

CORPORATE RISK REGISTER MARCH 2025

Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk Rating			Actions	Target Risk Rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
			Additional capital and revenue funding are required to procure, develop and implement a new GLIMS.11. Risk: SCC system design inability to meet tender specification There is a risk that the system cannot fully meet the tender specification. Of note: a. The systems integration with networked equipment has not been tested and is connected to Windows 10 roll-out to enable stand-alone equipment to integrate with CAV network. The time and resource requirements for DMI integration is unknown's. Auto-PCR, Auto-Clonality, Auto-Sanger workflow developments have not been successful to date. Ongoing delays with the development and refinement of the required workflows are exacerbated by SCC lacking a connection to CAV network. Impact: Delay to the SCC GLIMS implementation and validation. GLIMS cannot begin validation or look to go-live without the workflows and DMI integration functioning as required. If the tender specification cannot be met by AWMGS will need to exit the contract and seek additional capital and revenue funding is required to procure develop and implement a new GLIMS.12. Risk: AWMGS are unable to fund the ongoing development costs or maintenance costs. There is a risk that the procured system cannot be maintained due to financial pressures. The negotiated contract has an embedded maintenance contract for an agreed £60k pa (per annum). The system build was funded through ETTF and was finite to the design as specified in 2017. Due to the rapidly evolving nature of genomics, additional system requirements have been identified between 2017 – 2020 requiring additional funding for their scoping, development and validation. The maintenance contract does not include: system development or improvement work; or maintenance of the Oracle database (subject to separate £5k pa contract). A revenue funding stream to pay for the remaining build and maintenance post go-live has not been identified to date. Impact: The procured SCC GLIMS cannot complete build due to lack of financial support. The procured SCC GLIMS is not financially sustainable post go-live due to lack of revenue funding. 13. Risk: GLIMS workflows validated do not reflect the complexity and ever-expanding range of testing delivered within AWMGS: The laboratory undertakes a range of complex tests with interconnecting pathways between cyto and molecular equipment, testing result types and reports. There is a risk that as not all sample pathway options are validated, interaction between different test scripts result in an unknown error post go-live. Impact: Genetic testing is always expanding to include new testing methodologies meaning new tests and reporting rules. The risk is that the ensuring a validated state post go-live will require continuous work not currently resourced for within AWMGS (lack of IM&T and Clinical Scientist staff time to undertake test script validation).14. Risk: Changing service priorities and operational pressures: The ever changing nature of genomics from Test Directory updates to new WHO & NICE guidelines to changing BAU operational pressures bring new risks & issues to the project on a regular basis and the mitigations and controls need to be reviewed regularly, currently the GLIMS risk assessment and project change control documents are set for 12month & Quarterly reviews respectively. Impact: With such long periods between review of risks and issues it means there is a chance that a newly presented risk may not be captured, nor control/mitigation adequately discussed and implemented."														
Clinical Diagnostic & Therapeutics	CRR2	14/11/19 Updated 01/10/2024	<p>Issue: Equipment Risks - ageing equipment across the clinical board including:</p> <p>1. NVA 1 and NVA 2 simultaneous breakdown, affecting both emergency and elective patients. Risk/ Impact: increasing frequency and severity of breakdown affecting both rooms delays to patients treatment</p> <p>2. Air handling and chiller units - not in place, subject to regular breakdowns, affecting temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners. Risk/Impact: Loss of service, regulatory failure leading reputational damage, delays for patients.</p> <p>3. Air tube for lab specimens sitting under contract for maintenance with CD&T, regular breakdowns and damage Risk/Impact: results in inability to use the system to deliver specimens in a timely manner, causing delays for patients. Time taken by laboratory staff to manage problems</p> <p>4. Pharmacy isolator failure Risks/Impact: impacts ability to make 700 doses per week of pre-filled syringes, repatriation of work back to wards with potential increase risk of error on wards where several dilutions would be necessary or increase cost associated with purchasing from special manufacturer.</p> <p>5. Autoclaves in Pharmacy. Risk/Impact: There is a risk that the autoclaves may fail or fail to sterilize effectively. They are used on a weekly/thrice weekly basis to undertake terminal sterilization. The impact to staff should the pressure valve fail would be catastrophic. A failure to sterilise effectively and if undetected through other assurance means would cause a fatal impact on the patient. The inability to use the sterilizers would have an impact to business and availability of product to customers and patients.</p> <p>6. Pharmacy - uses the Templog system for continuous temperature monitoring of all refrigerators, freezers and critical ambient areas to assure the appropriate storage conditions for medicines are in accordance with regulatory requirements. Current stock levels of refrigerated medicines are estimated at £950k with £500k being held in one cold room alone. This carries significant risk in the event of a single point of failure. Consequently, there is no longer a maintenance service for the system in the event of break down or replacement parts. Risk/Impact: Compliance with regulations set out by the MHRA to maintain our MS Specials license at Llandough Aseptic Unit for the manufacture of sterile aseptic products is at risk if medicines particularly high risk sterile injections cannot be guaranteed to have been stored at the correct temperature with resulting patient safety risks.</p> <p>7. Ageing laboratory equipment in cellular pathology laboratory: stainer, coverslipper and printmates Risk/impact, risk that aged equipment would not be able to be repaired following breakdown, repair contracts will no longer be provided by the supplier and spare parts may be unavailable to maintain equipment. this would lead to delays in patients diagnosis</p>	5	5	25	<p>Capital planning programme</p> <p>Discretionary capital programme</p> <p>Escalation routes to Estates</p> <p>Business Continuity Plans</p> <p>Managed service contracts</p> <p>Maintenance service agreements</p> <p>Medical equipment governance framework</p>	5	4	20	<p>"1. Replacement programme commenced for NVA 1 and 2 in July 2024</p> <p>2. Capital replacement bid to be submitted for air handling and chiller units</p> <p>3. Explore options to purchase new system and how best to manage future maintenance of the system with estates colleagues</p> <p>4. &5. Engage with TRAMS project for proposed regional solution to sterile production units</p> <p>6. Procurement for new temperature monitoring solution, supplier identified for Pharmacy, in place final validation and network issues being resolved</p> <p>7. Capital replacement bid to be submitted, source a new company who would be willing to service and repair ageing equipment</p>	4	2	8	Mar-25	Strategy & Delivery	Capital Estates Patient Safety
						<p>"Estates Risks</p> <p>The fabric of the estate is suboptimal to delivery of modern, safe and sustainable healthcare.</p> <p>Significant aggregated risks across the Clinical Board Directorate risk registers including:</p> <p>1. Mortuary - failure to meet HBN20 Risk/Impact: Potential for improvement notice or closure from the regulator (HTA), poor experience for bereaved</p> <p>2. Stem Cell Processing Unit - inadequate accommodation, compressor failures, failure of supply of liquid nitrogen from the external tank. Risk/ impact - failure to deliver liquid nitrogen to the cryogenic freezer holding patient stem cells for transplantation, delays to patients.</p> <p>3. Health Records - inadequate storage capacity across departments, Risk/Impact: loss of security of the Health records, potential for data loss, health and safety risks to staff, difficulties in tracking of medical records</p> <p>4. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW Risk/Impact: Poor staff experience, no space to clean returned equipment</p> <p>5. Insufficient accommodation for a number of clinical board services including - Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, Physio, Cedar and WEQAS Risk/Impact: Poor staf experience. Health and safety risks and inability to grow service impacting on potential for income generation</p> <p>6. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, most significantly Pharmacy in UHW and Radiology UHW Risk/ Impact: inability to deliver services, poor staff and patient experience, health and safety concerns, damage to records in UHL main OT department</p> <p>7. The viability and sustainability of an ageing facility in PSU at UHL Risk/Impact: Possible closure from the regulator</p> <p>8. Insufficient space for New born screening expansion in line with WG requirements Risk/Impact: Risk of inability to deliver the severe combined immunodeficiency and Tyrosinaemia testing. without timely diagnosis and early treatment prognosis for babies is poor</p> <p>9. Power failure within Peads Radiology-Octopus Risk/Impact If power fails repeat imaging may be required, for children requiring anaesthetic for imaging may require repeat anaesthetic"</p>	5	5	25	<p>"Capital planning programme</p> <p>Discretionary capital programme</p> <p>Escalation routes to Estates</p> <p>Business Continuity Plans</p> <p>Managed service contracts</p> <p>Maintenance service agreements</p> <p>Medical equipment governance framework"</p>	5	4	20	<p>1. Mortuary refurbishment project, commenced, planned completion time February 2025, temporary arrangements in place</p> <p>2. Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies. Accommodation request submitted to use some space vacated by Cardiff Uni</p> <p>3. Put in place recommendations from internal audit of medical records storage and security</p> <p>4-7. Further work with Capital and Estates to develop prioritised timetabled plans to address known risks. Raise requests through accommodations working group</p> <p>7. Engage with TRaMS project for proposed regional solution to Radiopharmacy and aspetics, progressing following recent MHRA inspection and cessation of Radiopharmaceutical production.</p> <p>8. Laboratory space identified, a/w funding agreement from WG for refurbishment works required</p> <p>9. Estates colleagues and external engineers need to attend site together to work through where the fault lies</p>	4	2	8

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	CRR4	14/11/2019	<p>"Regulatory Compliance and Accreditation"</p> <p>Non compliance with regulatory and accreditation requirements</p> <p>Risks/ Impacts:</p> <ul style="list-style-type: none"> - impact on service delivery and patient safety (potential for cease and desist of service) - reputational risk - financial risk e.g. loss of income, fine for breach of statutory duty - inability to maintain suitable systems, practices and facilities to ensure on-going compliance - increasing requirements from regulators which cannot be met - mismatch in capacity/demand on QMS which leads to failure to deliver activities - patient/staff harm as a result of poor safety governance, e.g. ultrasound, MR safety, decontamination, POCT - Health and Safety at Work incidents - patient concerns, claims and redress - failure to comply with GDPR and Information Governance" 	5	5	25	<p>"Governance through QSE and Regulatory Compliance Group with Clinical Board oversight of regulated and accredited services.</p> <p>Incident management, including Root Cause Analysis</p> <p>Concerns management</p> <p>Audit of practice/standards</p> <p>Risk register</p> <p>Service Improvement Initiatives</p> <p>Clinical Board Data Integrity Policy and Assessment</p> <p>Standardised QMS approach between directorates</p> <p>Dedicated quality resource in key Directorates"</p>	5	4	20	<p>Develop plan to address shortfall in non-ionising radiation safety governance</p> <p>Follow up actions from inspections and assessments</p>	5	2	10	Mar-25	QSE	Patient Safety
Children and Women	CRR5	Pre 2020	<p>Issue - Ongoing Lift Failure - 7, 8 & 9</p> <p>Risk/Impact - Serious harm to women and babies from risk of entrapment or potential delays in emergency treatment due to lifts failing on demand</p>	5	5	25	<p>Lift refurbishment completed at the end of 2020. Failure occurred in December 2020 resulting in damage to doors requiring a 3-month repair time. Current maintenance contract in place however, this hasn't proved to be adequate mitigation. Maintenance contract to be moved to OTIS from Thyssen to overcome the high level of new equipment failures.</p>	5	3	20	<p>Due to repetitive faults and requirement for refurbishment, risk rating remains at 20. Refurbishment still awaited, risk rating remains unchanged in view of this.</p> <p>Maintenance contract has moved to OTIS from Thyssen. Review a system to best instigate a method for calling lifts for high risk patients which would have to be controlled by the Estates function. Conduct a 24-hour walk-through survey of lift operations to determine any specific times when certain tasks are more likely to be undertaken such as waste management or housekeeping (Action: Estates team)</p> <p>Continue to be escalated to Clinical Board. The contractor has been instructed and they are mobilising (ordering equipment etc) with a view to start on site in March (providing lift 7 is sorted)/ tertiary tower so always 2 lifts in action.</p> <p>The installation will take 3 months for lifts 8 install.</p> <p>1 month settle period for lift to bed in. The 3 month install of lift 9. Initial risk rating increased in view of recent incident where all lifts were out of action. Estates now send SLT lift report daily. Lift 73 was back in action but is now out of action again.</p> <p>Risk initially reduced from 25 as no lifts out of action with 3/4 working consistently within the last month. Additional DATIX due to staff lift entrapment - no harm caused.</p> <p>Refurbishment commenced on Lift 9 w/c 30th September 2024</p> <p>Lift Failure SOP available via WISDOM</p> <ol style="list-style-type: none"> 1. Weekly DMT meetings to continue. 2. Continued monthly team meeting 3. Review triage 4. Review pathways 5. Review expedite criteria 6. Ensure representation at WG national meetings 7. Consider as part of empower multi agency meeting 	5	2	10	Monthly	Finance and Delivery	Patient Safety
	CRR8	1.10.2023, 7.11.2023	<p>Issue - Waiting times for C&YP awaiting ND Assessment</p> <p>Risk/Impact - There is a risk of harm and poor patient experience as a result of current waiting times for CYP awaiting ND Assessment. Waiting times are currently significantly high and also the increase in referrals, currently significantly exceeds capacity.</p>	4	5	20	<ol style="list-style-type: none"> 1. Review of top 10 long waiters every week. 2. Additional WG funding in place to increase capacity 3. Review of current service model 	4	5	20	<ol style="list-style-type: none"> 1. Weekly DMT meetings to continue. 2. Continued monthly team meeting 3. Review triage 4. Review pathways 5. Review expedite criteria 6. Ensure representation at WG national meetings 7. Consider as part of empower multi agency meeting 	4	1	4	Monthly	Finance & Performance	Patient Safety
	CRR9	14/11/2023	<p>Issue - Euroking System Capability - UK Wide Alert</p> <p>Risk/Impact - Data Overlay of any previous medical/surgical history for patient data</p>	4	5	20	<ol style="list-style-type: none"> 1. Staff are aware of the system issues and advised not to review historic surgical/medical assessments 2. Issues escalated to IG/Legal/Procurement/CNIO/Digital Maternity Cymru 3. Data dictionary obtained and to commence full risk assessment for CAVUHB 4. Pause on any audit/research that includes overlaid data points 5. Storage of documentation against future archive to mitigate future claims 6. Daily contact with Supplier to reconnect access to server 	4	5	20	<p>Continue project work for procurement and implantation of new maternity system.</p> <p>Continue urgent request with Euroking for reconnecting server access to continue support. Successful bid for Badgernet system achieved. Risk Rating to remain at 20 whilst transition to Badgernet system from Euroking awaited. Updated on 28/05/2024: Transition to Badgernet system may be established by January 2025. Further National Alerts regarding Euroking system have been submitted. Engagement from Euroking remains limited.</p> <p>Updated on 25/06/2024: Transition to Badgernet system may be established by January 2025. Further National Alerts regarding Euroking system have been submitted. Extension of Euroking system agreed, methods of financing this to be confirmed. Risk rating remains at 20 due to ongoing risks associated with Euroking system. Extension of Euroking system agreed, methods of financing this to be confirmed. Staff training to support Badgernet transition now underway.</p>	4	1	4	Monthly	Quality, Safety & Experience	Health Inequalities
	CRR10	13/02/2024	<p>Issue - Challenges in Management of Patients within PAS Services:</p> <ol style="list-style-type: none"> 1. Multiple incidents related to management of patients with PUL/ Ectopic/ Follow up results/ management plans and communication all discussed at Risk meetings, lack of immediate senior support for complex patients when PAS Lead is unavailable. This is resulting in complaints and concerns raised by the patients. 2. USS governance issues. 3. Difficulties in transferring patients across to acute settings- long waiting times for ambulances. 4. Inefficient utilization of staff to have a cross cover resulting in shortage of staff across both sites which has implications on the clinics in UHW. 5. Safety of staff identified at latest DATIX/ Clinical Risk Meeting- isolation of staff, limited security cover in CRL, limited phone access to rooms to contact security if required. 6. Paper-based clinic record in Abortion care: <ul style="list-style-type: none"> A) abortion is a criminal offence unless carried out within the 1967 abortion act: two separate doctors must sign abortion document (HSA1). B) Most abortion service data kept on S-Drive in conventional EXCEL files - C) Records kept in CRI. D) Records shipped between CRI and UHW for in-patient treatment. E) Statutory duty to report each abortion treatment to DHSS via online HSA4 within two weeks <p>Risk/Impact: Impact on patient safety and management. Missed opportunities in relation to treatment option in patients diagnosed subsequent with PUL/ Ectopics.</p>	4	5	20	<ol style="list-style-type: none"> 1. USS Governance Lead in post. 2. RM recommended patients attending PAS should be offered USS. Awaiting final outcome. 3. close collaboration with Emergency Gynae team for managing complications 4. hand-checking of records entered 5. referral to BPAS in case of delay into second trimester 6. e-mails and phone calls from either end to ensure receipt of paper files across sites (not working after 4 pm) 7. overtime paid to admin staff to catch up with HSA4 report 	4	5	20	<ol style="list-style-type: none"> 1. Move PAS services back to UHW. 2. Establish required resources/ rooms required for PAS service. 3. Re-establish TDSI access and broken 'locked' door to increase security for staff. 4. USS provision added as new addition to Risk Register and for escalation to Clinical Board Risk Register. 5. Review of local and national guidance to clarify provision of USS for all patients in PAS service. Review of evidence associated with USS provision in PAS service. 5. Audit of PAS service regarding USS provision and outcomes to establish correlation with DATIX incidents. Presentation of results during Audit/ Clinical Governance Meeting. <p>New USS ordered and received- in view of requirement to perform USS for all reasonable cases, concerns raised by staff regarding capacity. Reduced DATIX for ruptured ectopics observed. There is a newly appointed Lead Consultant for PAS service, additional clinic frequency awaited, no update regarding PAS movement. PST aware of challenges associated with OG24. HM to send PAS Service Risk Assessment to Obstetric Consultant for PAS. PARIS training not proceeding due to challenges associated with wide-spread training.</p>	4	1	4	Monthly	Quality, Safety & Experience	Planned Care Patient Safety Maternity Wellbeing of Staff
CRR12	01/03/2024	<p>Issue: Non compliance against New MHRA Guidance for Beds/Bed Rails across CHFW</p> <p>Risk/Impact: Risk of children being injured or harmed during their hospital stay due to the incorrect style bed being used for the duration of their stay.</p> <p>New guidance has also been circulated from the MHRA to state new recommendations for Beds to be used for children that are too big for a cot but too small or have additional safety risks if put in a standard adult bed. (EN 50637:2017 standard for smaller people/children) This recommendation was made post a national PSA alert. In addition Medstrom have informed procurement that they can no longer provide parts for the Avant Guard 1200 beds which are the only beds that can be used for younger children. (March 2024). Children that cannot be cared for in an Avant Guard 1200 bed could be at risk of harm if cared for in the other two models of full size beds available from current bed supplier i.e the Solo and the MM05000</p>	4	5	20	<p>Use Avant Guard 1200 beds or the Favero extendable bed/cot if the child is at risk</p> <p>If using other models consider risks to individual child Is the child likely to fall out of bed/injure themselves in a bed with rails rather than solid sides or climb over the sides? Consider child's level of consciousness, confusion ,agitation, hyperactivity Beds should be kept at low level Request bed rail bumpers if no suitable Avant Guard 1200 beds available Only children over ten years of age with no risk factors should be cared for in models MM05000 and Solo beds.</p>	4	5	20	<p>Trial beds arriving in CHFW in June to test suitability</p> <p>Feedback provided on all trial beds. Awaiting further updates from procurement. Ongoing review/risk assessment</p>	3	4	12	Monthly	Quality, Safety and Experience	Patient Safety Planned Care Urgent & Emergency Care	

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Clinical Board/ Corporate Directorate	CRR13	01/09/2024	<p>Issue - Potential cessation of Wales Syndrome Without A Name (SWAN) Service</p> <p>Risk/Impact - There is no method to secure further funding for this service for 2025/2026. No alternative commissioned SWAN service currently exists in the UK for patients to be referred outside of Wales. Significant reputational risk for Wales if SWAN service were to stop as it is seen as an exemplar service in the other UK four nations. Serious consequence for patients in not having an integrated service in Wales which can co-ordinate investigation to provide a diagnosis in patients who have previously not had a diagnosis and have a suspected rare disease. The service has been formally evaluated by external independent organisations and is highly valued by patients and already has shown potential reduction in secondary healthcare utilisation.</p>	4	5	20	Financial plan is within budget to 31.3.2025. 2. Staff contracts are in place to cease before 31.3.2025 – therefore financial risk is minimal. 3. If no funding stream identified reduce routine clinic service (30.11.2024) for clinical governance reasons to ensure investigations, information and findings are communicated to patients and referring Consultants by 31.3.2025 (note these are complex patients and usually one or two patients are seen per clinic requiring detailed correspondence).	4	5	20	Outline case for continuation of funding, as per instructed by the Deputy Chief Medical Officer, Welsh Government, forwarded to the NHS Wales JCC Medical Director. 2.Continued dialogue with Medical Director to confirm process for consideration of the case. 3. C&V to independently discuss with JCC and CIAG process for 2025/2025 funding	0	0	0		Quality, Safety & Experience	
	CRR14	24/09/2024	<p>Issue - Length of Benign Gynaecology Inpatient and Daycase Waiting Lists & Reduced Theatre Capacity</p> <p>Risk/Impact - Risk to patients of worsening symptoms and patient wellbeing and increased risk of missed pathology and unexpected results due to the length of time patients are waiting</p>	5	5	25	Patients are being listed as level 2 urgent when required. Validation of lists as appropriate to ensure list is accurate. Concerns remain at the length of time patients are having to wait in terms of 104 and 156 weeks wait	5	4	20	Additional Theatre capacity required. Patient validation exercise has been completed to determine patients who want to remain on the waiting list (to be undertaken twice per year). Case being made for investment regarding outsourcing and the need for additional consultants and trainees	5	2	10		Quality, Safety & Experience	
	CRR15	24/09/2024	<p>Issue - Lengthy Outpatient Waiting Lists not meeting WG Outpatient Waiting Standards</p> <p>Risk/Impact - There is a risk of harm to patients due to lengthy outpatient waiting lists</p>	5	5	25	Validation undertaken by UHB validation team All clinics are booked as appropriate in respect of expected activity and trainees allocated to clinics where possible to increase throughput	5	4	20	Continue to work with Clinical Board for support for additional nursing and consultant support	5	2	10		Quality, Safety & Experience	
	CRR16	24/09/2024	<p>Issue - Wait for Urgent and Routine Outpatient Hysteroscopy Procedures (Longest Wait 130weeks - target is 10 weeks)</p> <p>Risk/Impact - there is a risk of patient harm due to missed diagnosis/unexpected result (i.e. cancer) for patients waiting for an urgent and/or routine outpatient hysteroscopy procedure</p>	5	5	25	Patients listed as soon as capacity available Where case is considered USC, patient placed on the single cancer pathway	5	5	25	Continue to work with Clinical Board for support for additional consultant support	5	2	10		Quality, Safety & Experience	
Digital Health	CRR17	06/08/2011	Cyber Security - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board'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.	5	4	20	<p>The UHB has in place a number of Cyber security precautions. These include the following:</p> <ul style="list-style-type: none"> - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Software - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns. - A thorough third party assessment for any suppliers who wish to connect to our network or host UHB data. 	5	4	20	<p>June 2024 update: New Cyber Security Lead joined CAV on 14th May 2024. Priorities include further deployment of CAV assessment to assist with NISD compliance.</p> <p>April '24: Cyber Manager successfully appointed, starting in May 2024. Cyber plan in place.</p> <p>Oct '24: Cyber team fully recruited and working on Cyber Action Plan to reduce risks and implement mitigations against the known risks.</p>	5	3	15	Mar-24	Digital Health Intelligence	Capital Assets Digital Strategy and Road Map
EPRR	EPRR 01	03/02/2025	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.	4	5	20	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	4	5	20							
	EPRR 02	03/02/2025	Lack of dedicated staff resource to effectively embed business continuity planning within the organisation.	4	5	20	As above (EPRR 01), 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). The team can provide substantial assurance of Policy / Procedure production; the provision of training; the facilitation of exercises; promoting a clinical board BC lead forum. But do not have the capacity to ensure BC is absolutely embedded within the UHB	4	5	20							
	EPRR 03	12/03/2025	No provision for specialist EPRR advice or presence outside normal office hours.	3	5	15	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.	4	5	20	SMOC course has been written and planned however not yet sign off for delivery. Training dates will need to be cancelled due to delays in approval for the course. Requestes to shorten the course and remove content will leave gaps in knowledge and lack of compliance with minimum occupational standards.						
	EPRR 11	06/02/2025	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.	4	5	20	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.	4	5	20							
Finance	CRR18	01/04/2024	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. If it was to occur it would compromise the achievement of the revenue statutory breakeven duty. (Risk Fin01/24 above)	5	4	20	The requirement to manage budget pressures clearly communicated to primary budget holders. Standing Financial Instructions set spending limits. Monthly Financial Clearance Meeting. Progress to be reviewed through Executive Performance Reviews with Clinical Boards.	5	4	20	Bi-weekly Finance and Operations meetings to ensure a multi-disciplinary approach to managing delegated budgets. Bi-monthly deep dives set-up with respective Finance Business Partners. Bi-weekly Sustainability Board meetings and bi-weekly Sustainability Group meetings	4	2	8		Quality, Safety and Experience	Financial Sustainability Delivery of IMTP 23-26
	CRR19	01/04/2024	Deliver a recurrent cost improvement programme A recurrent CIP target of £47.2m has been set for 2024/25. Failure to deliver will impact on the Health Boards ability to deliver the planned 2024/25 revised deficit of £9.1m.	4	5	20	CIP target clearly communicated to budget holders. CIP tracker in place with a weekly monitoring progress across the organisation. Monthly Financial Clearance Meeting, including specific focus on CRPs. Executive / Clinical Board Performance Reviews, monthly Sustainability Boards and Weekly Sustainability Meetings. Governance reporting and monitoring arrangements through the Finance Committee and Board.	4	5	20	Weekly Finance and Operations meetings to ensure a multi-disciplinary approach to achieving the savings target. A Sustainability board has been established to hold Executive, Operational and Finance leads accountable.	4	2	8		Quality, Safety and Experience	Financial Sustainability Delivery of IMTP 23-26

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	CRR20		DMT to utilise BIS risk surveillance cube to prioritise patients & reduce potential harm Admin team to send patient risk letters for delayed surveillance cases to manage patient risk DMT to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance UPDATE 29.12.21: Clinical validation continues risk assessing patients using a clinical tool recommended by the BSG 27.04.2022 Update; 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. Update 08.02.2023; Limited capacity to schedule surveillance procedures is ongoing and this remains a significant risk Ringfencing capacity for surveillance commenced, highest risk should be cleared by Oct 2023.	5	5	25	Clinical validation of surveillance waiting list completed until the end of 2021 Corporate risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification Some high risk surveillance patients started to be listed for procedures	5	5	25	DMT to utilise BIS risk surveillance cube to prioritise patients & reduce potential harm Admin team to send patient risk letters for delayed surveillance cases to manage patient risk DMT to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance UPDATE 29.12.21: Clinical validation continues risk assessing patients using a clinical tool recommended by the BSG 27.04.2022 Update; 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. Update 08.02.2023; Limited capacity to schedule surveillance procedures is ongoing and this remains a significant risk Ringfencing capacity for surveillance commenced, highest risk should be cleared by Oct 2023.	5	1	5	May-24	Finance & Delivery Quality, Safety and Experience	Patient Safety Cancer Planned Care
	CRR21		There is a risk of patient harm due to overcrowding within the Emergency and Acute Medicine footprint secondary to no flow or lack of UHB capacity. This results in the inability to provide and maintain key quality standards as patients are being nursed in inappropriate areas affecting timely access to treatment and discharge.	5	5	25	UHB and local escalation policy and implementation led by MCB Hub and Patient Access Services working in partnership with the EU Controller and Senior Floor cover to improve flow. Escalation of all constraints to all Directorates. Internal escalation to key clinicians/staff to assist with flow across the department. All vulnerable patients escalated to ensure timely bed allocation. Standard Operating Procedure in place for all ambulatory areas. Clinical Board engaged and supportive of 'on boarding' and FCP to facilitate flow. Change in the Emergency Unit footprint to support flow, eg speciality hub. Lower ground floor and EU footprint re-design.	5	4	20	Appropriate escalation and discussion with MCB HUB, Patient Access Services and OPAT regarding safe and timely patient flow. Introduction of two Band 7 nurses to support flow and patient access.	5	3	15	Feb-24	Quality, Safety & Experience	Patient Safety Capital Estates

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Medicine	CRR22		<p>Context: Workforce and Capacity constraints across Gastroenterology & Endoscopy are compromising the ability to deliver a robust Gastroenterology service to meet competing demands of the speciality and service i.e. emergency/acute gastroenterology; Endoscopy activity to meet cancer diagnostic/therapeutics/surveillance as well as planned care within speciality components of gastroenterology including services with single handed operators and single points of failure.</p> <p>Risk: Delayed diagnosis and treatments of cancer and benign diseases; risk of not fulfilling commissioned activity and income generation; inability to fulfill training needs for trainees in line with HEIW junior doctor training;</p> <p>Impact: patient risk of harm due to long waits; poor patient experience; patient concerns; staff burnout; reputational risk; potential to lose trainee posts further impacting on workforce; potential to lose commissioned services</p>	5	5	25	<p>Locum cover for the Medical Workforce gaps and progressing active recruitment Overseas Nurse recruitment and reactive recruitment efforts for Registered Nurses</p> <p>Work with NEP on recruitment strategy #BeVital</p> <p>Weekend insourcing to increase capacity</p> <p>Mobile Endoscopy Unit enabled an increase in activity equivalent to 4 rooms</p> <p>Business Case and Endoscopy expansion</p> <p>Implementation of FIT stool testing as part of patient risk stratification/management</p>	5	5	25	<p>1. Activity within Endoscopy isn't meeting the demand for those patients requiring surveillance carrying significant risk of undiagnosed cancers in a high risk population</p> <p>2. Gastro Consultant of the day model to be agreed</p> <p>3. Uncertain ability to recruit the required nursing workforce to meet the uplift in numbers to run 6 theatres 6 days per week</p> <p>4. Single handed operator services and single point of failure requiring investment to ensure a robust succession plan</p> <p>5. That Consultant/Operator job plans facilitate maximising core Endoscopy activity with competing demands of GIM rota and Gastro Consultant of the day</p>	5	2	10	Jun-24	Quality, Safety & Experience	Workforce Patient Safety
	CRR23		<p>Context: 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 and media reporting when there was previous impact on the HPN nutrition chain. An SBAR and case has been submitted to WHSSC</p> <p>Risk: Delays in offering nutrition to patients in whom there is no alternative with complications creates a number of risks including death and increased length of hospitalisation for shorter term bridging treatments. There is also currently a single consultant with a HPN interest creating significant service vulnerability and gaps in patient care during any times of leave. This is against national nutritional society recommendations which creates a risk of reputational harm and regulatory breaches.</p> <p>Impact: Potential harm including death; multiple concerns and media coverage; not meeting national guidelines</p>	5	5	25	<p>Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated</p> <p>Previous business case and SBAR to WHSSC for additional service support including consultant post</p>	5	4	20	<p>Dependant upon agreement of funding by WHSSC/UHB and availability of suitability experienced workforce to fill new posts</p>	5	2	10	May-24	Quality, Safety & Experience	Patient Safety Workforce
Mental Health	CRR24	17/08/2023	Severe High Risk Eating Disorders getting timely access to inpatient beds for refeeding or medical stabilisation	4	5	20	SHED service working with this group and escalating concerns	4	5	20	Escalated to COO	4	2	8	1.01.2024	Quality Safety and Experience	Patient Safety
	CRR25	8.11.2023	Pendine, Pentwyn, Gabalfa, Park Road, CAU, Hamadryad - damp issues, water leakage from roofs, poor facilities such as meeting rooms and limited office space. Lack of panic alarms, uncontrolled access to clinic rooms due to lack of internal lockable doorways - poor wireless signal. Fire Officer has recommended CAU shuts due to estates and fire risks. Alternative accommodation will be required.	5	4	20	Workplace inspections. Currently allocating internal funding for minor refurb to manage the problems in the short term.	5	4	20	Escalated to COO	5	2	10	1.01.2024	Health & Safety	Patient Safety
	CRR26		St Barrucs isolation: There is no additional SIMA support, There is no immediate Pharmacy support on site, Reduced access to SALT (Choke risk), MHCGB GP/Senior nurse resource is limited, so is this is significantly reduced when called to ST Barrucs, The environment is not appropriate for this complex patient group due to the location and layout. Reputational risk if public due to variation in access to care	4	5	20	<p>"GP- Senior Nurse attend twice a week- however this adds pressure to this resource .</p> <p>News 2 implemented to identify deteriorating patient. Clear procedure to access 999.</p> <p>Physical Health Training Sessions provided to staff. Training to be provided – bladder scanner/ECG.</p> <p>All staff to be trained in ILS.</p> <p>All staff to be trained in SIMA.</p> <p>Consider moving physically/ acutely unwell patients up to UHL</p> <p>However none of this mitigates the risk of the location and risk associated with this.</p>	4	5	20	Transfer unit to UHL site is ideal solution	4	1	4	1.01.2025	Health & Safety	Health and Safety
	CRR27		Currently there is CCTV in Hafan y Coed and Llanfair, however, this can only be accessed through central security at present which leaves ward staff unable to observe blindspots, who is at the front door and observe areas at higher risk of incident and fire. This puts staff and patients at risk of incidents of harm and delayed emergency responses.	5	5	25	<p>1. Staff to supervise patients who needs support with personal care.</p> <p>2. Staff to report any issues to Estate in relation to water temperature</p> <p>3. Escalate to senior management as appropriate</p> <p>4. Estates ordering replacement TMV's and will replace as to liaise with maintenance company</p>	5	5	25	<p>1. More permanent fix for temperature regulating system</p> <p>2. Replacement Pressurised Unit fitted</p> <p>3. Contractors to carry out regular maintenance and fixes on regular agreed schedule</p>	2	2	4	8.1.24	Health & Safety	Health and Safety
	CRR59	10/09/2024	A broken pressurised unit in Hafan y Coed- will affect water flow on occasions, as well as underfloor heating. A replacement has been ordered with no confirmed lead time. In addition, there is a risk of superficial burns as a result of faulty thermostatic mixing valves (TMV's) across the site. The valves basically mix hot water with cold water to ensure safe shower and bath water temperatures, and prevent scalding. These are supposed to shut off rapidly, but in some areas of HYC, these have been failing.	5	5	25	<p>1. Staff to supervise patients who needs support with personal care.</p> <p>2. Staff to report any issues to Estate in relation to water temperature</p> <p>3. Escalate to senior management as appropriate</p> <p>4. Estates ordering replacement TMV's and will replace as to liaise with maintenance company</p>	5	5	25	<p>1. More permanent fix for temperature regulating system</p> <p>2. Replacement Pressurised Unit fitted</p> <p>3. Contractors to carry out regular maintenance and fixes on regular agreed schedule</p>	2	2	4	8.1.24	Health & Safety	Health and Safety

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	CRR60	25/03/2024	Security- risk of serious incidents due to inadequate security on Hafan Y Coed site. The front doors to the unit can be forced open, police changes in procedure with Right Care Right Person mean that staff may be left with highly agitated patients brought in on Section 136 without police presence remaining, no CCTV outside of security to monitor corridors.	5	5	25	1 - Cardiff and Vale UHB Security off site. 2 - HYC CCTV can be viewed centrally by Security. 3 - Emergency response system (pinpoint/emergency responders/Vocera). 4 - Ferrous metal scanning devices. 5 - Vexatious visitor's policy. 6. SIMA team for advice and training during daytime hours only. 7. Secure lobbies. 8. Perimeter fencing. 9. Shift Coordinator on site. Significant gaps in controls: less than 50% of staff SIMA trained at last review September 2023, inconsistent security response, Shift Coordinator can only provide individual capacity to respond. Electronic systems have potential to fail. Inconsistent use of ferrous scanners, blanket scanning cannot be used, staff vulnerable in locked lobby with scanner and patient. No coverage of gardens for PinPoint system. Ward intercoms not working. Keys missing from Trakka system.	5	5	25	1. Costed Security provision for Hafan Y Coed. 2. Exploring front door solution with Estates, interrim solution not working as doors have been forced open. 3. CCTV solution being requested. Option to explore security by night only as some daytime mitigation in place. Exploring whether all traffic of staff and patients through single entry point in Hafan Y Coed.	3	4	12	8.1.24	Health & Safety	Health and Safety
CIC	CRR28	05/07/2023	<p>Domiciliary medication administration/support</p> <p>Risk: Sufficiency of domiciliary medication administration/support arrangements.</p> <p>Source of uncertainty/cause: Monitored Dosage Systems (MDS) and less commonly Medicines Administration Records (MARs) are required by domiciliary care workers to administer medication to people receiving their care. Community Pharmacies are not required under their contract to supply MDS/MAR for this purpose and there are less pharmacies now willing to provide this service for individuals who do not require it as part of reasonable adjustment arrangement to support them independently managing their own medication.</p> <p>Consequence:</p> <ol style="list-style-type: none"> Inability or significant delay in being able to discharge patients with medication support needs with increased risks associated with extended hospitalisation in terms of deconditioning and independence. Impact on staffing resources across the system trying to source Community Pharmacy willing to provide MDS's or MARs for patients requiring support from care workers. Increased pressure on Community Pharmacies willing to support MDS/MAR provision Inequity as some patients are being charged by pharmacies for this service provision pressure on Community Pharmacies willing to support MDS provision <p>Risk updated and re-phrased 09/11/2023</p> <p>UPDATE 12.06.2024: no update to narrative Updated 14.08.2024 18.10.2024 No update to narrative 11.12.24 No update to narrative Remains on Vale RR with former narrative Also on Community Pharmacy RR.</p>	4	5	20	<ol style="list-style-type: none"> Relying on good will of community pharmacies to provide medication in MDS/MAR Secondary care and primary care teams working together to negotiate provision of MDS for individual patients if discharge is looking to be delayed Local Authority have produced a Regional medication policy to allow administration and commissioning of medicines by care workers out of original packs with a Medicines Administration Record (MAR) chart 	4	5	20	<p>Agree funding route for National Community pharmacy MAR service and investment for staff to deliver the other aspects of the LA policy</p> <p>Commissioning of Community pharmacy MAR service from Cardiff and Vale community pharmacies</p> <p>Care workers need to be trained to administer medication from original packs with a MAR chart</p>	4	2	8	Sep-24	Quality Safety and Experience	Patient Safety
	CRR29	01/09/2023	<p>There is a risk that the Healthcare Dept at HMP Cardiff is unable to meet the needs of patients due to a high number of vacancies in staffing. This particularly affects the administration of medication, the assessment of new arrivals and the ongoing triage and care of unwell patients.</p> <p>UPDATE 12.06.2024 - no update to narrative. UPDATE 14.08.2024 - no update to narrative. Is this consolidated with the overall workforce risk? 17.10.2024 No update to narrative. Showing on Vale RR?? 11.12.24 No update to narrative.</p>	5	5	25	Senior management colleagues are working clinically. Clinicians are being drawn from the in-house mental health, substance misuse and pharmacy teams to support the administration of medication. Efforts to recruit to vacant posts are ongoing. A recruitment event was recently held. Agency nurses have been utilised. Pharmacy Technicians have been recruited to dispense medication. Overtime payments are offered to staff. Regular support is being provided by PPDNs to train and support new staff.	5	4	20	Continue efforts to recruit nursing staff. Explore further skill mix options to diversify workforce.	5	3	15	Jan-25	Quality Safety and Experience	Patient Safety
	CRR30	01/07/2024	<p>111p2 Staffing Levels</p> <p>Risk: High sickness and vacancy rates among all bands</p> <p>Source of Uncertainty/Cause/Event: Due to demand on service and inability to fill core shifts within rota. Shortage of reg nurses nationwide.</p> <p>Consequence/Impact: Possible patient harm, adverse effect on patient safety, failure to meet required standards for the service, reputational risk to UHB.</p> <p>11.12.2024 Actions updated.</p>	5	5	25	<p>Call Handlers to take overflow calls that are waiting/in absence of mental health practitioner</p> <p>GPs to triage mental health calls and support mental health practitioners when working at reduced staffing</p> <p>Raised to PCIC SMT and ongoing work to source outside mental health support</p> <p>Work ongoing with recruitment drive</p> <p>Temporary rota implemented. Reviewing rota with view to go to OCP</p>	5	4	20	<p>Continue to work with PCIC SMT and Unions regarding medical triaging staff taking mental health calls</p> <p>Escalate WTD restrictions with bank staff to Jason Roberts</p> <p>Regular meetings with staff to ensure wellbeing</p> <p>Ongoing support and training to call handlers</p> <p>Chase and action all TRAC updates asap</p> <p>Trial 3 month rota with 12 hour shifts as requested by and agreed with staff</p>	5	2	10	Nov-24	Quality Safety and Experience	Patient Safety

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P	CRR31	30/10/2024	<p align="center">Cluster based services interface with GP based patient record systems</p> <p>Risk Description From 28th December 2024 Cluster based services which interface with GP based IT systems via Vision Shared services (Vision 360 and Vision Anywhere) will no longer be able to utilise this method to view GP records and write back any intervention into the GP patient record. GPs will also no longer be able to use this to directly book into the cluster based predefined clinics. Services affected include cluster based MSK, PCLS, UPCC's and the South East MDT Hub. Currently the only viable solution that has been identified which could provide a partial solution within the required timescale for services to be able to view and write back into patient records is a web-based solution developed by 'BlackPear'. Whilst this solution could provide access to the clinical record and write-back to GP systems, it has no shared clinic functionality for the booking of consultations.</p> <p>Cause/Source/Event There is a National Implementation programme for all GP practices to move to the EMIS patient system. For GP practices currently on the Vision GP system there is a 2-year planned migration programme. Long term Vision as a company is pulling out of Wales and whilst there is a contract for them to continue to support practices remaining with Vision for the time being the contract does not include support to Vision 360/Vision Anywhere which will no longer be available to use from December 2024.</p> <p>Impact/Consequence Patient care Interventions and recommendations may not be available in a timely fashion within their GP records impacting on quality of care. Without the ability to directly book into clinics and to view and write back into patient records alternative methods of communication and booking will need to be explored which will directly impact on resources within the services and the level of activity that will be able to be delivered. With PCIC based services such as MSK which have been demonstrated to reduce referrals to MRI, USS and orthopaedics this is likely to increase referrals and impact on waiting lists across the system. Whilst there may be a workable solution for some services such as the UPCCs utilising generic log-ons to access GP patient records systems, information governance concerns exist with the use of that as a long term or suitable solution Updated 11.12.2024</p>	4	5	20	<p>1 Service specific contingency plans being developed for how or if they will be able to deliver their clinics and communicate with practices with respect to patient care in the absence of a viable alternative within the required timescale e.g. call centre, MS forms solution. This will lead to fewer patients being seen, though the extent of the reduction cannot be quantified at this stage, but will at least provide some level of continuity of service.</p> <p>2 Proactive liaison is taking place with 'BlackPear' to procure/commission a web-based solution which will allow services to be able to view and write back into GP based patient record systems</p> <p>3 Engagement with the UHB's M365 Team to explore a local solution to allow GP practices to link to services to book into cluster-based clinics. Options to bolster this team with specialist external consultancy resources are being explored given the very short timescales.</p> <p>4 Engagement with DCHW Centre of Excellence Team to explore options for the development of a viable 'Power app' solution to allow GP practices to link to services to book into cluster-based clinics.</p>	4	4	16	<p>1 Identification of funding to support the proposed solution 2 Identification of a viable solution for GP practices to access cluster-based clinics</p> <p align="center">02Jan2025 Update: Funding identified from existing Vision contract as part of MSK/PCLS funding model, top up required which will need to be budgeted for from April 2025. Support requested from Strategic Programme Team for Primary Care on any funding slippage which could be utilised to support CAV as a pathfinder for this solution across Wales.</p> <p>Viable solution developed via M365 Power App, however technical support is needed from Centre of Excellence Team at DCHW to support implementation/roll out. This has been escalated to DCHW, with a discussion planned for 06/01. To maintain some access to PCLS/MSK services for Primary Care an interim booking solution via a shared excel spreadsheet will be needed, and may limit accessibility to clinics to certain EMIS practice sites for w/c 06/01.</p> <p>Successful integration between Black Pear and EMIS Practice initiated, tested and accepted. Integration with Vision practices outstanding - Test to be requested 03/01.</p> <p>Deployment of full solution planned for w/c 13/01, but this is subject to receiving support from DCHW.</p>	4	2	8			
	CRR61	01/05/2019	<p align="center">GMS Sustainability (Risk reviewed and updated from June 2024; risk score increased December 2024)</p> <p>Risk: Concerns around GMS sustainability will result in GP contractors considering whether they can continue to deliver their contract.</p> <p>Due to: - Recruitment and retention of staff - Perceived increase in workload - Condition and size of GP premises, and security of ownership or tenure of GP premises. - Perceived lack of investment in GMS</p> <p>Resulting in: - Increased demand on remaining contractors will also adversely impact on patient access by making waiting times longer, place increased demand on telephone lines, etc. - GPs making decisions to cap activity a ""safe operating levels"" resulting in risk of patient harm and subsequent risk of increased demand on unscheduled services e.g. A&E and OOH services if people can't register with or access GMS services. - Potential hand back of contracts To ensure the provision of general medical services, the Health Board may decide to disperse lists (hence putting pressure on neighbouring practices), or takes over the direct management of services (with an impact on increased finances and also on patient care). The primary care team could potentially be dealing with a number of terminations at one time which impacts on the capacity of the current team to support effectively.</p>	5	4	20	<p>1. Opportunities for practices to discuss potential issues or concerns with CDs for Primary Care Improvement.</p> <p>2. Practice Nurse Trainee Scheme offering support to nurses moving from secondary to primary care or as a first career choice</p> <p>3. Development of CAVGP – website supporting GP recruitment.</p> <p>4. Workforce data established to provide a baseline and ability to track changes moving forward.</p> <p>5. 3 stage model for practice intervention - diagnostic, evaluation, improvement implementation.</p> <p>6. Practice have ongoing access to funds to support additional capacity initiatives in practice, i.e. recruitment to posts to provide service resilience.</p> <p>7. Compendium of practice resources developed to support recruitment and retention, patient management, communications, care navigation, etc.</p> <p>8. Email sent to contractors emphasising support and discussion available from the Primary CareTeam (although noting that the Health Board cannot influence negotiations)</p> <p>9. National Escalation Process in place to pre-empt struggling practices</p> <p>10. Vacant Practice Process in place</p> <p>11. GMS performance dashboard reviewed regularly and locality structure in place to understand detail/be proactive/maintain close relationships relating to practices and escalation through OPM as appropriate</p> <p>12. Financial support for practice mergers/list dispersal</p>	5	4	20	<p>1. Continue to consider risks and potential solutions with LMC and other stakeholders. 2. Maximise funding opportunities where presented. 3. To explore additional resources required to improve the added value of health board support to practices 4. Continue to explore opportunity to fund practices who take on significant list growth in short space of time (pump priming). 5. Review of GMS Escalation Framework completed 6. Continued improvement of GMS Dashboard and data sources including prioritisation of red flag practices 7. Review offer of support to practicee and improved information support 8. Ensure visibility of escalation issues at Exec level and presentation of activity data"</p>	4	2	8	Jan-25	Q&S experience Strategy and Delivery	
	CRR62	27.11.23	<p align="center">MVC Accommodation</p> <p>Vaccination programme is run out of 3 sites, 2 being temporary Cardiff sites (Barry Hospital - permanent, Maelfa wellbeing hub - temporary and Rookwood Hospital - temporary).</p> <p>If: Alternative sites, of similar capacity and access, cannot be identified Then: There is a risk that the service will not be able to function under its current delivery model for the Spring 2024 Booster Programme or WRVP 2024/25.</p> <p>Resulting in: Failure to meet national performance targets Revenue pressure if an alternative delivery model requires additional workforce or Primary Care delivery Reduced equity of access across the UHB population Failure to retain current, skilled workforce that are contracted to work at specific MVCs</p> <p align="center">UPDATED 14.08.2024 18.10.2024 No update to narrative 11.12.2024 no update to narrative</p>	4	5	20	<p>1. Maelfa MVC stood down December 2023, to be stepped up as a pop up model</p> <p>2. Good communication with People & Culture Team and NHS Delivery Unit</p> <p>3. Proactive & Effective planning by SMT</p>	4	5	20	<p>1. Establish Recommissioning Group to include Estates, Planning & Finance 2. Identify alternative delivery site that offer same/similar capacity in similar location 3. Continue delivery of Spring booster and plan for autumn assuming Rookwood is operational 4. Engage People & Culture re Organisation Change/ Change of Base of Workforce</p>	4	2	8	May-24	PCIC QS&E	Clinical Board

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CRR32	01/01/2020	<p align="center">Haematology and Immunology - Clinical Environment</p> <p>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. Seperate commodes for c.diff and BMT patients. Footprint for BMT patients inadequate. En-suite facilities required.</p>			5	5	25	<p>Policies, protocols, and guidelines available.</p> <p>Cleaning schedules.</p> <p>Installation of air pressure gauges outside BMT cubicles to measure positive air pressures.</p> <p>Patients admitted to ward A4 North (amber) for triage prior to admission to B4 (green).</p>	5	4	25	<p>Escalated to Clinical Board, estates, Capital Planning Team and WHSSC.</p> <p>C.O.S has been drafted and work with capital and estates is ongoing to develop plans for new area.</p>	1	1	1	Apr-24	Quality, Safety and Experience and People and Culture	Patient Safety Staff Wellbeing Workforce Critical Care
		CRR33	17/02/2020	<p align="center">Haematology, Immunology and Metabolic Medicine - TYA Oncology Services</p> <p>TYA cancer patients may elect to have their treatment on the designated TYA cancer unit hosted in UHW. 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. As a result, there are risks around:</p> <ul style="list-style-type: none"> -Transcribing of chemotherapy - Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients -Variation in practices between UHW and VCC <p>Overreliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history.</p>			5	4	20	<p>Email correspondence from VCC Clinician confirming treatment plans. Expertise in pharmacy and nursing teams involved in TYA cancer care delivery.</p>	5	4	20	<p>Access to VCC chemocare on TCTU. Treatment plan proforma to be utilised by all TYA cancer patients. TYA team to access and use Canisc.</p> <p>Systems ready, staff being trained (completion end of December) working through protocol. Senior nurse working with Velindre on solution.</p>	5	1	5	Apr-24

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Clinical Board/ Corporate Directorate	CRR34	27/08/2021	Haematology and Immunology - Office Accommodation Insufficient and/or inappropriate office accommodation is available for clinical, managerial and administrative staff across the directorate. Ongoing serious maintenance/estates and Health and Safety issues in the BMT offices in Jubilee Gardens which presents a significant risk, including poor ventilation and water leaks in the area causing damage to UHB property, disruption to services and a serious Health & Safety risk to staff based in that area.	4	5	20	Issues escalated to Clinical Board and Medical Director's Office as a Health & Safety issue for staff. Health & Safety team and Estates Management aware. Estates team are monitoring the situation.	5	4	20	Alternate suitable office accommodation needs to be identified to allow clinical and managerial staff to continue to work in a more appropriate environment.	1	1	1	Apr-24	Finance and Delivery	Capital Assets Patient Safety Critical Care
	CRR35	17/08/2021	Neurosciences Lack of appropriate referral system in place to appropriately manage high volume of emergency Neurosurgical referrals. The department has a system in place but it is outdated and does not provide sufficient governance controls. Trial of e-advice system. Requirement for additional developmental support.	5	4	20	Paper based referral system in place. All referrals added to a proforma and added to an in house data base. Database has no facility to back up information. Risk of loss of paper proforma. In addition, records can be altered/deleted without an audit trail. No way of keeping a record of comments back to the referrer for comprehension.	5	4	20	Bench Marking undertaken. Appropriate system identified as used in the majority of Neurosurgery units across UK. No funding available within Directorate to purchase system (10k)	5	1	5	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience and Finance and Delivery Quality, Safety and Experience	Patient Safety Capital Assets
	CRR36	27/08/2021	Neurosciences High level of registered nursing vacancies which potentially will risk sustainability and provision of services	4	5	20	Several active recruitment initiatives underway, block booking of bank/agency where possible. Recruitment event to showcase the new Spec Rehab facilities at UHL planned. Non ward based nursing staff supporting clinical areas where possible and appropriate	5	5	25	Off-ward nurses required to work on wards to mitigate the risk.	4	1	4	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience and Finance and Delivery	Patient Safety Capital Assets
	CRR37	27/08/2021	Neurosciences Prolonged waits for epilepsy new case and follow up outpatient due to consultant vac / sickness	4	5	20	Additional clinics are being undertaken and medically reviewing the longstanding referrals.	4	5	20	10 session consultant job out to advert, closes 5th Feb. COTW business case being worked up, to include additional consultant numbers.	4	1	4	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience	Patient Safety Urgent & Emergency Care
	CRR38	01/09/2020	"CARDIOTHORACIC Immediate separation of cardiology services from cardiac and thoracic surgery thus creating a small standalone surgical unit with very suboptimal cover from cardiology and cardiac physiology. "	5	4	20	Amendments to existing cardiology job plans to ensure appropriate cover for each site. Maintain cardiac surgical presence on a daily basis at UHW (Mon- Fri) including the MDT which is currently once per week. MTC pathways to manage rib fractures locally by gen. surgical/trauma teams, and to accommodate off site cover by cardiac & thoracic surgery. It is inevitable that a low number of cardiac surgical cases will need to be done onsite at UHW. This therefore requires the ongoing capability in terms of theatre provision and equipment in order to carry this out. Saturday echo provision implemented to support post operative imaging.	5	4	20	Work is being initiated to repatriate cardiothoracic surgery back to UHW.	5	1	5	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience	Patient Safety
	CRR39	01/01/2022	CARDIOTHORACIC Interventional/structural cardiology capacity is unable to manage referral demand leading to increasing waiting times and inevitable clinical risk.	5	4	20	Daily validation of cardiology waiting lists. The initiation of weekend working. Regular feedback to the consultant body highlighting long waits.	5	4	20	Acquisition of UHW discharge lounge to increase day case cardiology capacity. Discussions ongoing in terms of the development of a 4th cardiac catheter lab.	5	2	10	Monthly in Directorate DMT/Q&S Meeting	DMT, Diagnostic Delivery Group, Clinical Board performance reviews	Patient Safety Urgent & Emergency Care
	CRR40	01/09/2019	CARDIOTHORACIC Ability to recruit and maintain specialist staff groups in particular Cardiac Physiology and Band 5 nursing workforce. Significant risk to the regional Primary PCI service.	5	4	20	Robust monitoring of vacancies. Early reporting and proactive recruitment. Undertaken staff pulse surveys to understand current constraints and implement action plan to address concerns. Established successful Band 5 Cardiothoracic rotation programme to increase recruitment. Introduced fast training for echocardiography. The appointment of STP roles within cardiac physiology. Primary PCI service discussed through the cardiac network group. Attending wider recruitment events. Utilising off ward nurses to mitigate risk and support senior presence in ward areas	5	4	20	Business cases submitted to WHSCC for physiology to support TAVI and complex ablation. RTT planning to include the recruitment of 3 Band 7 physiologist.	5	3	15	Monthly in Directorate DMT/Q&S Meeting	Specialist Clinical Board & Directorate team	Workforce
	CRR41	01/07/2022	CARDIOTHORACIC The relocation of Coronary Care due to Critical Care expansion through winter pressures.	5	3	15	OPAT management processes to maintain hospital flow. Early identification and discharge of wardable ICU patients.	5	4	20	Project team established	5	2	10	Monthly in Directorate DMT/Q&S Meeting	Capital Estates Cardiothoracic Project Team	Patient Safety
	CRR42	14/06/2021	Neurosciences Unable to provide Epilepsy Telemetry Service to patients with intractable epilepsy, due to inability to access the facilities currently being used by another clinical service (Medical Clinical Board post COVID)	5	5	25	Discussion ongoing between Clinical Boards to allow service to be accessed.	5	4	20	Neurosciences has requested to relocate stroke into C4S, returning C4 N to Stroke (medicine) which will reduce staffing constraints on running an isolated service	4	1	4	Monthly in Directorate DMT/Q&S Meeting	Quality, Safety and Experience	Patient Safety
	CRR43	05/09/2019	Neurosciences Availability of appropriately trained temporary staffing when required. Recruitment difficulties have led to vacancies (nursing / medical)	5	3	15	Appropriately qualified staff rostered; rosters prepared in advance; robust monitoring of sickness and appropriate action taken. Received exemption to All Wales locum cap pay.	5	4	20	Over establishment in high risk areas to minimise the risk, use of Locum medical staff; use of B&A;Timely turnaround of Vac1	5	2	10		People & Culture	Workforce
	CRR44	25/03/2019	Neurosciences Failure to implement the revised MHRA guidance related to sodium valproate. Patients unborn child will come to harm as a result of failure to adhere to the pregnancy prevention programme.	5	4	20	Weekly nurse led clinics running.	5	4	20	Recruited 0.8 Band 7 CNS to support the SV work, although not able to prescribe until next summer. Initially targeting the high risk patients that have been non compliant with PPE. Working with Health Board and GPs to ensure safe transfer of service.	5	1	5		Quality, Safety and Experience	Patient Safety
	CRR45	31/01/2024	Haematology and Immunology Single handed consultant (Gastro) NET service. Single handed consultant delivered service for commissioned South Wales Neuroendocrine Cancer Service since 2017, unsuccessful recruitment despite resource from WHSCC. High risk of service collapse with increasing patient numbers, no cover for leave/sickness etc.	5	5	25	Executive oversight (COO) with transition into new clinical board.	4	5	20	Restrictions on service to be explored if no other solutions not identified. Explore all solutions for second consultant (meeting with consultants TBA). Dr Haboubi to provide dates for monthly clinics for 2024. plan to optimise non-medical support of service - admin roles, new cancer service roles, roles of existig CNSs. Gastro registrar to provide limited input into service for education and troubleshooting. Clinical fellow to be appointed.	4	3	12	May-24	Quality, Safety and Experience	Workforce Patient Safety

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				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Specialist Services	CRR46	29/12/2022	Neuroscience Large numbers of registered nursing vacancies on West 8 (5.0 WTE Band 5, 2.6 WTE Band 6, 1.0 WTE Band 7). Vacancies at Band 7 Ward manager post too. "	4	5	20	Off ward Clinical Nurse Specialists asked to work on the ward daily to support the area as well as keeping up their workload. Band 6 and 7 positions advertised.	4	5	20	Interim Ward Manager and Deputy in place.	5	1	5			
	CRR47	01/11/2023	"Cardiothoracic The relocation of C3N cardiology provision to support return of cardiothoracic services to UHW and relocation of critical care provision. "	5	4	20	Secured discharge lounge to relocate T&R service from B1 to open 4 additional inpatient beds on B1. Retaining 6 beds on C3N to maintain CCU stepdown to minimise clinical risk.	5	4	20	Project team established	5	2	10	Jun-24	Capital estates, Cardiothoracic Project Team	
	CRR48	03/05/2022	Major Trauma There is a risk to patient safety and patient flow for those patients with isolated nonoperative brain injury due to lack of agreed speciality ownership.	4	5	20	Impacted MTC TBI patients discussed daily in MTC MDT and a bespoke solution is sought on a case by case basis.	4	5	20	MTC DMT to chase response by w/e 6th May 2022. Meeting with MTS and Neurosurgery 07/22 and then further meeting facilitated by Medical Director 08/22. 01/06/23 ED have submitted BC for X6 additional trolley spaces for CDU.	2	2	4	Monthly		
	CRR49	06/12/2022	Major Trauma There is a risk around paediatric nursing capacity within ED which may impact the delivery of care given 24/7.	4	3	12	Staff work on a rotational basis.	4	5	20	ED to develop business case and submit for consideration to MCB. 09/23 repeated escalation by ED via governance processes given clinical risk. Risk reviewed and increased.	2	1	2	Monthly		
	CRR50	06/02/2024	Haematology and Immunology Vacancy for nurse practitioner and insufficient medical staff support has resulted in an increased reliance on the nursing team who are already at capacity. There is a need to ideally provide 24/7 NP cover to ensure greater governance and oversight of patient care, delivery of treatments and to support the medical workforce. This would support the sustainable development of nursing staff, career progression to the ANP role required for the new Haem/BMT facility. Due to the high number of inexperienced staff and high acuity on the ward there is a significant risk to patient care. In particular timely care, inadequate knowledge/experience impacting on decision making, lack of continuity of care and poor oversight of medical support. No ward sister and inexperienced deputies also increase the risk on B4H.	5	4	20	One post has been advertised, SBAR submitted to CB for consideration however, CB have requested further details in relation to roles, responsibilities and impact. Currently there is no funding stream for the additional posts which are required. Finance have agreed to reconfigure funds from existing establishment to create additional band 7 NP post. This will provide a limited NP service which will significantly reduce the risk for nursing staff and patient care. This would be a bridging support until the new workforce model has been agreed.	4	4	20	To explore models of funding. Lead Nurse to undertake wider benchmarking nationally and review workforce modelling to support the NP roles. Need to secure CVSP approval to appoint second NP post.	2	3	6	Apr-24	QSPE	
	CRR51	Jun-24	CARDIOTHORACIC Ward B1 Central monitoring requiring upgrade, currently capacity to monitor 32 beds. Inadequate level of monitoring to provide required care for an acute Cardiology Ward up to 38 beds. Current monitoring out of support since Dec 2022.	5	4	20	Submission of Capitol bid to increase capacity to monitor up to 38 beds and ensure adequate servicing and maintenance of the monitoring is in place to ensure sustainability of service	5	4	20	Bid to be submitted by clinical engineering following completion	5	1	5			
	CRR52	Aug-24	CARDIOTHORACIC Deaths on TAVI waiting list Provision of TAVI Service - including ability to meet 36 week RTT, ability to treat urgent patients, lack of access to inpatient beds leading to increased mortality and morbidity of patients on the WL	5	4	20	Daily validation of TAVI waiting lists by the TAVI Team. Weekly monitoring of booking and scheduling, utilisation and productivity. Standardised communication processes for patients on the waiting list for TAVI. Regular feedback to the consultant body highlighting long waits.	5	4	20	Discussions ongoing in terms of the development of a 4th cardiac catheter lab. Work being undertaken with University to right size cardiology commenced April 24. Appointment of vacant Consultant Interventional/Structural Cardiologist - awaiting start date. recruitment of a locum consultant interventional cardiologist to support acute/elective work whilst we recruit for substantive post. Implementation of a ring-fenced mixed gender bay to mitigate risk of cancelling elective TAVI admissions.	5	3	15	Monthly	Weekly RTT meeting, Directorate performance review, CB& Directorate Q&S meetings, JCC performance	
	CRR53	12/07/2022	Critical Care Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030 Delays in Emergency admission to Critical Care result in avoidable deaths and impaired functional outcomes. Emergency Critical Care has 35 Level 3 commissioned beds. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	5	5	25	Currently the directorate are occupying the use of a surge ICU area (C 3 Link) to provide 10 additional physical beds. Capital Planning are in the design process for refurbishment and expansion of Critical Care.	5	4	20	Undertake Design work to produce an outline cost for refurbishment and expansion of Critical Care beds, overseen by Program Board. Seek funding for expansion and refurbishment. Clarify commissioning arrangements.	4	2	8		Future Hospitals	
	CRR54	12/07/2022	Critical Care 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. In turn this requires acute Critical Care nurses to care for LTV patients, further reducing Critical Care capacity which is also noted as a Critical risk. The service is at risk of closing. This would have a significant effect of Welsh Critical Care capacity and Healthboard reputation.	4	5	20	Approach made to Critical Care Network to seek an alternate provider of LTV services – no other provider	4	5	20	To build a bespoke 10 bedded LTV facility	1	1	1		Strategy&Delivery	
	CRR55	12/07/2022	Critical Care Lack of patient isolation facilities in UHW Critical Care Unit - Due to lack of isolation facilities UHW Critical Care has had to operate a cohorted COVID-19 ward (A35) for over 2 years. If for example there are 2 patients with COVID-19, this takes a full 9 Critical Care beds out of use for other patients, meaning there has been need to operate in surge Critical Care areas ever since the beginning of the Pandemic. This is very inefficient outside of a major surge of COVID. The same approach would be expected to be employed in an Influenza Pandemic. In 2020, Cardiff & Vale opened a High Consequence Infectious Disease (HCID) Unit at UHW. This is intended to be utilised by non-critically ill patients with airborne pathogens such as MERS and TB. Currently there is only 1 room at UHW Critical Care Unit available to treat patients who become critically ill in the HCID. Use of this location may potentially mean the 8 beds distal to it are unusable for the duration.	4	5	20	Staff prioritise patient with highest need to isolation. Trial of temp isolation cubicles were found to be unsuitable in Critical Care.	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	4	2	8		QSE	

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CRR56	12/07/2022	<p>Critical Care Obsolete Pendants systems providing medical gases to patients on the Critical Care Unit - 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 could be a period of several months as lead times for new Pendants are currently long. This would have a major effect on Tertiary Critical Care Services in South Wales.</p>	5	5	25	No controls	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	1	1	1		QSE				
			CRR57	12/07/2022	<p>Critical Care Sub-standard Heating, Ventilation and Air Circulation system in the Critical Care Unit - Lack of assurance re: protection of staff and patients from airborne pathogens. Lack of assurance re: ability to host key services such as Haematology and HCID. Patient discomfort. Staff discomfort resulting in impaired staff retention. Risk of HCAI due to use of mobile air conditioners Risk of impaired brain outcomes due to difficulty treating pyrexias. Risk of delirium due to over-reliance on blinds to reduce temperature. Risk of ineffectual existing HVAC due to having windows open and risk of air pollution.</p>	5	5	25	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)	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	4	2	8		QSE	
						CRR58	12/07/2022	<p>Critical Care 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 Healthboard built a 10 bed High Consequence infectious Disease Unit at the UHW site. This facility is for airborne High Consequence infectious diseases (eg MERS) as opposed to contact infectious diseases (eg 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.."</p>	4	5	20	One isolation cubicle capable of receiving these patients with operational disruption due to location	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	4	2	8