

**Corporate Risk Register (Risks >20) 11th May 2026**

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Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
AWGL being unable to achieve validation of the new SCC GLIMS (Genetic Laboratory Information Management System) for capturing, processing and reporting patient results (RA-23-127-GEN)	31/07/2025	There is a risk that AWGL being unable to achieve validation of the new SCC GLIMS (Genetic Laboratory Information Management System) for capturing, processing and reporting patient results will result in the laboratory remaining on an outdated old SHIRE system. Remaining on the current SHIRE GLIMS system for an extended period of time will lead to patient harm if this system fails. SHIRE system which is end of life and on a best endeavours maintenance contract.  There is a risk that AWMGS will fail to achieve validation of the GLIMS, resulting in the system not going live. This would mean AWMGS remain on the current outdated SHIRE system (MP-GEN-MHSW-1B-38) for an extended period of time, putting the laboratory at creased risk of system failure and resulting on a paper-based results processing and reporting. Current system at end of life with only 10 days of 'paper based' service business continuity assured in the event of a failure is AWMGS' highest priority risk.  Failure to implement GLIMS also carries reputational risk and could undermine key	This is caused by a change in AWGL patient management system	Which w/could lead to an impact/effect on overall patient service delivery, reputational and financial costs and patient harm.	Division	All Wales Medical Genomics Service				20	20	8	Treat	SHIRE stability:  a. Extended basic support has been agreed and purchased (length of contract subject to review)  b. Laboratory contingency plan to revert to paper recording in the event of a SHIRE system outage occurring.  c. SHIRE system nightly backups of the front-end (S: Drive .mdb files) and back-end (SQL Server DB)  d. Previously restoration of backup data was subject to CAV IT Server Team availability to assist, however from September 2021 Med Gen IT have access to 5 day rolling back-ups  SHIRE Windows 10 incompatibility: Work has now completed on the change from Windows 7 to Windows 10 and 64-bit SHIRE is running as intended.  SHIRE Windows 10 incompatibility: Windows 10 is now working as intended.  SHIRE Windows 10 incompatibility: 64-bit version SHIRE has not been subject to formal design inability to meet tender specification: CAV procurement provide support and guidance to AWMGS regarding contractual obligations should the system fail validation testing. SCC and AWMGS executive sponsor meetings happening regularly ~ every 3 weeks and any issues/delays discussed and mitigations agreed to keep project on track	SHIRE stability: AWMGS IM&T support available during business hours for investigation and escalation to Genial Genetics. CAV IT Senior Management contactable to engage emergency assistance from CAV IT. Has document: No Sharon Takata 08/04/2026 14:30  SHIRE Windows 10 incompatibility: Windows 10 is now working as intended. Has document: No Sharon Takata 08/04/2026 14:30  Laboratory relocation: Activity is now complete and laboratory relocated. Has document: No Sharon Takata 08/04/2026 14:30  Failure to validate the system/ SCC system design inability to meet tender specification: CAV procurement provide support and guidance to AWMGS regarding contractual obligations should the system fail validation testing. SCC and AWMGS executive sponsor meetings happening regularly ~ every 3 weeks and any issues/delays discussed and mitigations agreed to keep project on track	1. SHIRE stability:  a. No disaster recovery plan for managing specific possible outage scenarios and recouping of data, although there is improved knowledge e.g. when data maybe lost from.  b. Med Gen IT now access SHIRE back-ups monthly as a proactive check of validity and whether data can be recovered. However, this has not yet been tested in a live environment and there remains an aspect of server team support required if needing to go back longer than 5 days.  SHIRE Windows 10 incompatibility: 64-bit version SHIRE has not been subject to formal documented Installation Qualification (IQ) and Operational Qualification (OQ) testing on the CAV network. Med Gen IT note that relates to relatively minor changes to the DLL file, comprising a small part of the overall database.  SHIRE Windows 10 incompatibility: 64-bit version SHIRE has not been subject to formal documented Installation Qualification (IQ) and Operational Qualification (OQ) testing on the CAV network. Med Gen IT note that relates to relatively minor changes to the DLL file, comprising a small part of the overall database.	Y	SHIRE stability: Emergency assistance from CAV IT is subject to availability as CAV IT staff have competing priorities/projects and usually action issues on a first-come-first-served basis. Status: Current Sharon Takata 08/04/2026 14:32  Laboratory relocation: Quality documentation and ongoing audit of newly re-established services are having a residual impact on staff resource and capacity even though the physical relocation is complete Status: Current Sharon Takata 08/04/2026 14:33  Inadequate IM&T resource (CAV IM&T): AWMGS projects compete against CAV UHB wide projects and demands. Status: Current Sharon Takata 08/04/2026 14:33  Ongoing delays with project delivery linked to connectivity: Continued lack of engagement, co-ordination, collaboration and ownership between CAV IM&T and DHCW and now White Spider
Fire safety and evacuation procedure for CIGC (RA-24-003-MEDGEN)	01/04/2026	There is a risk that the new Wales Genomic Health Centre will be occupied by multiple partner organisations operating under different processes and unfamiliar emergency procedures. This includes the possibility that reactions to emergencies—such as fire, chemical incidents, or equipment failures—may differ between partners. Additionally, the use of unfamiliar chemicals and laboratory equipment across partner laboratories may result in staff being unaware of appropriate risk-mitigation methods, particularly when sharing laboratory spaces and equipment.  There is also a risk that insufficient numbers of Fire Marshal-trained staff will be available to support the increased volume of staff occupying the new building.  Higher occupancy of office, rest, and recreational areas may further heighten fire safety risks due to increased electrical use, cooking activities, waste accumulation, and the potential for unauthorised smoking.	This is caused by the relocation of AWMGS and the partner organisations, PenGU (Pathogen Genomics Unit), Wales Gene Park and Genomics Partnership Wales to the new Wales Genomic Health Centre. The collective organisations do not have sufficient Fire Marshal trained staff to support the additional personnel. In addition to this, previously trained staff within AWMGS have either now left the service or have now lapsed their training certificates. Renewal of these certifications has not been possible within Cardiff and Vale training programmes due to the previous Covid pandemic. Cardiff & Vale UHB (University Health Board) are phasing in a limited number of classes due to staffing demands.  Partner organisations have a different training team to facilitate Fire Marshal training and currently do not have access to this training and have limited staff currently trained.  The new facility is unfamiliar to all staff and usual practice would not be applicable for the new site. The lack of a joined-up procedure and evacuation process poses a significant risk to life safety and building safety.	Which w/could lead to an impact/effect on reaching an agreed system between all partners, to capture staff and visitors entering the building, an agreed code of conduct and a clear site induction for all staff, with specific training directed to all laboratory staff sharing kit. Without this in place, it will be difficult to maintain accurate records and expectations of behaviour set to minimise potential risk, which could result in a serious fire risk at the Cardiff Edge Facility. Risk Effects Include:  Life safety, due to inconsistent or delayed emergency responses in a shared environment. Building safety, as inadequate fire safety coverage and unfamiliarity with procedures may increase the likelihood and severity of incidents. Operational continuity, with potential evacuation failures or chemical/equipment mishandling disrupting laboratory and clinical services. Regulatory compliance, as insufficiently trained Fire Marshals and inconsistent emergency procedures may not meet health, safety, and fire legislation requirements.	Division	All Wales Medical Genomics Service				20	20	3	Treat	Weekly fire alarm testing carried out via Estates Team. Has document: No Sharon Takata 01/04/2026 15:15  Staff awareness of nearest fire exit and evacuation procedure in the event of fire. Has document: No Sharon Takata 01/04/2026 15:15  TDSI card access with visitor log signed on entry/exit. Has document: No Sharon Takata 01/04/2026 15:16  Waste management system in place. Has document: No Sharon Takata 01/04/2026 15:16  Several fire marshals trained to assist evacuation. Has document: No Sharon Takata 01/04/2026 15:16  Clear fire exit signs in place throughout the building. Has document: No Sharon Takata 01/04/2026 15:16	Visitor log can provide an inventory of staff expected to be in the building. Has document: No Sharon Takata 01/04/2026 15:17  Staff present currently aware of standard organisational procedure of fire evacuation. Has document: No Sharon Takata 01/04/2026 15:18  No PEEP or mobility impaired employees using first floor. Has document: No Sharon Takata 01/04/2026 15:18  Staff aware of assembly location in the event of fire. Has document: No Sharon Takata 01/04/2026 15:18  On site security made aware of alarms and direct link to Fire Service in the event of activation Has document: No Sharon Takata 01/04/2026 15:18  Recent CAV fire risk assessment completed identifying issues for resolution	Estates team are community based, therefore may not be able to attend within the hour to silence an alarm Has document: No Sharon Takata 01/04/2026 15:19  Patients are now visiting site, therefore reliance on staff education and written procedure is required Has document: No Sharon Takata 01/04/2026 15:19  No guarantee that there may not be days when high staff/visitors' numbers are on site at any time Has document: No Sharon Takata 01/04/2026 15:20  Sickness and annual leave of trained Fire Marshal staff Has document: No Sharon Takata 01/04/2026 15:20  Different organisations may have varying procedures and training Has document: No Sharon Takata 01/04/2026 15:20	Y	Relocation of AWGL and availability of staff for initial induction and fire safety training. Status: Current Sharon Takata 01/04/2026 15:27
Assessment of Thermal Comfort Risk	27/02/2025	There is a risk that staff, patients and visitors are exposed to persistently low indoor temperatures across CIGC laboratories, offices, reception and clinical areas due to ongoing HVAC and AHU system faults, resulting in inadequate thermal comfort.	This is caused by malfunctioning and poorly regulated air-handling and air-conditioning systems which continually deliver cold air despite a set point of 22°C, limited local temperature control, cold air ingress from delivery-bay areas, and unresolved defects in HVAC zones affecting laboratory, office, reception and waiting room environments.	Which could lead to an impact on:  Temperatures falling as low as 13–14°C in some patient and staff areas, below HSE's reasonable indoor temperature expectations for sedentary work (normally at least 16°C). Staff discomfort, reduced productivity and potential cold-related health effects. Patients declining examinations or reporting dissatisfaction due to cold clinical rooms and waiting areas. Compromised service delivery, increased complaints, and reduced ability to maintain safe and comfortable environmental conditions.	Division	All Wales Medical Genomics Service				20	20	9	Treat	Flexi working available to office staff; ability to leave office areas; increased frequency of breaks. Has document: No Sharon Takata 28/01/2026 11:00  Blinds in place; windows sealed (no natural ventilation); -some areas allowing draft Has document: No Sharon Takata 28/01/2026 11:00  central BMS control of air-con/cooling; mechanical ventilation; HVAC/compressor repair restored heat to clinic rooms; control panel replaced Sept 2025. Has document: No Sharon Takata 28/01/2026 11:01  Oil-filled radiators and portable heaters deployed; foyer heater now operating to mitigate cold air to reception Has document: No Sharon Takata 28/01/2026 11:01  PIE raised for installation of doors near delivery bay. Has document: No Sharon Takata 28/01/2026 11:01	Independent thermometers installed to provide daily readings; weekly summary to Estates. BMS trend reports to verify temperature stability. Has document: No Sharon Takata 28/01/2026 11:02  Cooling system serviced Jan 2025; compressor repair completed; panel replaced Sept 2025. Has document: No Sharon Takata 28/01/2026 11:02  Regular interaction with Estates to help manage high risk issues. Has document: No Sharon Takata 28/01/2026 11:03	Continuous cold-air feed from AHU despite setpoint (22°C). Has document: No Sharon Takata 28/01/2026 11:04  Limited local room control/override in offices and clinics. Has document: No Sharon Takata 28/01/2026 11:04  Draughts/cold ingress from delivery-bay area and windows, affecting large office space. Has document: No Sharon Takata 28/01/2026 11:04  Waiting area remains 19°C; reception exposed near entry doors Has document: No Sharon Takata 28/01/2026 11:05	Y	Windows are responsibility of landlord-outside of CAV control Status: Current Sharon Takata 28/01/2026 11:05  No project team availability to align to delivery bay door installation- PIE not signed off by Estates Status: Current Sharon Takata 28/01/2026 11:06

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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.	The current restriction will lead to delays or additional complexity / costs in undertaking works in a critical area. If the works were to be done without the necessary precautions in place there is a risk that the staff involved or others in the vicinity (either on the mezzanine or in the boiler house below) could be exposed to airborne asbestos fibres, potentially in excess of the 0.1f/ml control limit. This puts the individuals at risk of developing asbestos related diseases.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Asbestos		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). The longer term plan would be to remediate the boiler room using Licensed Asbestos Removal Contractors. 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). Has document: No Owen Davies 22/12/2025 09:30	None specified. Has document: No Adrian Griffin 24/12/2025 11:06	None specified. Has document: No Adrian Griffin 24/12/2025 11:06	Y	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. Status: Current 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 airborne 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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Asbestos		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. Has document: Yes Adrian Griffin 10/03/2025 14:34	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. Has document: Yes Adrian Griffin 10/03/2025 14:37	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. Has document: No Adrian Griffin 10/03/2025 14:40	N	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. Status: Current 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 equipped with the information and documentation that they require to work safely on the C&V estate.	The risk cause being, that we are not compliant 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 enforcement 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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Assurance & Compliance		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 Has document: No Adrian Griffin 13/03/2025 14:23	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 Has document: Yes Adrian Griffin 13/03/2025 14:26	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. Has document: No Adrian Griffin 13/03/2025 14:26	N	
Plant Room Roofs - UHW. Profiled steel sheeting	02/08/2021	Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corrosion 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 that w/could lead to an impact/effect on	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Building		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 Has document: No Adrian Griffin 13/08/2025 15:18	Roof is subject to ongoing monitoring. Has document: No Adrian Griffin 13/08/2025 15:19	No plan at present to address the issues. No plan at present to address the issues. Has document: No Adrian Griffin 13/08/2025 15:20	N	
Potential end term payment	08/11/2023	There is a risk that UHL PPP requires a payment of sum to PPP partner in region of £1.2 million	This is caused by End of term payment terms	Which w/could lead to an impact/effect on financial impact on health board	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI		25	25	5	Tolerate	Valuation being completed and contract being review by specialist Has document: No Callum Jenkins 13/03/2026 14:02	None specified. Has document: No Adrian Griffin 13/03/2026 14:08	None specified. Has document: No Adrian Griffin 13/03/2026 14:08	N	
UHB PPP Expiry	08/11/2023	University Health Board PPP Expiry.	No plan in place to oversee the end of the PPP.	Lack of a plan to control the effects of the end of the PPP.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI		20	20	4	Tolerate	End PFI project team to be formed. Has document: No Adrian Griffin 06/06/2025 11:23	None Specified. Has document: No Adrian Griffin 06/06/2025 11:23	None specified. Has document: No Adrian Griffin 06/06/2025 11:23	N	
Saint Davids Hospital PFI Expiry	08/11/2023	Saint Davids Hospital PFI Expiry	No joint plan in place	No plan in place to oversee the end of the PFI	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI		20	20	4	Tolerate	End PFI project team to be formed. Has document: No Adrian Griffin 06/06/2025 10:39	None specified. Has document: No Adrian Griffin 06/06/2025 10:40	None specified. Has document: No Adrian Griffin 06/06/2025 10:40	N	
End of 3PD Agreement - Third Party Development	15/11/2023	End of 3PD Significant resource needed to oversee and plan for the end of agreement.	End of 3PD - 16/08/2027.	Uncertainty of ongoing contract management.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI		20	20	4	Tolerate	Series of activities required. Has document: No Adrian Griffin 08/04/2025 10:55	Separate risk register prepared to monitor all associated risks. Has document: No Adrian Griffin 08/04/2025 10:56	None provided Has document: No Adrian Griffin 08/04/2025 14:57	N	
SDH End of PFI Agreement	15/11/2023	End of PFI. Significant resource need to oversee the planfor the end of the PFI agreement.	PFI ends 31/01/31 series of activities will be required.	Uncertainty of ongoing contract management	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI		20	20	4	Tolerate	Series of activities required. Has document: No Adrian Griffin 08/04/2025 10:53	Separate risk register prepared to monitor all associated risks. Has document: No Adrian Griffin 08/04/2025 10:53	Risk increased to 20 to emphasise need to commence appointment and activities, especially with loss of PFI manager in April. Has document: No Adrian Griffin 08/04/2025 10:46	N	
Capital Property - WRP Cover of UHB Tenants	12/01/2024	WRP have cast doubt on whether they will indemnify the UHB against building risks traditionally offered by commercial insurance.	Financial Impact and Legal Impact. Plus potential loss of tenants.	Possible lack of buildings insurance cover.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital Property		20	20	5	Tolerate	Ongoing discussions between NWSSP and WRP Has document: No Adrian Griffin 13/03/2025 15:31	Progress will be reported to relevant committees. Has document: No Adrian Griffin 13/03/2025 15:32	None provided Has document: No Adrian Griffin 13/03/2025 15:33	Y	

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Potential Goods Lift Failure Service Impact	23/04/2024	CFPU is based on the first floor with one goods lift available - if the lift fails the transport of food provisions will be through an alternative route that is not conducive to a food safe environment. Aged equipment with parts no longer stocked - Risk of staff injury due to heavy handballing and lifting of products up stairways	Age of equipment, unavailability of parts.	Food production of patient cook freeze meals would stop, due to the ability to move high quantity heavy amounts (somedays 200 - 300kg) fresh meat, chilled/frozen food in a food safe timescale. Increased level of staff injuries and possible claims.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU		20	20	5	Tolerate	The issue has been highlighted during the lift failure 19/04/24. CEF are aware. Has document: No Adrian Griffin 08/04/2025 11:18	There is limited reassurance due to the fact we have no alternative lift available other than increase the priority level for lift 46 any future repairs. Has document: No Adrian Griffin 08/04/2025 11:18	A location for an additional lift as contingency or a suitable food safe route for food provisions Has document: No Adrian Griffin 08/04/2025 11:18	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU		20	20	5	Tolerate	The issue has been highlighted during the Power outage testing. CEF are aware. Has document: No Adrian Griffin 08/04/2025 11:16	There is limited reassurance due to the fact we have no location with large freezer space for the volume of meals. Has document: No Adrian Griffin 08/04/2025 11:11	A location for an external freezer/refrigeration space is required. A generator to supply the CFPU is preferred. Has document: No Adrian Griffin 08/04/2025 11:12	N	
Not Able to Maximise Stock Levels	19/12/2023	Not able to maximise stock levels to create a contingency stock level of frozen patient meals at the CFPU.	Unable to increase provisions of patient frozen meals to provide contingency levels. New food safety measures and controls required as identified by the food safety assurance manager requires a 4 hours blast freeze process compared to the previous 2 hours along with the new enzyme treatment shock treatment cleaning process takes 3 hours per day instead of previous 1 hour per day.	Financial impact: The need to purchase additional meals from an external company at an approximate cost of £25k monthly.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU		20	20	4	Tolerate	Team Managers checking rotas off. Ensuring adequate staff levels maintained all areas covered. Overtime to be offered and the use of Bank staff to be utilised. Production maximised and cleaning regime completed as per instruction. Purchase meals from Appetito for additional stock items Has document: No Adrian Griffin 08/04/2025 11:07	Team managers/Supervisors monitoring weekly priority given to the 4 hour blast freeze process and the cleaning and enzyme treatments over the production requirements. - Assurance is provided ability to produce and the additional purchase of external meals. Has document: No Adrian Griffin 08/04/2025 11:08	Additional labour funding required to provide designated hygiene cleaning team allowing the current production staff to maximise production. Recognition of the additional cost of purchasing eternally. Has document: No Adrian Griffin 08/04/2025 11:08	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance		20	20	5	Treat	Inspections required with documentation held centrally Has document: No Tony Ward 28/08/2025 10:34		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). Has document: No Tony Ward 28/08/2025 10:20	Y	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. Status: Current Tony Ward 28/08/2025 10:26
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance		20	20	10	Treat	5 year contract in place to inspect compartmentation Has document: No Tony Ward 28/08/2025 09:37	Working through HB from high risk patient areas to low risk patient areas Has document: No Tony Ward 28/08/2025 09:38	Timescale to complete all areas throughout HB and amount of breaches encountered Has document: No Tony Ward 28/08/2025 09:39	Y	timescale Status: Current Tony Ward 28/08/2025 09:41
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance		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. Has document: No Adrian Griffin 13/08/2025 14:42	Fire damper inspections will be carried when asbestos clearance has been completed. This will be done on a floor by floor basis. Has document: No Adrian Griffin 13/08/2025 14:43	Unable to complete until all floors have been made safe of asbestos. Has document: No Adrian Griffin 13/08/2025 14:43	N	
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 identification incomplete/inaccurate.	Which w/could lead to a potential for loss of service. Disruption to patient care. Danger of fire spread.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance		20	20	5	Tolerate	Assets are currently on long term contract arrangement with a single supplier for all UHB sites. Has document: No Adrian Griffin 13/08/2025 14:26	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. Has document: No Adrian Griffin 13/08/2025 14:26	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. Has document: No Adrian Griffin 13/08/2025 14:27	Y	
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- •The steam header is of an age and condition not checked and unknown thickness. •probably asbestos joints on some of the flanges/pipework (not confirmed) hindering repairs. •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. •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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		25	25	5	Tolerate	• Contractors and DEL staff available to conduct repairs as required Has document: No Adrian Griffin 12/02/2026 13:16	None specified. Has document: No Adrian Griffin 12/02/2026 13:12	None specified Has document: No Adrian Griffin 12/02/2026 13:12	N	
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. Failure could result in the overload of the generator and no power available. External parts could fail and not work correctly causing loss of power.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		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. Has document: No Adrian Griffin 17/07/2025 14:36	None specified. Has document: No Adrian Griffin 17/07/2025 14:37	None specified. Has document: No Adrian Griffin 17/07/2025 14:38	Y	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Modular Heating Boilers -CHFV	18/12/2024	There is a risk of a lack of heating during the winter months.	This is caused by- <ul style="list-style-type: none"> <li>Boiler safety notice issued only 3 out of the 12 modules working, will not meet heat demand in winter</li> <li>Expensive to replace modules beyond repair</li> <li>Obsolescence in future new variant required to replace</li> <li>Only 60% efficiency as single pass boiler (condensing boiler 90%)</li> <li>Lack of maintenance caused issues</li> <li>Boilers coming to end of working life less reliable</li> <li>Financial implications to repair</li> <li>Bad publicity if cold"</li> </ul>	Which w/could lead to an impact/effect on to the temperature in CHFV Ph1.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		20	20	5	Tolerate	None specified at this time. Has document: No Adrian Griffin 12/02/2026 14:44	None specified at this time. Has document: No Adrian Griffin 12/02/2026 14:44	None specified at this time. Has document: No Adrian Griffin 12/02/2026 14:44	N	
Steam Plate Heat Exchanger - UHL	29/11/2024	There is a risk of failure to the entire package system.	This is caused by - <ul style="list-style-type: none"> <li>Plate already failed leaving no N+1 should the other plate fail.</li> <li>Single valves for isolation on steam supply making repairs disruptive and time sensitive.</li> <li>Disruption to system for repairs to valve arrangement</li> <li>Time to get repairs completed.</li> </ul>	Which w/could lead to an impact/effect on the loss of heating or ventilation heating control to CAVOC.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		20	20	5	Tolerate	None specified. Has document: No Adrian Griffin 12/02/2026 14:03	None specified. Has document: No Adrian Griffin 12/02/2026 14:04	None specified. Has document: No Adrian Griffin 12/02/2026 14:04	N	
UHW Day Surgery Medical Air Compressors	04/12/2024	The plant is located within 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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		20	20	5	Tolerate	Maintenance contract in place for repairs to plant. Has document: No Adrian Griffin 01/08/2025 13:33	None. Has document: No Adrian Griffin 01/08/2025 13:34	Unable to mitigate against non-compliance. Has document: No Adrian Griffin 01/08/2025 13:39	N	
Cast Iron Above Ground Drainage Pipes	04/12/2024	Failure of cast iron pipes.	Age related cracking.	<ul style="list-style-type: none"> <li>Sewerage outfall at failure of pipes causing disruption to departments.</li> <li>Internal bore restricted causing blockages</li> <li>Damage to equipment and departments</li> <li>Expensive repairs and clean ups to revenue budget</li> </ul>	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		20	20	5	Tolerate	<ul style="list-style-type: none"> <li>Replacement program for main ward blocks</li> </ul> Has document: No Adrian Griffin 29/07/2025 15:09	<ul style="list-style-type: none"> <li>Repairs can be carried out at point of failure</li> </ul> Has document: No Adrian Griffin 29/07/2025 15:10	None provided. Has document: No Adrian Griffin 29/07/2025 15:10	N	
2 Cold/ Hot Water Storage Tanks - CHFV	01/12/2024	Tank or Tanks Failure.	Loss of water supply Cold/ Hot to CHFV Phase 1.	<ul style="list-style-type: none"> <li>Failure of a tank or tanks leading to loss of water supply hot and cold to CHFV Phase 1.</li> <li>Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance.</li> <li>Tanks serve both services hot and cold any issues result in both services being affected.</li> <li>Tanks 24 years old life expectancy is 25 years</li> <li>Tanks physically joined together and not wholly independent.</li> <li>Access ladder non-compliant.</li> </ul>	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		20	20	5	Tolerate	<ul style="list-style-type: none"> <li>Chlorine dioxide plant feeding tanks reducing legionella and pseudomonas risk to system.</li> </ul> Has document: No Adrian Griffin 28/07/2025 15:29	<ul style="list-style-type: none"> <li>2 tanks normally available for resilience.</li> </ul> Has document: No Adrian Griffin 28/07/2025 15:29	None provided. Has document: No Adrian Griffin 28/07/2025 15:30	N	
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.	<ul style="list-style-type: none"> <li>Live terminals exposed RISK OF ELECTROCUTION.</li> <li>Whole distribution board requires shut down, to work on system.</li> <li>Parts not readily available, adaptations would need to be completed to make a repair.</li> <li>No overload protection only rewirable fuses.</li> <li>No expansion available without add on board.</li> </ul>	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		20	20	5	Tolerate	<ul style="list-style-type: none"> <li>No mitigation against failure.</li> <li>Warning notices to be fitted.</li> <li>Qualified competent electrician only to work on system.</li> </ul> Has document: No Adrian Griffin 28/07/2025 14:51	None provided. Has document: No Adrian Griffin 28/07/2025 14:52	No mitigation against failure. Has document: No Adrian Griffin 28/07/2025 14:52	N	
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. Fault with board causing loss of power to hospital 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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		20	20	5	Tolerate	<ul style="list-style-type: none"> <li>Able to split board and feed from other half of board</li> <li>Contract with specialist contractors for maintenance</li> <li>Trained staff and competent staff on call 24/7</li> <li>Full alarm system and regular maintenance</li> </ul> Has document: No Adrian Griffin 28/07/2025 13:58	<ul style="list-style-type: none"> <li>Undertake independent review and seek advice off Authorizing Engineer on level of Risk</li> <li>Consider sourcing spares</li> <li>Review upgrade options</li> <li>Look at extension of existing board</li> <li>Look at having back up emergency arrangements away from existing building."</li> </ul> Has document: No Adrian Griffin 28/07/2025 14:01	None recorded. Has document: No Adrian Griffin 28/07/2025 14:01	N	
UHW Blowdown vessel of main steam boilers	01/12/2023	Operational difficulty in controlling quality of boiler water	Plant/equipment age - deterioration	<ul style="list-style-type: none"> <li>Failure to meet pressure vessel regulations (subject to defect notice)</li> <li>Contravention for water discharge permit by Welsh water</li> <li>Scalding risk</li> <li>Isolation vales showing signs of wear</li> <li>Age of vessel beyond working life</li> </ul>	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		20	20	5	Tolerate	<ul style="list-style-type: none"> <li>Discharge water pipe repaired and replaced by estates recently to prevent boiling water being exhausted through vent (actual event)</li> <li>Approved people in boiler house and trained</li> </ul> Has document: No Adrian Griffin 18/07/2025 11:45	None specified. Has document: No Adrian Griffin 18/07/2025 11:46	None specified. Has document: No Adrian Griffin 18/07/2025 11:46	N	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
UHW Pumped Cold Water Mains to Roof Tanks	22/11/2023	Unable to supply cold water to roof tanks.	Failure of pipework (resilience). Age of original pipe and number of previous repairs. +1 Pipe is now approximately 20 years old. Both pipes converge into one riser (single point of failure) Disruption to site when failure occurs. Treated water (chlorine dioxide) not supplied in the event of total failure. Labour intensive to resolve.	Cold water supply unavailable. Affecting operational capabilities.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project		20	20	5	Tolerate	"•N+1 installed one can supply the site •Contractors usually effect repair within 2 days •Pipes separated for most of run minimizing accidental damage, or subsidence. •+1 installed within 20 years •Alternative supply available in LGF (untreated)" Has document: No Adrian Griffin 18/07/2025 11:15	None specified. Has document: No Adrian Griffin 18/07/2025 11:16	None specified. Has document: No Adrian Griffin 18/07/2025 11:16	N	
E18 - UHW LGF Switch Room 4	09/06/2025	UHW LGF switch room 4 suffers from water ingress, that as a potential to cause harm / loss of electrical supply.	Water ingress and damp, due to leaking valves and the humidity within the room.	The electrical switch gear is suffering from corrosion and standing water, water dripping off leaking valves which is an electrocution risk to operatives.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical		25	25	5	Tolerate	Estates are aware of the issues Has document: No Adrian Griffin 12/08/2025 15:32	Discretionary Capital will look at the cause and rectify, add suitable drainage, switch gear replacement. Has document: No Adrian Griffin 12/08/2025 15:33	None specified. Has document: No Adrian Griffin 12/08/2025 15:33	Y	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical		20	20	10	Tolerate	Maintenance regime for HV Generator and Incoming ACBs Has document: No Gareth Morgan 16/01/2026 11:54	Maintenance regime for HV Generator and Incoming ACBs Has document: No Gareth Morgan 16/01/2026 11:54	None specified. Has document: No Adrian Griffin 16/01/2026 14:17	N	
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.	This is caused by the need for a stand by source of electrical power generation in the event of a mains power failure.	Failure of the second source of electrical power distribution (HV generation).	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical		20	20	5	Tolerate	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss. Has document: No Adrian Griffin 12/08/2025 15:00	Redesign of the electrical infrastructure required to improve reliability and resilience. Has document: No Adrian Griffin 12/08/2025 15:01	None specified. Has document: No Adrian Griffin 12/08/2025 15:01	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment		25	25	5	Tolerate	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	None specified. Has document: No Adrian Griffin 14/08/2025 14:51	N	
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	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment		20	20	10	Tolerate	Head of Energy and Performance is currently in post Has document: No Rhiannon Windsor 09/12/2025 11:06	Control is through ISO14001 accreditation process and EMSG and other departmental mechanisms Has document: No Rhiannon Windsor 09/12/2025 11:06	Additional resourcing is to be sought Has document: No Rhiannon Windsor 09/12/2025 11:07	N	
UHW Increased water consumption	01/07/2025	There is a risk that UHW Water Consumption Water consumption is increasing.	This is attributed to leaks and unexplained usage.	This is resulting in water wastage and excessive costs.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment		20	20	8	Treat	Water studies and leakage detection surveys are in progress to determine the scale of the leakage and the location(s) of the leaks. Has document: No Adrian Griffin 15/08/2025 11:55	Meeting being carried out each week between Estates, Energy Team and Enica along with other stakeholders to monitor progress. Updates are provided to senior leadership team fortnightly. Has document: No Adrian Griffin 15/08/2025 11:56	HH Data is currently missing from Welsh Water, UHB and Enica are chasing to get this fixed Has document: No Rhiannon Windsor 12/11/2025 11:16	Y	
Combined Heating and Power Plant (CHP)	28/02/2025	Current CHP plant has exceeded 90,000 run hours requiring major overhaul / upgrade or plant replacement. O and M contract is in place but does not provide warranty or cover for major CHP failure.	This is caused by the end of the current contract.	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	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment		20	20	5	Tolerate	Current O and M contract is in place until April 2025. Internal discussions are being held to develop proposed solutions. Has document: No Adrian Griffin 15/08/2025 11:06	Controls are through Departmental Assurance meetings, Team Brief and discussions with Clarke Energy. Has document: No Adrian Griffin 15/08/2025 11:07	CHP plant upgrade/replacement is required. Has document: No Adrian Griffin 15/08/2025 11:19	N	
IT Connectivity	15/08/2025	There is a financial risk associated with the delay in bringing Ph 2 and Ph3 of the energy refit on stream.	IT connectivity required to complete the existing and current solar installations. Allowing for them to be brought on stream.	Which has led to cost savings being delayed. These cost savings would reduce the annual energy bill.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment		20	20	5	Tolerate	Refit phases 2 and 3 have meetings with contractor and IT weekly to resolve. Has document: No Adrian Griffin 15/08/2025 09:42	Assurances are through monthly reporting and meetings with finance. Has document: No Adrian Griffin 15/08/2025 09:43	None provided. Has document: No Adrian Griffin 15/08/2025 09:47	N	
Gas Shutdown and Installation of Gas Shutoff Solenoid (UHL)	08/04/2024	There is a risk that On the 9th and 10th April 2024 Capital/Estates Team are looking to carryout works to install the emergency gas solenoid shutoff valve which feeds the 3 main boilers in the boiler house. Originally the boilers can run from gas and heating oil, however during this period we will only be on one fuel supply (Oil) for this duration of period.	This is caused by This will require a shutdown of the gas and to move over to oil for 24 hours as a secondary resource. Loss of Heating from steam generation.	Which w/could lead to an impact/effect on Patients, staff, visitors	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	12	Tolerate	None specified at time the risk was created and entered onto estates risk register Has document: No Paul George 25/02/2026 13:52	We have 2 tanks with a primary and secondary pump set that feed all the boilers and can be switched over if one fails, we also have another temporary oil tank which will run for an additional 24 hours. We will conduct daily oil fuel checks from the start and at the end of the shift. We have had confirmation from the contractor the existing gas pipeline will be removed in tacked from the flag to flag, which then can be reinstated promptly in event of a total oil failure. This will allow the steam boilers to revert back to natural gas. We have put new provision in place for the BMS boiler checks to done on hourly basis which will include out of hours, which this will be conducted through UHW shift team. They will be able to monitor and record with an escalation process in place. Has document: No Paul George 25/02/2026 13:53	None specified at the time entered onto the risk register Has document: No Paul George 25/02/2026 13:53	Y	
CAVOC Theatres Chilled Water System to AHUs (UHL)	15/03/2024	There is a risk that The chilled water pipeline feeding the AHU's in Theatres is completely rotten and rusted through-out the pipeline. Caused was by the incorrect lagging when installed. As the pipework is rusted and rotten, there have been many leaks.	This is caused by Caused was by the incorrect lagging when installed. As the pipework is rusted and rotten, there have been many leaks. Without chilled water supply for the AHU's in the theatres, there will be no temp control.	Which w/could lead to an impact/effect on Which has affected CAVOC day surgery and Charles Radcliff ward. It's getting harder to repair as it is rotten and a lack isolation points to isolate for any further leaks. The leaks have prevented surgeries and clinics. They may be forced to cancel their lists.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	12	Tolerate	None specified at time risk was added Has document: No Paul George 24/02/2026 14:17	We have currently isolated the control valves feeding the chilled water line to prevent any further leaks, the waiting area has been now been capped as a temporary fix. Due to the size of the works required to replace the whole pipework, this potentially would need to be passed over to a Capital programme. Has document: No Paul George 24/02/2026 14:17	None specified at time risk was added to RR Has document: No Paul George 24/02/2026 14:17	Y	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Fire Fighting Lift Control	26/03/2025	18 Fire fighting or Evacuation lifts require annual testing and inspection throughout CAVUHB 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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	None specified. Has document: No Adrian Griffin 20/08/2025 14:55	None specified. Has document: No Adrian Griffin 20/08/2025 14:55	None specified. Has document: No Adrian Griffin 20/08/2025 14:55	N	
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 necessary assurance as to its required performance.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	None specified. Has document: No Adrian Griffin 09/04/2025 14:54	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. Has document: No Adrian Griffin 09/04/2025 14:56	Parts availability 6-8 weeks Has document: No Adrian Griffin 09/04/2025 14:58	N	
Non WHTM compliant AGSS Pump set	03/09/2025	There is a risk that the single AGSS pump set that supplies three theatres may fail.	This is caused by by all three pump sets being end of life. Components are subject to failure e.g. printed circuit boards.	Which w/could lead to an impact/effect on the potential for the loss of operating availability of three operating theatres.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	8	Tolerate	Maintained as best as possible, but only so much that be done with aged and EOL equipment. Has document: No Adrian Griffin 25/09/2025 13:40	Limited assurance provided. Has document: No Adrian Griffin 25/09/2025 13:41	None specified. Has document: No Adrian Griffin 25/09/2025 13:41	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	None provided. Has document: No Adrian Griffin 20/08/2025 13:15	None provided. Has document: No Adrian Griffin 20/08/2025 13:15	None provided. Has document: No Adrian Griffin 20/08/2025 13:15	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	None provided. Has document: No Adrian Griffin 20/08/2025 11:41	None provided. Has document: No Adrian Griffin 20/08/2025 11:41	None provided. Has document: No Adrian Griffin 20/08/2025 11:41	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	None provided. Has document: No Adrian Griffin 20/08/2025 11:20	None provided. Has document: No Adrian Griffin 20/08/2025 11:20	None provided. Has document: No Adrian Griffin 20/08/2025 11:21	N	
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 separate 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).	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Leak diversion set up. Has document: No Adrian Griffin 19/08/2025 11:34	The secondary assurance is that of the ongoing protection of the boilers to prevent further deterioration. Has document: No Adrian Griffin 19/08/2025 11:37	None specified. Has document: No Adrian Griffin 19/08/2025 11:38	N	
UHW, currently as no Chlorine Dioxide dosing into the cold water system.	24/06/2025	No Chlorine Dioxide dosing into the cold water system.	Not previously installed into the cold water system.	Lack of Chlorine Dioxide dosing (which would provide additional assurance).	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution. Has document: No Adrian Griffin 16/07/2025 14:57	Reliance of clinical staff carrying out manual flushing as per the C&V water safety plan and procedures. Has document: No Adrian Griffin 16/07/2025 14:58	Without dosing into the cold water system unable to provide assurance on the cold water system. Has document: No Adrian Griffin 16/07/2025 14:59	N	
Issues to control Legionella bacteria.	23/06/2025	Ongoing issues to control Legionella bacteria.	Modifications to clinical areas has made the system to control difficult.	Legionella positive water sample results are of concern and require consideration and action.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	8	Tolerate	Currently estates have Chlorine Dioxide dosing into the cold water system and manual flushing by estates and clinical staff. Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution. Has document: No Adrian Griffin 16/07/2025 14:32	Reasonable assurance with the work carried out to fight the legionella bacteria. Has document: No Adrian Griffin 16/07/2025 14:32	Due to the age of the system, modifications to clinical areas has made the system to control difficult Has document: No Adrian Griffin 16/07/2025 14:33	Y	
MRC plant room condition.	12/06/2025	MRC plant failure. Plant failure would significantly 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. Electric 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	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		16	20	5	Tolerate	Estates continue to monitor on a weekly basis and look to repair minor repairs when required. We have diverted the current leak from the calorifier. Has document: No Adrian Griffin 16/07/2025 13:48	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. Has document: No Adrian Griffin 16/07/2025 13:49	High risk of failure of large plant and to provide heating and hot water to the service users. Has document: No Adrian Griffin 16/07/2025 13:51	N	
Roof parapet wall not to regulation height.	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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Restrict access. Has document: No Adrian Griffin 16/07/2025 11:07	None specified. Has document: No Adrian Griffin 16/07/2025 11:07	None specified. Has document: No Adrian Griffin 16/07/2025 11:08	N	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
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 its current state and as parts of the lifeline are under the AHU, it cannot be certified for use under LOLER.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Restrict / No Access, lifeline cannot be used. Has document: No Adrian Griffin 16/07/2025 10:35	Access restricted. Has document: No Adrian Griffin 16/07/2025 10:38	None specified. Has document: No Adrian Griffin 16/07/2025 10:39	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Escalate to Senior Management Team & SMOC, Has document: No Adrian Griffin 16/07/2025 09:37	None available Has document: No Adrian Griffin 16/07/2025 09:38	None, due to levels of constraints around overtime payments, time and travelling to site. Has document: No Adrian Griffin 16/07/2025 09:40	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Escalation to Senior Management team & SMOC. Has document: No Adrian Griffin 08/07/2025 14:20	None available. Has document: No Adrian Griffin 08/07/2025 14:20	None, due to levels of constraints around overtime payments, time and travelling to site. Has document: No Adrian Griffin 08/07/2025 14:21	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Escalation to Senior High Voltage Engineer, Senior Management Team & SMOC. Has document: No Adrian Griffin 07/07/2025 15:17	None available. Has document: No Adrian Griffin 07/07/2025 15:18	None, due to levels of constraints around time and travelling to site. Has document: No Adrian Griffin 07/07/2025 15:18	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Access restricted. Has document: No Adrian Griffin 07/07/2025 14:25	Restrict access to the gutter walkway only. Has document: No Adrian Griffin 07/07/2025 14:26	Personel not adhering to the instruction to utilise the access gutter walkway (access gutter not an ideal solution). Has document: No Adrian Griffin 07/07/2025 14:38	N	
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 containing materials e.g. pipe lagging.	The pipework is pin holed across a distance 20mts.	The removal of the pipe lagging would constitute a licensable removal. The removal of the lagging could possibly expediate the failing condition of the 54mm pipework.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Temporary water supply diversion initiated. Has document: No Adrian Griffin 07/07/2025 14:01	Temporary bypass to keep the areas previously identified as operational. Has document: No Adrian Griffin 07/07/2025 14:02	The bypass is a short term solution. Has document: No Adrian Griffin 07/07/2025 14:02	N	
Leaking Flue - CRI Main plant room	16/04/2024	Leaking flue into CRI Plant Room.	The Flue is leaking in CRI main plantroom. Early indications are its leaking through the double skinned flue. The leak is coming back onto the boilers and causing considerable damage and corrosion to the boilers resulting in expensive repairs and a safety concern. We are awaiting more information on what the exact cause is as it appears to be condensation from the flue.	The risk of major failure is likely if the boilers fail as this offers large parts of CRI, heating and hot water.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	We have tried to minimise the damage to the boilers by putting a temporary system in place to catch the water. The x2 back up boilers are currently awaiting repairs with Equans, but the boilers have considerable damage. The long term solution is a flue replacement and boilers, but obviously in the short term this is not a realistic option. Has document: No Adrian Griffin 03/07/2025 14:47	None specified. Has document: No Adrian Griffin 03/07/2025 14:48		N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	C&V UHB have emergency manifold system for an emergency scenario, but not for longevity to maintain oxygen demand for hospital. Has document: No Adrian Griffin 10/06/2025 10:36	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. Has document: No Adrian Griffin 10/06/2025 10:37	Unsure of general condition of buried oxygen pipework. Has document: No Adrian Griffin 10/06/2025 10:39	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	Have now been limited to unknown second-hand option's (potentially unavailability) Has document: No Adrian Griffin 10/06/2025 10:02	None specified. Has document: No Adrian Griffin 10/06/2025 10:03	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. Has document: No Adrian Griffin 10/06/2025 10:04	N	
Community Barry Drainage issue	14/12/2022	Drainage problems unable to flow backing up.	Various - patients do flush materials e.g. paper hand towels down toilets.	External contractor call to jet the sewerage/drainage lines, at considerable cost.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	The drains are checked on a weekly basis. Camera survey carried out, contractor has reported the underlying problem is the drains may need re-benching. Has document: No Adrian Griffin 06/06/2025 14:35	Meeting with TSF flooring contractor at Barry Hospitals to see if a solution can be devised. Has document: No Adrian Griffin 06/06/2025 14:35	Improper materials being flushed causing additional issues. Has document: No Adrian Griffin 06/06/2025 14:36	N	
UHW Mains water services risk of failure	14/12/2022	Failure of mains water services.	Aged infrastructure.	Supply failure. Preventing mains water supply.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		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. Has document: No Adrian Griffin 06/06/2025 14:01	Currently only short duration with water turned off for repair to minimise disruption to services and areas affected. Has document: No Adrian Griffin 06/06/2025 14:02	None specified. Has document: No Adrian Griffin 06/06/2025 14:02	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	Contact IT department to reset the I.T. port. Has document: No Adrian Griffin 06/06/2025 13:28	Can operate valves, pumps and vents manually. Has document: No Adrian Griffin 06/06/2025 13:30	Not ideal and adds additional pressures to the already stretched estates team. Has document: No Adrian Griffin 06/06/2025 13:31	N	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Theatre Block UHL AHU Component Failure	22/05/2019	Component failure, leading to the inoperability of critical equipment.	Star delta control parts obsolete.	Procedures/ operations being cancelled, delayed or moved.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Equipment is currently being maintained to a reasonable standard. Plans in place to fit direct drives to all systems under the refit scheme. Has document: No Adrian Griffin 06/06/2025 11:49	Some parts are maintained in stock at the current time. Has document: No Adrian Griffin 06/06/2025 11:54	Some parts in stock although becoming depleted. Has document: No Adrian Griffin 06/06/2025 11:50	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		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) Has document: No Adrian Griffin 05/06/2025 14:07	None specified. Has document: No Adrian Griffin 05/06/2025 14:09	None specified. Has document: No Adrian Griffin 05/06/2025 14:10	N	
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)	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	Leak diverted / temporary fix until Flu repair has been carried Has document: No Adrian Griffin 05/06/2025 14:03	None specified. Has document: No Adrian Griffin 05/06/2025 14:03	None specified. Has document: No Adrian Griffin 05/06/2025 14:04	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	The CWST has been inspected and a further visit required to see what temporary solution can be put in place. Has document: No Adrian Griffin 15/04/2025 14:49	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. Has document: No Adrian Griffin 15/04/2025 14:53	Both contractors and estates labour require access. Has document: No Adrian Griffin 15/04/2025 14:56	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	Monitor condition until planned replacement Has document: No Adrian Griffin 10/04/2025 14:53	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 possibility Has document: No Adrian Griffin 10/04/2025 14:56	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 possibility Has document: No Adrian Griffin 10/04/2025 14:59	N	
Auto changeover system - On loss of power to LV sub A1 panel	29/07/2023	Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through.	Failure to provide on distribution strategies standby generators resilience of N+1 automatically.	Lack of/ unavailability of electrical distribution system back up.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	10	Tolerate	None specified. Has document: No Adrian Griffin 09/04/2025 14:06	"LVAP action plan include - Electrical team providing ongoing weekly checks BMS Alarms to shift pager is being investigated/feasibility to provide early warning of changeover failure Emergency SOP in place with all Electrical team/shift teams - manual switching of ACB – restoring secondary supply to high risk areas (risk in delay of time to attend minimum time of 5/10 minutes, maximum time of 40 minutes) potentially without power for this duration Mitigation on attendance timeline: lift support system is covered by uninterruptible power supplies (UPS systems) up to 60 minutes (can vary on loading will affect duration) Panelboard coverage - include life support areas, main theatres, pre-operation, post-operation, ITU, Home Office Essential Areas, Essential Public Health Wales Labs Investigations on the ACB completed by a specialist electrical contractor, with report of direct replacement part being obsolete & un-serviceable " Has document: No Adrian Griffin 09/04/2025 14:07	Unable to test generators on-load (monthly test) as per HTM 06-01 requirement Has document: No Adrian Griffin 09/04/2025 14:10	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	4	Tolerate	Reliant on training that has been provided at Eastwood Park. Lift engineer to manage the lift system. Has document: No Adrian Griffin 09/04/2025 11:55	No incidents recorded, the system is managed to the correct standard using OTIS contractor & statutory inspection. Has document: No Adrian Griffin 09/04/2025 11:56	System managed, trained but not appointed formally. Has document: No Adrian Griffin 09/04/2025 11:57	N	
Medical Gas Safety PRV Equipment	31/12/2022	Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change.	Obsolete equipment and currently out of compliance with overdue inspection.	Unable to isolate equipment supplying critical parts of the hospital.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	Visual inspection only. Has document: No Adrian Griffin 09/04/2025 11:17	Equipment checks. Has document: No Adrian Griffin 09/04/2025 11:20	Unable to isolate equipment supplying critical parts of the hospital. Has document: No Adrian Griffin 09/04/2025 11:22	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates		20	20	5	Tolerate	Door inspected weekly as part of a PPM by estates staff Has document: No Adrian Griffin 08/04/2025 11:19	Inspection results recorded Has document: No Adrian Griffin 08/04/2025 11:20	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. Has document: No Adrian Griffin 08/04/2025 11:20	N	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
M36 - UHW & UHL Medical Gas Pressure Reducing Sets.	01/01/2021	Potential to fail - Medical Gas Pressure reducing sets	Are out of the manufacturers recommended operational service date periods.	Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		25	25	5	Tolerate	Regular maintenance being carried out Has document: No Adrian Griffin 07/08/2025 12:39	UHL set has been replaced, the second set is due for completion under current upgrade scheme and is due for completion March 2023. There are approximately 15 sets at UHW. Funding has been approved for 6 sets which are due to be completed this financial year. Funding for the remaining sets is being sourced. Has document: No Adrian Griffin 07/08/2025 12:40	Not compliant with HTM Has document: No Adrian Griffin 07/08/2025 12:41	Y	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		20	20	5	Tolerate	Maintenance intermittent due to access. Has document: No Jamie Garrett 24/11/2025 08:57	None specified. Has document: No Adrian Griffin 04/12/2025 10:27	System isnt suitable and correct maintenance is restricted. Has document: No Adrian Griffin 04/12/2025 10:28	N	
M67 - Ro Water system no longer supported by Manufacturer from 2027	21/11/2025	manufacturer support will stop in 2027.	This is caused by the age of the system.	Which w/could lead to an impact/effect on patient safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		16	20	4	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Jamie Garrett 21/11/2025 15:31	Systems are statutory tested and inspected annually Has document: No Adrian Griffin 24/11/2025 12:55	None specified. Has document: No Adrian Griffin 24/11/2025 12:56	N	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		20	20	5	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Jamie Garrett 07/11/2025 15:33	Systems are statutory tested and inspected annually Has document: No Adrian Griffin 17/11/2025 10:03	replacement of AHU required Has document: No Adrian Griffin 17/11/2025 10:04	N	
M49 - UHW Maternity suites	02/10/2023	There is a risk that the Ventilation AHU serving maternity suites have major issues.	Potentially original design and installation issue. Non compliance to the HTM.	AHU failure leading to loss of service to the maternity suites.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		20	20	4	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Adrian Griffin 12/08/2025 09:13	System is subject to statutory testing and inspection in line with legislation and HTM Has document: No Adrian Griffin 12/08/2025 09:14	Replacement of AHU required Has document: No Adrian Griffin 12/08/2025 09:15	Y	
M46 - UHW Main Recovery	02/10/2023	There is a risk that the ventilation verification of the critical systems at UHW main recovery has identified a non compliant plant.	Potentially Initial incorrect design and installation. Changes to the HTM.	Potential AHU failure leading to the loss of service.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		20	20	5	Tolerate	Regular maintenance being carried out. Has document: No Adrian Griffin 08/08/2025 10:03	System is subject to statutory testing and inspection in line with legislation and HTM as far as possible. Has document: No Adrian Griffin 08/08/2025 10:04	Overall the system needs replacing. Has document: No Adrian Griffin 08/08/2025 10:05	Y	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		20	20	4	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Adrian Griffin 07/08/2025 13:32	Systems are statutory tested and inspected annually Has document: No Adrian Griffin 07/08/2025 13:32	None specified. Has document: No Adrian Griffin 07/08/2025 13:33	Y	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		20	20	5	Tolerate	Regular maintenance being carried out Has document: No Adrian Griffin 06/08/2025 14:22	None specified. Has document: No Adrian Griffin 06/08/2025 14:24	System isn't suitable and correct maintenance is restricted. Control measures are not sufficient to reduce the risks significantly Has document: No Adrian Griffin 06/08/2025 14:25	Y	
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.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		20	20	5	Tolerate	Maintenance intermittent due to access issues AHU within ward. Has document: No Adrian Griffin 06/08/2025 11:59	None specified. Has document: No Adrian Griffin 06/08/2025 11:59	Maintenance intermittent due to access issues AHU within ward. Has document: No Adrian Griffin 06/08/2025 12:01	Y	
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).	Which would lead to the HTM not being adhered to.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical		20	20	5	Tolerate	Restricted maintenance operations. Has document: No Adrian Griffin 06/08/2025 11:36	None specified. Has document: No Adrian Griffin 06/08/2025 11:37	System is not suitable and correct maintenance is restricted, control measures are not sufficient to reduce the risks significantly. Has document: No Adrian Griffin 06/08/2025 11:38	Y	
Access to age-appropriate mental health bed for 16 – 18-year old's	05/02/2026	There is a significant risk that, when required, access to an appropriate bed is not available in a timely manner. Demand may also exceed capacity, with occasions where more than one bed is required simultaneously and cannot be accommodated. There is a risk of inequitable access and treatment for 16–18-year-olds requiring acute mental health admission when suitable inpatient beds are unavailable.	This is caused by sustained acuity on Cedar Ward, the designated bed for 16–18-year-olds is not consistently available. Provision is limited to a single bed, creating a recurrent capacity shortfall. As a result, young people may remain for prolonged periods in inappropriate settings, including A&E departments, paediatric/medical wards, or the community while awaiting admission.	This presents a substantial risk to patient safety and quality of care, with young people not receiving timely, specialist mental health support. Delays adversely impact therapeutic engagement, recovery, and overall clinical outcomes.  Operationally, the impact of this includes the need to source a regional Tier 4 bed, often across England and Wales, when no bed is available within the local health board.. However, emergency clinical presentations do not automatically require Tier 4 admission. In many cases, a short acute admission is necessary to undertake comprehensive psychosocial assessment and initiate crisis management and treatment planning to safely support ongoing community care.	Business unit	Children & Women	Community Child Health			20	20	6	Treat	1. Current UHB protocol identifies the age-appropriate bed for 16–18-year-olds requiring acute mental health admission for a comprehensive psychosocial assessment to be provided by AMH'S at Hafan y Coed.  2. Assessment and management by EWMH Team's including Crisis team and IHHT. Out of hours on call medical team.  3. Functioning Crisis Team to offer support to young person, family and staff on Cedar Ward 7 days a week  including bank holidays between the hours of 9am – 9:30pm  4. Medical on call rota available out of hours 7 days a week  5. Escalation process for admission and sourcing of appropriate bed in place but it is not functioning effectively Has document: No	1. Service priority to ensure Crisis provision is available and delivered according to operational protocol  2. Regular liaison with AMH's colleagues Has document: No Rhona Jackson 04/03/2026 12:35	Protocol agreed and finalised but needs reviewing as not functioning effectively Has document: No Rhona Jackson 04/03/2026 12:36	Y	1. Ensure every incident is highlighted through Datix and appropriately investigated  2. Safeguarding reviews where delays contributed to risk.  3. MHA audit - timeliness and legal compliance for this cohort of CYP Status: Current Rhona Jackson 04/03/2026 12:38

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Insufficient capacity in ICCNS to deliver statutory care packages	16/10/2025	Babies, children and young people with continuing care status are not able to receive their statutory care packages in the home.	This is caused by a critical shortage of nursing staff due to vacancies (Band 5 & Band 3) in the ICCNS.	The impact is all BCYP on the caseload not receiving their full care package. A waiting list of up to one year for implementation of care package post panel. Some care has bneed to be contracted out to external agencies which is costly and may not be of high quality. There is a DTOC in the CHFV.	Business unit	Children & Women	Community Child Health			20	20	8	Treat	Approval of Band 3 and Band 5 posts. External advertisement. This has been supported. Agreement to recruit to Band 4 AP and for them to administer child specific medications within agreed framework. Has document: No Paula Davies 21/01/2026 12:49	Staff aware of recruitment plan and being supported. Highest risk BCYP being prioritised for care. Has document: No Paula Davies 21/01/2026 12:51  ICCNS is robustly monitored through Directorate and CB QSE and DMT business meetings. It has been flagged as a top risk for CYPFH for some time and subject to a series of Executive Summit meetings. The service has recently re-located to Glan Ely Ward support staff and team development and possible re-introduction of weekend clubs to release some capacity and offer families some support whilst they are not getting full care package. The respite business case for a Respite House on the Michaelston site which would make the service sustainable has also been discussed again recently and further financial analysis re: revenue costs is being completed Has document: No Paula Davies 22/01/2026 09:35	Service is historically difficult to recruit to, particularly Band 5 nurses. There are increasing challenges regarding sponsorship for Band 3 HCSW's. As the vacancy factor is so high, it will take time to induct and train staff so the waiting list will continue to grow for some time. Has document: No Paula Davies 21/01/2026 15:54	Y	
Critical absence of approved Clinicians who can take on responsible clinician (RC) responsibilities in EWMH Service	07/10/2025	There is a risk that we are unable to legally assess and detain C&YP under the mental health act on a daily basis (Monday-Friday working week)	This is caused by resignation of two consultants meaning 2.4wte vacancies. Inability to recruit despite advertising. This has led to a gap in consultants available to provide responsible clinician cover. The service has been sustained under significant pressure as of w/c 6.10.2025, two consultant who both hold RC responsibilities have reported long term sick.	The lack of RC cover has impacted the ability to safely cover the crisis pathway and specialist eating disorder service. -Not being able to meet obligations under Mental Health Act to provide Responsible Clinician cover 24/7 to detain and provide ongoing clinical assessment in hospital and in the community -There will be legal complications when the sections need to be upheld as these patients will not have a named RC. Although initial detention is lawful, detaining a child without a named RC places the health board at risk of judicial challenge. --Delays in providing timely psychiatric input for young people – this could result in catastrophic harm if they are risk taking and not agreeable to informal admission whilst awaiting a MHA assessment. -Risk of health board not being able to meet statutory Mental Health Act duties. •Risk to partner agencies, increasing pressure on neighbouring health boards, Tier 4 and AMH Clinical Board.	Business unit	Children & Women	Community Child Health			25	20	5	Treat	1.Approval from Exec Board to go off contract for Locum Consultant cover - Locum psychiatrist x 2 appointed. Risk remains same currently due to lack of AC/ RC cover across the week. This is due to process for locum clinicians to gain approval for RC duties in Wales (AC approved in England). 21.01.26 x1 locum is now AC/RC approved so cover across the week but rota is fragile due to locum cover and substantive consultants on phased rtw. Has document: No Kirsty Hook 14/10/2025 13:57  2.Discussions with CD of CTM (Manages Tier 4) of quicker access to Tier 4 assessment Has document: No Kirsty Hook 14/10/2025 13:57  3.Adult MH Clinical Board will provide support to initial MHA assessments but not eligible to be RC. AMH team have supported on several occasions when MHA assessment has been required for a YP. Has document: No Kirsty Hook 14/10/2025 13:57  4.Neighbouring HB's contacted re: CAMHS	Approval received from Exec Board to go off contract for Locum Consultant Cover - completed Has document: No Kirsty Hook 14/10/2025 13:59  Regular discussions ongoing with Cwm Taf. Agreement of consideration where possible for earlier Tier 4 assessment to be undertaken Has document: No Kirsty Hook 14/10/2025 14:00  AMH have agreed to support with Mental Health Act Assessment (MHA) only Has document: No Kirsty Hook 14/10/2025 14:00	1.Unsuccessful Locum Consultant recruitment on framework over last 2 months Has document: No Kirsty Hook 14/10/2025 14:01  2.Tier 4 earlier assessment will be dependent on their capacity Has document: No Kirsty Hook 14/10/2025 14:01  AMH unable to support RC responsibilities Has document: No Kirsty Hook 14/10/2025 14:02  Currently there is no consultant capacity to provide cover for these gaps Has document: No Kirsty Hook 14/10/2025 14:03  The consultant Child and Adolescent Psychiatrists in post in Cardiff and Vale UHB together with Clinical Director have carefully considered all possible ways to mitigate this risk. Due to very limited sessions available not been able to identify a solution. Has document: No Kirsty Hook 14/10/2025 14:03	Y	Small specialist pool of clinicians which makes recruitment more difficult Status: Current Kirsty Hook 14/10/2025 14:07
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	Business unit	Children & Women	Gynaecology			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 Has document: No Kirsty Hook 10/09/2025 08:38  Where a case is considered to be USC, a patient is put on the USC pathway Has document: No Kirsty Hook 10/09/2025 08:39  Clinical Validation is being undertaken and cases upgraded to USC where considered necessary Has document: No Kirsty Hook 08/12/2025 13:00  Risk Assessment Reviewed and updated - submitted 05/12/2025 Has document: Yes Kirsty Hook 08/12/2025 13:24	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 Has document: No Kirsty Hook 08/12/2025 13:02	Patients on the routine and urgent waiting lists are not being reviewed routinely Has document: No Kirsty Hook 10/09/2025 08:41  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 Has document: No Kirsty Hook 10/09/2025 08:43	Y	No additional funding available for weekend clinics Status: Current Kirsty Hook 10/09/2025 08:51  There is no funding available for insourcing or outsourcing Status: Current Kirsty Hook 08/12/2025 13:10  Patients waiting since the beginning of 2025 are still to be contacted.  There is a risk that symptoms worsen and telephone validations has its limitations Status: Current Kirsty Hook 08/12/2025 13:11
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.	Speciality	Children & Women	Womens	Endometriosis		20	20	8	Treat	No key controls identified Has document: No Kirsty Hook 12/02/2026 12:23		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). Has document: Yes Kirsty Hook 12/02/2026 11:04	Y	Financial barriers Status: Current Kirsty Hook 12/02/2026 12:20

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
MLU Closures (OG5)	01/09/2022	There is a risk that the MLU has to close due to staffing levels. Resulting in the loss of choice for women.  MLU services have improved but are still being withdrawn intermittently due to staffing levels/service pressures	This is caused by staffing levels	Which w/could lead to an impact/effect on reputational harm for the health board and patient choice.	Business unit	Children & Women	Womens			20	20	8	Treat	ANC lead consultant and ANC manager aim to maximise efficiency and safety of clinic appointments system by weekly review of clinic workload – often staffing shortages only apparent a few days before a clinic. Has document: No Kirsty Hook 01/04/2026 09:57  Directorate fund extra paid sessions at short notice to help ANC capacity – the staff doing these extra sessions are mainly the existing consultants at the expense of SPA time and this long term contributes to stress, and reduces consultant capacity to contribute to many other activities including RCA writing etc. Has document: No Kirsty Hook 01/04/2026 09:58  .Log of ongoing meetings between consultant and operational lead. 1 Locum consultant backfilling for sickness. Has document: No Kirsty Hook 01/04/2026 09:58	controls in place, evidenced by rosters and meeting minutes. Measured by DATIX when MLU closed. Workforce management/recruitment efforts on-going in place to recruit staff in response to any vacancies Has document: No Kirsty Hook 01/04/2026 09:58	Band 5 and 6 vacancies - lack of midwives to recruit, very few off-contract midwives available. Sickness rates also affected by poor-resilience following covid-19. Has document: No Kirsty Hook 01/04/2026 09:59  Short term sickness influences the controls put in place by reducing the numbers of midwives at short notice. Datix not always completed when MLU closed due to poor staffing/lack of time. Has document: No Kirsty Hook 01/04/2026 09:59	Y	
Loss of PESU surgical dietician post (1.0 wte band 7)	03/10/2025	There is a risk that the loss of the Lead Macmillan UGI Dietitian post has left the UGI service critically understaffed. As a result, patients are now at increased risk of being discharged without appropriate dietetic input, heightening the likelihood of malnutrition, post-operative complications, and hospital readmissions. The absence of this role has disrupted multidisciplinary team (MDT) collaboration, undermining effective treatment planning and holistic care for UGI cancer patients. Pre-surgical nutritional optimisation reviews have ceased, which may contribute to poorer surgical outcomes and extended hospital stays.  Access to specialist dietetic care has been significantly reduced. The UGI dietetic service is now limited to seeing post-operative CAV oncology patients attending UGI clinics, leaving many others without the nutritional support they require. Surgical follow-up duration has been shortened from five years to just one year, increasing the risk of long-term complications due to insufficient monitoring. Patients requiring NG/NJ feeding initiation must now be admitted to hospital rather than receiving outpatient care, placing	This is caused by the withdrawal of PESU COVID recovery funding in June 2024, which previously supported the 1.0 WTE Band 7 Lead Dietitian post. With no replacement funding secured and the post-holder now departed, the service has been left without its critical leadership. Since 2013, UGI surgical activity has increased by 163%, yet dietetic staffing has not kept pace. There has also been a 3200% increase in home enteral feeding discharges, which require intensive dietetic coordination. The centralisation of UGI services to CAV has shifted dietitian time heavy procedures like jejunostomy placements to UHW, adding further pressure. Additionally, surgical wards have been restructured post-pandemic, increasing the complexity and breadth of the caseload managed by the dietitian.	Which could lead to an impact by having serious consequences for patient safety, service quality, and workforce sustainability. Inadequate nutritional care can contribute to complications and poorer outcomes. The quality of service has declined as key dietetic functions such as MDT attendance and pre-operative reviews have been discontinued. Remaining staff are facing unsafe caseloads, risking burnout and further attrition. Hospital resources will be put under further strain due to increased admissions for feeding and delayed discharges. Long-term patient outcomes are at risk due to reduced follow-up and lack of specialist input, and equity of care has been compromised as benign UGI patients are diverted to less specialised community services.	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Nutrition & Dietetics		20	20	6	Treat	The issue has been escalated to the Surgical Clinical Board, with a meeting held on 8th September 2025 to formally raise concerns. Has document: No Emily Capener 03/10/2025 13:49  Moondance Application for temporary funding to support the service aiming to restore some capacity lost with the withdrawal of PESU funding Has document: No Emily Capener 03/10/2025 13:51  Band 6 dietitian secondment has been arranged to provide interim support, with the individual due to start on 6th October 2025 and remain in post until April 2026. Has document: No Emily Capener 03/10/2025 13:52  To maintain core service delivery during the loss of the Lead surgical PESU Dietitian post, several temporary adjustments have been implemented. These include reducing post-operative follow-up from five years to one year, withdrawing dietetic input from pre-surgical clinics, and redirecting benign UGI patients to community dietetic services.	The risk has been escalated to the Surgical Clinical Board, and we had a meeting on 8th September 2025 to formally raise concerns and discuss the impact. This has supported to bring visibility to the issue. Has document: No Emily Capener 03/10/2025 13:53  Funding application to be submitted to Moondance, which includes a breakdown of the service pressures and a proposed plan to temporarily support the gap. If successful, that would offer some external validation and short-term support - particularly from an enteral feed perspective. Has document: No Emily Capener 03/10/2025 16:33  Band 6 secondment, due to start on 6th October - monitoring caseload and service delivery Has document: No Emily Capener 03/10/2025 16:34	Loss of strategic dietetic leadership within the UGI surgical team with the departure of the Lead Macmillan UGI Dietitian and no replacement funding secured, the service has lost its senior clinical leadership. This has weakened leadership within UGI and surgery, disrupted MDT collaboration, and removed the voice that advocates for nutritional care in surgical planning.  SMART Goals: Develop and submit a Moondance Application in October 2025, band 6 secondment out and has been interviewed for - due to start 6th October 2025 Has document: No Emily Capener 03/10/2025 13:54  While temporary measures have been put in place to keep the UGI dietetic service running, there is still no permanent funding solution to replace the Lead UGI Dietitian post. The service remains vulnerable and reliant on short-term fixes, with no formal contingency plan for sustaining specialist input beyond April 2026, when the Band 6 secondment ends.	Y	Lack of funding Status: Current Emily Capener 03/10/2025 16:57  Recruitment freeze until April 2026 Status: Current Emily Capener 03/10/2025 16:57
Dietetic Eating Disorders in Specialist High risk eating disorders (SHED) - inability to see service users	18/09/2025	There is a lack of staffing in SHED which is having a knock on effect on Dietetics  There is a risk that staff will leave, have a lack of supervision, no service, patient safety, wellbeing	This is caused by lack of staff and processes in SHED	Which could lead to an impact/effect on patients and staff Increased admission to acute hospital	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Nutrition & Dietetics		20	20	4	Treat	Datix of particular patient concerns Regular dietetic staff supervision and support remains in place Has document: No Joanne Jefford 25/09/2025 15:51  Escalation to senior management Community mental health teams have been informed All patients have been RAG rates Has document: No Joanne Jefford 02/10/2025 08:39  Response to request regards what a Band 6 dietitian can do within the team has been drafted - will be uploaded Comments to be returned to senior staff within mental health clinical board Has document: No Joanne Jefford 02/10/2025 08:44	Discussed in Therapies Performance Review with CD&T Senior Management Team Discussions ongoing between CD&T and MH Senior Management Team Has document: No Helen Jenkins 03/10/2025 08:21	Concerns remain around the controls that have been put in place ? Timely review of patients Further sickness in the team Dietetics main therapy remaining and may be asked to work outside of core competencies to compensate for skeleton staff Has document: No Joanne Jefford 02/10/2025 08:42	Y	Differing asks due to the structure and function of SHED and its relationships with other teams in C&V and Cwm Taff Status: Current Joanne Jefford 02/10/2025 09:23
Reduced clinical capacity in Lymphoedema 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.	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Physiotherapy		20	20	16	Treat	Exploring options to use bank. Using OGEP model to support urgent primary care work. Working with national team. Band 5 vacancy approved for recruitment will prioritise urgent care and treatment of patients. Has document: No Helen Jenkins 20/11/2025 14:51	Monitoring of targets, WL position and FU through performance Has document: No Helen Jenkins 20/11/2025 14:51	Extra capacity not enough to manage the growing waiting list Has document: No Helen Jenkins 20/11/2025 14:52	Y	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
No Foot Assessment on Hospital Admission	01/01/2010	There is a risk that the UHB is failing to meet the requirements for patients admitted to hospital who have diabetes to receive a foot examination within 6 hours of admission.	This is caused by a lack of ownership within the UHB and no role delegated responsibility for undertaking the assessment.	Which w/could lead to an impact/effect on patients being at increased risk of preventable hospital acquired pressure damage. there is increased risk of amputation and risk of litigation	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Podiatry		20	20	8	Treat	Validated foot assessment tool available Has document: No Helen Jenkins 23/10/2025 15:11  Training programme available via TVN's/Podiatry Has document: No Helen Jenkins 23/10/2025 15:11  Pressure relieving mattresses and heel pressure devices available in UHB Has document: No Helen Jenkins 23/10/2025 15:12  E-comms to Podiatry available for advice and support Has document: No Helen Jenkins 23/10/2025 15:12	• Foot assessment on admission identified as objective in UHB IMTP Has document: No Helen Jenkins 23/10/2025 15:12  Identified in the Diabetes delivery plan requiring urgent action: NaDIA Audit Has document: No Helen Jenkins 23/10/2025 15:12	No ownership within the UHB of responsibility Has document: No Helen Jenkins 23/10/2025 15:13  No uptake of assessment tool and/or training programme Has document: No Helen Jenkins 23/10/2025 15:13  Pressure relieving devices and mattresses only instigated if patient identified as having risk or after sustaining tissue damage. Has document: No Helen Jenkins 23/10/2025 15:13  E-comms not fully utilised Has document: No Helen Jenkins 23/10/2025 15:13	Y	
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.	Business unit	Clinical Diagnostics & Therapeutics	Allied Health Professionals			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. Has document: No Hadas Reshef 27/02/2026 12:34		There is no clear arrangement for 6 monthly review of the equipment 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. There is no one arrangement for all of therapies and each service has different arrangement Has document: No Hadas Reshef 27/02/2026 12:36	Y	The additional servicing will have cost implications Status: Current 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 Government. 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.	Speciality	Clinical Diagnostics & Therapeutics	Laboratory Medicine	Biochemistry		20	20	2	Treat	Estates team designing build to generate quote Has document: No Helen Jenkins 06/11/2025 12:58  External consultant employed to prepare BJP to submit to WG for funding Has document: No Helen Jenkins 06/11/2025 12:58	Draft floorplan drawings available Has document: No Helen Jenkins 06/11/2025 12:58  BJP in progress Has document: No Helen Jenkins 06/11/2025 12:58	Confirmation of funding required Has document: No Helen Jenkins 06/11/2025 12:58	Y	
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	Speciality	Clinical Diagnostics & Therapeutics	Laboratory Medicine	Haematology (lab medicine)		25	20	5	Treat	Schedule twice weekly manually initiated liquid nitrogen fills. Has document: Yes Sarah Phillips 16/02/2026 12:03	Temperature data is reviewed as described in the document uploaded. Dial-out notification is active as evidenced by phone records Has document: No Sarah Phillips 16/02/2026 12:04	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. Has document: No Sarah Phillips 16/02/2026 12:07	Y	Estates assessment of the feasibility (floor loading weight) of additional freezers Status: Current Sarah Phillips 16/02/2026 12:10
Risk related to air pressure cascade within asptic 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	Speciality	Clinical Diagnostics & Therapeutics	Pharmacy and Medicine Management	St Mary's Pharmaceutical Unit (SMPU)		20	20	4	Treat	1.Continuous facility monitoring (Pharmagraph) of room pressures. Pharmagraph alarms configured to alert incorrect pressure differentials 2.Cleaning completed per schedule. 3.Appropriate clothing grade work within the unit. Dedicated change room for Hemgenix activity 4.Room settle plates twice weekly and in-operation sessional plate monitoring 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. 6.Validation of transfer sanitisation of materials process verified for Hemgenix preparation 7.Monthly viable monitoring to ensure graded rooms are within specification. 8.Three monthly non-viable monitoring to ensure all graded rooms are within specification 9.Environmental trending completed monthly and reported to Monthly Quality Meeting. 10.Six monthly servicing and calibration of Qube isolator	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. 2.Review of the pressure differentials seen between rooms have no adverse trend 3.TAC monitoring shows no adverse trend in M22 room. Has document: No Helen Luton 16/10/2025 09:37	1.Estates – SMPU Technical agreement not in place / No formal AHU service and maintenance programme 2.Six monthly servicing and planned preventative maintenance for facility. 3.AHU last serviced 12 months (October 2024) 4.Stores roof leak not resolved 5.Pharmagraph system (facility monitoring) requires update as version out of support from August 2026 Has document: No Helen Luton 16/10/2025 09:37	Y	1.Unit remains at high risk following WHC audit (August 2025) – Stores roof / SMPU Phase 2 delays Status: Current Helen Luton 16/10/2025 09:40
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.	Speciality	Clinical Diagnostics & Therapeutics	RMPCE	Medical Physics/Clinical Engineering		20	20	4	Treat	Vacancy requests submitted Has document: No Helen Jenkins 03/02/2026 14:40	Trac forms working through the authorisation process. Has document: No Helen Jenkins 03/02/2026 14:40	Current vacancy process asks for internal recruitment first, which effectively delays the process further. Has document: No Helen Jenkins 03/02/2026 14:40	Y	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Delay to laboratory information system (LIMS) implementation	01/07/2025	There is a risk that Laboratory information system, migration from TLC2016 to TCLE. If TLC2016 continues to operate past mid-December 2025, it presents significant operational, clinical and financial risk. - 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. - Operational - Despite the infrastructure refresh, the TLC2016 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. - Clinical - Running the laboratories on an unsupported system presents significant clinical risk of unavailability of results for patient care. - Workforce - Extending the programme beyond December 2025 will exacerbate an already known workforce risk of burnout and retention.  2. Risk to achieving December deadline - Ongoing delays to the completion of UAT is	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 also be on staff burnout and retention	Division	Clinical Diagnostics & Therapeutics				20	20	5	Treat	1. Contingency plans for backup and alternative storage systems 2. Accelerate migration to TCLE 3. Prioritise completing UAT for TCLE Has document: No Helen Luton 12/09/2025 14:14	1. Monitor storage configurations closely and conduct regular audits to assess 2. Programme board developing robust monitoring plan to identify blockers. Has document: No Helen Luton 12/09/2025 14:15	1. Repeat UAT impacting on other work within BTL and Haematology, high levels of sickness within team if continues may impact on delivery 2. UAT cannot be prioritised over urgent operational deliverables, where it relies on the same people to do both. 3. Loss of local expertise, integral to the programme, cannot be replaced within timescales. Has document: No Helen Luton 12/09/2025 14:15	Y	1. Repeat UAT impacting on other work within BTL and Haematology, high levels of sickness within team if continues may impact on delivery 2. UAT cannot be prioritised over urgent operational deliverables, where it relies on the same people to do both. 3. Loss of local expertise, integral to the programme, cannot be replaced within timescales. Status: Current Helen Luton 12/09/2025 14:17
Fabric of the estate is suboptimal to deliver modern, safe and sustainable health care	12/09/2025	There is significant aggregated risks across the CB directorate risks registers including: Inadequate accommodation for stem cell processing unit, risk of compressor failures and liquid nitrogen supply from external tanks Inadequate storage capacity across health records, risk to security of records, increased costs of off site storage and difficulties in tracking medical records Overcrowded accommodation for clinical engineering, OT, SLT, Pharmacy, POCT, WEQAS, CEDAR impacting on staff experience Repeated examples of water and sewage ingress into clinical and non clinical areas, risk to service delivery and staff health and safety Potential of electrical supply to UHL failing with delays to back up supply or fluctuations leading to insufficient time to power down CT scanner, risking costly damage to the collimator and associated downtime leading to loss of clinical activity	This is caused by ageing infrastructure	Which w/could lead to an impact/effect on service delivery, health and safety of colleagues working in suboptimal environments	Division	Clinical Diagnostics & Therapeutics				20	20	8	Treat	Capital planning programme  Discretionary capital programme  Escalation routes to Estates  Business Continuity Plans  Managed service contracts  Maintenance service agreements Has document: No Helen Luton 12/09/2025 10:23	Inspections and audit  Risk register  Trend and theme analysis from incidents  Validation and change control  Enhanced monitoring arrangements Has document: No Helen Luton 12/09/2025 10:18	High risk areas may be subject to regulatory improvement notices when inspected, eg SMPU, Stem cell, PSU  Timescales for refurbishment or replacement schemes have been lengthy Has document: No Helen Luton 12/09/2025 10:19	Y	No proactive plan for management of Estates issues a 'make do and mend' approach given financial constraints No definitive timeframe for TRAMS, although site identified for Radiopharmacy element Staff in CT scanner may be unaware of power supply issues to take pre-emptive actions. UPS does not protect scanner when there are fluctuations in supply Status: Current Helen Luton 12/09/2025 10:22
Ageing equipment across the CD&T Clinical Board	08/09/2025	There is a risk that Ageing equipment will fail, including Air handling units, chiller units, air tube for lab specimens, pharmacy isolators and autoclaves, laboratory equipment and CT2 scanner	This is caused by ageing equipment	Which w/could lead to an impact/effect on temperature sensitive equipment, timely delivery of specimens to the laboratory, ability to make 700 doses of pre filled syringes, lack of sterility to products, delays in laboratory processes and delays to patients receiving timely CT scans and thus diagnosis	Division	Clinical Diagnostics & Therapeutics				20	20	8	Treat	capital management programme, discretionary capital programme, escalation routes to CEF, business continuity plans, managed service contracts, maintenance agreements, medical equipment governance framework Has document: No Helen Luton 08/09/2025 15:40	Inspections and audits, trend and theme analysis from incidents, validation and change control processes. Enhanced monitoring arrangements Has document: No Helen Luton 08/09/2025 15:40	High risk areas may be subject to regulatory improvement notices when inspected. No definitive timeframe for TRAMS which would resolve some of the pharmacy equipment risks. Biochemistry staff only have a basic mechanical overview of air tube to manage breakdowns, not covered by CEF. Has document: No Helen Luton 08/09/2025 15:43	Y	Limited proactive plan for replacement of high cost equipment in UHB Status: Current Helen Luton 08/09/2025 15:46
IT/digital risks linked to hardware and software	27/08/2025	There is a risk that services are being compounded by hardware and software issues and slow delivery of key IT systems	This is caused by ageing hardware and software, ongoing stability issues with WCCIS, WLIMS, TrakCare, Telepath and connectivity issues with POCT devices and electronic requesting within the Radiology Information System's inability to address patient identification issues.	Which could lead to an impact/effect on multiple workstreams with digital agenda not being aligned/inconsistently implemented; inability of PARIS system to interface with the Welsh Clinical Portal and Electronic requesting within RADIS only available for GP and inpatients and not for Outpatients.	Division	Clinical Diagnostics & Therapeutics				20	20	12	Treat	Robust business continuity plans Workarounds to mitigate risks SOPs/governance arrangements Has document: No Helen Jenkins 27/08/2025 10:45  Engagement with DHCW ETR/GPTR mandated from July 2022 Communication with end users Has document: No Helen Jenkins 27/08/2025 10:46  Managed service contracts Maintenance service agreements Has document: No Helen Jenkins 27/08/2025 10:47	Validation and change controls. Has document: No Helen Jenkins 27/08/2025 10:47  Enhanced monitoring arrangements Has document: No Helen Jenkins 27/08/2025 10:47	Implementation of key IT systems which are part of the National Programme - LIMS (Lab Medicine) Sept 2025 and RISP (Radiology) timeframes likely 2026 Has document: No Helen Jenkins 27/08/2025 10:47	Y	

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Non-Compliance with Regulatory and Accreditation Requirements	26/08/2025	There is a risk that regulated areas in the Clinical Board report non-compliance with regulatory and accreditation requirements.	This is caused by non-compliance in meeting the standards required by regulatory bodies following inspections and assessments.	Which could lead to an impact/effect on: <ul style="list-style-type: none"> <li>- impact on service delivery and patient safety (potential for cease and desist of service)</li> <li>- reputational risk</li> <li>- financial risk e.g. loss of income, fine for breach of statutory duty</li> <li>- inability to maintain suitable systems, practices and facilities to ensure on-going compliance</li> <li>- increasing requirements from regulators which cannot be met</li> <li>- mismatch in capacity/demand on QMS which leads to failure to deliver activities</li> <li>- patient/staff harm as a result of poor safety governance, e.g. ultrasound, MR safety, decontamination, POCT</li> <li>- Health and Safety at Work incidents</li> <li>- patient concerns, claims and redress</li> <li>- failure to comply with GDPR and Information Governance</li> </ul>	Division	Clinical Diagnostics & Therapeutics				5	20	10	Treat	Governance through QSE and Regulatory Compliance Group with Clinical Board oversight of regulated and accredited services. Has document: No Helen Jenkins 26/08/2025 10:59  Incident management, including Root Cause Analysis Has document: No Helen Jenkins 26/08/2025 11:02  Concerns management Has document: No Helen Jenkins 26/08/2025 11:03  Audit of practice/standards Has document: No Helen Jenkins 26/08/2025 11:03  risk register management Has document: No Helen Jenkins 26/08/2025 11:03  Service improvement initiatives Has document: No Helen Jenkins 26/08/2025 11:03	Compliance dashboard developed to monitor KPI/metrics Has document: No Helen Jenkins 26/08/2025 11:00  Q-Pulse/local audit Has document: No Helen Jenkins 26/08/2025 11:05  Locally replicated QSE structures with escalation triggers Has document: No Helen Jenkins 26/08/2025 11:05  Monitoring of non-conformance/action plans through QSE and Regulatory Compliance Group Has document: No Helen Jenkins 26/08/2025 11:05  Suitable forum Has document: No Helen Jenkins 26/08/2025 11:06  Suitable forums for monitoring governance compliance Has document: No Helen Jenkins 26/08/2025 11:06	1. Limited or no capacity to undertake full range of QMS activities including self-assessment/audit, change control, incident management. Has document: No Helen Jenkins 26/08/2025 11:01  Limited mitigation possible to address ageing estate and equipment risks without significant investment. Timeframes associated with TRANS and other regional solutions increases risk of not meeting regulatory standards. Has document: No Helen Jenkins 26/08/2025 11:08  LIMS delays and repeat UAT also impacting on QMS across labs but particularly Blood Transfusion Laboratory and Haematology Has document: No Helen Jenkins 26/08/2025 11:09	Y	
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)	Speciality	Corporate	Clinical Safety Group	Medicines Safety Group		20	20	5	Treat	Standardised concentration used in critical care Has document: No Jenna Walker 29/09/2025 14:57  Heparin sign introduced in Critical Care and is attached to the monitor in the bed space of each patient who is prescribed heparin Has document: No Jenna Walker 29/09/2025 14:58	Monitoring of Datix reports Has document: No Jenna Walker 29/09/2025 15:02	Different protocols remain in different clinical areas Has document: No Jenna Walker 29/09/2025 15:03  Current measures remain insufficient to reduce risk. Has document: No Jenna Walker 29/09/2025 15:04	Y	Engagement of multi-disciplinary specialities in reaching a agreement. Status: Current Jenna Walker 29/09/2025 15:10
Cyber Security	21/07/2025	UHB's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored data.	Prevailing national and international Cyber Security threats	All UHB business services and data could be adversely impacted.	Speciality	Corporate	Digital and Health Intelligence	D&HI - Cyber Security		20	20	12	Treat				N	
EPRR Training is not mandatory	06/02/2025	There is a risk that staff responding to an incident / event are not trained to the minimum occupational standards	EPRR education and training non mandatory - but essential to meet organisations Statutory compliance. Present austerity measures have resulted in staff declining training opportunities. Service managers supportive of training, but unable to release staff.	Staff are inadequately trained which which may impact on patient and responder safety, and create reputational issues	Business unit	Corporate	EPRR			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. Has document: No Simon Dring 01/04/2025 12:30	Training records are maintained and auditable Has document: No Simon Dring 21/04/2026 13:48	EPRR Training is not mandated within the organisation. There are other competing demands on time. Relies on individuals appetite for EPRR training Has document: No Simon Dring 21/04/2026 13:48	Y	
Incident Call Cascade	03/02/2025	There is a risk that an incident is not cascaded in a timely 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. The existing system is a manual data entry time consuming process which places additional demands on switchboard especially out of hours. here is no facility to records contact / response / staff ability to attend. 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 of risking patient and responder safety	Business unit	Corporate	EPRR			9	20	4	Treat	Manual call cascade lists are held in switchboard. Switch board will dedicate 1 or 2 operators depending on the time of day who will action the call out list and call staff in. Has document: No Simon Dring 21/04/2026 13:24	Regular testing of the call cascade process 4 times a year which is over and above that required by legislation. Has document: No Simon Dring 21/04/2026 13:24	Manual call cascade lists. Switch board will dedicate 1 or 2 operators depending on the time of day who will action the call out list and call staff in. Operators are unable to respond to other calls whilst cascading the call out. The process is time consuming which impacts on the response time. Has document: No Simon Dring 21/04/2026 13:25	Y	Lack of financial investment in an automated call cascade system Status: Current Simon Dring 21/04/2026 13:26

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No provision for specialist EPRR advice or presence 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 recompense afforded to other on call managers. The frequency of calls for advice, and both "stand by" and "Live" incidents have increased to an unacceptable level for good will alone. Role will default to the on call Executive Director and Senior Manager. A dedicated SMOC training programme has been developed and delivered in the last 3 years to help address knowledge gaps. However, there is uncertainty if staff will be released this year. Requests to shorten the course and remove content will leave gaps in knowledge and lack of compliance with minimum occupational standards. 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	Business unit	Corporate	EPRR			20	20	6	Tolerate	SMOC and Exec on call out of hours Has document: No Simon Dring 21/04/2026 12:58	SMOC and Exec on call out of hours No EPRR specialist support out of hours Has document: No Simon Dring 21/04/2026 12:59	No EPRR specialist advice out of hours. Exc and SMOC on call may have no or limited experience for Major Incidents, exposing gaps in capabilities Has document: No Simon Dring 21/04/2026 13:01	N	limited staff in EPRR, oncall allowance Status: Current Simon Dring 27/03/2025 13:41
Lack of dedicated staff resource to effectively embed business continuity planning within the organisation.	03/02/2025	There is a risk that business continuity planning within the organisation will not be effectively embed.	The team consists of only 2 whole time equivalents. Business continuity is one component of a far reaching portfolio, and represents 1 of the 7 statutory responsibilities under the Civil Contingencies Act (2004). Do not have the capacity to ensure BC is absolutely embedded within the UHB.	The organisation fails to comply with its statutory duties under the Civil Contingencies Act 2004	Business unit	Corporate	EPRR			20	20	4	Tolerate	Dedicated regular training is delivered to clinical and service boards. Bespoke BC leads training package to uskill clinical board and service leads. Business Continuity Strategic Oversight group meets bi monthly Delivery of BC table top exercise Has document: No Simon Dring 21/04/2026 13:09	Training records. Exercise reports Incident debriefs Joint operational learning Has document: No Simon Dring 21/04/2026 13:10	Organisations of a similar size and complexity would have a dedicated BC manager who is appropriately trained and qualified. The BC manager should be an integral member of the core EPRR team Has document: No Simon Dring 21/04/2026 13:11	N	Lack of financial investment within EPRR team Status: Current Simon Dring 21/04/2026 13:12
Staff Shortage	03/02/2025	There is a significant risk of staff absence severely impacting service provision	Extremely small critical mass of specialist staff. EPRR team consists of only 2 whole time equivalents. Both have in excess of 40 years expert knowledge and experience across the NHS / HM Forces / Blue light organisations. Both post holders are close to retirement, however there is no succession planning. Highly specialist role which is not replicated by any other postholder within the UHB. Neighbouring UHBs has a larger establishment which affords a greater degree of security and resilience. Business cases to enhance establishment, promote resilience, facilitate succession planning, have been repeatedly 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 statutory duties	Business unit	Corporate	EPRR			20	20	6	Tolerate	There are no current controls Has document: No Simon Dring 21/04/2026 12:48	There is sufficient trained people that would apply for a post when recruitment is sanctioned Has document: No Simon Dring 21/04/2026 12:49	There are no controls without financial investment in EPRR Has document: No Simon Dring 21/04/2026 12:53	N	Lack of investment within EPRR by the Health Board Status: Current Simon Dring 21/04/2026 12:50
Welsh Risk Pool - Increased Risks Apportionment	01/04/2025	There is a risk that the UHBs risk share apportionment will be higher than plan.	This is caused by increasing Welsh Risk Pool value and therefore subsequent share for the UHB.	Which w/could lead to an impact/effect on the UHBs ability to achieve £56.2m plan.	Business unit	Corporate	Finance			20	20	10	Treat	NWSSP recalibration of in year liabilities over and above plan Has document: No Rachael Broome 28/10/2025 09:28	Reported through Welsh Government Monthly Monitoring Returns Has document: No Rachael Broome 28/10/2025 09:28		Y	
Remain within Cash Limit	01/04/2025	The UHB will require cash support from WG.	This is caused by the 25/26 planned deficit of £56.2m along with likely movements in working capital from the 24/25 balance sheet.	Which w/could lead to an impact/effect on the UHBs ability to meet payment deadlines.	Business unit	Corporate	Finance			20	20	10	Treat	Careful management of creditor payment feeds/payment performance targets Has document: No Rachael Broome 28/10/2025 09:09	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission Has document: No Rachael Broome 28/10/2025 09:09	Various internal audits confirming controls are in place Has document: No Rachael Broome 28/10/2025 09:09	Y	
Failure to manage recurrent operational/CIP pressures	01/04/2025	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	Business unit	Corporate	Finance			20	20	12	Treat	Governance reporting and monitoring arrangements through operational teams, Finance & Performance Committee and Board Has document: No Rachael Broome 20/10/2025 16:46	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission Has document: No Rachael Broome 20/10/2025 16:47	Various internal audits confirming controls are in-place Has document: No Rachael Broome 20/10/2025 16:47	Y	

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The UHB is very unlikely to meet WG set financial targets (25/26 deficit £56.2m)	01/04/2025	The UHB is very unlikely to meet WG set financial targets.	The revised deficit for 2025/26 is £56.2m.  There are numerous financial targets this will miss: - breakeven (statutory duty) - £9.1m (WG Target Control Total) - £27.7m (24/25 outturn)	Failure to deliver a breakeven position breaks the UHBs statutory duty and risks reputational damage. A financial deficit is unsustainable.	Business unit	Corporate	Finance			20	20	12	Treat	Governance reporting and monitoring arrangements through operational team, Finance & Performance Committee and Board Has document: No Rachael Broome 29/08/2025 17:18	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission. Has document: No Rachael Broome 29/08/2025 17:19  Internal audits confirming controls are in place. Has document: No Rachael Broome 29/08/2025 17:19  Internal audits confirming controls are in place. Has document: No Rachael Broome 29/08/2025 17:19  Targeted Intervention de-escalation plan Has document: No Rachael Broome 29/08/2025 17:19		Y	
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.	Business unit	Medicine	Integrated Medicine			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. Additional clinical sessions to accommodate patients that need urgent FU Increase NOP and FU capacity across ILD service by introducing SCF post for 12 months initially from August 2025 Escalate the clinical risk to MCB and ensure risk is accurately described on the directorate and clinical board RR. Consider options to increase ILD consultant activity by back filling acute resp work. Has document: No Lyndsey Macdonald 03/11/2025 15:13	no assurances described Has document: No Lyndsey Macdonald 03/11/2025 15:14	no gaps in controls described Has document: No Lyndsey Macdonald 03/11/2025 15:14	N	
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 specific areas within IM: Endocrine: nurse led clinic Respiratory: COPD Service 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.	Business unit	Medicine	Integrated Medicine			20	20	6	Tolerate	Endocrine: 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. Were increasing clinic capacity to 3 per month but due to nursing vacancy within team, this has stopped. Consultants unable to support due to 2x vacancies within team. Respiratory: COPD Service: Clinic is run by one consultant Increase in demand post COVID and due to being delivered by one member of staff, unable to increase further. Sought to obtain dedicated SpR/CRF but not possible due to staffing levels. Respiratory ILD Service: Ongoing increase in demand Capacity issues earlier in the year due to consultant absence Clinical decision made to see urgent patients only due to length of waiting time. Overall capacity issues with follow up due to increases in patient numbers and change in treatment options Has document: No Lyndsey Macdonald 03/11/2025 14:50	no assurance described Has document: No Lyndsey Macdonald 03/11/2025 14:51	No identified resources to increase capacity at this time. Has document: No Lyndsey Macdonald 03/11/2025 14:51  Action April 2025: 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 update May 2025 Has document: No Lyndsey Macdonald 03/11/2025 14:53	N	

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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. No internal applicants for the role. 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. Declining health outcomes for CFRD patients due to lack of specialist support. Increased patient stress and burden of treatment without guidance. Risk of complications from poorly managed diabetes and insulin therapy. Non-compliance with compulsory annual Libre fitting and assessments.	Speciality	Medicine	Specialised Medicine	Cystic Fibrosis		25	25	10	Treat	Datix reporting on incidents and risks Has document: No Catherine Morris 28/11/2025 14:46  escalation to MCB Has document: No Catherine Morris 28/11/2025 14:46	Funding for the CNS post confirmed. Agreement to proceed with external recruitment. Documented discussion in governance meetings. Has document: No Catherine Morris 28/11/2025 14:46	No interim CNS cover in place. No contingency plan for Libre fitting and annual assessments. Recruitment timeline leaves prolonged gap in service provision.  Specific:  Expedite external recruitment for CF CNS post. Arrange interim cover for CFRD support and Libre fitting using bank or agency nurses.  Measurable:  Post advertised and interviews scheduled. Interim cover in place within 4 weeks.  Assignable:  CF Service Manager to lead recruitment and interim arrangements.  Realistic:	Y	
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. Delay in scrutiny panel approval to re-advertise the role. 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. Reputational Damage: Service flagged as failing by CF Trust and JCC. Contractual Breach: Non-compliance with SOC requirement and minimum standards. Operational Impact: Cardiff becomes the only CF service not submitting data nationally.	Speciality	Medicine	Specialised Medicine	Cystic Fibrosis		25	25	4	Treat	Datix reporting Has document: No Catherine Morris 28/11/2025 13:59  Regular CF Business Meeting updates on vacancy status Has document: No Catherine Morris 28/11/2025 14:00  Escalation to scrutiny panel for job re-advertisement. Has document: No Catherine Morris 28/11/2025 14:00	Confirmation that funding for the post remains available. Has document: No Catherine Morris 28/11/2025 14:01  Agreement to support re-advertisement. Has document: No Catherine Morris 28/11/2025 14:01	No interim solution for data entry during vacancy. No confirmed timeline for recruitment process. No cross-cover arrangement within existing team. Specific:  Expedite scrutiny panel approval and re-advertise Band 2 admin post. Implement interim data entry solution using temporary staff or bank admin support.  Measurable:  Post advertised and interviews scheduled. Interim data entry resumes within 4 weeks.  Assignable:  CF Service Manager to lead recruitment process. Directorate Workforce Manager to arrange interim cover.	Y	
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.	Speciality	Medicine	Specialised Medicine	Cystic Fibrosis		20	20	4	Treat	Regular Monitoring of CFTR Modulator Therapy Patients  Existing CF team ensures ongoing monitoring of patients already on therapy to minimize clinical risk. Has document: No Catherine Morris 03/12/2025 14:03  Escalation via Datix and Governance Meetings  Risk flagged and reviewed at Quality & Safety and Directorate meetings for oversight. Has document: No Catherine Morris 03/12/2025 14:04  Prioritisation of High-Risk Patients  Eligible patients for Alyftrek prioritised based on clinical severity to mitigate harm. Has document: No Catherine Morris 03/12/2025 14:04	Governance Oversight  Risk reviewed at Quality & Safety meetings and Directorate Board, with documented minutes. Has document: No Catherine Morris 03/12/2025 14:04  Datix Escalation  Risk logged and monitored through Datix, ensuring visibility and escalation if patient safety concerns arise. Has document: No Catherine Morris 03/12/2025 14:05  CF Team Monitoring  Clinical team continues regular monitoring of CFTR modulator therapy patients, evidenced by patient records and audit trails. Has document: No Catherine Morris 03/12/2025 14:05  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 Has document: No Catherine Morris 03/12/2025 14:06  Unable to backfill post due to current financial scrutiny Has document: No Catherine Morris 03/12/2025 14:08	Y	

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BCC RTT waiting times concerns	01/07/2017	There is a risk that there will be a higher number of concerns due to BCC RTT waiting times	This is caused by limited surgical and dermatology capacity, compounded by reduced PCIC engagement and COVID related delays leading to prolonged BCC RTT waiting times	Which w/could lead to an impact/effect on delays in BCC treatments, breach of RTT targets, poor patient experience, increase in concerns, potential for disease progression times	Speciality	Medicine	Specialised Medicine	Dermatology		15	25	3	Treat	Waiting list reviewed and patients prioritised via concerns process Has document: No Catherine Morris 23/10/2025 14:46  Datix reporting and concerns reporting Has document: No Catherine Morris 10/12/2025 10:46  E referral with PCIC to refer patients Has document: No Catherine Morris 10/12/2025 10:48  teledermoscopy in situ to escalate and expedite referrals Has document: No Catherine Morris 10/12/2025 10:49	e referral in place Has document: No Catherine Morris 23/10/2025 14:46  clinical pathway in place Has document: No Catherine Morris 10/12/2025 10:50  Datix reporting Has document: No Catherine Morris 10/12/2025 10:55	no engagement with PCIC Has document: No Catherine Morris 23/10/2025 14:47  Waiting list referrals and demands Has document: No Catherine Morris 10/12/2025 10:55	Y	
Paediatric basic life support nurse compliance	24/02/2026	There is a risk that nurses working within Dermatology may be unable to respond effectively to a paediatric cardiac or respiratory emergency	This is caused by nursing staff not being compliant with, or not holding up-to-date, Paediatric Basic Life Support (PBLs) training despite regularly reviewing paediatric patients	Which w/could lead to an impact/effect on patient safety, delayed emergency intervention, potential harm to a child, and increased likelihood of a serious incident or organisational scrutiny.	Speciality	Medicine	Specialised Medicine	Dermatology		20	20	10	Treat	Ability to call 999 in an emergency Has document: No Catherine Morris 24/02/2026 14:34  Ability to call Part team- put out cardiac arrest call using 2222 Has document: No Catherine Morris 24/02/2026 14:34  Dermatology consultant on site Has document: No Catherine Morris 24/02/2026 14:34  Incident reporting via Datix Has document: No Catherine Morris 24/02/2026 14:34	Staff aware of the requirement to call 2222 and 999 immediately in an event of a paediatric emergency and to follow UHB guidance Has document: No Catherine Morris 24/02/2026 14:35  Improvement plan to be regularly reviewed and actions completed via Q&S meeting Has document: No Catherine Morris 24/02/2026 14:36	No paediatric resuscitation equipment on site Has document: No Catherine Morris 24/02/2026 14:36  No on site paediatric doctor within dermatology Has document: No Catherine Morris 24/02/2026 14:37  No current paediatric emergency SOP Has document: No Catherine Morris 24/02/2026 14:37  No current BLS trained nurses Has document: No Catherine Morris 24/02/2026 14:37	Y	
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.	Speciality	Medicine	Specialised Medicine	Dermatology		20	20	8	Treat	Estates escalation logged (MR request; marked top priority; site re-assessments completed; photo evidence shared). Has document: No Catherine Morris 10/12/2025 13:50  Temporary make-safe repairs applied; ongoing daily condition checks of window/reveal/ceiling. Has document: No Catherine Morris 10/12/2025 13:50  Room closure when unsafe; decant plan to alternative rooms to prioritise cancer procedures. Has document: No Catherine Morris 10/12/2025 13:50  IP&C controls: cordon/"do not use" signage; wet-floor signage, absorbent mats/drip trays; terminal clean after ingress. Has document: No Catherine Morris 10/12/2025 13:51  Electrical safety: sockets/fixtures in affected zone isolated and checked before reuse. Has document: No Catherine Morris 10/12/2025 13:51	[L1 Operational] Daily leak/condition checks logged with photos (post-rain).  [L1 Operational] Room closure & re-open sign-offs recorded (IP&C + Electrical).  [L1 Operational] Estates MR/job status updated; before/after photos filed.  [L2 Oversight] Monthly KRI dashboard to Q&S/H&S (days unavailable, procedures affected, Datix trend, inspection compliance).  [L2 Oversight] Estates programme updates to governance; actions tracked in AMaT.  [L3 Independent] Estates completion of permanent repair.  [L3 Independent] HVAC completion of permanent repair.	No permanent repair in place; source of ingress not definitively identified (window/flashings/fabric). Has document: No Catherine Morris 10/12/2025 13:59  HVAC non-functional; no temporary redundancy to maintain safe thermal conditions. Has document: No Catherine Morris 10/12/2025 13:59  Decant capacity not guaranteed; no protected slots for time-critical cancer procedures during outage. Has document: No Catherine Morris 10/12/2025 13:59  No Estates rapid-response SLA for leaks triggered by weather events Has document: No Catherine Morris 10/12/2025 14:00	Y	

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Transfer of unwell patients to main hospital	10/12/2025	There is a risk that unwell dermatology patients and the accompanying RN are exposed to harm during transfer to ED when a taxi with an RN escort is used due to delayed 999 ambulance response	This is caused by variable ambulance availability, absence of a monitored/approved urgent transfer pathway, lone working in a public vehicle without appropriate equipment/monitoring, and inconsistent pre-alert/handover processes.	Which w/could lead to an impact/effect on patient safety (clinical deterioration, delayed treatment), staff safety (violence/aggression, road/ lone-working risk), regulatory compliance (duty of care/IG), and operations (staffing gaps, reputational impact, flow).	Speciality	Medicine	Specialised Medicine	Dermatology		20	20	9	Treat	Default transfer pathway via 999 ambulance for unwell patients. Taxi transfer with RN escort used when 999 response is delayed beyond acceptable thresholds. RN clinical assessment prior to departure (e.g., NEWS2/ABCDE) to judge stability for taxi transfer. ED pre-alert by phone and SBAR handover (ad hoc, variable). Basic Life Support (BLS) competency for escorting RN; conflict management/safeguarding training as per mandatory training. Patient identification and essential information (allergies/alerts) verified and sent with the patient. Has document: No Catherine Morris 10/12/2025 12:47  Datix reporting for all patient transfers to main hospital to ensure accurate reporting and for audit purposes Has document: No Catherine Morris 10/12/2025 12:48  On call system utilised to assess patients prior to transfer and initial first line	Documentation & process evidence  ED pre-alert and SBAR handover recorded in notes or transfer checklist. Capacity/consent/Best Interest decision documented in the patient record. Transfer checklist (once live) captured and filed with the notes. Lone working risk assessment or two-person escort justification documented. Has document: No Catherine Morris 10/12/2025 12:51  Competency & equipment  Mandatory training compliance for escorting staff (BLS, safeguarding/conflict management). Escort grab-bag and portable oxygen (if clinically indicated) check logs (weekly). Has document: No Catherine Morris 10/12/2025 12:51  Operational data  Register of transfers: number of taxi vs ambulance transfers, time of day, acuity (NEWS2), escort composition.	SOP/criteria Draft, approve, and implement Transfer SOP with inclusion/exclusion criteria and SBARSOP approved Has document: No Catherine Morris 10/12/2025 12:55  Lone working Lone working risk assessment to be carried out Has document: No Catherine Morris 10/12/2025 12:56  Equipment Define and stock escort grab-bag (monitoring + PPE; portable O <sub>2</sub> where indicated) with weekly check log Has document: No Catherine Morris 10/12/2025 12:57  ED pre-alert/route Agree transfer and clinical pathway with ED Has document: No Catherine Morris 10/12/2025 12:57  Documentation Implement 1-page transfer checklist (NEWS2, consent/Best Interest, SBAR,	Y	
Operational pressures in cellular pathology resulting in backlogs and delays in reporting	16/06/2023	There is a risk that Delay in histopathology reporting and diagnosis with 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 risk of harm due to long waits; poor patient experience; patient concerns;	Speciality	Medicine	Specialised Medicine	Dermatology		20	20	10	Treat	"Actions in cellular pathology to mitigate delays in turnaround time, including changes to flow, extended days and outsourcing System in place to identify USC specimen for prioritisation "  Has document: No Catherine Morris 27/10/2025 12:13  pathology tracker to identify USC patients and if results not reported within 28 days- secretaries chase the results Has document: No Catherine Morris 10/12/2025 10:38  Datix reporting Has document: No Catherine Morris 10/12/2025 10:41	Pathology emailed by secretaries if results not back within 28 days. Further escalated to the directorate for action after 2 attempts Has document: No Catherine Morris 27/10/2025 12:13  DMT meeting minutes Has document: No Catherine Morris 10/12/2025 10:42	Constraints within cellular pathology but cross cut to Dermatology Has document: No Catherine Morris 27/10/2025 12:13  Sustainability of service with growth in service and activity when additional activity undertaken Has document: No Catherine Morris 27/10/2025 12:13	Y	
Increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures	09/11/2020	There is a risk that there would be increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures due to limited capacity to schedule surveillance procedures.	This is caused by limited capacity to schedule surveillance procedures due to workforce and procedures currently pulled through in chronological vs risk order using corporate BIS surveillance cube	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 and delay in identifying malignant disease. This could cause progression of benign to malignant disease (e.g. polyps, Barrett's oesophagus). Previous series of SI's related to surveillance backlog	Speciality	Medicine	Specialised Medicine	Endoscopy		25	25	4	Treat	Clinical validation of surveillance waiting list Has document: No Catherine Morris 22/10/2025 14:42  risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided Has document: No Catherine Morris 22/10/2025 14:43  high risk surveillance patients started to be listed for procedures Has document: No Catherine Morris 22/10/2025 14:43  team to send patient risk letters for delayed surveillance cases to manage patient risk Has document: No Catherine Morris 22/10/2025 14:43  Ongoing insourcing @ UHL. Mobile Theatre in commissioning phase and predicted to be operational Qtr 1 of 2022. TNE pilot complete and pending evaluation. Surveillance validation ongoing but no further recovery funding agreed to date Has document: No	NEP surveillance spreadsheet validation completed (on s-drive) Has document: No Catherine Morris 22/10/2025 14:44  Regular review of endoscopy position with MCB/exec team including surveillance procedures Has document: No Catherine Morris 22/10/2025 14:44	Procedures currently pulled through in chronological vs risk order using corporate BIS surveillance cube Has document: No Catherine Morris 22/10/2025 14:45  Incomplete clerical validation of surveillance waiting list and PMS update following clerical validation Has document: No Catherine Morris 22/10/2025 14:45	Y	Workforce, capacity, patient flow, IP&C Status: Current Catherine Morris 22/10/2025 14:57
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	Speciality	Medicine	Specialised Medicine	Gastroenterology		20	20	10	Treat	"Actions in cellular pathology to mitigate delays in turnaround time, including changes to flow, extended days and outsourcing System in place to identify USC specimen for prioritisation "  Has document: No Catherine Morris 23/10/2025 13:32	"Straight to test Radiology/CT process in place within Gastroenterology for staging when likely cancers identified through Endoscopy Process in place to escalate urgent cases for MDT" Has document: No Catherine Morris 23/10/2025 13:32	Constraints within cellular pathology but cross cut to Gastroenterology Has document: No Catherine Morris 23/10/2025 13:32  Sustainability of service with growth in service and activity when additional activity undertaken Has document: No Catherine Morris 23/10/2025 13:33	Y	

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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	Speciality	Medicine	Specialised Medicine	Gastroenterology		20	20	12	Treat	Waiting list validated to confirm need for procedure on Propofol/GA Dedicated GA/Propofol endoscopy coordinator optimises available capacity (Jenna) Has document: No Catherine Morris 23/10/2025 09:38  Weekly meetings held to request additional capacity Has document: No Catherine Morris 04/12/2025 09:38	Patients informed of anticipated delays at the time of listing, routinely completed by the consulting clinician.  Production of Endoscopy Dashboard. Has document: No Catherine Morris 23/10/2025 09:38	"Continuous need for Waiting list validation in the context of reduced clinical capacity. Unassured GA / Theatre capacity - creating ad hoc capacity resulting in patients having delayed procedures. Limited bed capacity to admit patients to due to current UHW footprint and pressures." Has document: No Catherine Morris 23/10/2025 09:40  Lack of evidence that patients are provided with advice of waiting times and safety netting advice.  GA waiting times not highlighted specifically on reporting dashboards. Has document: No Catherine Morris 23/10/2025 09:41  16.07.2024 Continued issues with unassured GA activity; causing delays in treatment and harm to patients. GM liaising with SCB regarding assured GA capacity - update sought. " Has document: No Catherine Morris 23/10/2025 09:41	Y	workforce, finance, capacity Status: Current Catherine Morris 23/10/2025 09:42
Nursing and Medical Workforce	31/03/2022	There is a risk that there will be a reduced service activity due to staffing levels. The Medical Workforce have very limited capacity to cover on calls during times of annual leave and are struggling to meet CPD requirements. Nursing workforce will have 2.7wte gap in establishment	This is caused by vacancies & absence across all disciplines (Admin & Clerical, Medical & Nursing) are putting the service under significant pressure. Medical & Nursing vacancies are a particular concern with repeated attempts to recruit but without success.	Which w/could lead to an impact/effect on patient concerns due to delays in care delivery; patient harm due to delays in delivering care i.e. Waiting times for initiation of new biologics is 6-8 to initial assessment by the nurse and 12 weeks to start treatment	Speciality	Medicine	Specialised Medicine	Rheumatology		25	25	3	Treat	1 bank nurse who works 3 shifts per week Has document: No Catherine Morris 17/12/2025 10:40  Daily escalation to MCB regarding nurse staffing and clinic closures due to nurse staffing constraints Has document: No Catherine Morris 17/12/2025 10:41  Datix reporting Has document: No Catherine Morris 17/12/2025 10:42	Cross cover within staffing groups to limit impact with home working utilised where possible to continue to deliver clinical activity for medical workforce Has document: No Catherine Morris 27/10/2025 14:19  Daily escalation to MCN regarding nursing workforce Has document: No Catherine Morris 17/12/2025 10:42	"Only some components of clinical workload can be delivered remotely (e.g. clinics) & limitations by IT access " Has document: No Catherine Morris 27/10/2025 14:19  "Clinical areas require a core minimum workforce group below which activity is reduced  Current recruitment freeze within UHB impacting on nurse recruitment and delays in vacancies being approved Has document: No Catherine Morris 27/10/2025 14:19  Nursing workforce reliant on 1 bank nurse to cover the day unit clinics. Clinic has to shut if this nurse is on annual leave or unable to pick up shifts Has document: No Catherine Morris 17/12/2025 10:45	Y	
Rheumatology waiting list times	01/07/2021	There is a risk that urgent cases will wait too long on rheumatology waiting list as number of patients waiting over 52 weeks has significantly increased	This is caused by Welsh govt directive that no patients should be waiting longer than 52 weeks. Urgent cases are prioritised, resulting in routine referrals experiencing a longer wait to be seen. Urgent waiting time is currently 65 weeks and routine waiting 75 weeks	Which w/could lead to an impact/effect on patient safety, experience and outcomes	Speciality	Medicine	Specialised Medicine	Rheumatology		25	25	10	Treat	"Existing controls: Urgent patients expedited where possible. Additional clinics arranged by consultants to see patients with significant delay. Adequacy of existing controls: Inadequate Summary of additional controls required: Additional resource as per recovery plan with Consultant session" Has document: No Catherine Morris 27/10/2025 14:04	The Rheumatology Department continue to escalate the waiting list position and associated risk. The DMT will continue to request recurrent funding to build sustainable recovery plans, increase capacity and reduce the waiting list Has document: No Catherine Morris 27/10/2025 14:04  Datix reporting Has document: No Catherine Morris 17/12/2025 10:35	Unable to recruit to clinical posts on a longer term/ substantive basis therefore very little interest during recruitment (max 6 month contracts in 21/22) Has document: No Catherine Morris 27/10/2025 14:04  Workforce will not meet current demand despite additional funding for RTT locum in 2026 Has document: No Catherine Morris 17/12/2025 10:36  Long term sickness within consultant workforce impacting on waiting times Has document: No Catherine Morris 17/12/2025 10:36	Y	
Suspected Giant Cell Arteritis diagnostic imaging	04/07/2023	There is a risk that , patients with suspected Giant cell Arteritis (GCA) are not receiving BSR & EULAR recommended diagnostic imaging for GCA. It is known that 15% or more of patients with GCA are reported to have a negative tissue result, therefore ultrasound should be the first line investigation for GCA. Loss or compromise of treatment	This is caused by workforce constraints in Radiology	Which w/could lead to an impact/effect on patient concerns due to delays in care delivery; patient harm due to delays in delivering care	Speciality	Medicine	Specialised Medicine	Rheumatology		12	20	4	Treat	Other modes of testing utilised i.e. bloods and steroid treatment Has document: No Catherine Morris 27/10/2025 14:40  Datix reporting Has document: No Catherine Morris 17/12/2025 11:03	Rheumatology have secured recommended transducer for service to undertake appropriate scans Has document: No Catherine Morris 27/10/2025 14:40  reporting at Q&S meetings Has document: No Catherine Morris 17/12/2025 11:04	Radiology requiring financial recompense for procedures Has document: No Catherine Morris 27/10/2025 14:40  No timeline for resolution Has document: No Catherine Morris 27/10/2025 14:41	Y	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Medical staffing	01/06/2018	There is a risk that waiting times and nurse led clinics would suffer delays due to lack of medical cover.	This is caused by medical cover being significantly reduced following the addition of junior medical team to the medical on call rota. There is also a limited consultant cover due to maternity/paternity leave.	Which w/could lead to an impact/effect on waiting times and nurse led clinics which will have an impact on patient care	Speciality	Medicine	Specialised Medicine	Rheumatology		20	20	8	Treat	"Adequacy of existing controls: Inadequate: Summary of Controls required: Service manager to notify DMT of any other occurrences where nurse led clinics will not have medical support to give opportunity to address if possible. Additional medical cover needed to replace what has been lost to the service. 5.4.22 addition; Due to Medical staffing constraints at both Senior & junior level and commitment to GIM on call rota, the Rheumatology on call rota cannot be covered adequately, meaning that only an advisory service from Consultant Rheumatologist can be facilitated and certainty of delays in patients receiving specialist Rheumatology reviews if they present as an emergency" Has document: No Catherine Morris 27/10/2025 13:39	Update - 22/03/2023 - Hot clinics initiated with split consultant post with Acute medicine, however inadequate medical cover for Rheum on-call cover and impacted on consultant work load and reduced activity for both F/U and new patient capacity in clinic. If on-call consultant/reg in UHL, then this falls to the day unit nurses impacting their workload. Has document: No Catherine Morris 27/10/2025 13:40	Funding, workforce, recruitment Has document: No Catherine Morris 27/10/2025 13:41	Y	
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.	Speciality	Medicine	Specialised Medicine	Welsh Gender Service		25	25	5	Treat	Proactive engagement with interested clinicians 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. Has document: No Catherine Morris 28/10/2025 09:27	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. Has document: No Catherine Morris 28/10/2025 09:27	No capacity and resource currently available to meet Psychology demand 08/02/2023 Risk mitigated with increased Psychology capacity Has document: No Catherine Morris 28/10/2025 09:28	Y	
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, 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.	Speciality	Medicine	Specialised Medicine	Welsh Gender Service		20	20	8	Treat	LGTs in each local HB to resume agreed activity. Has document: No Catherine Morris 28/10/2025 08:31	"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. " Has document: No Catherine Morris 28/10/2025 08:31	Limited capacity and resource available to meet demand. Has document: No Catherine Morris 28/10/2025 08:31	Y	
HPN (Home Parenteral 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 from 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	Business unit	Medicine	Specialised Medicine			20	20	20	Tolerate	Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated Previous business case and SBAR to WHSSC for additional service support including consultant post Has document: No Lyndsey Macdonald 22/10/2025 14:43	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) Has document: No Lyndsey Macdonald 22/10/2025 14:44	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) Has document: No Lyndsey Macdonald 22/10/2025 14:45	N	Dependant upon agreement of funding by WHSSC/UHB and availability of suitability experienced workforce to fill new posts Status: Current Lyndsey Macdonald 22/10/2025 14:48

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	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.	Division	Medicine				25	20	10	Treat	<p>Prioritisation of patients by clinicians based on clinical urgency. Has document: No Sian Rowlands 03/10/2024 11:32</p> <p>Formal arrangement in place with ABHB for EMR. Has document: No Sian Rowlands 03/10/2024 11:34</p> <p>Additional sessions offered to clinicians to increase capacity for complex endoscopy Has document: No Sian Rowlands 03/10/2024 11:34</p>	MCB Board reporting, Endoscopy Delivery group oversight, Exec scrutiny of performance and Joint Commissioning Committee. Has document: No Sian Rowlands 03/10/2024 12:16	Arrangement in place with ABHB is only temporary. Has document: No Sian Rowlands 03/10/2024 12:18	N					
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. 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. There is also risk to patient and staff experience and to organisational reputation. OAB bed usage impacts on Length of Stay. There is a requirement for governance oversight and assurance. Delayed clinical review and discharge planning.	Business unit	Mental health	Adult Mental Health			25	20	4	Treat	<p>Escalation card actions developed. Daily bed management meetings. Once weekly CB bed management meetings. Patient flow teams in place. OOA beds being sought but at high cost to MHCBC On CCAPS framework bed use where possible Discharge planning initiated at point of admission OOA boardround HYC inpatient ward round and boardround Weekly DTOC meetings In-situ housing officers for Cardiff LA and Vale LA. Has document: No Rachel Ackerman 27/02/2026 08:48</p>	All relevant managers notified Liaison between stakeholders Escalation routes in place Clinical governance processes maintained Has document: No Gwilym Griffiths 09/03/2026 16:12	Inconsistent quality and timeliness of clinical information from private providers Has document: No Gwilym Griffiths 09/03/2026 16:13	Y					
St Barruc Ward isolation	19/09/2025	There are risks 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  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	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.  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	Speciality	Mental health	MHSOP	St Barruc Ward, Barry		20	20	6	Treat	<p>GPs attend twice a week. Has document: No Joanne Wilson 19/09/2025 16:45</p> <p>Increase Senior Nurse support to twice a week. Including physical health nurse. Has document: No Joanne Wilson 19/09/2025 16:45</p> <p>News 2 implemented to identify deteriorating patient. Has document: No Joanne Wilson 19/09/2025 16:45</p> <p>Clear procedure to access 999. Has document: No Joanne Wilson 19/09/2025 16:46</p> <p>Physical Health Training Sessions provided to staff. Has document: No Joanne Wilson 19/09/2025 16:46</p> <p>Training to be provided – bladder scanner/ECG. Has document: No Joanne Wilson 19/09/2025 16:46</p>	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 Has document: No Joanne Wilson 19/09/2025 16:48	Lists of trained Staff trained in each physical health skill. Has document: No Joanne Wilson 19/09/2025 16:48	999 Emergency response procedure sign off on CDOG Has document: No Joanne Wilson 19/09/2025 16:48	Ward managers meeting 3 times a week to identify physically and psychiatrically unwell patients and put extra support in place. Has document: No Joanne Wilson 19/09/2025 16:48	Datix reports identifying delays in care. Has document: No Joanne Wilson 19/09/2025 16:48	Training does not alleviate the inequitable service patients receive in Barry Hospital compared to UHL, where emergency response and physical health care is available more regularly Has document: No Joanne Wilson 10/11/2025 12:48	Y	Space availability in UHL Status: Current Joanne Wilson 19/09/2025 16:51
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 of 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 don't 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	Division	Mental health				20	20	4	Treat	<p><a href="https://nhs.wales365.sharepoint.com/sites/CAV_mentalhealthdepartment/SitePages/Building-Works-at-Hafan-Y-Coed-Hospital.aspx">https://nhs.wales365.sharepoint.com/sites/CAV_mentalhealthdepartment/SitePages/Building-Works-at-Hafan-Y-Coed-Hospital.aspx</a></p> <p>Link on MHCBC Sharepoint page to demonstrate the Capital works plan for making the Reception area safer Has document: No Joanne Wilson 09/03/2026 16:04</p>	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 Has document: No Joanne Wilson 09/03/2026 16:05	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 Has document: No Joanne Wilson 09/03/2026 16:07	Y					

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
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.	Division	Mental health				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. Has document: No	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. Has document: No Teresa Delaney 09/03/2026 13:15	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. Has document: No Teresa Delaney 09/03/2026 13:16	Y	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.
Open Staircase Leading to Derelict Area of Hospital Accessed via CAV 24/7 Lobby	24/03/2026	The staircase within the TDSI lobby at the CAV 24/7 Call Centre remains open and provides direct access to the derelict area above the call centre. This area shows evidence of feathers, bird faeces and bird carcasses, and the concern was identified during an IP&C walkaround. The derelict space contains exposed asbestos from ceiling collapse, and several open windows, creating significant infection control and security risks for staff.	The staircase within the TDSI lobby area of the CAV 24/7 Call Centre has not been secured, permitting direct access to a derelict area with known contamination (bird droppings, feathers, carcasses), open windows, and exposed asbestos materials.	Potential for health impacts from airborne contaminants, infection control issues, reduced staff safety, breach of asbestos management requirements, and increased security vulnerabilities within the call centre environment.	Speciality	Primary, Community & Intermediate Care	CAV 24/7 & OOH	CAV 24/7 & OOH		20	20	8	Treat	MR 332029 Has been raised to estates. IP&C aware due to walkaround Domestic cleaning of the lower stairs currently being undertaken Increased staff awareness Has document: No Jayne Gay 24/03/2026 12:28  A secure door to be installed at the top of the staircase to restrict access to the derelict area, isolating staff from asbestos and environmental contamination and preventing unauthorised entry. Estates will ensure the area is formally locked off to improve security and reduce infection control risks, Has document: No Jayne Gay 24/03/2026 12:31	The installation of a secure door at the top of the staircase, combined with the isolation of the derelict area and adherence to Estates and IP&C requirements, will provide effective assurance that access is restricted, exposure to asbestos and environmental hazards is prevented, and building security is maintained. Has document: No Jayne Gay 24/03/2026 12:29	There are currently no effective physical, environmental, infection-control, or security measures in place to prevent staff or intruders accessing the hazardous derelict area, leaving asbestos, contamination, and entry risks unmanaged. Has document: No Jayne Gay 24/03/2026 12:21	Y	Work has been subcontracted to third party Status: Current Jayne Gay 24/03/2026 12:27
Nurse Triage Staffing Levels	11/03/2026	(Previous Risk ref CAV 24) There is a risk that nurse triage is uncovered.	This is caused by vacancy and short and long term sickness	Which w/could lead to an impact/effect on patient safety and the ability to meet the required standards of the service offered, UHB reputation and low morale within the team	Speciality	Primary, Community & Intermediate Care	CAV 24/7 & OOH	CAV 24/7 & OOH		20	20	15	Treat	Active rota management, mitigating gaps with CP's and Minor illness staff. Has document: No Lynsey Par-Young 11/03/2026 12:53	Daily Rota checks, Clinical management to check work load and if able to support. Open communication with staff advising of the gaps. Continue to escalate. Have increased GP capacity when no nurse cover. Has document: No Lynsey Par-Young 11/03/2026 12:41	Staff increasing reluctant to move contracted hours or change shifts, due to low morale. Bank staff contacted, but WTD compliance restricts how many hours staff work. Reduced face to face appointments, moving ANP's or Minor Illness. UPCC reduction of inbound triage. Has document: No Lynsey Par-Young 11/03/2026 12:43	Y	Further sickness within the team. Staff seeking different employment. Status: Current Lynsey Par-Young 11/03/2026 12:46
Worker Status of GPs working in Out of Hours Service (CaV 24/7)	01/07/2024	PCIC Risk Reference: CAV11 There is a risk that some GPs may challenge their worker status with the UHB	This is caused by recent cases in NHS Wales where GPs have successfully challenged their right to worker status, working for an OOH provider in another UHB	Which w/could lead to an impact/effect on financial position and workforce pressures	Speciality	Primary, Community & Intermediate Care	CAV 24/7 & OOH	CAV 24/7 & OOH		20	20	10	Treat	Salaried GP roles offered to all GP's. Updated consultancy agreement shared with all GP's. Has document: No Rachel Armitage 08/09/2025 09:27  Working closely with Legal and Risk Has document: No Rachel Armitage 08/09/2025 09:28  Rota patterns changed alongside C&D. Has document: No Rachel Armitage 08/09/2025 09:28  All Wales working on a worker status Contract Has document: No Rachel Armitage 08/09/2025 09:28  The risk has been accounted for within the financial position and forecast at Month 5 based on the latest intelligence, including backpay risks to April 2022. Has document: No Rachel Armitage 08/09/2025 09:30  Plans for costs included within Clinical Board financial forecast Has document: No	From: Chris Markall (Cardiff and Vale UHB - Finance) Christopher.Markall@wales.nhs.uk Sent: 05 September 2025 12:48 To: Lisa Waters (Cardiff and Vale UHB - PCIC) Lisa.Waters@wales.nhs.uk; Sherard Lemaitre (Cardiff and Vale UHB - Out Of Hours) Sherard.Lemaitre2@wales.nhs.uk Cc: Eleri Thomas (Cardiff and Vale UHB - Primary, Community and Intermediate Care (PCIC)) Eleri.Thomas4@wales.nhs.uk; Rachel Armitage (Cardiff and Vale UHB - PCIC) Rachel.Armitage@wales.nhs.uk Subject: Re: Risk Register  From a financial perspective, this remains a significant unfunded issue that is nearing crystallisation. However, the risk has been accounted for within the financial position and forecast at Month 5 based on the latest intelligence, including backpay risks to April 2022.  The impact of accounting for this risk, assuming no WG funding, could be failure of the Clinical Board to deliver its control total in 2025/26, and a recurrent 'up to' £0.8m pressure.	Old consultancy agreement that differs across Wales. Has document: No Rachel Armitage 08/09/2025 09:34  All Wales working on worker status contract but financial implications because of backpay Has document: No Rachel Armitage 08/09/2025 09:35  05.09.2025: this remains a significant unfunded issue that is nearing crystallisation. Has document: No Rachel Armitage 08/09/2025 09:35  Efforts to secure WG financial support for this national issue should be ongoing. Has document: No Rachel Armitage 08/09/2025 09:35	Y	This matter is under discussion at an All Wales level; therefore mitigation is not wholly within PCIC control. Status: Current Rachel Armitage 30/04/2026 11:04

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Prescribing budget	25/08/2015	PCIC Risk Register reference: MM005 NB duplicate number  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.  There is a legal responsibility to make certain medicines available e.g those with a NICE TA or AWMMSG appraisal  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  Savings 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, and 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.	Business unit	Primary, Community & Intermediate Care	Community Pharmacy / Medicines Management			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  Has document: No Rachel Armitage 08/09/2025 09:59  Monthly meetings with finance team  Has document: No Rachel Armitage 08/09/2025 09:59  Cost-effective prescribing considered and appropriate access to medicines encouraged via formulary process and at Medicines Management Meetings  Has document: No Rachel Armitage 08/09/2025 09:59  Processes in place within the Analytics team to proactively identify changes in Drug Tariff  Has document: No Rachel Armitage 08/09/2025 09:59  MM team are members of the National Medicines Value and Sustainability Group to influence and prioritise savings ideas on an	Value and Sustainability priorities highlight priority areas identified on an All Wales Basis each year  Has document: No Clare Clement 20/03/2026 13:23  Lead Pharmacists Peer Group established to share best practice and ideas between UHBs  Has document: No Clare Clement 20/03/2026 13:24  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  Has document: No Clare Clement 20/03/2026 13:25  Audit plan in place to ensure appropriate use of medicines in line with Clinical Guidelines  Has document: No Clare Clement 20/03/2026 13:25  UHB Medicines Implementation and Governance Group allows for oversight of cost effectiveness and financial risk in decision making relating to medicines access  Has document: No	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  Has document: No Rachel Armitage 08/09/2025 10:00  Consequences of COVID, BREXIT and energy costs on supply chain and manufacturing costs are impacting on medicine costs  Has document: No Rachel Armitage 08/09/2025 10:00  Price concessions and changes in drug tariff price are UK wide and unable to be influenced by the UHB  Has document: No Rachel Armitage 08/09/2025 10:01  More advanced therapy tends to be at increased cost  Has document: No Rachel Armitage 08/09/2025 10:01  More community services are being delivered increasing activity in primary care, including expansion of clinical services	Y	
Heightened violence and aggression with the service due to patient group	18/12/2024	There is a risk of heightened violence and aggression within the service	This is caused by the patient group accessing CAVHIS	Which w/could lead to an impact/effect on staff wellbeing (physical & mental) as well as a risk for other service users locally to CAVJIS or to the wider CRI service users and staff	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	Cardiff and Vale Health Inclusion Service (CaVHIS)		20	20	8	Treat	1. Panic Alarms in the rooms 2. Staff members V+A module C trained 3. Debriefs in place 4. Wellbeing support  Has document: No Daniel Jones 31/03/2026 10:26	1. Staff V+A trained 2. UHB Zero Tolerance Policy 3. ATS National Protocol in place 4. Patient specific risk assessments and management plans 5. Risk register, Q&S meetings/ ICE meeting 6. De-escalation training  Has document: No Daniel Jones 31/03/2026 10:27	No CCTV inside and outside Unpredictability of patients – unable to control behaviour  Has document: No Daniel Jones 31/03/2026 10:30	Y	
Loss of automated results management	13/07/2025	There is a risk that the 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.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	Department of Sexual Health		20	20	10	Treat	Engagement with Signum, Lillie and Intersystems Healthcare to develop an interim solution.  Has document: No Victoria Whitchurch 31/03/2026 11:38  Agreement from LIMS to integrate with Signum as a long-term replacement solution.  Has document: No Victoria Whitchurch 31/03/2026 11:38		Agreement secured to integrate LIMS2 with Lillie Healthcare as a long-term solution.  Has document: No Victoria Whitchurch 31/03/2026 11:39  Work to link systems sits with DHCW, giving the team minimal influence over prioritisation  Has document: No Victoria Whitchurch 31/03/2026 11:40  Difficulty securing attendance of key people in coordination meetings  Has document: No Victoria Whitchurch 31/03/2026 11:40	Y	
Notification of sexual partner of sexually transmitted infection (DoSH11-25).	24/03/2026	(Previous risk reference DoSH11-25)  There is a risk that sexual partner notification of sexually transmitted infection and to meet service requirements to effectively deliver documented outcomes following STI treatment are not communicated .	This is caused by an increasing incidence of STI's in the population of Cardiff and Vale of Glamorgan. DoSH are unable to complete this requirement due to the increase in numbers of patients and shortage in workforce to make the notification calls.	Which could lead to an impact sexual partners unaware of a STI. Reliance on partner disclosure. High risk patients will need support to notify partners. There could also be an increase in STI's should the patients not share they have an STI.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	Department of Sexual Health		20	20	8	Tolerate	Encourage individuals to notify partners directly where appropriate.  Has document: No Tracey Skyrme 24/03/2026 14:20  Support patient with High Risk notification.  Has document: No Tracey Skyrme 24/03/2026 14:21  High Risk individuals to be added to the recall list.  Has document: No Tracey Skyrme 24/03/2026 14:21	Managed through risk oversight by the senior clinical team.  Has document: No Tracey Skyrme 24/03/2026 14:22	No robust system in place to reassure partner notification and documented outcomes following treatment for STI.  Has document: No Tracey Skyrme 24/03/2026 14:26  Recruitment of staff to support workstream difficult with budgetary and recruitment sanctions.  Has document: No Tracey Skyrme 24/03/2026 14:28	N	
Loss of automated results functionality (DoSH 06-25).	24/03/2026	(Previous risk reference DoSH 06-25)  There is a risk that clinical results will not be accessed in a timely manner.	This is caused by the liquidation of Millcare EPR the original laboratory which had a lab link reporting system. There is a risk that the department of sexual health will lose automated results functionality.	Which could lead to an impact on patient diagnosis and care, without timely results reporting and the clinician searching for the results manually will impact on workload.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	Department of Sexual Health		20	20	8	Tolerate	Engagement with Signum healthcare to work towards developing a robust interim solution.  Has document: No Tracey Skyrme 24/03/2026 12:16	Agreement from LIMS to integrate with Signum healthcare as a long term solution.  Has document: No Tracey Skyrme 24/03/2026 12:18	Laboratory results will take longer to acquire whilst a permanent solution is found to generate automatic results.  Has document: No Tracey Skyrme 24/03/2026 12:19  There is currently no long term solution.  Has document: No Tracey Skyrme 24/03/2026 12:20	N	Reliance on external companies to facilitate a solution for automatic laboratory results reporting. Status: Current Tracey Skyrme 24/03/2026 12:22
Delays in Prison Service Vetting Processes	31/03/2026	There is a risk that inability to onboard staff in a timely manner.	This is caused by Slow external vetting procedures.	Which w/could lead to an impact/effect on Staffing shortages, over-reliance on agency, service instability.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	HMP Cardiff		20	20	12	Treat	Early submission of vetting paperwork Monitoring by admin team Escalation to prison service where delays evident  Has document: No Rebecca Stringer 31/03/2026 14:39	Vacancy tracking Vetting turnaround reports Workforce KPIs  Has document: No Rebecca Stringer 31/03/2026 14:39	Vetting delays directly impacting staffing No ability to accelerate vetting Increased reliance on agency  Has document: No Rebecca Stringer 31/03/2026 14:39	Y	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Emergency/Urgent Care Transfer Delays	31/03/2026	There is a risk that Men requiring urgent or emergency secondary care experience clinically unsafe delays in transfer.	This is caused by Prison escort availability delays. Protocols not reflecting clinical urgency. Operational constraints (e.g., lock-downs, staffing shortages)	Which w/could lead to an impact/effect Deterioration of time-critical conditions (e.g., sepsis, cardiac symptoms, head injuries). Increased likelihood of cardiac arrest or severe complication in custody. Extended monitoring burden on on-site staff, limiting ability to respond to other emergencies.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	HMP Cardiff		20	20	12	Treat	bi weekly meeting with Gov Radio escalation through prison ops On-site triage / monitoring until transfer Has document: No Rebecca Stringer 31/03/2026 12:29	Datix for delayed transfers Transfer time audit Senior nurse reviews of urgent care cases Has document: No Rebecca Stringer 31/03/2026 12:29	Transfer process delays outside healthcare control Protocols not aligned with clinical urgency No KPI monitoring for transfer timeliness Has document: No Rebecca Stringer 31/03/2026 12:30	Y	
Workforce and Staffing (Reliance on Temporary Workforce)	31/03/2026	Workforce unable to safely meet clinical demand	Unsuccessful recruitment leading to vacancies	Reduced care continuity, increased pressure on substantive staff, clinical safety risk.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	HMP Cardiff		20	20	16	Treat	Agency coverage daily staffing reviews scheme of delegation active recruitment managing attendance/ sickness panels Has document: No Rebecca Stringer 31/03/2026 11:43	Rostering audits Agency usage reports Daily operational handover escalation pathway Has document: No Rebecca Stringer 31/03/2026 11:44	High vacancy rate persists Limited assurance around agency competency Has document: No Rebecca Stringer 31/03/2026 11:45	Y	Vetting process within prison challenging environment Status: Current Rebecca Stringer 31/03/2026 11:47
Inadequate Healthcare staffing levels in HMP problematic for the delivery of care (HMP-18).	24/03/2026	(Previous risk reference - HMP-18). There is a risk that insufficient staffing levels within the nursing team that will impact on the delivery of care services to HMP patients-administration of medication, assessment of new arrivals to HMP Cardiff and ongoing triage of patients.	This is caused by insufficient staffing levels and workforce establishment numbers.	Which could lead to an impact on healthcare delivery to patients within HMP Cardiff, patient experience , patient safety and morale of staff.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	HMP Cardiff		20	20	8	Tolerate	Regular staff meetings. Has document: No Tracey Skyrme 24/03/2026 15:44  SMT undertake OD work to cascade. Has document: No Tracey Skyrme 24/03/2026 15:45  Support for those staff who feel they're subject to concerns/issues raised. Has document: No Tracey Skyrme 24/03/2026 15:46  Management provided to staff when concerns are raised. Has document: No Tracey Skyrme 24/03/2026 15:47  Improved HR support. Has document: No Tracey Skyrme 24/03/2026 15:47	Regular meetings with HR to review concerns raised to ensure processes are being followed. Has document: No Tracey Skyrme 24/03/2026 15:48  Ensure full compliance with mandatory learning. Has document: No Tracey Skyrme 24/03/2026 15:49  Promotion of good practice and behaviours via fortnightly focus meetings. Has document: No Tracey Skyrme 24/03/2026 15:50  New management team embedding new changes Has document: No Tracey Skyrme 24/03/2026 15:52	Limited time for staff to undertake training. Has document: No Tracey Skyrme 24/03/2026 15:53  Awaiting OD support Has document: No Eleri Thomas 27/03/2026 12:34  Allocation of new HR support Has document: No Eleri Thomas 27/03/2026 12:34	Y	
Local development plan cannot ensure access for all patients (NW10).	23/03/2026	(Previous risk reference NW10) There is a risk that the locality cannot ensure access to primary and community care services for all patients residing in the area.	This is caused by the Local Development plan for Cardiff proposing 40,000 new homes centred on the development of key strategic sites. The North and West Locality is disproportionately effected by the planned growth.	Which could lead to an impact on a number of pressure points for GMS and Community Service delivery, identified as North-East, North-West and Cardiff and south of Creigau. Equality of access and appropriate provision of services will not be possible.	Business unit	Primary, Community & Intermediate Care	Integrated Community Care Services (ICCS)			20	20	8	Tolerate	Monitoring of locality capacity to deliver services in line with the development plan progression, to ensure patient population can be cared for in the locality. Has document: No Tracey Skyrme 23/03/2026 11:01	LDP growth not high as expected, review 6 weekly of Risk Register. Has document: No Tracey Skyrme 23/03/2026 11:08	The development of HB estates is hindered by the lack of effective and timely procurement support. Has document: No Tracey Skyrme 23/03/2026 11:10	N	
Cluster based services interface with GP based patient record systems	19/03/2026	(Previous risk reference Cardiff 1) There is a risk that the GP based patient record systems interfaced with Vision 360 and Vision Anywhere, will no longer be able to utilise this method to view GP records and write any intervention into the GP record. GPs will no longer be able to use this to directly book into the cluster based predefined clinics.	This is caused by the National Implementation programme for all GP practices to move to the EMIS patient system. There is a planned 2 year planned migration programme. with no support or availability to use from December 2024.	Which would lead to an impact on patient care interventions and recommendations may not be available in a timely fashion within their GP records impacting on quality of care, resources within the services, and the level of activity that will be able to be delivered. Referrals are reduced to imaging and specialities which will have an adverse effect on patients.	Business unit	Primary, Community & Intermediate Care	Integrated Community Care Services (ICCS)			20	20	8	Treat	Introduction of black pear write back into patient notes, with a work around for practices still on Vision. Has document: No Tracey Skyrme 23/03/2026 09:02  A suitable booking system is in place t enable patients to be booked into cluster services Has document: No Tracey Skyrme 23/03/2026 09:04  Monitoring of the current systems in place to reassure they are working appropriately for the GP clusters. Has document: No Tracey Skyrme 23/03/2026 09:06	Does black pear work for all GP practices that have migrated to EMIS? Has document: No Tracey Skyrme 23/03/2026 09:20  The GP based patient record systems interfaced with Vision 360 and Vision Anywhere, will no longer be able to utilise this method to view GP records and any intervention may not be recorded in the GP record Has document: No Tracey Skyrme 23/03/2026 09:29	Y		

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New GDS Contract	16/07/2025	PCIC Risk Reference: PC037  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. 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: Further deterioration in the morale of the GDS workforce. Return of NHS dental contracts. NHS dental activity delayed / lost due to the time constraints within the procurement tender processes. Lack of interest from the dental community in any subsequent procurement tender process. Loss of NHS dental provision and activity. Potential for CDS to be overwhelmed. 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. The changes also risk demoralising the dental	Business unit	Primary, Community & Intermediate Care	Primary Care			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. Has document: No Rachel Armitage 03/09/2025 11:20  The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal. Has document: No Rachel Armitage 03/09/2025 11:20  The HB contributed to responses from other stakeholders. Has document: No Rachel Armitage 03/09/2025 11:40  The HB continues to communicate frequently with the LDC to understand their concerns. Has document: No Rachel Armitage 08/09/2025 09:16  When the final version of the contract is confirmed, the HB will need to consider how best to mitigate the various consequences	The UHB has submitted a full response to WG regarding the new dental contract proposal outlining the potential risks relating to the proposed changes. Has document: No Rachel Armitage 03/09/2025 11:15  The HB continues to communicate frequently with the LDC to understand their concerns. Has document: No Rachel Armitage 03/09/2025 11:15  The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal. Has document: No Rachel Armitage 03/09/2025 11:16  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. Has document: No Rachel Armitage 03/09/2025 11:16	Providers who currently hold a GDS contract only need to give three months' notice of termination of their contract. Has document: No Rachel Armitage 03/09/2025 11:17  Any funding returned from GDS contracts would need to receive approval for re-investment into GDS. Has document: No Rachel Armitage 03/09/2025 11:17  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. Has document: No Rachel Armitage 03/09/2025 11:18  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. Has document: No Rachel Armitage 03/09/2025 11:18	N	
BEST Patient database system support to end	13/04/2017	ALAS - All Services, BEST Vendor extended support will end December 2026 The Welsh Government's IM&T Strategy, Informing Healthcare states that 'Breaches of confidentiality and security will be the greatest risk to the credibility of the Informing Healthcare programme, and all reasonable steps will be taken to ensure that they do not occur.' (Welsh Government, 2003) This message is reiterated throughout Informed Health and Care A Digital Health and Social Care Strategy for Wales (NHS Wales, 2015). The BEST database server has exceeded its extended support end date from the vendor. The software no longer receives updates from the vendor. The software no longer receives stability updates from the vendor. The software no longer receives security updates from the vendor.  Updates to other software that interact with BEST (such as Oracle) may cause the BEST database server to be incompatible with the other software. Updates to the server's operating system may cause stability issues with the database server. Security flaws that are identified in the database software are not being patched by the vendor.	SoftOptions (vendor) are no longer supporting our version of our BEST patient database system. The support will cease from December 2026	There would be no system to manage the data that is held on all ALAS patients and medical equipment. The service would not be able to run	Speciality	Specialist Services	Artificial Limb & Appliance Service	ALAS - Directorate		15	20	4	Treat	No Controls in place other than to upgrade to new version Has document: No Gavin Cooper 31/10/2025 13:30  Business Case expenditure Has document: Yes Gavin Cooper 31/10/2025 13:33	Working with vendor in upgrading to new version of BEST. Vendor will continue to support while this process is ongoing Has document: Yes Gavin Cooper 31/10/2025 13:32	Upgrade of the BEST database server and file server to a version which is still within its extended support end date. Has document: No Gavin Cooper 31/10/2025 13:34	Y	Financial and manpower to manage the upgrade Status: Current Gavin Cooper 31/10/2025 13:34
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.	Speciality	Specialist Services	Artificial Limb & Appliance Service	ALAS - Electronic Assistive Technologies Service		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. A long-term plan to develop the specialist staff resource via potential rotation training posts. Has document: Yes Gavin Cooper 20/11/2025 11:57	Patients will continue to be triaged and prioritised according to clinical need Has document: No Gavin Cooper 20/11/2025 11:57	There is usually no language support for assessment and provision for Welsh speaking adults Has document: No Gavin Cooper 20/11/2025 11:58	Y	Funding for Additional post Status: Current Gavin Cooper 20/11/2025 11:59

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
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	Speciality	Specialist Services	Artificial Limb & Appliance Service	ALAS - Electronic Assistive Technologies Service		20	20	6	Treat	Some support by Adult SLT's and Technical assistants in providing support and issuing / following up on communication aid equipment Has document: Yes Gavin Cooper 31/10/2025 14:32	patients numbers reviewed locally and at ALAS reporting levels. Waiting lists reported to ALAS senior managers and reported back to commissioners Has document: No Gavin Cooper 31/10/2025 15:55	Business case and risk assessment for additional staffing Has document: Yes Gavin Cooper 31/10/2025 14:34	Y	
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.	gaps in processes, lack of workforce to support the full workload across the device service, impact of staff being pulled away to cover other areas within the service and loss of capacity within pacing theatre due to no pacing fellow, implementation of consultant of the week and on-call commitments.	risk of deaths to patients waiting for box changes or waiting new implants	Speciality	Specialist Services	Cardiothoracic	Cardiac Physiology		20	25	10	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 but backlog of patients needs to be addressed to support this. Has document: No Gayle Smith 03/11/2025 10:07	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. Has document: No Gayle Smith 03/11/2025 10:08	Reviewing capacity and booking templates and processes. Short term support from research fellow to increase capacity. Has document: No Gayle Smith 03/11/2025 10:08	Y	
Admin Staffing Crisis in Cardiac Physiology	03/10/2025	Increased waiting times for all cardiac physiology areas. Staff under extreme pressure to book appointments and meet targets. Significant number of customer queries and complaints as a result.	Vacancies not being filled. 2x band 3 co-ordinator vacancies and 1x band 2 receptionist vacancy. In addition to 2x members of staff on LTS. This leaves us with 1x PT and 1x FT individual.	Appointments and targets being missed, left unused in all Cardiac Physiology Areas. Device service under significant pressure to undertake new implants and box changes.	Speciality	Specialist Services	Cardiothoracic	Cardiac Physiology		20	20	2	Treat	Support being provided from directorate however this is not sustainable to risk associated with this Has document: No Mike Henson 15/10/2025 13:55	DMT have provided support from other areas. Training being provided but this support is limited. Has document: No Mike Henson 03/10/2025 15:43	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. Has document: No Mike Henson 03/10/2025 15:34	Y	Funding remains a barrier due to the health boards current financial constraints Status: Current Mike Henson 15/10/2025 13:52
Deaths on Cardiac Surgery Waiting List	15/10/2025	There is a risk that patients who have been waiting for longstanding elective admissions under Cardiac Surgery are not being seen in a timely manner and may result in Deaths on the waiting list.	This is caused by the inability to treat patients through the elective stream due to staff shortages (lack of theatre and CITU staff) resulting in the lack of available theatre lists to run elective activity, on top of emergency and inpatient streams.	Which could lead to an impact/effect on patients wellbeing, life and deterioration of health & increased frailty. This also effects and prolongs Cardiac Surgery Elective Waiting List times that are commissioned by WHSSC.	Speciality	Specialist Services	Cardiothoracic	Cardiac Surgery		20	20	10	Treat	Daily validation of cardiac surgery waiting lists by the directorate management 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. Has document: No Lewis Whitehorn 16/10/2025 07:44	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. Has document: No Lewis Whitehorn 16/10/2025 07:44	Theatre staff shortages, limited flexibility on CITU beds. Limited ability to undertake weekend working Has document: No Lewis Whitehorn 16/10/2025 07:45	Y	
Deteriorating clinical environment, degradation and patient safety infrastructure risks on Ward B1	19/01/2026	The Ward B1 has experienced significant and ongoing environmental deterioration due to recurrent leaks and flooding from an ageing drainage system, causing extensive damage to flooring, walls and patient areas. The ward's facilities—including bathrooms, showers, flooring, sinks and radiators—are now sub-standard and fail to meet required Health & Safety and IP&C standards, creating a risk of patient harm, staff injury and unsafe clinical practice. Despite a Project Initiation Enquiry confirming the need for urgent refurbishment, no progress has been made, leaving the ward environment unsafe, unpleasant and detrimental to patient experience and the reputation of Cardiac Services.	The risk is caused by the long-term deterioration of Ward B1's clinical environment, including recurrent leaks and flooding from an ageing drainage system, which has severely damaged floors, walls and patient areas. The ward has not been refurbished for many years, leaving facilities such as bathrooms, showers, sinks and radiators in a sub-standard and non-compliant condition. These environmental failures mean the ward can no longer meet required Health & Safety or IP&C standards, creating an unsafe environment for patients and staff.	The deteriorating environment on Ward B1 increases the likelihood of patient harm, staff injury and infection control breaches, as damaged flooring, recurrent flooding and failing bathroom facilities create unsafe and unhygienic conditions. The sub-standard environment impacts the delivery of safe clinical care, reduces patient dignity and experience, and places additional pressure on staff working in compromised conditions. If unaddressed, the situation may lead to service disruption, potential bed closures and reputational damage for Cardiac Services and the wider organisation.	Ward	Specialist Services	Cardiothoracic	Cardiac Surgery	B1 North	16	20	12	Treat	The main controls in place include ongoing environmental monitoring by the clinical team, with issues such as leaks, flooding and damaged flooring promptly reported through Datix and escalated to Estates and Operational Planning. Infection Prevention & Control and Health & Safety concerns have been repeatedly highlighted through audits and reviews, reinforcing oversight. Has document: No Sian Williams 19/01/2026 13:43	Although the underlying environmental risks remain unresolved, some assurance is provided through ongoing monitoring and escalation processes already in place. The clinical team continues to report incidents and concerns promptly, supported by regular audits, IP&C reviews, and repeated escalation to Estates and Operational Planning regarding the outstanding refurbishment needs. A Project Initiation Enquiry (PIE) was formally submitted and signed off in 2024, confirming recognition of the required works at organisational level and demonstrating that the risk has been acknowledged through official processes. Has document: Yes Sian Williams 19/01/2026 11:16	There are significant gaps in control as the underlying causes of the environmental risk have not been addressed. Despite the Project Initiation Enquiry being submitted and signed off in 2024, no progress or timelines for refurbishment have been communicated by Estates or Operational Planning, and all major issues remain outstanding. The damaged facilities, recurrent flooding and non-compliant clinical environment cannot be mitigated locally, and there are no interim physical works in place to reduce the risk. The ward therefore continues to operate in a sub-standard environment that does not meet Health & Safety or IP&C requirements, leaving the risk largely uncontrolled. Has document: No Sian Williams 19/01/2026 13:26	Y	Currently outstanding Status: Current Sian Williams 19/01/2026 13:42

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Delays to treatment of lung cancer patients due to cancelled Theatres	01/04/2025	There is a risk that due to amount of theatre lists cancelled due to lack of available theatre staff, cancer waiting times will breach and increase in length due to the lack of available theatre allocation to Thoracic Surgery.	This is caused by the lack of retention of Theatre Staff and recruitment into vacancies within Theatres to allow sufficient staffing across Cardiothoracic Surgery	Which w/could lead to an impact/effect on increased waiting list demand, more cancer breached patients and delays to cancer treatment.	Speciality	Specialist Services	Cardiothoracic	Thoracic Surgery		20	20	10	Treat	Weekly validation of thoracic waiting list by the directorate management team. Weekly monitoring of booking and scheduling, utilisation and productivity. Weekly theatre scheduling meeting to discuss cancellations, late starts, overruns and staffing constraints. Weekly attendance at wider UHB cancer tracking meeting. Has document: No Lewis Whitehorn 16/10/2025 14:09	Forward planning for thoracic surgery undertaken weekly through key stakeholders. Recruitment and retention of theatre personnel. Has document: No Lewis Whitehorn 16/10/2025 14:09	Limited assurance due to significant establishment gaps in theatre scrub staff. Mitigation with overtime payment for current theatre staff is no longer supported, so can no longer guarantee backfill of lists or lists not being cancelled at short notice. Has document: No Lewis Whitehorn 16/10/2025 14:10	Y	Reliant on communication from Theatres Status: Current Lewis Whitehorn 16/10/2025 14:12
Office/Seminar Room provision linked to relocation of C3/CCU	03/11/2025	Critical Care are relocating to C3 once cardiology/CCU are relocated to C1. As part of the move no provision has been made for the offices/seminar room currently occupied by cardiothoracic directorate.	organisational move to expand critical care footprint	no office spaces for consultant cardiologists and perfusion team. No seminar room for regular training/education/MDTS	Business unit	Specialist Services	Cardiothoracic			20	20	1	Tolerate	Already undertaken an assessment of all office capacity across the whole directorate to free up space for service expansion and to maximise current capacity. Has document: No Gayle Smith 03/11/2025 09:39	Discussed with head of operational planning/clinical board and project team for C3/CCU relocation Has document: No Gayle Smith 03/11/2025 09:39	submission of office requirements to relocate 4 consultants, perfusion team office and the essential seminar room as we have no other facilities for meetings/training/MDT etc Has document: No Gayle Smith 03/11/2025 09:41	Y	currently no options for alternative suitable accommodation has been identified Status: Current Gayle Smith 03/11/2025 09:45
Band 5 Vacancy Cath Lab, Cardiac	18/11/2025	There is a significant risk to the Cardiac Cath Lab service if the current 3.0wte Band 5 vacancy positions are not authorised and recruited in a timely manner	This is caused by lack of the expected safe staffing level of the registered nurse, Band 5 establishment to safely manage the Cath Lab service which includes the 24/7 PPCI service for South East Wales region	Which could lead to a significant impact/effect on service delivery and on call position, which will impact on patients receiving critical intervention within the NICE guidelines	Business unit	Specialist Services	Cardiothoracic			20	20	20	Treat	Posts have been uploaded on TRAC, posts approved by SPs clinical board, currently on hold from ESVP. Currently under further review awaiting outcome Has document: No Ceri Phillips 18/11/2025 09:43			Y	Currently awaiting ESVP review/authorisation Status: Current Ceri Phillips 18/11/2025 09:47
Temporary loss of 4 Beds on ward C5 to support renal capacity	01/03/2025	Haematology require an area to isolate patients so that Renal can move into the area on A5 this is due to an ongoing outbreak in Renal patients and IP&C Guidance	Temporary loss of 4 cubicles on C5 in order to support the wider UHB priorities to expand renal capacity following IP&C issues.	The closure of four beds on C5 poses a significant risk to cardiothoracic surgery scheduling due to the reduced bed footprint. This reduction may lead to cancellations, directly affecting surgical capacity. Additionally, C5 currently supports outlying patients from Cardiology. A decrease in available beds will impact our ability to meet Cardiology demand, further straining service delivery across both specialities.	Business unit	Specialist Services	Cardiothoracic			20	20	20	Treat	Regular review of bed capacity versus activity for both cardiothoracic surgery patients and reduction of cardiology footprint until the relocation of C1 with high risk of IP&C issues currently resulting in closed beds. Has document: No Sian Williams 24/10/2025 12:12	Directorate Bed Management Rota: To work in close collaboration with site bed managers to optimise bed utilisation across all areas. Early Escalation Protocol: Ensure timely identification and escalation of any capacity constraints to prevent delays or cancellations. Weekly Theatre Scheduling Meetings: Regular coordination with theatre teams to align surgical schedules with bed availability and improve planning efficiency. Has document: No Sian Williams 24/10/2025 11:56	C1 Completion & Renal IP&C Issues: The timeframe for completion of works on C1 and resolution of renal infection prevention and control (IP&C) issues remains unknown. This is delaying the return of four cubicles to cardiothoracic capacity. Theatre Capacity Variability: Ongoing staffing constraints within theatres continue to impact scheduling and reduce consistency in available theatre capacity. Has document: No Sian Williams 24/10/2025 11:58	Y	
No out of Hours SOP agreed for pacing cases when Pacing Theatre relocates to SSSU Theatre 6	15/10/2025	There is a risk that currently there is no clear, agreed and signed off, standard operating procedure for the provision of pacing out of hours, that all the team are fully aware of. Without this there is a risk relating to patient safety and the potential failure to provide this service resulting in poor patient outcomes.	This is caused by the planned relocation of the current pacing theatre from its site on CCU to its new site in SSSU Theatre 6. This is a very isolated area, that whilst suitable during working hours, is not appropriate for out of hours use. A SOP is required to ensure the safe, ongoing provision of this 24 hour service.	The lack of a clear, fully agreed SOP could result in: Delayed treatment of life-threatening bradyarrhythmias (e.g. complete heart block) This could result in syncope, cardiac arrest or death. Hemodynamic instability without pacing may cause organ failure or result in an ITU stay. Emergency transfers elsewhere for this service may result in increased risk and delayed care A lack of agreed staffing levels out-of-hours may lead to delays or errors.	Business unit	Specialist Services	Cardiothoracic			20	20	10	Treat	The cardiac catheter labs have been identified as the suitable location for this out of hours service. Has document: No Beverley Oughton 15/10/2025 09:05  Confirmation of consultants who will provide out of hours pacing Has document: No Beverley Oughton 15/10/2025 09:06	Escalated to clinical board and at bi-weekly operational meetings with all stakeholders. Discussed regularly with CD Has document: No Beverley Oughton 15/10/2025 09:07	Cath labs identified as appropriate place for out of hours pacing to take place. CD & DM to meet with consultant team to confirm process for managing out of hours pacing cases in terms of clinical teams. Has document: No Beverley Oughton 15/10/2025 09:07	Y	
no identified funding source for the nursing establishment for the 2 additional CCU beds on C1 after relocation	15/10/2025	There is a risk that currently there is no funding source for the nursing establishment for the 2 additional CCU beds on C1 following refurbishment and relocation of CCU from C3S	This is caused by an increase of 2 level 2 beds on C1 following relocation of services that are currently not funded within the existing nursing establishment of CCU/C3	An increase of 2 Level 2 Coronary Care Unit (CCU) beds has been implemented to meet rising patient demand and improve service capacity. However, this expansion has occurred without a corresponding increase in nursing establishment, raising significant concerns regarding patient safety, staff wellbeing, and service sustainability. The beds will not be able to open without funding sourced	Business unit	Specialist Services	Cardiothoracic			20	20	20	Treat	Full establishment review and realignment across cardiothoracic in collaboration with finance and clinical board. Beds not to be opened until funding identified. Has document: No Ceri Phillips 15/10/2025 08:46	Full review of current nursing provision across Cardiothoracic nursing establishment undertaken. Identified significant shortfall. Risk/ establishment review escalated to CB, Beds will not open until funding resourced. Has document: No Ceri Phillips 15/10/2025 08:44	Full review of current nursing provision across Cardiothoracic nursing establishment undertaken. Identified significant shortfall. Risk/ establishment review escalated to CB, Beds will not open until funding resourced. Has document: No Ceri Phillips 15/10/2025 08:41	Y	Full establishment review and realignment across cardiothoracic in collaboration with finance and clinical board. Beds not to be opened until funding identified. Further work needs to be undertaken to explore/ progress funding opportunities to fund beds Status: Current Ceri Phillips 15/10/2025 08:45
Lack of SCP provision for Cardiothoracic surgery	13/10/2025	There is a risk to Cardiothoracic Surgery service due to unavailability of current SCP provision and under-establishment of the current SCP provision	This is caused by lack of investment and under-establishment of the current SCP provision	Which w/could lead to an impact/effect on the lack of Surgical Care Practitioner (SCP) provision in Cardiothoracic Surgery may lead to reduced surgical capacity, increased pressure on medical staff, compromised patient safety, and potential non-compliance with workforce standards. The under-establishment of SCPs places additional physical demands on the existing team, contributing to fatigue, stress, and potential burnout — especially in high-intensity surgical environments.	Business unit	Specialist Services	Cardiothoracic			20	20	20	Treat	To mitigate the impact of insufficient SCP provision, the service is actively recruiting and planning for future workforce needs, while also developing internal training pathways to upskill existing staff. Escalation protocols are in place to manage service delivery when staffing falls below safe levels, supported by temporary cross-cover arrangements where possible. SCP staffing levels and service impact are regularly monitored, and staff wellbeing is supported through flexible working and occupational health measures Has document: No Ceri Phillips 13/10/2025 16:53			Y	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Cardiology Outpatient Waiting times	01/07/2025	Patients with significant cardiovascular disease who are referred to Cardiology Outpatient services will not receive timely and remain undiagnosed	1. including long wait for processing of referrals from primary care 2. long delays for outpatient cardiology appointments and investigations	Serious patient harm or death due to cardiovascular disease	Business unit	Specialist Services	Cardiothoracic			20	20	10	Treat	Waiting list management by directorate, clinical and admin teams to treat longest waiting patients/clinically urgent patients. Has document: No David Hanna 01/10/2025 16:25  EP consultant outpatient waiting lists have been reverted back to EP clinics only. Has document: No David Hanna 01/10/2025 16:25	Escalated to clinical board and JCC. Has document: No David Hanna 01/10/2025 16:26  SBAR in progress to support evaluation and redesign of EP service including proposed increase in medical and non-medical workforce Has document: No David Hanna 01/10/2025 16:27	Lack of operator availability Has document: No David Hanna 01/10/2025 16:27  Lack of cath lab capacity Has document: No David Hanna 01/10/2025 16:28  Lack of GA support for complex ablations Has document: No David Hanna 01/10/2025 16:28	Y	
Interventional/structural cardiology capacity is unable to manage referral demand leading to increasing waiting times and inevitable clinical risk	01/01/2022	Increasing waiting times for acute and outpatient interventional cardiology procedures	Demand for interventional cardiology services outstripping capacity	Serious patient harm or death due delays in care	Business unit	Specialist Services	Cardiothoracic			20	20	10	Treat	Daily validation of cardiology waiting lists. Has document: No David Hanna 01/10/2025 15:34  Regular feedback to the consultant body highlighting long waits. Has document: No David Hanna 01/10/2025 15:34  Elective lists cancelled to support ACS lab support due to no ability for cross-cover. Has document: No David Hanna 01/10/2025 15:37	Discussed through the Clinical Director forum, CB and DMT. Has document: No David Hanna 01/10/2025 15:35	Backfilling of vacant cath lab lists stopped due to financial constraints. Has document: No David Hanna 01/10/2025 15:34  Limited assurance due to increased case mix complexity and its affect on capacity. Has document: No David Hanna 01/10/2025 15:37	Y	
Lack of appropriate Level 2 and 3 facilities to admit Critically ill patients escalating from UHW High Consequence Infectious Disease Unit	12/07/2022	There is a risk that there is a lack of appropriate Level 2 and 3 facilities to admit Critically ill patients escalating from UHW High Consequence Infectious Disease Unit. In 2020 Cardiff and Vale Health board built a 10 bed High Consequence infectious Disease Unit at the UHW site. This facility is for airborne High Consequence infectious diseases (e.g. MERS) as opposed to contact infectious diseases (e.g. Ebola).	Upon opening an assessment of the suitability of the HCID to provide level 2 and 3 Critical Care was made. The conclusion was that although the facility may (like other areas of UHW) be suitable for a Critical Care team to reach out and stabilise and intubate a patient there, it was not suitable for ongoing Critical Care. Patients would need to be transferred to a suitable Critical Care Unit for ongoing care.	Which would lead to an impact on Critical Care's ability to deliver care to both patients with infectious diseases due to lack of isolation cubicles on the unit, and therefore other patients requiring critical care due to reduced admitting capacity.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care		20	20	6	Treat	Design work is under way on a Critical Care refurbishment to provide a with 5 lobbied isolation rooms. Has document: No Rhys Williams 12/11/2025 11:13	Plan for the renovation specifically targeting issues mentioned. Has document: No Rhys Williams 12/11/2025 11:14		Y	
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)	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care		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) Has document: No Rhys Williams 12/11/2025 11:03	A refurbishment of UHW Critical Care is currently in the design phase, which may reduce this risk. Has document: No Rhys Williams 12/11/2025 11:03		Y	
Obsolete Pendants systems providing medical gases to patients on the Critical Care Unit	12/07/2022	There is a risk that a failure of a hose or connector, in the next 10 years, without appropriate spares could result (in the best case scenario) loss of a single bed space, or (in worst case scenario) loss of 9 bedspaces for an extended period whilst emergency refurbishment occurs.	This is caused by obsolete Pendants systems providing medical gases to patients on the Critical Care Unit	Which would lead to an impact on Tertiary Critical Care Services in South Wales.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care		25	20	1	Treat	Design work is ongoing for a refurbishment of the current Critical Care which includes pendant replacement. Has document: No Rhys Williams 12/11/2025 10:46	Plan for the renovation specifically targeting issues mentioned. Has document: No Rhys Williams 12/11/2025 10:47		Y	
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.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care		20	20	1	Treat	Staff prioritise patient with highest need to isolation. Trial of temp isolation cubicles were found to be unsuitable in Critical Care. Design work for a Critical Care refurbishment is ongoing which is intended to reduce this risk. Has document: No Rhys Williams 31/10/2025 14:53			Y	
Lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V.	12/07/2022	The Long Term Ventilation service is at risk of closing.	This is caused by the lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V.	The lack of a dedicated unit causes great uncertainty about the future viability of the service and this severely affects recruitment. This requires acute Critical Care nurses to care for LTV patients, further reducing Critical Care capacity which is also noted as a Critical risk. This would have a significant effect of Welsh Critical Care capacity and Health board reputation.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care		20	20	1	Treat	Approach made to Critical Care Network to seek an alternate provider of LTV services – no other provider Has document: No Rhys Williams 31/10/2025 14:17			Y	
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 predicted 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 cannot be undertaken anywhere else in Wales.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care		25	20	1	Treat	Directorate are working with the Director of Finance, Specialist Services Clinical Board to understand current commissioning arrangements and to agree how we increase our current funding allocation aligned to capacity. Directorate have engaged with key stakeholders in the production of the Critical Care escalation policy Has document: No Rhys Williams 31/10/2025 14:07			Y	
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.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult		20	20	1	Treat	Request update from JCC on next steps for business case funding release. Has document: No Rhys Williams 29/10/2025 17:21			N	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Bedside tables on wheels on PTU have no brake mechanism	10/12/2024	Risk identified when a patient attempted to stand whilst using his table for support. The table rolled away and the patient fell sustaining a significant injury.	This is caused by bedside tables on wheels on PTU have no brake mechanism.	Which could lead to an impact on patients who use the bedside tables for support when moving around the bed space.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult		20	20	1	Treat	1. Review alternative solutions in other wards and source funding. 2.Consider applying for charity funding to procure suitable tables which reduce risk of falls if used by patients as support to stand. Has document: No Rhys Williams 29/10/2025 17:33			Y	
Risk for patients with isolated non operative brain injury due to a lack of agreed speciality ownership	03/05/2022	There is a risk to patient safety and patient flow for those patients with isolated non operative brain injury.	This is caused by a lack of agreed speciality ownership of these patients.	Which could lead to delays in patients receiving the acute care they need.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult		20	20	4	Treat	Impacted MTC TBI patients discussed daily in MTC MDT and a bespoke solution is sought on a case by case basis. Has document: No Rhys Williams 23/10/2025 13:55			Y	
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.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric		20	20	1	Treat	Request update from JCC on next steps for business case funding release. Has document: No Rhys Williams 29/10/2025 17:21			N	
There is a risk around paediatric nursing capacity within ED which may impact on the delivery of care given 24/7	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.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric		12	20	2	Treat	Staff work on a rotational basis Has document: No Rhys Williams 24/10/2025 14:26	Internal review Has document: No Rhys Williams 24/10/2025 14:27		Y	
Current facilities for BMT patients inadequate	01/01/2010	There is a risk that current facilities are not JACIE compliant and there is a significant risk of loss of accreditation at the JACIE inspection (2013, 2019 & 2025).	This is caused by lack of isolation cubicles and appropriate filtration on Ward B4H. Insufficient number of toilets/washrooms. Increased risk of cross infection, existing facilities difficult to access. Individual toilets isolated on a named basis for high risk cases. Separate commodes for c.diff and BMT pts. Footprint for BMT patients inadequate. En-suite facilities required.	Which could lead to an impact/effect on the increase of cross-infection amongst BMT patients.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Bone Marrow Transplant		25	25	1	Treat	*Established Quality Management System (QMS): Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards (outlined in GUI-QUA-4 -Quality Manual).  *BMT patients are located in a positive pressure environment designed to protect immunocompromised patients from airborne infection. Magnehelic air pressure gauges are located outside BMT cubicles, regular surveillance/ monitoring is procedure by ward personnel and reporting structure for noted deviations  *Patients are admitted to ward C5 for triage prior to admission to B4. Has document: Yes Hibach Farah 28/10/2025 12:49	Previous JACIE Accreditation: Demonstrates historical compliance. Has document: No Hibach Farah 28/10/2025 12:46  HCAI monitored monthly. Has document: No Hibach Farah 28/10/2025 12:53  Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Has document: No Hibach Farah 28/10/2025 12:54  Air pressure system validated by Estates Dept. High C4C scores consistently achieved. Has document: No Hibach Farah 28/10/2025 12:54	A new dedicated JACIE compliant facility is required. Has document: No Hibach Farah 28/10/2025 12:51  Bid for new JACIE compliant facility is being progressed with Capital Planning Team and Welsh Government. Has document: No Hibach Farah 28/10/2025 12:52	Y	Lack of investment for a new dedicated JACIE compliant facility. Status: Current Hibach Farah 28/10/2025 13:02
Risk to the organisation of losing JACIE accreditation for the South Wales Blood & Marrow Programme.	30/07/2025	There is a risk that Cardiff & 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.  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.  There are a number of concerns that are captured in separate risk assessments (ref).  Inadequate inpatient infrastructure: ☒Lack of ensuite facilities for immunocompromised patients. ☒Insufficient isolation rooms with proper air	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  The SWBMT Programme would need to [?]immediately] cease activity as:  - it is the explicit policy of all UK BMT commissioners, including NWJCC, to procure services only from JACIE-accredited centre  - the pharmaceutical companies who manufacture CAR-T will only supply products to JACIE accredited centres.  Cessation of the SWBMT Programme is highly likely to impact on recruitment and retention of staff as:  - Specialist staff would no longer be delivering care based on their expertise  - Training and development opportunities in Wales would reduce	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Bone Marrow Transplant		25	25	10	Treat	Haematology Directorate/Specialist Services Clinical Board 1.Established Quality Management System (QMS): Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards. 2.Multidisciplinary Governance: Oversight by clinical, laboratory, and quality leads. 3.Training and Competency Frameworks: Regular staff training and competency assessments. 4.Participation in EBMT Registry: Enables benchmarking and outcome tracking. 5.Clinical Excellence: Strong clinical outcomes and experienced multidisciplinary teams 6.Ambulatory Care Model: Reduces inpatient pressure and improves flexibility. 7.Weekly Planning Meetings: Intensive triaging to manage bed capacity and patient risk. 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. 9.Dedicated toilet/shower facilities: communal facilities designated for use by	1.Previous JACIE Accreditation: Demonstrates historical compliance. 2.HTA Licensing: In place since 2007. 3.Internal Quality Reports: Regular reporting to governance boards. 4.Clinical Outcomes: Among the best in the UK despite infrastructure issues. 5.Patient Outcome Monitoring: Through EBMT and internal KPIs. 6.External Peer Reviews: Participation in national and international benchmarking. 7.Prioritisation: Capital scheme prioritised by both the Health Board and Welsh Government 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. Has document: No Jordan Wills 23/10/2025 11:45	Gaps in Controls: 1.Infrastructure Deficiencies – inpatients: a.Inadequate isolation facilities and air handling provision b.Lack of ensuite facilities for transplant patients resulting in poor patient experience and increasing risk of nosocomial infections from shared communal areas/facilities c.Overcrowded and outdated ward environment with poor physical fabric 2.Infrastructure Deficiencies – day care: a.Inadequate isolation and triage/screening facilities and air handling provision b.Overcrowding and lack of appropriate waiting area c.Insufficient space for volume of patients 3.Infrastructure Deficiencies – outpatients: a.Inadequate isolation facilities and air handling provision b.Overcrowding and lack of appropriate waiting area c.Insufficient space for volume of patients 4.No approved capital scheme to rectify the infrastructure deficiencies 5.Limited mitigation within current clinical facilities at UHW  Gaps in Assurance:	Y	Lack of investment. Status: Current Jordan Wills 23/10/2025 11:52
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.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology		20	20	6	Treat	Increase number of beds Requires increased nursing and AHP staffing to accommodate. Has document: No Richard Hinge 26/11/2025 10:49	Timely admission and discharges Use of the ambulatory care system for appropriate patients Use of HDC to support treatment and admission avoidance where appropriate Daily dynamic review of patient flow Close liaison with outlying hospitals for any repatriation Has document: No Janelle Courtney 26/11/2025 12:00	We are unable to change the existing footprint of B4H and C5 We have no control over when patients become ill/ are diagnosed and how they will react to treatment / relapse etc Has document: No Janelle Courtney 26/11/2025 11:57	Y	Limited additional ward space around CAV UHB. Bed Management and Winter Pressures. Nursing/staffing levels. Status: Current Richard Hinge 26/11/2025 10:53

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Ward	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
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.	This is caused by lack of adequate or agreed funding stream historically.	Which would lead to an impact/effect on patient care as a result of an inability to access specialist advice and guidance on HAT.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology		12	20	4	Treat	Issue has been escalated to Clinical Board Has document: No Gareth Jenkins 12/11/2025 13:58  Workforce focus group has been set up to outline role of this practitioner Has document: No Gareth Jenkins 12/11/2025 13:58  e-Datix report has been submitted Has document: No Gareth Jenkins 12/11/2025 13:59  SBAR to outline the need for this role is being developed Has document: No Gareth Jenkins 12/11/2025 13:59	Regular meetings to discuss the role and options available will be set up Has document: No Gareth Jenkins 12/11/2025 13:59	Availability of funding from Clinical Boards to support this post is not confirmed Has document: No Gareth Jenkins 12/11/2025 14:00	Y	
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.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology		25	20	6	Treat	Shaping Change team is supporting HDC with workforce review, planning and implementation. Has document: No Hibach Farah 29/10/2025 11:58  Robust training for new staff implemented. Has document: No Hibach Farah 29/10/2025 11:58  Rotation of more experienced staff to support, use of Bank staff and priority recruitment of staff. Has document: No Hibach Farah 29/10/2025 11:58	Support from practice educators, CNSs, trainers and senior staff. Has document: No Hibach Farah 29/10/2025 11:59  Staff recruitment – redesign of roles. Responsible skill mix allocation. Has document: No Hibach Farah 29/10/2025 12:00  Liaison with other specialties to support and streamline the services offered, promoting efficiency and effective delivery. Has document: No Hibach Farah 29/10/2025 12:00	Vacant Deputy Manager post, long term sickness of substantive Manager. Has document: No Hibach Farah 29/10/2025 12:05  Insufficient workforce according to Safe Staffing template used to calculate workforce. Has document: No Hibach Farah 29/10/2025 12:05  Poor skill mix in establishment and a need for Band 7 Nurse Prac plus additional Band 6 staff required. Has document: No Hibach Farah 29/10/2025 12:05	Y	Poor skill mix staff in establishment and a need for more highly trained staff. Status: Current Hibach Farah 29/10/2025 12:11
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: - Transcribing of chemotherapy. - Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients. - Variation in practices between UHW and VCC. - Over-reliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology		20	20	5	Treat	Email correspondence from VCC Clinician confirming treatment plans. Has document: No Hibach Farah 28/10/2025 14:50  Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Has document: No Hibach Farah 28/10/2025 14:50	Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Has document: No Hibach Farah 28/10/2025 14:51	Electronic prescribing system for Velindre Cancer Patients in TYA unit that is accessible to all. Has document: No Hibach Farah 28/10/2025 14:52  Utilisation of Canisc by TYA Team. Has document: No Hibach Farah 28/10/2025 14:52  Utilisation of formal chemotherapy treatment plan. Has document: No Hibach Farah 28/10/2025 14:52  Funding and IT solution to access VCC chemocare not identified. Has document: No Hibach Farah 28/10/2025 14:53  Monitoring delivery of a solution. Has document: No Hibach Farah 28/10/2025 14:53	Y	Lack of expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Status: Current Hibach Farah 28/10/2025 14:54
Single-handed consultant in NET Service	31/10/2024	Single handed consultant delivered service for commissioned 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.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Neuroendocrine Tumour Service		25	20	12	Treat	Executive oversight (COO) with transition into new clinical board. Has document: No Gareth Jenkins 28/10/2025 09:53  Ad-hoc external consultant (and gastroenterology) input into handful of clinics. Has document: No Gareth Jenkins 28/10/2025 09:53  Plan to optimise non-medical support of service - admin roles, new cancer service roles, roles of existing CNSs. Has document: No Gareth Jenkins 28/10/2025 09:54	Ad-hoc external consultant (and gastroenterology) input into handful of clinics. Has document: No Gareth Jenkins 28/10/2025 09:45	Prof Reed clinics 1/m only temporary. Has document: No Gareth Jenkins 28/10/2025 09:45  Availability of additional medical support to sustain level of service. Has document: No Gareth Jenkins 28/10/2025 09:46	Y	Availability of suitably qualified individuals. Status: Current Gareth Jenkins 28/10/2025 09:48
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.	Business unit	Specialist Services	Nephrology & Transplant			20	20	10	Treat	Safety checks by estates weekly Has document: No Lisa Higginson 16/10/2025 16:39	Safety check list to be made available to directorate for review Has document: No Lisa Higginson 16/10/2025 16:40	Unclear roles and responsibilities of maintenance of RO Has document: No Lisa Higginson 16/10/2025 16:40	Y	Maintenance contract is out of tender, resulting in PO being raised for every site visit which delays resolution. Status: Current Lisa Higginson 27/10/2025 13:17

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Inability to meet 52-week and 36-week RTT Targets for Cardiff Neurology patients	05/09/2019	There is a risk that patients will wait over 52 weeks following referral, to be seen in Outpatients by a Consultant Neurologist	This is caused by long waiting times to be seen, demand is greater than capacity, gaps in consultant workforce	Which could lead to a negative effect on patients, poor experience/outcome and also poor reputation for the Health Board. Increased number of concerns could be seen.	Speciality	Specialist Services	Neurosciences	Neurology		20	20	8	Treat	Daily management of waiting list by Service Manager and Assistant Service Manager, demand-capacity work undertaken to highlight gaps to Clinical Board and Exec Teams, discussed at monthly consultant meetings, WLI clinics undertaken where funding and staffing resource allows, ensuring clinics are backfilled. Has document: No Lisa Simm 22/12/2025 08:51	Validation ongoing, review of clinic utilisation, booking in turn, weekly waiting list reporting to Clinical Board. Has document: No Lisa Simm 13/04/2026 12:37	Validation ongoing, treat in turn, review of clinic utilisation, weekly planned care reporting meetings with Clinical Board. Has document: No Lisa Simm 13/04/2026 12:38	Y	
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	Speciality	Specialist Services	Neurosciences	Neurosurgery		20	20	8	Treat	Business case submitted to JCC - awaiting outcome Has document: No Lisa Simm 22/12/2025 09:47	Business Case accepted by JCC but no funding has been released since 2024. Has document: No Lisa Simm 13/04/2026 12:43	Business Case accepted by JCC but no funding has been released since 2024. Has document: No Lisa Simm 13/04/2026 12:44	Y	
Children's Hearing Assessment Waiting Times	31/03/2026	Children's hearing assessment waiting times are over the agreed national target of 6 weeks.	The cause lack of trained staff and room allocation.	This could lead to developmental, educational and social impact on children as early intervention is key. Delayed diagnosis and treatment can hinder speech and language acquisition.	Speciality	Surgical	Audiology	Paediatrics - Audiology		20	20	1	Treat	Raised with Surgery clinical board locally, at ASSAG nationally with WG, Demcap exercise being undertaken with Matt Temby, Raising profile of Audiology at AHP collaborative meetings Has document: No James Brown 31/03/2026 11:19	Waiting times for paediatrics has dropped as we have restructured the rota, so the band 6's are doing more paediatric work. Has document: No James Brown 31/03/2026 11:29	Staffing still an issue and room allocation. if sickness in the department not enough staff to backfill. Has document: No James Brown 31/03/2026 11:30	Y	no budget for staff Status: Current James Brown 31/03/2026 11:31
Lack Of Ventilation in clinic 9	31/03/2026	Lack of Ventilation in clinic 9 waiting room and clinical rooms.	No aircon units and poor air ventilation	Which w/could lead to patients and staff overheating and potentially fainting, impacting the service and waiting times.	Business unit	Surgical	Audiology			20	20	1	Treat	We need to follow the temperature and thermal comfort procedure. Patient areas should not be over 26 degrees and rooms over 30 degrees are classed as unsafe working conditions. Has document: No James Brown 31/03/2026 13:54		Many requests have been done regarding aircon and airflow but nothing has been done. Has document: No James Brown 31/03/2026 13:54	Y	funding, unanswered requests Status: Current James Brown 31/03/2026 13:56
Lack of Special care dentistry Consultant	25/05/2025	There is a risk that the Health Board will be unable to provide any expert dental care for its most vulnerable residents in the special care dentistry cohort and the provision of GA services, particularly for people with severe learning disabilities will cease as since January 2024 the last 15 months the HB has lost 2 wte consultant and 0.4 CDS consultants . Despite running advertisements for recruitment there has been no interest shown in these posts	This is caused by no interest in applicants when these posts have been places on Trac	Which w/could lead to an impact/effect on the dental needs of our most vulnerable population will be adversely affected.  The Bevan commissioned proposed Dental Sedation Training Centre will not be realised.  Teaching the Special Care Dentistry component of the undergraduate curriculum will be unmet.  With a sole Consultant in Special Care Dentistry post at present, the health board is at high risk.  A recent High Court hearing made a number of recommendations for Special Care Dentistry in Cardiff and Vale UHB including the need not to have a clinician responsible for service planning in Special Care Dentistry. Learning outcomes from this case are that a single Consultant is sufficient to meet the demands of planning care for this complex patient group	Business unit	Surgical	Dental			20	20	4	Treat	Recent discussions with the Chair of the SE Wales Clinical Network for care has not led to any progress- chair happy to support on an advisory capacity for our SCD staff. Exploring existing / Future SLAs with neighbouring HBS for SCS delivery Has document: No Clare Wade 31/10/2025 14:50	Assurances in Place  Governance Oversight  Risk is logged on the Clinical Board Risk Register and monitored through monthly reviews. Escalation to Executive Team and inclusion in SCB Board agendas ensures visibility at senior level.  External Advisory Support  Chair of the South East Wales Managed Clinical Network (MCN) has committed to provide advisory input for SCD staff, even though operational support is limited.  Service Continuity Planning  Active exploration of Service Level Agreements (SLAs) with neighbouring Health Boards to maintain access to GA and SCD	Workforce Shortage  No substantive progress on recruiting consultants despite repeated advertisements. No interim clinical leadership in place to meet UK guidance for GA in SCD.  Limited Operational Support  SE Wales MCN Chair offers only advisory support, not operational solutions. No formalised SLA yet with neighbouring Health Boards for service continuity.  Training Pipeline Fragility  Current HEIW trainee moving to Aneurin Bevan UHB, leaving Cardiff without specialist trainee support. No confirmed plan for future trainees or succession planning.	Y	Service Redesign Complexity  Redesigning the SCD service requires multi-agency agreement and governance approval, which is time-consuming. GA provision must comply with UK guidance (consultant-led), adding complexity to interim solutions. Status: Current Clare Wade 31/10/2025 14:47
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.	Speciality	Surgical	General Surgery	General Surgery		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. Has document: No Bethan Ockwell 28/10/2025 17:25	- 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 Has document: No Bethan Ockwell 28/10/2025 17:25	Lack of control over the consideration of NWJCC funding. If funding it not supported by NWJCC UHB's will need to work through a plan for patients Has document: No Bethan Ockwell 28/10/2025 17:26	Y	
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	Speciality	Surgical	General Surgery	General Surgery		20	20	4	Treat	Continue with discussions with Medical Workforce Has document: No Laura Jones 04/03/2026 14:31	Ongoing discussions to ensure compliance Has document: No Laura Jones 04/03/2026 14:30	New contract details not currently agreed Has document: No Laura Jones 04/03/2026 14:31	Y	
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.	Speciality	Surgical	General Surgery	General Surgery		20	20	9	Treat	Additional staffing in place to maintain patients are seen within timeframe. Patients stratified by risk . Recovery plans in place to reduce waiting times in line with WG planned care. Has document: No Bethan Ockwell 27/10/2025 17:40	Monitored via WG guidelines and weekly performance meetings (156, 104 and 52 weeks target) Has document: No Bethan Ockwell 27/10/2025 17:40	Large waiting lists mean more risk of 'missing patients' Core capacity utilised for USC patients Issues surrounding staff availability to work overtime Has document: No Bethan Ockwell 27/10/2025 17:41	Y	
Reduction in junior doctors hours LTFT	05/06/2024	There is a risk that there is a shortfall in junior doctors hours impacting on service	Frequency in doctors applying to become less than full time working	Impacts on service needs and increases financial pressures having to employ costly locums to fill medical gaps	Business unit	Surgical	Head & Neck (ENT & Max Fax)			20	20	9	Treat	Backfilling with locums but concerns re: level of care delivered Has document: No Michelle Harding 26/03/2026 18:07	Backfilling with locums but concerns re: level of care delivered Has document: No Michelle Harding 26/03/2026 18:07	Unsecured workforce not always able to fill medical gaps Has document: No Michelle Harding 26/03/2026 18:08	Y	unpredictable workforce not always able to secure locum to cover medical gaps Status: Current Michelle Harding 26/03/2026 18:09

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Decreased Theatre capacity	09/03/2023	Difficulty reducing Adult and Paediatric surgical waiting times to less than 104 week target	Risk causing harm to patients	Increase in causing harm due to treatment delays	Business unit	Surgical	Head & Neck (ENT & Max Fax)			20	20	16	Treat	Developing HVLC UHL capacity to improve patient flow and reduce waiting times and achieve ministerial targets Has document: No Michelle Harding 26/03/2026 17:53	Developing HVLC UHL capacity to improve patient flow and reduce waiting times and achieve ministerial targets Has document: No Michelle Harding 26/03/2026 17:54	Developing HVLC UHL capacity to improve patient flow and reduce waiting times and achieve ministerial targets Has document: No Michelle Harding 26/03/2026 17:54	Y	reduced theatre capacity Status: Current Michelle Harding 26/03/2026 17:56
ENT microscope in West Quay	06/01/2020	The ENT microscope in west quay is very old and has been repair multiple times and is now at the point that it can no longer be kept serviceable and functioning.	the age and frequency of use	This is essential and fundamental to providing and maintaining a service in the community and if broken the SLA will be unable to be delivered.	Business unit	Surgical	Head & Neck (ENT & Max Fax)			20	20	20	Treat	Service review to assess effectiveness of West Quay and SLA. We are looking to stop this service. Rt exploring PCIC premises as an alternative. Potential for service to de-commissioned Has document: No Michelle Harding 26/03/2026 16:48	Service review to assess effectiveness of West Quay and SLA. We are looking to stop this service. Rt exploring PCIC premises as an alternative/ submit Capital bids for replacement. Has document: No Michelle Harding 26/03/2026 16:49	Service review - capital bid form / MEG to be completed Has document: No Michelle Harding 26/03/2026 17:02	Y	