsibility to make certain medicines available e.g those with a NICE TA or AWMSG appraisal<br>Movement of services into the community and increased activity relating to clinical services (associated with medicines provision) moving into contractual responsibilities of all contractors, all sitting under a primary care budget historically focussed on GP and dental medicines provision<br>Savings to mitigate risk are increasingly hard to find that have no detriment to patients, align with the All Wales Position Statement on the use of Branded Generics or do not require a GP appointment. Appetite to support switches is decreasing. | Spend is more than forecast and the allocation in the Primary Care Prescribing budget and mitigating solutions are limited. | Primary, Community & Intermediate Care | Community Pharmacy / Medicines Management | | Financial risks | 20 | 20 | 20 | Tolerate | Medicines Management team deliver efficiencies in primary care drug budget, identify and reduce wasteful use of medicines, reduce variation, work with secondary care to manage the introduction of new drugs<br>Monthly meetings with finance team<br>Cost-effective prescribing considered and appropriate access to medicines encouraged via formulary process and at Medicines Management Meetings<br>Processes in place within the Medicines Optimisation team to proactively identify changes in Drug Tariff<br>MM team are members of the National Medicines Value and Sustainability Group to influence and prioritise savings ideas on an All Wales basis.<br>Targeted improvement work and engagement<br>Improvement in analytics to inform and prioritise workplan | Value and Sustainability priorities highlight priority areas identified on an All Wales Basis each year<br>Lead Pharmacists Peer Group established to share best practice and ideas between UHBs<br>Finance Delivery Unit, the Welsh Analytical Support Unit and the Medicines Value Unit all produce analytics on a National basis that the MM team utilise<br>Audit plan in place to ensure appropriate use of medicines in line with Clinical Guidelines<br>UHB Medicines Implementation and Governance Group allows for oversight of cost effectiveness and financial risk in decision making relating to medicines access | Mitigation put in place where possible but limited; GPs are prescribers and whilst we can influence we cannot mandate - there is switch fatigue amongst GPs with decreased engagement in cost saving work<br>Consequences of COVID and BREXIT still being felt, and more recent world affairs and energy costs all impact on supply chain and manufacturing costs, which in turn impact on medicine costs<br>Price concessions and changes in drug tariff price are UK wide and unable to be influenced by the UHB<br>More advanced therapy tends to be at increased cost<br>More community services are being delivered increasing activity in primary care, including expansion of clinical services offered by contractors such as community pharmacies and optometry. These are contractual changes which we cannot influence<br>Patient review and process change to make efficiencies take time to be represented in medication spend.<br>Lack of control over primary and secondary care clinician autonomy and adherence to formulary<br>Legal obligation to implementation NICE | |
| Loss of automated results management | 13/07/2025 | There is a risk thatthe Department of Sexual Health will lose automated results management functionality. | This is caused by the liquidation of Millcare EPR and the reliance on DHCW to prioritise and deliver a replacement system interface. | Which w/could lead to an impact/effect on timely results processing, clinical workflow efficiency, and potential delays in patient care. | Primary, Community & Intermediate Care | Health Protection & Inclusion | Department of Sexual Health | Operational risks | 20 | 20 | 10 | Treat | Engagement with Lillie, Intersystems & Healthcare Dedalus to develop an interim solution.<br>Agreement from LIMS to integrate with Signum as a long-term replacement solution.<br>Escalated through corporate routes. PCIC digital team aware of risk to service delivery | | Agreement secured to integrate LIMS2 with Lillie Healthcare as a long-term solution.<br>Work to link systems sits with DHCW, giving the team minimal influence over prioritisation<br>Difficulty securing attendance of key people in coordination meetings | |
| District Nursing Workforce Capacity Deficit Resulting from Registered Nurse Vacancies | 07/07/2026 | There is a significant risk to patient safety, service delivery, workforce wellbeing and organisational performance due to a sustained shortage of registered nurses within the District Nursing Service. The service currently has 19.0 WTE Band 5 vacancies, forecast to increase to 24.0 WTE through further turnover, resulting in recurrent negative capacity and daily escalation pressures. The workforce deficit is estimated at approximately 35% when vacancies, headroom and absence factors are considered | This is caused by<br>-High levels of registered nurse vacancies.<br>-Ongoing staff turnover and resignations.<br>-Increasing demand for community nursing services, including insulin administration, end-of-life care and complex wound management.<br>-Challenges recruiting and retaining experienced community nurses<br>-Unable to seek approval for external or internal advert by Exec Team within UHB | Which w/could lead to an impact/effect on<br>-Delayed, deferred or missed nursing interventions.<br>-Increased clinical risk and potential deterioration in patient outcomes.<br>-Reduced ability to meet demand for urgent and time-critical care.<br>-Reduced compliance with Welsh Government expectations regarding community and weekend service provision.<br>-Increased staff fatigue, burnout, sickness absence and further turnover.<br>-Diminished service resilience and increased reliance on escalation measures.<br>-Failure to deliver strategic objectives relating to community transformation and care closer to home.<br>- Community Nursing becomes a less desirable field to work in | Primary, Community & Intermediate Care | Integrated Community Care Services (ICCS) | | Operational risks<br>Infrastructure<br>People risks<br>Quality risks<br>Reputational risks<br>Strategic risks<br>Sustainability risks | 16 | 20 | 9 | Treat | The key risk controls are:<br>-Daily escalation and operational oversight of District Nursing staffing risk, with the service currently operating at escalation level 4.<br>-Clinical prioritisation of care, focusing available capacity on the highest-risk patients, including insulin-dependent patients, end-of-life care, complex wound care, and urgent clinical need.<br>- Ongoing monitoring of demand and capacity, including recognition of recurrent negative capacity and the impact of unplanned activity.<br>- Strengthened workforce modelling to ensure staffing assumptions reflect actual activity demand, including insulin administration, wound care workload, sickness, annual leave, and service variation.<br>- Operational escalation routes to ensure staffing risk is visible at service, Clinical Board, and wider organisational level.<br>- Redistribution of workload across teams where feasible to support equity and reduce pressure in the most affected teams. -Sickness absence management and support, including Clinical Board sickness panels and continued development of the overarching sickness plan.<br>- Staff wellbeing support, including recognition of sustained workload pressure and access to Restorative Clinical Supervision. -Collaboration with GP practices, Tissue Viability, and specialist services to manage transferred wound care demand and optimise care pathways.<br>- Use of experienced staff where possible to support safe autonomous community working, recognising that District | The assurance on the current controls is partial/limited, because the controls are helping to monitor and contain the risk, but they do not fully reduce the underlying workforce deficit or restore safe capacity. | - 19.0 WTE Band 5 vacancy gap is creating negative capacity and escalation level 4.<br>- Rising demand, sickness and lack of headroom increase patient safety and staff wellbeing risks.<br>- Current controls manage but do not resolve the risk.<br>- External recruitment is required | -Band 5 vacancies<br>-Reliance on student streamlining<br>-Limited temporary staffing<br>-No funded headroom<br>-Sickness absence<br>-Rising demand<br>-Increased wound care workload<br>-95% staffing model constraint<br>-Unsustainable cross-team support<br>-Reduced PPDN support<br>-Length of time for recruitment to progress<br>Status: Current<br>Tracy Valade 07/07/2026 11:54 |
| New GDS Contract | 16/07/2025 | PCIC Risk Reference: PC037<br>The proposed contract reform to General Dental Services (GDS) is expected to have significant, wide-ranging impacts, both operational and clinical, with many concerns raised by dental service providers around access, patient care, and workforce morale. | This is caused by lack of clarity around how many patients practices will be expected to treat. This makes it difficult to compare current activity with future expectations. The proposal assumes a level playing field across practices, but there is variation in patient demographics and existing workload.<br>Practices in areas of higher deprivation, which typically treat more high-risk patients, are unlikely to benefit from the efficiencies offered by transferring low-risk patients onto the Dental Access Portal (DAP). As a result, they will face increased pressure, potentially compromising recall intervals and reducing capacity for new patients. In contrast, practices in more affluent areas may find it easier to shift low-risk patients onto DAP, freeing up appointments and improving access. | Which w/could lead to:<br>Further deterioration in the morale of the GDS workforce.<br>Return of NHS dental contracts.<br>NHS dental activity delayed / lost due to the time constraints within the procurement tender processes.<br>Lack of interest from the dental community in any subsequent procurement tender process .<br>Loss of NHS dental provision and activity.<br>Potential for CDS to be overwhelmed.<br>The role of the Community Dental Service (CDS) in the proposal raises alarms. CDS is meant to serve the most vulnerable populations, yet the plan suggests it will take on treatment for the highest-need GDS patients. This would stretch an already overloaded system and divert resources from its core mission. Any such change would require not just funding, but also a workforce solution, something not adequately addressed in the proposal (though WG have since described a plan to bring dentists from India to start this service). Even if high-need patients are stabilised in GDS before transfer, delays and lack of continuity will result in duplicated efforts and poorer outcomes.<br>The changes also risk demoralising the dental | Primary, Community & Intermediate Care | Primary Care | | Quality risks | 20 | 20 | 20 | Tolerate | The UHB has submitted a full response to WG regarding the new dental contract proposal outlining the potential risks relating to the proposed changes.<br>The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal.<br>The HB contributed to responses from other stakeholders.<br>The HB continues to communicate frequently with the LDC to understand their concerns.<br>When the final version of the contract is confirmed, the HB will need to consider how best to mitigate the various consequences described, not least the likely loss of NHS provision, and the potential for CDS to be overwhelmed.<br>There are procurement processes which the HB could use to re-invest any surrendered funding.<br>The proposal offers flexibility for health boards to adapt requirements locally | The UHB has submitted a full response to WG regarding the new dental contract proposal outlining the potential risks relating to the proposed changes.<br>The HB continues to communicate frequently with the LDC to understand their concerns.<br>The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal.<br>When the final version of the contract is confirmed, the HB will need to consider how best to mitigate the various consequences described, not least the likely loss of NHS provision, and the potential for CDS to be overwhelmed.<br>There are procurement processes which the HB could use to re-invest any surrendered funding. | Providers who currently hold a GDS contract only need to give three months' notice of termination of their contract.<br>Any funding returned from GDS contracts would need to receive approval for re-investment into GDS.<br>Any funding returned from GDS contracts would need to receive approval for re-investment into GDS. If approved, it would need to go through a full procurement tender process.<br>If interest was identified and activity secured through a procurement process, clinicians and infrastructure would be required to be in place before a contract, and its associated activity could commence.<br>Concern if new contract is implemented, more contracts will be handed back which will have a knock on affect on CDS also, given the new measures.<br>The proposal offers flexibility for health boards to adapt requirements locally, but trust in such flexibility is low due to past inconsistencies | |

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| Complex Care Placement Failure (Patient NP) | 28/07/2026 | There is a risk that the CHC Placement for patient NP fails. | This is caused by behaviours that challenge, persistent safeguarding concerns, allegations of sexual abuse incidents but refusal to engage with police, allegations that implicate staff resulting in providers being unable to meet excessive demand upon them. | Which w/could lead to an impact/effect on Health Boards responsibility as Commissioners of Care with all options to place in the Community being exhausted and associated risks. | Primary, Community & Intermediate Care | | | Quality risks<br>Financial risks<br>Legal/Regulatory risks<br>Operational risks<br>People risks<br>Reputational risks<br>Sustainability risks | 20 | 20 | 4 | Treat | Multiagency Safeguarding Process<br>Proactive work with the Provider<br>Collaboration with Mental Health with aim of identifying alternative placement<br>Enhanced Care planning<br>Legal advice | | | |
| HMP Cardiff Healthcare Service Capacity and Sustainability | 24/05/2026 | There is a risk that the needs of men held in custody in HMP Cardiff exceed the primary/community healthcare provided by CAV either in terms of;<br>1. physical health needs<br>2. mental health needs | This is caused by;<br>1. Notice given by the Clinical Director and the GP practice to terminate the current Service Level Agreement with SLA terminating end of March 2027.<br>2. Operating primary and community level healthcare services within a highly complex custodial setting for a critical mass of circa 700+ men.<br>3. The demographic of the population served is challenging, often socially excluded with vulnerabilities and are subject to ministry of justice restrictions<br>4. Access to secondary, specialist and acute mental health care requires onward referral/transfer out and relies on the prison to facilitate<br>5. This is a hard to recruit to area, impacting on multidisciplinary staff recruitment, retention and sustainability of skilled workforce<br>notice given by the Clinical Director and the GP practice to terminate the current Service Level Agreement. | Which w/could lead to an impact/effect on the delivery of safe and effective inclusion healthcare services specifically, timeliness of review, risk escalation, acute care and clinical governance.<br>Without a timely and viable replacement service model, this may result in reduced clinical leadership and GP capacity, disruption to continuity of care, delays in assessment and treatment, unmet health needs, regulatory non-compliance and avoidable harm to a vulnerable custodial population. | Primary, Community & Intermediate Care | | | Operational risks<br>Legal/Regulatory risks<br>People risks<br>Quality risks<br>Sustainability risks | 20 | 20 | 10 | Treat | Prison Partnership Board<br>IMB Annual Report<br>Action Plan in place<br>Multiagency early learning reviews; Health, Prison and Probation Ombudsman and HIW<br>PCIC senior structure for Prison includes Clinical Director, Senior Nurse and with Lead Nurse and Head of Operations oversight. | Workforce risk rating currently de risked due to proactive management with RR 16<br>Transfer of prisoners out for secondary or specialist care RR de-risked | Assurance around Mental Health provision and governance | |
| Lack of Paediatric Speech and Language for Electronic assistive technology service | 17/03/2025 | referrals to All Wales EAT Service have increased significantly since its commissioning by WHSSC in 2015. The increase in Paediatric referrals is now at a situation where it cannot be met with the current paediatric SLT's in post | Increase in referrals for paediatric input | paediatric patients not being seen in a timely manner. Waiting lists increasing and missing commissioned targets for delivery of service | Specialist Services | Artificial Limb & Appliance Service | ALAS - Electronic Assistive Technologies Service | Quality risks | 20 | 20 | 6 | Treat | Some support by Adult SLT's and Technical assistants in providing support and issuing / following up on communication aid equipment<br>1 FTE SLT agreed and in post.<br>Review of service currently taking place.<br>Referral form for paeds being reviewed. | patients numbers reviewed locally and at ALAS reporting levels. Waiting lists reported to ALAS senior managers and reported back to commissioners | Business case and risk assessment for additional staffing | |
| Welsh Language Provision: All Wales Speech and Language | 24/10/2023 | Lack of Welsh speaking staff to provide assessments to patient in Welsh. An inability to meet patient demand within the High-Tech AAC aspect of the EAT Service Wales for assessment and provision within the medium of Welsh. | Since the initial funding of the AAC aspects of the EAT Service Wales (March 2016), the patient referral numbers have increased significantly ( 100%), such that the staff resource is inadequate for the number of patients now requiring the Service in the Welsh language. As the Service is required to assess the language ability of patients (in the Welsh language), as opposed to simply having the words of a patient translated, the clinician must be a fluent Welsh speaking Specialist Speech and Language Therapist. The Welsh-speaking therapist provides a critical role in bringing essential linguistic and cultural insight to the development of AAC systems in the Welsh language. Their role should also ensure that available systems are robust enough to meet the complex communication needs of patients who require comprehensive Welsh-medium support. There are now sufficient referral numbers to warrant at least 1.0WTE Specialist SLT that would cover both an adult and paediatric caseload across Wales | In addition to the Service being unable to meet the requirements of the Welsh Language Act, and the Welsh Government plan for providing health and care services through the medium of Welsh, 'More than just words' (2022-2027), the patients referred will be unable to communicate in their native tongue. In particular, those of school age will face significant developmental barriers, as they will be unable to participate in both educational development and social interaction in their Welsh language environment. This in turn will lead to a wide range of life changing consequences, including but not limited to; educational delay/abandonment, social isolation and potential self-harming behaviours. | Specialist Services | Artificial Limb & Appliance Service | ALAS - Electronic Assistive Technologies Service | Quality risks | 20 | 20 | 4 | Treat | For both adult and paediatric cases, the EAT Service's highly specialised SLT staff work closely with local SLTs and schools but the resulting assessment and provision is unable to meet the needs of the Welsh speaking population.<br>A long-term plan to develop the specialist staff resource via potential rotation training posts.<br>review of SLT currently being undertaken | Patients will continue to be triaged and prioritised according to clinical need | There is usually no language support for assessment and provision for Welsh speaking adults | Funding for Additional post<br>Status: Current<br>Gavin Cooper 20/11/2025 11:59 |
| Staffing Crisis in Cardiac Physiology (admin & physiology) | 03/10/2025 | Increased waiting times for all aspects of cardiac physiology diagnostics. Staff under extreme pressure impacting workload, wellbeing and service delivery. Significant number of patient enquiries, complaints and NRI/Datix incidents as a result.<br>Significant waiting list times within Echo, Ambulatory and Device service due to increased demand, current staffing levels both within physiology team and administration team. Significant back log within ambulatory monitoring reporting, device back log in several areas resulting in significant risk. Clinical board have supported with bank staff for a period of 1 month for Ambulatory monitoring and 2 locums for device service. Elective services funding in place for additional echo sessions from 1st August 2026.<br>In summary waiting times for all diagnostics are completely unacceptable and are contributing to significant risks. Given the demands on the current workforce we are seeing a significant rise is sickness absence and impact on their health and wellbeing. | The shape of the workforce is very junior with inadequate experience to cope with the demand of a busy tertiary centre. The high workload and junior workforce is having a significant impact on the ability to cultivate an environment of training and teaching. This aspect is absolutely fundamental for the cardiac physiology department at UHW to be able to recruit and retain staff from all over South Wales.<br>A review of the workforce establishment is underway as this has not been reviewed for a significant period of time in line with service growth/demand. This is vital to being able to deliver a sustainable and safe service over the next 10 years. | Significant risk to patient safety regarding delays in ambulatory monitoring reporting and device capacity/demand. Unable to meet 8 week diagnostic target, inability to ensure all capacity is booked and utilised due to high volume of cancellations. Impact on team morale and wellbeing. | Specialist Services | Cardiothoracic | Cardiac Physicology | Operational risks<br>People risks<br>Quality risks<br>Strategic risks<br>Financial risks<br>Infrastructure<br>Legal/Regulatory risks<br>Sustainability risks | 20 | 25 | 3 | Treat | Support being provided from directorate however this is not sustainable to risk associated with this | DMT have provided support from other areas. Training being provided but this support is limited.<br>vacancies to be approved and recruitment to take place<br>Increased waiting times for all cardiac physiology areas. Staff under extreme pressure to book appointments and meet targets.<br>Significant number of customer queries and complaints as a result.<br>escalated to directorate, clinical board and executives | Appointments and targets will be missed. new device implantation and box changes appointments available and unable to be booked with additional staff. This is linked to increased demand. | Funding remains a barrier due to the health boards current financial constraints<br>Status: Current<br>Mike Henson 15/10/2025 13:52 |

Organisational Risk Register
Oct 2026

| Risk title | Date raised | Risk event | Risk cause | Risk effect | Division | Business unit | Speciality | Risk category | Initial rating score | Current rating score | Target rating score | Response (Status) | Key controls | Assurance on controls | Gaps in controls | Barriers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Risk of deaths in patients with cardiac devices | 03/11/2025 | Risk of deaths in patients with cardiac devices due to gaps in device processes and increased waiting times for box changes and new implants. Significant backlog of remote monitoring reviews identified, significant number of patients who DNAd still requires validating and clinical review of files identified, significant number of patients who were identified as being disconnected from home monitoring requires further revalidation by clinical teams. Backlog of email correspondence to generic email account. Sickness and gaps within the physiology staffing group as well as the administration team. Increase in inhouse demand impacting on elective waiting list position. | Inadequate number of physiology workforce to support the full workload across the device service, impact of staff being pulled away to cover other areas within the service due to staffing levels and sickness. Loss of capacity within pacing theatre due to no pacing fellow, inability for consultants to cross-cover annual leave as well as implementation of consultant of the week and on-call committments. Significant gaps in processes and administration workforce within physiology. Increase demand in house activity which intermittently impacts elective capacity. | Risk of deaths to patients waiting for box changes or waiting new implants. Significant waiting times for new implants. | Specialist Services | Cardiothoracic | Cardiac Physicology | Quality risks | 20 | 25 | 3 | Treat | Weekly device meetings in place with attendance from physiology team, directorate team, clinical board team and lead consultant for devices/pacing to review action log, review waiting list positions and identify risks and opportunities for improving processes. SOPs developed/being developed to improve processes and patient management. Demand and capacity work underway and SBAR in progress regarding solutions to increase device lists and reduce waiting list times. Plan to list box changes earlier to minimise risk with MDT process in place but backlog of patients needs to be addressed to support this. | Escalated to the clinical board and executive team. Regular meetings in place with device team, directorate and clinical board. Demand and capacity work underway to identify gaps in workforce. Recruitment of a professional lead for physiology. Work underway with shaping change support to look at pathways, processes etc | Reviewing capacity and booking templates and processess. Short term support from research fellow to increase capacity. | |
| Deaths on Cardiac Surgery Waiting List | 15/10/2025 | There is a signficant risk for patients who are on a waiting list for cardiac surgery due to long-waiting times, this is compounded by the unacceptably long waiting times in cardiology services which include many of the diagnostic studies ie echo, CT, angiography. We have had 2 recent NRIs where patients have died whilst on the cardiac surgery waiting list. | This is caused by the inabillity to treat patients through the elective stream due to inhouse demand, workforce constraints and inability to catch up on backlog of waiting list due to previous theatre/anaesthetic staffing constraints, loss of some activity due to infrastructure and reburbishment within the theatre environment. Inability to cross-cover consultant leave/absence due to change in consultant payment. | Significant risk to life for patients on the elective waiting list. Significant impact on patient outcomes due to long waiting lists. Increase on acute demand due to inability to bring patients in a timely manner. Inability to meet JCC and WG targets. | Specialist Services | Cardiothoracic | Cardiac Surgery | Quality risks<br>Operational risks<br>Reputational risks<br>Strategic risks | 20 | 20 | 3 | Treat | Weekly validation of cardiac surgery waiting lists by the directorate management team with support from PAC team. Weekly monitoring of booking and scheduling, utilisation and productivity. Weekly cardiac surgery operational meeting to discuss cancellations, late starts, overruns and staffing constraints. Standardised communication processes for patients on the waiting list for cardiac surgery.<br>Recruitment of a sixth substantive consultant to start in October 2026. Plan to look at implementing annualised/semi-annualised job plans to minimise impact on service delivery. Plan to implement Consultant of the day to support timely review of inpatient referrals and triage elective referrals. Equity of waiting list work to be undertaken.<br>Work underway for Swansea Bay to support with long waiting patients from September/October 2026 with a view to equalising waiting lists across both sites. Long term plan to create ODN to support timely and equitable treatment of patients waiting cardiac surgery | Forward planning for Cardiac surgery undertaken weekly through key stake holders. Recruitment and retention of theatre personnel. During the COVID pandemic, referrals to cardiac surgery reduced by 60% providing an opportunity to significantly reduce the waiting list and the inherent clinical risk. | Theatre staff shortages, limited flexibility on CITU beds. Limited ability to undertake weekend working | |
| Challenges and Risks for Current Arrythmia Nurse Service | 05/05/2026 | There is a risk that the current demand cannot be met and that there is no resilience in this team. The demand exceeds capacity, and is growing, and the team are under extreme pressure. There are three team members covering electrophysiology, cardiac devices and cardiac genetics.<br>The team have reported safety concerns due to the challenges they are facing. The team report feeling significant and sustained pressure. | This is caused by the role of this team having significantly evolved with no corresponding investment. Demand exceeds capacity. The current establishment is inadequte to safely meet service demand or maintain any resilience. Initially the aim was for the three team members to cross-cover other services but this cannot happen anymore. Each service is now person dependent with little scope to cross-cover the individual services. | The insufficient workforce, single-point dependency and inability to meet demand will lead to<br>•Delayed clinical review of high risk device alerts, arrhythmia episodes, and patient symptoms.<br>•Delayed initiation or titration of medications, increasing risk of recurrent arrhythmia, ICD shocks, admission, or deterioration.<br>•Insufficient psychological support for distressed patients.<br>•Delayed wound reviews, raising the risk of infection or unrecognised complications.<br>•Missed or delayed escalation of care due to competing clinical demands.<br>•Delays in documentation and patient communication, increasing the risk of misinformation, confusion, or missed follow up.<br>This could result in avoidable admissions to hospital, or catastrophic patient outcomes. The absence of resilience means that any surge in activity, urgent patient need, or clinical complexity immediately compromises patient safety. | Specialist Services | Cardiothoracic | Cardiology | Operational risks<br>Quality risks<br>Strategic risks<br>Sustainability risks | 20 | 20 | 2 | Treat | Team to adhere to protocols and policies.<br>To prioritise workload to address critical issues. | | | |
| Interventional/structural cardiology capacity is unable to manage referral demand leading to increasing waiting times and inevitable clinical risk | 01/01/2022 | Due to significant gaps within the consultant workforce and historical low numbers of interventional consultant cardiologists this has resulted in extreme vulnerability to the acute coronary service potentially compromising our ability to deliver 24/7 primary PCI to the population of South East Wales. Furthermore we are failing to meet the accepted targets for the management of ACS patients in terms of time from admission to angiography. The elective service both for coronary and structural work is also under unacceptable pressure with waiting times for diagnostic angiography, PCI and TAVI. Current individual operators are being forced to work above national guidelines regarding reasonable numbers of procedures per year. | Data shows an increase in demand for all aspects of cardiology management and we see this both through the acute on-call service but also referrals to cardiology outpatients. Insufficient operators to manage acute and elective workload resulting in lost capacity/reduced activity. | Serious patient harm or death due delays in care | Specialist Services | Cardiothoracic | | Infrastructure | 20 | 20 | 3 | Treat | Daily validation of cardiology waiting lists.<br>Regular feedback to the consultant body highlighting long waits.<br>Elective lists cancelled to support ACS lab support due to no ability for cross-cover. | Discussed through the Clinical Director forum, CB and DMT. | Backfilling of vacant cath lab lists stopped due to financial constraints.<br>Limited assurance due to increased case mix complexity and its affect on capacity. | |
| Sub-standard Heating, Ventilation and Air Circulation system in the Critical Care Unit | 12/07/2022 | There is a risk of HCAI due to use of mobile air conditioners, impaired brain outcomes due to difficulty treating pyrexias, delirium due to over-reliance on blinds to reduce temperature, ineffectual existing HVAC due to having windows open and risk of air pollution, Staff discomfort resulting in impaired staff retention. | This is caused by Sub-standard Heating, Ventilation and Air Circulation system in the Critical Care Unit. | Which w/could lead to an impact/effect on patient outcomes and staff comfort. Use of mobile air conditioners (risk of increasing HCAI). Use of patient skin cooling devices (cost). Use of blinds (risk of delirium). Opening windows (reduces effect of existing system and causes pollution) and staff comfort measures on hot days (cool drinks, cold lollies, wearing scrubs) | Specialist Services | Critical Care & Major Trauma | Critical Care | Infrastructure | 25 | 20 | 1 | Treat | Use of mobile air conditioners (risk of increasing HCAI). Use of patient skin cooling devices (cost). Use of blinds (risk of delirium). Opening windows (reduces effect of existing system and causes pollution) and staff comfort measures on hot days (cool drinks, cold lollies, wearing scrubs) | A refurbishment of UHW Critical Care is currently in the design phase, which may reduce this risk. | Improvement dependent on critical care expansion programme - no definitive assurances | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inability to save and upload Lung Ultrasound images to central storage system | 12/07/2023 | This creates a risk of lack of governance over the interpretation of the findings and how that influences our physiotherapy interventions. Furthermore, provides challenges to the training process with the inability to consistently access, store and therefore retrospectively review 'training' lung ultrasound scans for review by mentors. | This is caused by inability to save and upload Lung Ultrasound images to central storage system | Which w/could lead to an impact/effect on:<br>• Potential to miss clinically relevant information through inability to access the completed lung ultrasound scans retrospectively.<br>• A lack of ability to discuss the lung ultrasound findings inter-professionally to ensure patient centred care in a timely manner.<br>• Delay in completion of the accreditation process and IT safety issues surrounding the saving of scans to the appropriate FUSIC mentor.<br>• Patient safety risk associated with receiving sub optimal physiotherapy interventions and difficulty in demonstrating the clinical reasoning process following the completed intervention.<br>• Therapy reputational damage – lack of trust in physiotherapy service and interventions provided due to inability to demonstrate lung ultrasound scan completed and clinical reasoning | Specialist Services | Critical Care & Major Trauma | Critical Care | Digital risks | 20 | 20 | 1 | Treat | 1. Staff undertaking lung ultrasound FUSIC training and accreditation. This ensures a set standard of learning and skills being equitable<br>2. Production of lung ultrasound reports at time of scan completion with detailed findings<br>3. Having access to UHB Physiotherapy and Medical FUSIC mentor / supervisor<br>4. The ultrasound machines have some ability to store a finite number of images | 1. Documentation within the FUSIC lung ultrasound reporting forms that are filed in the patient's medical notes<br>2. Being able to discuss findings at the time of scan completion with mentor or accredited physiotherapist in lung ultrasound | 1. No clear UHB approach to centralised storage of ultrasound images completed outside of radiology<br>2. Quality and accuracy of documentation within FUSIC lung ultrasound reporting forms | |
| Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030 | 12/07/2022 | There is a risk that Critical Care will not have enough capacity to keep up with precited demand to 2030. | This is caused by lack of physical bed spaces on the unit. | Which could cause delays in Emergency admission to Critical Care result in avoidable deaths and impaired functional outcomes. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale UHB cannot be undertaken anywhere else in Wales. | Specialist Services | Critical Care & Major Trauma | Critical Care | Operational risks | 25 | 20 | 1 | Treat | Directorate have engaged with key stakeholders in the production of the Critical Care escalation policy<br>Creation of expansion business case to increase capacity from existing 44-beds to 49 beds to meet predicted demand | | Impact of controls dependent on funding for proposed expansion | |
| Lack of patient isolation facilities in UHW Critical Care Unit | 12/07/2022 | There is a risk that there is not enough isolation facilities in UHW Critical Care Unit. | This is caused by there only being 2 cubicles and one 2 bedded bay that can be used to isolate patients. | Which leads to a higher risk of IP&C issues when all cubicle spaces are already occupied. This means we then have to determine which patients are highest risk, leaving some patients who should be isolated on the main unit. This can be at a risk to other patients or themselves if they have a compromised/suppressed immune system. This also means we may not have the cubicle capacity to give end of life patients and their relatives privacy. | Specialist Services | Critical Care & Major Trauma | Critical Care | Operational risks | 20 | 25 | 1 | Treat | Staff prioritise patient with highest need to isolation.<br>Trial of temp isolation cubicles were found to be unsuitable in Critical Care.<br>Design work for a Critical Care refurbishment is ongoing which is intended to reduce this risk. | | Controls dependent on funding for proposed expansion and refurbishment | |
| SCBC_Plastics Dressings Clinic | 01/04/2025 | There is a risk that the Plastics Dressing Clinic may not be able to be sustained, as the nursing support is unfunded. | This is caused by lack of commissioned funding for this work for the MTC. | Which w/could lead to an impact/effect on patients not being able to receive PDC care in Cardiff (would need to return to Swansea for this care). | Specialist Services | Critical Care & Major Trauma | Major Trauma - Adult | Operational risks Reputational risks | 20 | 25 | 1 | Treat | Continue to advocate for delivery of this service. Aim to commission. | | | |
| SCBC_Paediatric nursing | 06/12/2022 | There is a risk around paediatric nursing capacity within ED which may impact on the delivery of care given 24/7 | This is caused by lack of paediatric nursing capacity, requires more to ensure 24/7 cover. | Which w/could lead to an impact/effect on paediatric patients in ED receiving care. | Specialist Services | Critical Care & Major Trauma | Major Trauma - Paediatric | Operational risks | 12 | 20 | 2 | Treat | Staff work on a rotational basis | Internal review | | |
| SCBC_The MTC Peer Review business case funding not confirmed | 16/09/2025 | There is a risk that serious concerns identified in the Peer Review will not be addressed. | This is caused by funding for the business case not being released. | Which will lead to an impact on a range of service across UHW due to there being no funding to address the concerns raised. | Specialist Services | Critical Care & Major Trauma | Major Trauma - Paediatric | Quality risks | 20 | 20 | 1 | Treat | Request update from JCC on next steps for business case funding release. | | | |
| Risk to the organisation of losing JACIE accreditation for the South Wales Blood & Marrow Programme. | 30/07/2025 | There is a risk thatCardiff & Vale University Health Board (C&VUHB) is commissioned by NHS Wales Joint Commissioning committee to provide the South Wales Blood and Marrow Programme for South Wales, West Wales and South Powys. JACIE accreditation is a mandatory quality standard for haematopoietic stem cell transplantation (HSCT) and CAR-T therapy. It is a commissioning requirement for NWJCC and a requirement for the supply of CAR-T therapy from pharmaceutical companies.<br>C&VUHB is currently non-compliant with several JACIE standards due to infrastructure and environmental deficiencies. If accreditation is withdrawn, the BMT and CAR-T services may be decommissioned, severely impacting haematological cancer care across South Wales.<br>There are a number of concerns that are captured in separate risk assessments (ref).<br>Inadequate inpatient infrastructure:<br>Lack of ensuite facilities for immunocompromised patients.<br>Insufficient isolation rooms with proper air handling.<br>Cramped and outdated ward environments.<br>Day unit and outpatient deficiencies: | This is caused by lack of strategic planning and lack of resource/investment. | The SWBMT Programme would be the only major UK programme, the 9th largest of 53 UK and Irish transplant centres, (BSBMTCT 2021 report, 2019 pre-pandemic data) without JACIE accreditation and would be the first and only centre to have had JACIE accreditation withdrawn<br>The SWBMT Programme would need to [?immediately] cease activity as:<br>- it is the explicit policy of all UK BMT commissioners, including NWJCC, to procure services only from JACIE-accredited centre<br>- the pharmaceutical companies who manufacture CAR-T will only supply products to JACIE accredited centres.<br>Cessation of the SWBMT Programme is highly likely to impact on recruitment and retention of staff as:<br>- Specialist staff would no longer be delivering care based on their expertise<br>- Training and development opportunities in Wales would reduce<br>- Research opportunities would significantly reduce<br>Haematology has been identified as a fragile service within the NHS Wales Performance and Improvement (NHSWP&I) Fragile Services Review and noted by a number of Health | Specialist Services | Haem / Imm / Met Med / NETs | Bone Marrow Transplant | Legal/Regulatory risks | 25 | 25 | 10 | Treat | Haematology Directorate/Specialist Services Clinical Board<br>1.Established Quality Management System (QMS): Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards.<br>2.Multidisciplinary Governance: Oversight by clinical, laboratory, and quality leads.<br>3.Training and Competency Frameworks: Regular staff training and competency assessments.<br>4.Participation in EBMT Registry: Enables benchmarking and outcome tracking.<br>5.Clinical Excellence: Strong clinical outcomes and experienced multidisciplinary teams<br>6.Ambulatory Care Model: Reduces inpatient pressure and improves flexibility.<br>7.Weekly Planning Meetings: Intensive triaging to manage bed capacity and patient risk.<br>8.Unscheduled care triage beds: separate bedded area to triage and screen unscheduled care admissions prior to admission to haematology ward, reducing risk of nosocomial infection.<br>9.Dedicated toilet/shower facilities: communal facilities designated for use by specific patients to reduce risk of nosocomial infection.<br>Cardiff & Vale UHB<br>1.Development of Business Case for new clinical facility for SWBMT Programme<br>2.Continued engagement with Welsh Government regarding prioritisation of capital allocation for new facility<br>3.Agreement from WG Capital and Estates team to attend JACIE | 1.Previous JACIE Accreditation: Demonstrates historical compliance.<br>2.HTA Licensing: In place since 2007.<br>3.Internal Quality Reports: Regular reporting to governance boards.<br>4.Clinical Outcomes: Among the best in the UK despite infrastructure issues.<br>5.Patient Outcome Monitoring: Through EBMT and internal KPIs.<br>6.External Peer Reviews: Participation in national and international benchmarking.<br>7.Prioritisation: Capital scheme prioritised by both the Health Board and Welsh Government<br>8.Capital Scheme: Strategic outline case submitted to Welsh Government in 2023 – ongoing dialogue with WG who are supportive and have indicated prioritisation of capital scheme. | Gaps in Controls:<br>1.Infrastructure Deficiencies – inpatients:<br>a.Inadequate isolation facilities and air handling provision<br>b.Lack of ensuite facilities for transplant patients resulting in poor patient experience and increasing risk of nosocomial infections from shared communal areas/facilities<br>c.Overcrowded and outdated ward environment with poor physical fabric<br>2.Infrastructure Deficiencies – day care:<br>a.Inadequate isolation and triage/screening facilities and air handling provision<br>b.Overcrowding and lack of appropriate waiting area<br>c.Insufficient space for volume of patients<br>3.Infrastructure Deficiencies – outpatients:<br>a.Inadequate isolation facilities and air handling provision<br>b.Overcrowding and lack of appropriate waiting area<br>c.Insufficient space for volume of patients<br>4.No approved capital scheme to rectify the infrastructure deficiencies<br>5.Limited mitigation within current clinical facilities at UHW<br>Gaps in Assurance:<br>1.No material improvements since previous | Lack of investment.<br>Status: Current<br>Jordan Wills 23/10/2025 11:52 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hospital Acquired Thrombosis service (HAT) | 12/11/2025 | There is a risk that the Hospital Acquired Thrombosis (HAT) service will cease in April 2026 unless funding can be secured for a part time nursing position which is dedicated to the role. | There is a query as to where the funding is allocated from historically and any previous funding agreed is inadequate . | Which would lead to an impact/effect on patient care as a result of an inability to access specialist advice and guidance on HAT. | Specialist Services | Haem / Imm / Met Med / NETs | Haematology | Sustainability risks<br>Digital risks<br>Financial risks<br>Infrastructure<br>Legal/Regulatory risks<br>Operational risks<br>People risks<br>Quality risks<br>Reputational risks<br>Strategic risks | 12 | 20 | 4 | Treat | Issue has been escalated to Clinical Board<br>Workforce focus group has been set up to outline role of this practitioner<br>e-Datix report has been submitted<br>SBAR to outline the need for this role is being developed | Regular meetings to discuss the role and options available will be set up | Availability of funding from Clinical Boards to support this post is not confirmed | |
| Haematology Bed Footprint | 26/11/2025 | There is a risk that Haematology patients are unable to have in-patient admission to the Haematology Directorate. | This is caused by there not being enough beds within the Directorate to accommodate the patient size and demographics. | Which would lead to an impact/effect on newly diagnosed, relapsed, frail, and multimorbid patients not receiving treatment and care by the appropriate service. Delaying admission and/or resulting in these high acuity, high risk and vulnerable patients being outliers. | Specialist Services | Haem / Imm / Met Med / NETs | Haematology | Operational risks | 20 | 20 | 6 | Treat | Increase number of beds<br>Requires increased nursing and AHP staffing to accommodate. | Timely admission and discharges<br>Use of the ambulatory care system for appropriate patients<br>Use of HDC to support treatment and admission avoidance where appropriate<br>Daily dynamic review of patient flow<br>Close liaison with outlying hospitals for any repatriation | We are unable to change the existing footprint of B4H and C5<br>We have no control over when patients become ill/ are diagnosed and how they will react to teh treatment / relapse etc | Limited additional ward space around CAV UHB.<br>Bed Management and Winter Pressures.<br>Nursing/staffing levels.<br>Status: Current<br>Richard Hinge 26/11/2025 10:53 |
| Haem Day Centre workforce is inadequate to support service requirements | 10/06/2025 | A workforce review and audit has been undertaken to demonstrate the gaps in Haem Day Centre workforce service provision. Identification of poor skill mix and a need for more highly trained staff in this specialist area are required as a priority. | Haem Day Centre workforce is insufficient to support service requirements and does not comply with nurse staffing levels. | There are medical gaps which impact directly on patient care and timely treatments. A higher skilled nursing workforce would support this gap in service provision, this would include a Nurse Prac workforce requirement. | Specialist Services | Haem / Imm / Met Med / NETs | Haematology | Operational risks | 25 | 20 | 6 | Treat | Robust training for new staff implemented.<br>Rotation of more experienced staff to support, use of Bank staff and priority recruitment of staff. | Support from practice educators, CNSs, trainers and senior staff.<br>Staff recruitment – redesign of roles. Responsible skill mix allocation.<br>Liaison with other specialties to support and streamline the services offered, promoting efficiency and effective delivery. | Vacant Deputy Manager post, long term sickness of substantive Manager.<br>Insufficient workforce according to Safe Staffing template used to calculate workforce.<br>Poor skill mix in establishment and a need for Band 7 Nurse Prac plus additional Band 6 staff required.<br>inadequate workforce establishment for service requirements | Poor skill mix staff in establishment and a need for more highly trained staff.<br>Status: Current<br>Hibach Farah 29/10/2025 12:11 |
| Lack of suitable space in the Cardiff Haemophilia Centre | 17/04/2024 | There is a risk that there is ongoing failure to meet peer review recommendations. There is a risk that paediatric patients are seen in a non-paediatric appropriate space, this is not developmentally appropriate or compliant with best practice for paediatric care. There is a risk that patient waiting times will increase. There is a risk of reduced capacity for research and damage to equipment. | This is caused by a clear lack of suitable and appropriate space- unable to run one consultation at a time, lack of working space for entire MDT, lack of waiting room space. Uncomfortable working conditions. Inadequate storage space/facilities for High cost therapies and research products. Lack of natural light and ventilation. | Which w/could lead to an impact/effect on the retention of staff, patient safety, waiting times, damage to expensive equipment/products, non compliance with IPC and patient dignity standards. | Specialist Services | Haem / Imm / Met Med / NETs | Haematology | Operational risks<br>Commercial risks<br>Digital risks<br>Financial risks<br>Infrastructure<br>Legal/Regulatory risks<br>People risks<br>Quality risks<br>Reputational risks<br>Strategic risks<br>Sustainability risks | 20 | 20 | 2 | Treat | We utilise outpatient clinics where possible to increase capacity.<br>Home working is offered when appropriate.<br>Mobile air conditioning units and fans used to reduce temperature.<br>Ongoing escalation of accommodation concerns through multiple governance forums including Team Meetings, Directorate Meetings, Clinical Board Review, Health & Safety, IPCG, QSE Committee and Senior Leadership Team meetings.<br>Flexible utilisation of available clinical space to maximise patient activity where possible. | Regular contact to patients to confirm attendance ensuring clinic capacity is utilised<br>A Project Mandate for improving accommodation within the Cardiff Haemophilia Centre has been developed and recorded as a treatment action. | There is no alternative waiting area available. Outpatient space not always available.<br>Not all clinical systems are available to individuals who work from home.<br>Inability to run multiple consultations simultaneously due to space limitations.<br>Inadequate storage facilities for high-cost therapies, research products and equipment.<br>Lack of a long-term accommodation solution, with capital funding not secured and limited suitable space on the UHW site. | Capital funding not secured<br>Status: Current<br>Samuel Breen 26/08/2026 11:39<br>Lack of suitable space on UHW site<br>Status: Current<br>Samuel Breen 26/08/2026 11:39<br>Regulatory and governance delays<br>Status: Current<br>Samuel Breen 26/08/2026 11:39<br>Construction and estates capacity constraints<br>Status: Current<br>Samuel Breen 26/08/2026 11:39 |

Organisational Risk Register
Oct 2026

| Risk title | Date raised | Risk event | Risk cause | Risk effect | Division | Business unit | Speciality | Risk category | Initial rating score | Current rating score | Target rating score | Response (Status) | Key controls | Assurance on controls | Gaps in controls | Barriers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lack of expertise in pharmacy and nursing teams related to TYA cancer care delivery | 17/02/2020 | There is a risk that TYA cancer patients might elect to have their treatment on the designated TYA cancer unit hosted in University Hospital of Wales. Chemotherapy plans are determined by the site specific MDT/ Consultant and facilitated by the TYA cancer Team on the unit. Chemotherapy is currently prescribed by the Consultant or TYA Staff Grade. Chemotherapy may be prescribed in 4 different ways. | This is caused by the lack of expertise in pharmacy and nursing teams involved in TYA cancer care delivery. | Which could lead to an impact/effect on:<br>- Transcribing of chemotherapy.<br>- Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients.<br>- Variation in practices between UHW and VCC.<br>- Over-reliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history. | Specialist Services | Haem / Imm / Met Med / NETs | Haematology | Operational risks | 20 | 20 | 5 | Treat | Email correspondence from VCC Clinician confirming treatment plans.<br>Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. | Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. | Electronic prescribing system for Velindre Cancer Patients in TYA unit that is accessible to all.<br>Utilisation of Canisc by TYA Team.<br>Utilisation of formal chemotherapy treatment plan.<br>Funding and IT solution to access VCC chemocare not identified.<br>Monitoring delivery of a solution. | Lack of expertise in pharmacy and nursing teams involved in TYA cancer care delivery.<br>Status: Current<br>Hibach Farah 28/10/2025 14:54 |
| Paper SACT Prescriptions | 22/07/2026 | Systemic Anti-Cancer Therapies (SACT, also known as Chemotherapy) were historically prescribed on paper prescriptions. These prescriptions are being moved onto an electronic prescribing platform known as ChemoCare.<br>There is a significant backlog of the prescriptions builds onto ChemoCare. This produces a significant risk to patients who are a vulnerable demographic. | ChemoCare adds a layer of protection to patients as it provides alerts to their care, by adding structure and safeguards to the prescribing, confirmation, authorisation, dispensing and administration of SACT. ChemoCare has: - Inbuilt alerts when criteria, e.g. blood results, are derranged; - An audit trail to know who does what and when, e.g. when modifying doses - Inbuilt prescriptions providing all supportive medications, i.e. reducing human factors of accidentally omitting medications - Patient treatment/regimen history, i.e. you can see how treatment has adapted or new regimens started - Notes/Communication functions to communicate issues and changes - Appointment system used by the coordination team to book and schedule care | Without this system the patient is exposed to: - Systemic errors and at increased risk of human factor issues leading to harm. - Increased financial cost, i.e. many therapies are highly costly; - timeliness of care, i.e. appointments cannot be booked effectively - unnecessary/repeat appointments, e.g. lack of coordination - unnecessary work burden, e.g. time spent on arranging care, writing scripts. - inability to audit care effectively - need for clinician to be on site to modify/edit prescriptions. | Specialist Services | Haem / Imm / Met Med / NETs | Haematology | Operational risks | 12 | 20 | 4 | Treat | Each disease speciality (Lymphoma, Myeloid, Myeloma) to review outstanding regimens and prioritise builds. | | | Staffing barriers - build team understaffed<br>Status: Current<br>Richard Hinge 22/07/2026 08:15<br>Financial barriers - build team under funded<br>Status: Current<br>Richard Hinge 22/07/2026 08:16<br>Time barriers - multiple competing demands upon pharmacy and clinical teams.<br>Status: Current<br>Richard Hinge 22/07/2026 08:16 |
| Single-handed consultant in NET Service | 31/10/2024 | Single handed consultant delivered service for comissioned South Wales Neuroendocrine Cancer service since 2017 with unsuccessful recruitment despite resource from JCC. High risk of service collapse with increasing patient numbers, no cover for leave/sickness, etc. | This is caused by unsuccessful recruitment attempts despite resource from JCC. | Which could lead to a high risk of service collapse with increasing patient numbers, no cover for leave/sickness, etc. | Specialist Services | Haem / Imm / Met Med / NETs | Neuroendocrine Tumour Service | Sustainability risks | 25 | 20 | 12 | Treat | Executive oversight (COO) with transition into new clinical board.<br>Ad-hoc external consultant (and gastroenterology) input into handful of clinics.<br>Plan to optimise non-medical support of service - admin roles, new cancer service roles, roles of existing CNSs. | Ad-hoc external consultant (and gastroenterology) input into handful of clinics. | Prof Reed clinics 1/m only temporary.<br>Availability of additional medical support to sustain level of service. | Availability of suitably qualified individuals.<br>Status: Current<br>Gareth Jenkins 28/10/2025 09:48 |
| Dialysis Unit Capacity | 12/06/2026 | There is a risk that the service may not be able to deliver appropriate dialysis treatments | This is caused by limited capacity with the dialysis units, due to increasing demand | Which w/could lead to an impact/effect on patients not being able to receive dialysis in their nearest unit, delayed start to dialysis treatment and delayed discharge from wards due to lack of capacity | Specialist Services | Nephrology & Transplant | | Quality risks<br>Operational risks | 16 | 20 | 4 | Treat | Close management and monitoring from Directorate Support Managers, Lead Nurse and Directorate Manager<br>Discussion with WAST on transport options, potential changes for external providers<br>Discussion with units and consultants to ensure that slots/options maximised | Daily review of available slots | Unpredictable nature of dialysis referrals<br>Unpredictable hospital admissions | Currently financial climate<br>Status: Current<br>Lisa Higginson 12/06/2026 13:27 |
| Ability to deliver NRP programme due to lack of consumables | 10/09/2026 | There is a risk that the service will not be able to provide an NRP programme | This is caused by the the lack of NRP circuit consumables due to product being withdrawn from the market | Which w/could lead to an impact/effect on the ability to provide the commissioned NRP programme | Specialist Services | Nephrology & Transplant | | Operational risks | 12 | 20 | 1 | Treat | Review of current stock levels | Raised by Clinical Lead to NHSBT | Due to the nature of NRP there are limited consumables that are appropriate for use<br>Current alternative consumables have not been approved for clinical use within the UK<br>Lead in time for potential consumables for 12 weeks | Due to the unique nature of NRP there are limited companies who are able to provide consumables<br>Status: Current<br>Lisa Higginson 10/09/2026 20:13<br>Current supplier is not on NHS supply chain<br>Status: Current<br>Lisa Higginson 10/09/2026 20:14 |
| Maintenance of RO plant (Dialysis water) | 31/03/2025 | There is a risk that the service could lose dialysis water provision | This is caused by the unreliable technical maintenance cover for the RO plants throughout the whole directorate | Which would lead to an effect on the dialysis service throughout UHW, which services the population of South East Wales and is the only in hospital facility available. | Specialist Services | Nephrology & Transplant | | Operational risks | 20 | 20 | 10 | Treat | Safety checks by estates weekly | Safety check list to be made available to directorate for review | Unclear roles and responsibilities of maintenance of RO | Maintenance contract is out of tender, resulting in PO being raised for every site visit which delays resolution.<br>Status: Current<br>Lisa Higginson 27/10/2025 13:17 |
| Unmet Acute Therapies support for Neurosurgical Inpatients | 15/04/2024 | There is a risk that patients will not receive therapy support during their inpatient stay within Neurosurgery - or if therapy is received it will not be timely | This is caused by gaps in staffing resource, increased demand | Which could lead to a negative impact on patients mental wellbeing, increase Length of Stay and also have an impact on community services due to lack of discharge planning | Specialist Services | Neurosciences | Neurosurgery | Quality risks | 20 | 20 | 8 | Treat | Business case submitted to JCC - awaiting outcome | Business Case accepted by JCC but no funding has been released since 2024. | Business Case accepted by JCC but no funding has been released since 2024. | |
| Increase in number patients exceeding waiting time targets, they may deteriorate medically, could be in Media | 01/08/2023 | There is a risk that patients are going to be waiting longer than required for their surgery, during the wait it is possible they might deteriorate further medically. it could also mean information about waiting times is highlighted by the Media. | This is caused by patient/bed requirement numbers. | Which could have an impact on patients health. If reported by the media this could be detrimental to the reputation of the UHB. | Surgical | General Surgery | General Surgery | Legal/Regulatory risks | 20 | 20 | 9 | Treat | Additional staffing in place to maintain patients are seen within timeframe.<br>Patients stratified by risk .<br>Recovery plans in place to reduce waiting times in line with WG planned care. | Monitored via WG guidelines and weekly performance meetings (156, 104 and 52 weeks target) | Large waiting lists mean more risk of 'missing patients'<br>Core capacity utilised for USC patients<br>Issues surrounding staff availability to work overtime | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| The lack of formal commissioning for patients requiring Sacral Nerve Stimulation (SNS) will impact upon the population of South and West Wales, particularly those outside of Cardiff and Vale UHB. | 07/08/2024 | CAV currently provides the only sacral nerve stimulation service in South and West Wales; the lack of funding limits the ability to provide a service to patients outside of CAV as it relies upon individual IPFR's for each patient. | This is caused by a lack of formal commissioning. | This impacts upon QoL, health equality and treatment costs for patients. It also impacts on our ability to comply with the women's health strategy to provide a service to patients in Wales. | Surgical | General Surgery | General Surgery | Quality risks | 20 | 20 | 4 | Treat | Out of area patients can be referred in to Cardiff and considered for treatment under IPFR.<br>If unable to support in CAV patients are referred to England for their care | #NAME? | - Not all IPFR cases are approved.<br>- If approved via IPFR, current clinical capacity does not align with the demand for the service outside of CAV. which results in Welsh patients being treated in England<br>- Unable to provide controls to support health inequality. | |
| New contract | 04/03/2026 | There is a risk that the new contract expected August 2026 will impact compliance of all residents rotas | This is caused by WG / BMA | Which could lead to unsafe staffing unless additional posts are funded | Surgical | General Surgery | General Surgery | People risks | 20 | 20 | 4 | Treat | Continue with discussions with Medical Workforce | Ongoing discussions to esnure compliance | New contract details not currently agreed | |
| Risk to Colorectal peritoneal Metastases service (CRS/HIPEC) not being available | 07/08/2024 | There is a risk that the colorectal peritoneal metastases service will not be available for patients | This is caused by a lack of confirmed financial arrangements post MCI funding | Which poses a risk of service delivery to patients across Wales as Cardiff and Vale will not be in a position to underwrite the cost of continuing the service. This increases the risk of health inequality in Wales for patients with diagnosis' requiring this service, limiting treatment availability, patients will either have to travel to England or not have any treatment. | Surgical | General Surgery | General Surgery | Quality risks | 25 | 25 | 5 | Treat | - Interim funding in place for 2 years via MCI - Robust planning and data collection to further support a submission of the service to NWJCC. - Controls in place to support submission but risk remains same until funding is agreed. | - Quarterly meetings to be established for the duration of the MCI funding to monitor progress towards establishing a sustainable funding source. - Regular discussions between finance/clinical lead/commissioning to ensure we are treating patients that we are funded to treat | Lack of control over the consideration of NWJCC funding.<br>If funding it not supported by NWJCC UHB's will need to work through a plan for patients | |
| Storage of items in "The Void" in UHL Theatres | 20/10/2014 | There is a risk that:<br>It is a plant room<br>It leaks and patient records have been contaminated with ? dirty water so ?infection control issues<br>Heat issues<br>There is a risk of slips. Trips and falls as there is a lot of obsolete equipment and there are no steps to get to the raised floor.<br>Fire risk<br>COSHH risk as there are containers containing neutraliser lubricant | This is caused by:<br>Insufficient storage alternatives in the UHL Theatre suite | Which w/could lead to an impact/effect on:<br>staff Injury<br>damage to equipment and medical records | Surgical | Perioperative Care | UHL Theatres | Infrastructure | 9 | 20 | 1 | Treat | Update from 2019 -<br>Instrumentation Removed. CLs advised of necessity to review records kept and to provide VW with a list of records and their respective expiry dates. VW to liaise with MED RECORDS/ FIRE SAFETY to determine a plan to archive records or devise a system for appropriate storage. | Update from 2019 -<br>Instrumentation Removed. CLs advised of necessity to review records kept and to provide VW with a list of records and their respective expiry dates. VW to liaise with MED RECORDS/ FIRE SAFETY to determine a plan to archive records or devise a system for appropriate storage. | Lack of alternative storage in UHL Theatre suite | Lack of alternative storage in UHL Theatre suite<br>Status: Current<br>Alanna McGuiness 03/03/2026 16:24 |