

CORPORATE RISK REGISTER MAY 2025

Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk			Controls	Current Risk			Actions	Target Risk			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Clinical Diagnostic & Therapeutics	CRR2	14/11/19 Updated 01/10/2024	<p>Issue: Equipment Risks - ageing equipment across the clinical board including:</p> <ol style="list-style-type: none"> 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 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. 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 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. 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 sterilize 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. 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. 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 CT2 scanner is 15 yrs old and has been identified as producing poorer image quality and requiring higher dose radiation compared to other UHB scanner Risk/Impact Higher risk groups have been identified as unsuitable to use CT2 and as such has placed furtherwork on remaining CT scanner in UHW leading to longer waits, where they can't be accommodated and CT2 is used some patients have been required to be recalled due to image quality Ageing POCT blood gas devices Risk/Impact: devices unable to be repaired, potential data loss from older machines, connectivity issues Clinical Engineering liftlift van is overdue replacment Risk/Impact Should this van fail there would be no other means of taking equipment to and from UHW/UHL/Fieldway, leading to delays and unavailability of equipment in clinical areas 	5	5	25	<ul style="list-style-type: none"> Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework Audit 	5	4	20	<ol style="list-style-type: none"> Replacement programme commenced for NVA 1 and 2 in July 2024 Capital replacement bid to be submitted for air handling and chiller units Explore options to purchase new system and how best to manage future maintenance of the system with estates colleagues &5. Engage with TRAMS project for proposed regional solution to sterile production units Procurement for new temperature monitoring solution, supplier identified for Pharmacy, in place final validation and network issues being resolved Capital replacement bid to be submitted, source a new company who would be willing to service and repair ageing equipment Scheduling adjusted, bookings reviewed daily, DRL audits. On schedule for All Wales level for Radiology Equipment, likely to be replaced by 2026 POCT to contact procurement to complete tender process Support from procurement to progress with options for replacement 	4	2	8	Jul-25	Strategy & Delivery	Capital Estates Patient Safety
	CRR3	14/11/2019	<p>"Estates Risks" The fabric of the estate is suboptimal to delivery of modern, safe and sustainable healthcare. Significant aggregated risks across the Clinical Board Directorate risk registers including:</p> <ol style="list-style-type: none"> Mortuary - failure to meet HBN20 Risk/Impact: Potential for improvement notice or closure from the regulator (HTA), poor experience for bereaved 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. 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 Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW Risk/Impact: Poor staff experience, no space to clean returned equipment 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 staff experience. Health and safety risks and inability to grow service impacting on potential for income generation 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 The viability and sustainability of an ageing facility in PSU at UHL Risk/Impact: Possible closure from the regulator 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 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 Electrical supply to UHL potential to fail with delays to back up supply or fluctuations in supply leading to insufficient time to power down CT scanner Risk/Impact: Expensive damage to CT scanner and associated downtime leading to loss of activity 	5	5	25	<ul style="list-style-type: none"> Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework" 	5	4	20	<ol style="list-style-type: none"> Mortuary refurbishment project, commenced, planned completion time February 2025, temporary arrangements in place 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 Put in place recommendations from internal audit of medical records storage and security Further work with Capital and Estates to develop prioritised timetabled plans to address known risks. Raise requests through accommodations working group Engage with TRAMS project for proposed regional solution to Radiopharmacy and aspetics, progressing following recent MHRA inspection and cessation of Radiopharmaceutical production. Laboratory space identified, a/w funding agreement from WG for refurbishment works required Estates colleagues and external engineers need to attend site together to work through where the fault lies The minimum power required for scanner has been shared with estates colleagues to work through potential solutions. 	4	2	8	Jul-25	Strategy & Delivery	Capital Estates Patient Safety
	CRR4	14/11/2019	<p>"Regulatory Compliance and Accreditation"</p> <p>Non compliance with regulatory and accreditation requirements 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	<ul style="list-style-type: none"> Governance through QSE and Regulatory Compliance Group with Clinical Board oversight of regulated and accredited services. Incident management, including Root Cause Analysis Concerns management Audit of practice/standards Risk register Service Improvement initiatives Clinical Board Data Integrity Policy and Assessment Standardised QMS approach between directorates Dedicated quality resource in key Directorates" 	5	4	20	<ol style="list-style-type: none"> Develop plan to address shortfall in non-ionising radiation safety governance Follow up actions from inspections and assessments Haematology and BTL working through staffing plan to support training and QMS activity/ follow up actions from inspections and assessments 	5	2	10	Jul-25	QSE	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"> Review of top 10 long waiters every week. Additional WG funding in place to increase capacity Review of current service model 	4	5	20	<ol style="list-style-type: none"> Weekly DMT meetings to continue. Continued monthly team meeting Review triage Review pathways Review expedite criteria Ensure representation at WG national meetings Consider as part of empower multi agency meeting 	4	1	4	Monthly	Quality, Safety & Experience	Patient Safety Planned Care
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"> Staff are aware of the system issues and advised not to review historic surgical/medical assessments Issues escalated to IG/Legal/Procurement/CNIO/Digital Maternity Cymru Data dictionary obtained and to commence full risk assessment for CAVUHB Pause on any audit/research that includes overlaid data points Storage of documentation against future archive to mitigate future claims 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. 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.</p> <p>Updated on 24/9/2024 - Badgernet position unchanged from previous update. Staff training to support badgernet transition now underway.</p> <p>Badgernet "Go Live" anticipated for June 2025.</p>	1	1	1	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"> 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. USS governance issues. Difficulties in transferring patients across to acute settings- long waiting times for ambulances. 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. 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. Paper-based clinic record in Abortion care: <ol style="list-style-type: none"> abortion is a criminal offence unless carried out within the 1967 abortion act: two separate doctors must sign abortion document (HSA1). Most abortion service data kept on S-Drive in conventional EXCEL files - Records kept in CRL. Records shipped between CRI and UHW for in-patient treatment. Statutory duty to report each abortion treatment to DHS 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"> USS Governance Lead in post. RM recommended patients attending PAS should be offered USS. Awaiting final outcome. close collaboration with Emergency Gynae team for managing complications hand-checking of records entered referral to BPAS in case of delay into second trimester e-mails and phone calls from either end to ensure receipt of paper files across sites (not working after 4 pm) overtime paid to admin staff to catch up with HSA4 report 	4	5	20	<ol style="list-style-type: none"> Move PAS services back to UHW. Establish required resources/ rooms required for PAS service. Re-establish TDSI access and broken "locked" door to increase security for staff. USS provision added as new addition to Risk Register and for escalation to Clinical Board Risk Register. 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. 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> <p>Updated on 05/11/2024- Meeting with PAS Lead awaited. OG 24 Risk Assessment provided to PAS Lead ahead of meeting. OG 24 and OG 15 to be discussed with PAS Lead and PAS Lead Nurse at upcoming meeting.</p>	1	1	3	Monthly	Quality, Safety & Experience	Planned Care Patient Safety Maternity Wellbeing of Staff	

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Children and Woman	CRR12	01/03/2024	<p>Issue: Non compliance against New MHRA Guidance for Beds/Bed Rails across CHFV</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	4	5	20	<p>Use Avant Guard 1200 beds or the Favero extendable bed/cot if the child is at risk. 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 CHFV 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
	CRR13	01/09/2024	<p>Issue: Potential Cessation of Wales Syndrome without a Name (SWAN) Service due to lack of funding stream and cessation from 31.03.2025</p> <p>Risk/Impact: There is no method to secure further funding for this service which has been funded for three years as a pilot scheme by Welsh Government (circa £900,000 for three years) as no NHS Wales Joint Commissioning Committee (JCC) process to enable the service to seek continuing funding for this All Wales Service has been put in place for 2025/2026.</p> <p>Previously this All Wales Service would apply via JCC (previously Welsh Health Specialist Services Committee) and a service development application to their Clinical Impact Advisory Group (CIAG).</p> <p>Welsh Government have previously indicated (correspondence from Deputy Chief Medical Officer) that no further funding for the pilot exists beyond 31.3.2025 and that should be sought from JCC as an All-Wales Service. The lack of a CIAG process, for 2025/2026 funding, means there is no immediate way to secure on-going funding. The pilot funding provided by the Welsh Government means Wales has developed and demonstrated a need for a service that is the first of its kind, with Wales leading in this area of practice in the UK. Without the on-going facility of a SWAN clinic there will be a significant deficit in services for patients in Wales. No alternative commissioned SWAN service currently exists in the UK for patients to be referred to outside of Wales. There is significant reputational risk for Wales if the SWAN service were to stop as it is seen as an exemplar service by many in the other UK four nations. Therefore there are serious consequences 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.</p> <p>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	4	5	20	<p>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).</p>	4	5	20	<p>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</p>	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	5	4	20	<p>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</p>	5	4	20	<p>The HealthBoard has been contacted for additional theatre capacity. The patient validation exercise has been completed to determine who wants to remain on the waiting list and this will be undertaken twice a year. Directorate to continue to make the case for investment re: outsourcing and the need for additional consultants and trainees.</p>	5	2	10	Monthly	Quality, Safety & Experience	
	CRR15	24/09/2024	<p>Issue: Lengthy Outpatient Waiting List not meeting WG Outpatient Waiting Standards</p> <p>Risk/Impact: The risk of patient harm due to lengthy outpatient waiting lists and 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	5	4	20	<p>The clinical board are aware of the increasing waiting list position. Validation is undertaken by the UHB validation team. All clinics are booked as appropriate in respect of expected activity and trainees allocated to clinics where possible to increase throughput</p>	5	4	20	<p>Continue to work with the clinical board for support for additional consultant and nursing support. The clinical board have been informed how many additional consultants are required to bridge the gap</p>	5	2	10	Monthly	Quality, Safety & Experience	
	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	5	3	20	<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>"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) 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. The installation will take 3 months for lifts 8 install.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. Risk reduced as no episodes of all lifts out of action. 3/4 working consistently in last month. Risk Rating remains at 20 due to additional DATIX for staff lift entrapment with no harm. Updated on 13/02/2024- All 4 lifts currently in operation. Nil known instances of staff/ patient entrapment. However, due to repetitive faults and requirement for refurbishment, risk rating to remain at 20. Updated on 28/05/2024- Refurbishment awaited, risk rating remains unchanged (20) in view of this. Updated on 23/07/2024- Update received as per July QSE Report- Lift 9 refurbishment scheduled for September 2024 and lift 8 is scheduled for refurbishment in 2025. Concerns raised regarding no DATIX reports- feedback to be provided to D/5 RM7 staff (HL) regarding DATIX reporting. Lift Failure SOP requires updating with pictures to assist lift failure management. RM7 staff aware of Lift Failure SOP. Lift Failure SOP to be shared widely with staff- notice boards, electronic versions etc. Lift Failure SOP available via WISDOM. Updated on 24/09/2024: Lifts replacement programme: Estates plan to start work on refurbishment of lift 9 on Monday 30th September. The work to refurbish lift 9 will take 12 weeks to complete, providing there are no problems along the way. The work will be carried out Monday-Friday in day working hours. Once lift 9 has been refurbished and in full working order they will then start on lift 8. Updated on 05/11/2024- Lifts replacement programme ongoing at present for a 12-week period. Lift failure SOP available via WISDOM. Action to confirm staff awareness of SOP and QUERY for availability of visual aid in clinical areas. Confirm appropriate TDSI access for staff in the event of complete lift failure. Updated on 25/02/2025- Increase in cases of lift failure/ entrapment noted. Lifts 7, 8, 9 being actioned currently, subsequent lift replacement awaited. Likelihood increased to 4- Current risk rating 20. Action for increase in likelihood to be escalated to Clinical Board- HM. Draft lift failure SOP awaiting ratification- action to chase progression through MPF- HM. TDSI access now gained. Additional problem of bariatric beds not fitting into maternity lifts- only lifts in Tertiary Tower. Assurance of Estates involvement in Lift Failure SOP to be sought- SS. DATIX for lift entrapment to be completed- SJ/ RH. Updated on 30/04/2025- Lift replacement program ongoing currently. Current risk rating remains at 20 due to ongoing lift failure. Lift failure SOP and associated actions chased on 30/04/2025 as per saved email correspondence (inc. Bariatric Beds). Lift failure SOP requires review and ratification- previously discussed during February MPF, though additional actions assigned. "</p>	5	2	10	Ongoing	Quality, Safety and Experience	Patient Safety Maternity Capital Assets
	CRR16	24/09/2024	<p>Issue: Lengthy delays with outpatient hysteroscopy waiting list</p> <p>Risk: The Gynaecological Outpatients Operating clinic (OOC) within the Obstetrics and Gynaecology Directorate at the University Hospital of Wales offers diagnostic and therapeutic gynaecological treatments for patients in an ambulatory setting. These include diagnostic and therapeutic hysteroscopies, removal of polyps and fibroids, endometrial ablations and radiofrequency ablation of fibroids. Patients are usually referred from gynaecology clinics or directly following review on the emergency ward. Traditionally, these procedures would have been performed in theatre under anaesthesia.</p> <p>Demand for these services has increased significantly over recent years causing ongoing issues with limited capacity and long waiting times. Urgent Suspected Cancer patients are made priority ahead of 'urgent' and 'routine' patients, and hence, these patients are being disadvantaged by having increasing waiting times. There are currently 228 patients waiting for an urgent appointment, the longest waiting being at 131 weeks. There are currently 116 patients waiting for a routine appointment, the longest waiter being weeks.</p> <p>Current waiting times for Urgent patient appointments have increased from 12 weeks to 131 weeks over the past 5 years. Examples of urgent patients include patients downgraded from the USC pathway, fertility patients awaiting treatment, patients with symptomatic anaemia or those experiencing significant pain. Patients listed as a category 2 (urgent) for the same type of procedures under general anaesthesia have a target wait of 4 weeks; if listed as category 3 (urgent) would have a target wait of up to 3 months (1).</p> <p>There is no formal Welsh Government benchmark to assess breach of 'referral to treatment' times for 'urgent' waiting times for those requiring OOC appointments. The RCOG advocates prioritisation of patients requiring 'urgent' hysteroscopy services e.g. to investigate or treat abnormal uterine bleeding or reproductive failure to be performed within 3 months.</p> <p>Patients awaiting 'urgent' appointments are experiencing significant delays in accessing treatment. Long waiting times directly impacts patients' health and wellbeing, including deterioration in physical and mental health, an increase in A&E attendance due to their symptoms and has a significant impact on patients' ability to work and partake social activities (3). Long waiting times also increases the risk of a delaying or missing a diagnosis of cancer.</p> <p>We do not have dedicated carved out capacity. Slots are filled with urgent/routine patients once all USC's have been booked. Having looked at a 3 month sample of booked clinics an average of 24% of total monthly capacity was used for Urgent or routines"</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	5	4	20	<p>1. There are limited controls in place given patients are just on a waiting list, waiting for an appointment. Where there is available capacity in the week, appointments are arranged for those patients waiting for an urgent or routine appointment</p> <p>2. Weekend planned care funding has been awarded up to the end of March 25 only, but there is limited uptake from staff to do these clinics</p> <p>3. Where a case is considered to be USC, a patient is put on the USC pathway, however as noted above, routine urgent patients are waiting a considerably long time for an appointment</p>	5	4	20	<p>1. To utilise any available planned care funding for additional clinics</p> <p>2. Maximise one stop hysteroscopy clinics</p> <p>3. A meeting to be held with consultant and nursing colleagues regarding what can be done differently, with a view to seeing if other gynaecology work can be cancelled, nursing workforce re-allocated to increase outpatient operating. <i>OG33 amalgamated with OG38.</i></p>	5	2	10		Quality, Safety & Experience	

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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	The UHB has in place a number of Cyber security precautions. These include the following: - 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.	5	4	20	January 2024 update: Cyber Security Manager now re-banded and currently being advertised. This new post will operational lead the Cyber team strengthen the UHB's cyber security posture. A further phishing simulation was launched in October to continue raising cyber security awareness. In February, we also promoted 'vishing' training to all staff. May 2024 update: New Cyber Security Lead appointed and due to start 14th May 2024. Priorities include further deployment of CAV assessment to assist with NISD compliance. July 2024 update: Progress made with developing a combined Information Asset Register and Business Impact Assessment to be sent out to all services. This will be used to centrally log all assets and identify and assess critical systems. The DR plan is also under review. Oct '24: Cyber team fully recruited and focused on updating the cyber action plan Jan'25: New Secure Web Gate Way currently being deployed across the organisation to further secure our internet interface and provide the UHB better control. Mar 2025: New Secure Web Gateway has been fully deployed across the organisation, with all capable devices now using the new gateway, with few exceptions. This has provided much greater control over permitted websites, which can be used to manage/reduce website related security risks. It also works to prevent unauthorised users from installing systems without the knowledge of Cyber Security and/or the Service Desk teams. May 25: Two further phishing simulations performed. 97 users with very weak passwords reset. Gen AI guidance to be accepted by users before visiting AI sites.	5	3	15	Jul-25	Digital Health Intelligence	Capital Assets Digital Strategy and Road Map
EPRR	EPRR 01	03/02/2025	Risk - There is a significant risk of staff absence severely impacting service provision Cause - 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. Effect - Which would lead to the Health Board failing to meet and comply with its statutory duties	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		3	2	6			
	EPRR 02	03/02/2025	Lack of dedicated staff resource to effectively embed business continuity planning within the organisation. Risk - There is a risk that business continuity planning within the organisation will not be effectively embed. Cause - 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. Effect - The organisation fails to comply with its statutory duties under the Civil Contingencies Act 2004	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		2	2	4			
	EPRR 03	12/03/2025	No provision for specialist EPRR advice or presence outside normal office hours. Risk - There is a risk that specialist advice is not available during adverse events out of hours Cause - 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. Requestes to shorten the course and remove content will leave gaps in knowledge and lack of compliance with minimum occupational standards. Training is not mandated Effect - Specialist Advice and support to commanders will not be available for an incident which may impact on patient and responder safety	4	5	20	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	On call capability developed 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.	2	3	6			
	EPRR 11	06/02/2025	EPRR Training is not mandatory Risk - There is a risk that staff responding to an incident / event are not trained to the minimum occupational standards Cause - 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. Effect - Staff are inadequately trained which which may impact on patient and responder safety, and create reputational issues	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	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.	2	2	4			
	Finance	Fin01/25	Apr-25	The submitted IMTP has a planned deficit of £58.2m for 2025/26. This is £49.1m over and above the deficit target control total of £9.1m	4	5	20	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board	4	5	20	Development of plan to address the deficit in line with WG expectations in 2025/26 and continue to plan to break even in FY27 and FY28.	5	3	15	Jun-25	Finance & Performance Committee
Finance	Fin02/25	Apr-25	Ambition to improve on the £58.2m moving closer towards £9.1m	4	5	20	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board	4	5	20	Development of plan to address the deficit in line with WG expectations in 2025/26 and continue to plan to break even in FY27 and FY28.	5	3	15	Jun-25	Finance & Performance Committee	
Finance	Fin04/25	Apr-25	Failure to adequately manage in-year 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 Fin01/25 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	Jun-25	Finance & Performance Committee	
Finance	Fin05/25	Apr-25	Failure to deliver a recurrent Cost Improvement Programme of £30m. Failure to deliver will impact on the Health Boards ability to deliver the planned 2025/26 deficit of £58.2m.	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	Jun-25	Finance & Performance Committee	
Finance	Fin06/25	Apr-25	Failure to manage recurrent operational pressures to continue to deliver £58.2m underlying deficit position (initial underlying deficit £59.9m)	4	5	20	Governance reporting and monitoring arrangements through operational teams, Finance Committee and Board CIP tracker in place with a weekly monitoring progress across the organisation	4	5	20		4	2	8	Jun-25	Finance & Performance Committee	
Finance	Fin08/25	Apr-25	Remain within Cash limit	5	4	20	The UHB will require cash support from WG for the 25/26 planned deficit of £58.2m along with likely movements in working capital from the 2024/25 balance sheet. In addition outstanding allocations from previous financial years to be confirmed by WG in 2025-26 may bring forward the point of the year when cash controls will require consideration. Cash controls will include the careful management of creditor payment feeds and potential compromise the achievement of the UHB's payment performance targets.	5	4	20	Enhanced scrutiny on cash management ensuring invoices are raised and paid on-time and outstanding debts are chased in a timely manner.	5	2	10	Jun-25	Finance & Performance Committee	

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Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk			Controls	Current Risk			Target Risk			Date of next review	Assurance Committee	Link to BAF	
				Consequence	Likelihood	Total		Consequence	Likelihood	Total	Consequence	Likelihood	Total				
Medicine	6	06/02/2023	<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	7.02.23 - HR to support the Agenda for Change process to adopt the all Wales Clinical Endoscopist JD to be able to assimilate staff across Wales.	5	2	10	01/07/2025	QSE	
			<p>Context: Intestinal failure/HPN (Home Parenteral Nutrition) is a WHSC 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 WHSC</p> <p>Risk: 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</p> <p>Impact: Potential harm including death; multiple concerns and media coverage; not meeting national guidelines</p>	5	4	20	<p>Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated</p> <p>Previous business case and SBAR to WHSC for additional service support including consultant post</p>	5	4	20	Medical Workforce challenges with current Lead Consultant standing down by June. Collaborative working with CD&T. Interim short term plan to manage service but no sustainable resolution.	5	2	10	01/07/2025	QSE	
			<p>Context: Current staffing resource in Memory Team cannot meet the demand on the service.</p> <p>Risk: Not meeting Welsh Government targets which can have serious consequences. The Memory Team are under significant pressure which is impacting the quality and timeliness of services provided.</p> <p>Impact: Increased Wait times (currently 20 weeks). Delayed diagnostic support. Staff retention risks, Reputational damage.</p>	5	5	25	<p>*Service Manager monitoring waitlist</p> <p>*Support from Directorate</p> <p>* WUS conducted as and when funding available</p>	5	4	20	SBAR being drafted to outline increase in establishment needed to meet demand	2	2	4	Jul-25		
			<p>Context: Specialities within Integrated Medicine will be breaching 52 weeks in their outpatient waiting list cycle from September/October 2024. This is due to capacity constraints with single handed operators in and increased demand for service. Speciality areas are</p> <ul style="list-style-type: none"> *Endocrine - nurse led clinic: *Respiratory – COPD service * Respiratory – ILD service <p>Risk: Delayed diagnosis and treatments</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>	4	5	20	<p>Specialities within Integrated Medicine will be breaching 52 weeks in their outpatient waiting list cycle from September/October 2024.</p> <p>Endocrine - nurse led clinic:</p> <ul style="list-style-type: none"> • Clinic is run by one member of staff on all weeks. Due to the 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 2 x vacancies within team <p>Respiratory – COPD service:</p> <ul style="list-style-type: none"> • 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 <p>Respiratory – ILD service:</p> <ul style="list-style-type: none"> • 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 issue with follow up due to increases in patient numbers and change in treatment options. Sending validation letters to long waiting patients increasing capacity when possible 	4	5	20	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 in May 2025	3	3	6	Jul-25		
			<p>Context: Lack of capacity in the Intestinal Lung Disease Service (ILD). This is affecting new and follow up patients. ILD is a life limiting condition and therefore patients need to be seen routinely.</p> <p>The ILD team do not have enough capacity to adequately deliver their service, as such they are currently only seeing urgent new cases and the longest wait time for routine new patients is at 58 weeks. The lack of capacity is impacting the front door as patients are presenting to MSDEC and also being seen as inpatients.</p> <p>In addition there are 70 patients waiting for initiation of nintedanib treatment and as a result we are not compliant with NICE guidelines.</p> <p>Risk: Delayed diagnosis and treatments</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>1. Efficiencies made in service and patient now being seen by CNS and respiratory physiologist as well as Consultants.</p> <p>2. Business case being drafted to increase staff and capacity</p> <p>Further controls in place from April 2025:</p> <ol style="list-style-type: none"> 1. Consultants to clinically validate the list of patients with FU appointments beyond their clinical target – confirm which patients need appointments brought forward 2. Additional clinical sessions to accommodate patients that need urgent FU 3. Increase NOP and FU capacity across the ILD service by introducing a clinical fellow post for 12 months initially from August 2025 4. Escalate the clinical risk to the MCB and ensure the risk is accurately described on the directorate and clinical board risk register. 5. Consider options to increase ILD consultant activity by backfilling acute respiratory work 6. Review the Clinical Nurse Specialist duties to ensure we are maximising patient activity and whether there is scope to increase 7. Prepare bid for RTT funding from Q2 to address long wait NOP 	5	4	20		3	3	6	Jul-25		
		<p>Endoscopy - EMR/ESD/EUS/ERCP</p> <p>Event - 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.</p> <p>Cause - 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.</p> <p>Effect - 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.</p>	5	5	25	<p>Additional sessions offered to clinicians to increase capacity for complex endoscopy</p> <p>Formal arrangement in place with ABHB for EMR.</p> <p>Prioritisation of patients by clinicians based on clinical urgency.</p>	5	4	20		5	2	10	Juk 25	Clinical Board Q&S Meeting Clinical Safety Group Directorate Q&S meeting Directorate Safety & Quality Session (Audit)		
Mental Health			<p>St Barrus isolation: There is no additional SIMA support, There is no immediate Pharmacy support on site, Reduced access to SALT (Choke risk) , MHC GP/Senior nurse resource is limited, so is this significantly reduced when called to ST Barrus, 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</p>	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.</p> <p>Clear procedure to access 999.</p> <p>Physical Health Training Sessions provided to staff.</p> <p>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	3	3	9	Mar-26	Health & Safety	Health and Safety
			<p>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 HYG, these have been failing.</p> <p>There is a contract with an external company to maintain the valves, and conversations are taking place between Estates leads and them to look at why this hasn't been done recently. In the meantime, all water issues are being reported, but there is still a high risk of water temperature fluctuating from high temperature to cold water or vice versa even if running the shower for a period of time.</p> <p>There are days where there is no hot water available for patients to have a shower or to meet their personal care needs due to the broken pressurised unit,</p>	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>	5	2	10	Mar-26	Health & Safety	Health and Safety

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				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
		25/09/2024	Security - Risk of serious incident due to inadequate security on HYC site.	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 visitors' policy. 6 - SIMA team for advice and training. 7 - Secure airlocks. 8 - Perimeter fencing. 9 - Shift Coordinator on site.	5	5	25	1 - Commission 27/7 security. 2 - Upgrade Visiolan to the server - partially complete July 2024. 3 - Modify main entrance doors to ensure bolted locked but able to release if fire alarm activated. 4 - Update TDSI firewalls. 5 - Install CCTV camera outside linen room, EAS corridor.	5	3	15	Mar-26	Health & Safety	Health and Safety
PCIC	14679	05/10/2022	Change to medication policy and impact on supporting patients Risk: Inability to discharge or delay to discharge patient to patients' home or into the care of CRTs Source of uncertainty/cause: due to difficulty of arranging blister packs/ monitored dosage systems (MDS) from community pharmacies Consequence: Inability to discharge patient, or significant delay to patient discharge. Considerable amount of staffing resource used to ring round community pharmacies to try and find one with the capacity and goodwill to supply an MDS. This may be out of the local area to the patient and cause more logistical issues regarding prescription transfer. It also shifts workload to community pharmacies who are willing to provide MDS and could impact on sustainability of their service provision.	4	5	20	1. Relying on good will of community pharmacies to provide medication in MDS 2. Secondary care and primary care teams working together to negotiate provision of MDS for individual patients if discharge is looking to be delayed - extremely time intensive, requires input from multiple (often senior) staff members and not always successful 3. Working with Local Authority to review Regional medication policy to allow administration of medicines by care workers out of original packs with a Medicines Administration Record (MAR) chart	4	5	20	1. Regional Medication Support Policy to be approved 2. National Community pharmacy MAR service needs to be approved 3. Funding for National Community pharmacy MAR service needs to be agreed 4. Commissioning of Community pharmacy MAR service from Cardiff and Vale community pharmacies 5. Care workers need to be trained to administer medication from original packs with a MAR chart Update 06/12/22: 1. LA medication support policy agreed. Awaiting establishment of implementation board. 2. National service likely to be published December 22.	4	2	8	01/04/2026	Quality Safety and Experience Committee	
	5	01/07/2024	Worker Status of GPs Risk: There is a risk that some GPs may challenge their worker status with the UHB Source of uncertainty/cause/event: Recent cases in NHS Wales where GPs have successfully challenged their right to worker status, working for an OOH provider in another UHB	5	4	20	Salaried GP roles offered to all GPs. Updated consultancy agreement shared with all GPs. Working closely with Legal and Risk	5	4	20	Attend/await updates from ongoing weekly meetings with WOD & DOF	5	2	10	01/06/2025		
	7	25.08.15	Risk: risk of overspend in the prescribing budget Source of uncertainty/cause/event Volatility of drug tariff, category M prices, drug shortages and NCSO concessionary pricing, growth in volume, increased use of expensive medicines in primary care. Savings are increasingly hard to find that have no detriment to patients or require a GP appointment, and appetite to support switches is decreasing Consequence/Impact Spend is more than forecast and mitigating solutions are limited	4	5	20	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	4	5	20	Targeted improvement work and engagement Improvement in analytics to inform and prioritise workplan	4	2	8	30/06/2025	Finance Committee	
	2, 4, 5, 6, 9	02/10/2025	Due to the liquidation of Millcare EPR, which currently has a supported lab link there is a risk that the department of sexual health will lose automated results management functionality	5	4	20	1. Reengage with Signum healthcare to work towards development of robust interim solution	5	4	20	1. Explore alternative accommodation in Barry to hold current Barry outreach care provision (if available plan to move service)	2	2	4	Mar-25	Quality Safety and Experience Committee	
			There is a risk that the Healthcare Dept at HMP Cardiff is unable to meet the needs of patients due to staffing levels in the nursing team. This affects the administration of medication, the assessment of new arrivals and the ongoing triage and care of patients.	4	5	20	1. Regular staff meetings. 2. SMT undertaking OD work to cascade. 3. Support for those staff who feel they're subject to concerns/issues raised. 4. Management provided to staff when concerns raised. 5. Improved HR support	4	5	20	1. OD Work with HMP. 2. Regular SMT presence in HMP. 3. Further promotion of expected values and behaviours of staff	4	2	8	May-25	Quality Safety and Experience Committee	
	20	01/01/2010	Haematology and Immunology - Clinical Environment 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 patients. Footprint for BMT patients inadequate. En-suite facilities required.	5	5	25	Policies, protocols, and guidelines available. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward A4 North (amber) for triage prior to admission to B4 (green).	5	5	25	Escalated to Clinical Board, estates, Capital Planning Team and WHSSC. C.O.S has been drafted and work with capital and estates is ongoing to develop plans for new area.	1	1	1	01/04/2024		Patient Safety Staff Wellbeing Workforce Critical Care
	21	17/02/2020	Haematology, Immunology and Metabolic Medicine - TYA Oncology Services 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: - Transcribing of chemotherapy - Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients - Variation in practices between UHW and VCC Overreliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history.	5	4	20	Email correspondence from VCC Clinician confirming treatment plans. Expertise in pharmacy and nursing teams involved in TYA cancer care delivery.	5	4	20	Access to VCC chemocare on TCTU. Treatment plan proforma to be utilised by all TYA cancer patients. TYA team to access and use Canisic. Systems ready, staff being trained (completion end of December) working through protocol. Senior nurse working with Velindre on solution.	5	1	5	01/04/2024	QSE	Patient Safety Critical Care

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Specialist Services	23	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	01/04/2024	Future Hospitals	Capital Assets Patient Safety Critical Care
	31	27/08/2021	Neurosciences Prolonged waits for epilepsy new case and follow up outpatient due to consultant vac / sickness	4	5	20	Maintaining current epilepsy clinics, clinical board aware of patient risk as 'First Fir' clinic stood down on Fridays.	5	5	25	Approval from clinical board to appointment band 8a prescribing pharmacy role using clinical fellow funding - advert going forward with CD&T CB.	4	1	4	01/05/2025		Patient Safety Capital Assets
	32	27/08/2021	CARDIOTHORACIC Deaths on Cardiac Surgery waiting list Provision of Cardiac Surgery - including ability to meet 36 week RTT, ability to treat urgent patients, impact of staff shortages (theatre and CITU staff), impact of lack of access to inpatient beds leading to increased mortality and morbidity of patients on the WL	5	4	20	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.	5	4	20	Recruitment of theatre personnel. Daily flow monitoring to ensure timely transfer between CITU and Ward C5	5	4	20	Monthly in Directorate DMT/Q&S Meeting	Weekly RTT meeting, Directorate performance review, CB& Directorate Q&S meetings, WHSCC performance meetings	Patient Safety Capital Assets
	40	Jan-22	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. Regular feedback to the consultant body highlighting long waits. Backfilling of vacant cath lab lists stopped due to financial constraints.	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. Right sizing paper completed.	5	2	10	Monthly in Directorate DMT/Q&S Meeting	DMT, Diagnostic Delivery Group, Clinical Board performance reviews	Patient Safety Urgent & Emergency Care
	42	Sep-19	CARDIOTHORACIC Ability to recruit and maintain specialist staff groups in particular Cardiac Physiology 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	Patient Safety
	43	Jul-22	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	01/10/2025	Capital Estates Cardiothoracic Project Team	Patient Safety Urgent & Emergency Care
	34	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	Sodium valproate coordinator in post. Central database being updated in line with current demand.	5	4	20	Initially targetting 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	01/05/2025		Workforce
	55	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 existing CNSs. Gastro registrar to provide limited input into service for education and troubleshooting. Clinical fellow to be appointed.	4	3	12	May-24	QSPE	Patient Safety
	56	05/09/2019	Neuroscience Inability to meet 52-week and 36-week RTT targets for Cardiff and CTM Neurology patients. Leads to poor experience/outcome for patients and poor reputation.	4	5	20	Daily management of waiting lists by SMs, demand-capacity work undertaken and extra clinics arranged where necessary.	4	5	20	Validation of waiting lists. Cardiff capacity currently being utilised to help the CTM waiting list position - detrimental impact on Cardiff waiting times. Weekly meetings with CTM management. Escalated with exec and clinical board, discussions ongoing to review medical model.				01/05/2025		Patient Safety
	61	Nov-23	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	Workforce
	79	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		Patient Safety
	86	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		Workforce Patient Safety
	89	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	
	92	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 Capital 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			
	93	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 meetings	
	99	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. funding for expansion and refurbishment. Clarify commissioning arrangements.	4	2	8		Future Hospitals	
100	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		
102	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		
104	12/07/2022	Critical Care Obsolete Pendant 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.	5	5	25	No controls	4	5	20	Firm plan for the renovation specifically targeting issues mentioned.	1	1	1		QSE		

CORPORATE RISK REGISTER MAY 2025

Clinical Board/ Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk			Controls	Current Risk			Actions	Target Risk			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
	105	12/07/2022	<p>Critical Care</p> <p>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.</p> <p>Patient discomfort.</p> <p>Staff discomfort resulting in impaired staff retention.</p> <p>Risk of HCAI due to use of mobile air conditioners</p> <p>Risk of impaired brain outcomes due to difficulty treating pyrexias.</p> <p>Risk of delirium due to over-reliance on blinds to reduce temperature.</p> <p>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	
	106	12/07/2022	<p>Critical Care</p> <p>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).</p> <p>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		QSE	
	110	Mar-25	<p>CARDIOTHORACIC</p> <p>Temporary loss of 4 cubicles on CS in order to support the wider UHB priorities to expand renal capacity following IP&C issues.</p>	4	5	20	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.	5	4	20	Directorate bed management rota to work closely with bed managers to maximise all capacity and early escalation of constraints. Weekly scheduling meetings with theatres.	5	4	20	Jul-25	DMT, clinical board, exec team	
	111	Mar-25	<p>CARDIOTHORACIC</p> <p>Extremely long waiting lists for a new cardiology outpatient appointment due to demand and capacity constraints.</p>	5	4	20	Text validation exercise to take place by central validation team to patients waiting over 52 weeks. Increase of urgent versus routine ratio to support seeing more referrals triaged as urgent. WCP triage sessions allocated to new consultant job plans to support enhanced triage of referrals. Demand and capacity work evidences gap in capacity.	5	4	20	Directorate team working closely with medical records to ensure all new patient slots are utilised. Working with central validation team to conduct text validation exercise for all patients waiting over 52 weeks initially.	5	4	20	Monthly	DMT, clinical board, exec team	
	112	Apr-25	<p>CARDIOTHORACIC</p> <p>Delays to treatment of lung cancer patients due to loss of theatre lists. Staffing constraints due to recruitment and retention issues and stopping of overtime. Increased demand due to lung cancer screening with further increase in demand expected on further roll out of screening. Impact on benign inpatient waiting list due to lung cancer being prioritised.</p>	5	4	20	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.	5	4	20	Recruitment of theatre personnel.	5	4	20	Monthly	Weekly RTT meeting, directorate performance review, CB and directorate Q&S meetings, JCC performance meetings.	
	113	Jul-24	<p>Critical Care</p> <p>Inability to save and upload lung ultrasound images to central storage system. Ultrasound accredited physios within critical care are using lung ultrasound as a component of their respiratory assessment. At present there is no ability to centrally save and upload the lung ultrasound images to a central UHB storage system Therefore there is a lack of governance over the interpretation of the findings and how that influences physio interventions. provides challenges to the training process.</p>	4	5	20	Staff undertaking lung ultrasound FUSIC training and accreditation. Production of lung ultrasound reports at time of scan completion with detailed findings. Having access to UHB physio and medical FUSIC mentor/supervisor. The ultrasound machines have some ability to store a finite number of images.	4	5	20	UHB solution to ultrasound storage for scans completed outside of radiology department. Regular clinical supervision sessions with mentor. Regular peer review of scans. Thorough documentation on reporting forms and ensure they are filed in patient records.	5	4	20		QSE	
	114	Nov-24	<p>Critical Care</p> <p>Failure of UPS in A3 Link and A3 South resulting in total loss of power for a short period of time. Potential for catastrophic harm if UPS cannot be relied upon. There is an established programme of works to replace a number of UPS units across UHW as they are near the end of their servicable life. The concerns is that other units supplying critical care may fail.</p>	5	5	25	Continue to use the area for lowest risk patients on balance of risk of using other areas. In extreme measures put a level 3 patient in A35 using a vent with an external battery pack. Daily checks on functioning UPS battery to be undertaken by estates. OPAT to support with flow and prioritise DTOC patients.	4	5	20	Assess current UPS units. Understand timescales for UPS replacement programme. CEF & clinical engineering walkaround on A35 to assess current situation and develop staff SOP/action cards.	4	3	12	Ongoing	QSE	
117	09/08/2024	<p>Neuroscience</p> <p>DBS interim pathway with UCL has been put in place to mitigate communication concerns with Bristol.</p>	4	4	16	The Deep Brain Stimulation service provided by North Bristol NHS Trust remains temporarily suspended without an interim solution being found and the communication issues that prompted the suspension remain unresolved.	4	5	20	Interim solution has been put in place by JCC with CAV support - for patient undergoing DBS, assessment will take place in CUBRIC and ongoing referrals will be sent to UCL. Band 5 admin has been appointed to support communications between UCL/Bristol/CAV to mitigate the communication risk highlighted in May 2024.							
Surgery		01/05/2025	<p>Special Care Dentistry</p> <p>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 in 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</p>	5	4	20	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	5	4	20	The current UK guidance for the use of GA in special care dentistry stipulates that this must be planned and led by a Consultant or Specialist in SCD	5	4	20			