Corporate Risk Register (Extreme Risks Score 25)

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Plant Room Roofs - UHW. Profiled steal sheeting	02/08/2021	Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corroision with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk here is a risk that	Corrosion, possible damage during installation, inability to maintain safely.	Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk here is a risk thathich w/could lead to an impact/effect on	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Building			25	25	10	Tolerate	Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss Has document: No Adrian Griffin 13/08/2025 15:18	Roof is subject to ongoing monitoring. Has document: No Adrian Griffin 13/08/2025 15:19	No plan at present to address the issues. No plan at present to address the issues. Has document: No Adrian Griffin 13/08/2025 15:20	N	
Potential end term payment	08/11/2023	There is a risk that UHL PPP requires a payment of sum to PPP partner in region of £1.2 million	This is caused by End of term payment terms	Which w/could lead to an impact/effect on finacial impact on health board	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI			25	25	5	Tolerate	Valuation being completed and contract being review by specialist Has document: No Callum Jenkins 13/03/2026 14:02	None specified. Has document: No Adrian Griffin 13/03/2026 14:08	None specified. Has document: No Adrian Griffin 13/03/2026 14:08	N	
Main Steam Header and Valves - UHW	29/11/2024	There is a risk of failure of the steam header and associated valves	This is caused by- •The steam header is of an age and condition not checked and unknown thickness. •probably asbestos joints on some of the flanges/pipework (not confirmed) hindering repairs. •Valves are of a single isolation type and not now the double block and bleed type. Major shutdowns now require in most cases a major shutdown of steam to the hospital. •Existing valves not seating and holding, unable to maintain due to criticality of shutting off steam.	Which w/could lead to an impact/effect on the main steam header being unable to distribute steam through the steam network.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project			25	25	5	Tolerate	• Contractors and DEL staff available to conduct repairs as required Has document: No Adrian Griffin 12/02/2026 13:16	None specified. Has document: No Adrian Griffin 12/02/2026 13:12	None specified Has document: No Adrian Griffin 12/02/2026 13:12	N	
UHW High Voltage Load Shedding Equipment	20/11/2023	The system relies on data provided by the Building Management System (BMS).	The system age is now not compatible with latest BMS installed	Failure of the system could result in no power being distributed to site. Failure could result in the overload of the generator and no power available. External parts could fail and not work correctly causing loss of power.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project			25	25	5	Tolerate	Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSI is in place to maintain the system. Has document: No Adrian Griffin 17/07/2025 14:36	None specified. Has document: No Adrian Griffin 17/07/2025 14:37	None specified. Has document: No Adrian Griffin 17/07/2025 14:38	Y	
E18 - UHW LGF Switch Room 4	09/06/2025	UHW LGF switch room 4 suffers from water ingression, that as a potential to cause harm / loss of electrical supply.	Water ingression and damp, due to leaking valves and the humidity within the room.	The electrical switch gear is suffering from corrosion and standing water, water dripping off leaking valves which is an electrocution risk to operatives.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical			25	25	5	Tolerate	Estates are aware of the issues Has document: No Adrian Griffin 12/08/2025 15:32	Discretionary Capital will look at the cause and rectify , add suitable drainage, switch gear replacement. Has document: No Adrian Griffin 12/08/2025 15:33	None specified. Has document: No Adrian Griffin 12/08/2025 15:33	Y	
Energy Cost Pressures - instability within the energy markets.	14/08/2025	There is a risk that the Energy Markets are very unstable which is resulting in dramatic tariff increases for 26-27 with a potential increase of £1 million (total expenditure of £17 million).	War in the Ukraine, conflicts in Iran/Israel and Gaza, energy costs in general, uncertainty in the energy markets, increase in non commodity costs on electricity	The increase in costs, causing an additional drain on the annual overall health board budget.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment			25	25	5	Tolerate	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	None specified. Has document: No Adrian Griffin 14/08/2025 14:51	N	
M36 - UHW & UHL Medical Gas Pressure Reducing Sets.	01/01/2021	Potential to fail - Medical Gas Pressure reducing sets	Are out of the manufacturers recommended operational service date periods.	Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical			25	25	5	Tolerate	Regular maintenance being carried out Has document: No Adrian Griffin 07/08/2025 12:39	UHL set has been replaced, the second set is due for completion under current upgrade scheme and is due for completion March 2023. There are approximately 15 sets at UHW. Funding has been approved for 6 sets which are due to be completed this financial year. Funding for the remaining sets is being sourced. Has document: No Adrian Griffin 07/08/2025 12:40	Not compliant with HTM Has document: No Adrian Griffin 07/08/2025 12:41	Y	
Lack of capacity in the Interstitial Lung Disease (ILD) Service.	21/11/2024	There is a risk that the lack of capacity in ILD service is affecting new and follow up patients. ILD is life limiting therefore requires routine reviews. The ILD team do not have adequate capacity to deliver their service, as such they are currently only seeing urgent and new cases and the longest wait time is 58 weeks. Imp	This is caused by workforce gaps	Which w/could lead to an impact/effect on delayed diagnosis and treatments. Risk of patient harm, poor patient experience, increase concerns, burnout, reputational risk. This has been described elsewhere.	Business unit	Medicine	Integrated Medicine				25	25	6	Tolerate	Consultants to clinically validate the list of patients with FU appointments beyond their clinical target - confirm which patients need appointments brought forward. Additional clinical sessions to accommodate patients that need urgent FU Increase NOP and FU capacity across ILD service by introducing SCF post for 12 months initially from August 2025 Escalate the clinical risk to MCB and ensure risk is accurately described on the directorate and clinical board RR. Consider options to increase ILD consultant activity by back filling acute resp work. Has document: No Lyndsey Macdonald 03/11/2025 15:13	no assurances described Has document: No Lyndsey Macdonald 03/11/2025 15:14	no gaps in controls described Has document: No Lyndsey Macdonald 03/11/2025 15:14	N	

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Vacant CF Clinical Nurse Specialist Post – Risk to CFRD Patient Care and Compliance with National Standards	23/07/2025	There is a risk that From August 2025, the CF CNS post has been vacant with no trained staff available to deliver this role. This results in no specialist input for CFRD patients to manage diabetes and insulin therapy.	This is caused by Vacancy in CF CNS post since August 2025. No internal applicants for the role. Delay in external recruitment (scheduled for 4th December 2025).	Which w/could lead to an impact/effect on Failure to meet National Standards of Care. Declining health outcomes for CFRD patients due to lack of specialist support. Increased patient stress and burden of treatment without guidance. Risk of complications from poorly managed diabetes and insulin therapy. Non-compliance with compulsory annual Libre fitting and assessments.	Speciality	Medicine	Specialised Medicine	Cystic Fibrosis			25	25	10	Treat	Datix reporting on incidents and risks Has document: No Catherine Morris 28/11/2025 14:46 escalation to MCB Has document: No Catherine Morris 28/11/2025 14:46	Funding for the CNS post confirmed. Agreement to proceed with external recruitment. Documented discussion in governance meetings. Has document: No Catherine Morris 28/11/2025 14:46	No interim CNS cover in place. No contingency plan for Libre fitting and annual assessments. Recruitment timeline leaves prolonged gap in service provision. Specific: Expedite external recruitment for CF CNS post. Arrange interim cover for CFRD support and Libre fitting using bank or agency nurses. Measurable: Post advertised and interviews scheduled. Interim cover in place within 4 weeks. Assignable: CF Service Manager to lead recruitment and interim arrangements. Realistic:	Y	
Failure to Enter CF Patient Data into National Registry Due to Vacant Administrative Post	28/11/2025	There is a risk that no CF patient data will be entered into the National Registry because the JCC-funded administrative assistant post is vacant and there is no capacity within the team to absorb this workload.	This is caused by Vacancy in JCC-funded Band 2 administrative assistant post. Delay in scrutiny panel approval to re-advertise the role. No contingency plan for data entry during vacancy	Which w/could lead to an impact/effect on Financial Loss: Funding linked to data entry will not be received. Reputational Damage: Service flagged as failing by CF Trust and JCC. Contractual Breach: Non-compliance with SOC requirement and minimum standards. Operational Impact: Cardiff becomes the only CF service not submitting data nationally.	Speciality	Medicine	Specialised Medicine	Cystic Fibrosis			25	25	4	Treat	Datix reporting Has document: No Catherine Morris 28/11/2025 13:59 Regular CF Business Meeting updates on vacancy status Has document: No Catherine Morris 28/11/2025 14:00 Escalation to scrutiny panel for job re-advertisement. Has document: No Catherine Morris 28/11/2025 14:00	Confirmation that funding for the post remains available. Has document: No Catherine Morris 28/11/2025 14:01 Agreement to support re-advertisement. Has document: No Catherine Morris 28/11/2025 14:01	No interim solution for data entry during vacancy. No confirmed timeline for recruitment process. No cross-cover arrangement within existing team. Specific: Expedite scrutiny panel approval and re-advertise Band 2 admin post. Implement interim data entry solution using temporary staff or bank admin support. Measurable: Post advertised and interviews scheduled. Interim data entry resumes within 4 weeks. Assignable: CF Service Manager to lead recruitment process. Directorate Workforce Manager to arrange interim cover.	Y	
BCC RTT waiting times concerns	01/07/2017	There is a risk that there will be a higher number of concerns due to BCC RTT waiting times	This is caused by limited surgical and dermatology capacity, compounded by reduced PCIC engagement and COVID related delays leading to prolonged BCC RTT waiting times	Which w/could lead to an impact/effect on delays in BCC treatments, breach of RTT targets, poor patient experience, increase in concerns, potential for disease progression	Speciality	Medicine	Specialised Medicine	Dermatology			15	25	3	Treat	Waiting list reviewed and patients prioritised via concerns process Has document: No Catherine Morris 23/10/2025 14:46 Datix reporting and concerns reporting Has document: No Catherine Morris 10/12/2025 10:46 E referral with PCIC to refer patients Has document: No Catherine Morris 10/12/2025 10:48 teledermoscopy in situ to escalate and expedite referrals Has document: No Catherine Morris 10/12/2025 10:49	e referral in place Has document: No Catherine Morris 23/10/2025 14:46 clinical pathway in place Has document: No Catherine Morris 10/12/2025 10:50 Datix reporting Has document: No Catherine Morris 10/12/2025 10:55	no engagement with PCIC Has document: No Catherine Morris 23/10/2025 14:47 Waiting list referrals and demands Has document: No Catherine Morris 10/12/2025 10:55	Y	

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Increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures	09/11/2020	There is a risk that there would be increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures due to limited capacity to schedule surveillance procedures.	This is caused by limited capacity to schedule surveillance procedures due to workforce and procedures currently pulled through in chronological vs risk order using corporate BIS surveillance cube	Which w/could lead to an impact/effect on Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards and delay in identifying malignant disease. This could cause progression of benign to malignant disease (e.g. polyps, Barrett's oesophagus). Previous series of SI's related to surveillance backlog	Speciality	Medicine	Specialised Medicine	Endoscopy			25	25	4	Treat	Clinical validation of surveillance waiting list Has document: No Catherine Morris 22/10/2025 14:42 risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided Has document: No Catherine Morris 22/10/2025 14:43 high risk surveillance patients started to be listed for procedures Has document: No Catherine Morris 22/10/2025 14:43 team to send patient risk letters for delayed surveillance cases to manage patient risk Has document: No Catherine Morris 22/10/2025 14:43 Ongoing insourcing @ UHL. Mobile Theatre in commissioning phase and predicted to be operational Qtr 1 of 2022. TNE pilot complete and pending evaluation. Surveillance validation ongoing but no	NEP surveillance spreadsheet validation completed (on s-drive) Has document: No Catherine Morris 22/10/2025 14:44 Regular review of endoscopy position with MCB/exec team including surveillance procedures Has document: No Catherine Morris 22/10/2025 14:44	Procedures currently pulled through in chronological vs risk order using corporate BIS surveillance cube Has document: No Catherine Morris 22/10/2025 14:45 Incomplete clerical validation of surveillance waiting list and PMS update following clerical validation Has document: No Catherine Morris 22/10/2025 14:45	Y	Workforce, capacity, patient flow, IP&C Status: Current Catherine Morris 22/10/2025 14:57
Rheumatology waiting list times	01/07/2021	There is a risk that urgent cases will wait too long on rheumatology waiting list as number of patients waiting over 52 weeks has significantly increased	This is caused by Welsh govt directive that no patients should be waiting longer than 52 weeks. Urgent cases are prioritised, resulting in routine referrals experiencing a longer wait to be seen. Urgent waiting time is currently 65 weeks and routine waiting 75 weeks	Which w/could lead to an impact/effect on patient safety, experience and outcomes	Speciality	Medicine	Specialised Medicine	Rheumatology			25	25	10	Treat	"Existing controls: Urgent patients expedited where possible. Additional clinics arranged by consultants to see patients with significant delay. Adequacy of existing controls:Inadequate Summary of additional controls required: Additional resource as per recovery plan with Consultant session" Has document: No Catherine Morris 27/10/2025 14:04	The Rheumatology Department continue to escalate the waiting list position and associated risk. The DMT will continue to request recurrent funding to build sustainable recovery plans, increase capacity and reduce the waiting list Has document: No Catherine Morris 27/10/2025 14:04 Datix reporting Has document: No Catherine Morris 17/12/2025 10:35	Unable to recruit to clinical posts on a longer term/ substantive basis therefore very little interest during recruitment (max 6 month contracts in 21/22) Has document: No Catherine Morris 27/10/2025 14:04 Workforce will not meet current demand despite additional funding for RTT locum in 2026 Has document: No Catherine Morris 17/12/2025 10:36 Long term sickness within consultant workforce impacting on waiting times Has document: No Catherine Morris 17/12/2025 10:36	Y	
Psychology waiting times	11/08/2021	There is a risk that Increased waiting times for Psychology support leading to High risk of suicidal ideation/completion and self-harm due to delay in assessment and treatment, high risk of patients starting to self-medicate also.	This is caused by Psychology capacity in the team severely constrained due to LTS/Mat Leave/Recruitment difficulties	Which w/could lead to an impact/effect on Serious risk of harm and to patient life; delays to patients; increased dissatisfaction from stakeholder community; risk of negative national media coverage putting the Welsh model and reputation at risk.	Speciality	Medicine	Specialised Medicine	Welsh Gender Service			25	25	5	Treat	Proactive engagement with interested clinicans contacting the service enquiring about upcoming recruitment. Continued development of local expertise through training and shadowing moving towards permanent recruitment plans. Demcap/skills analysis to take place to ensure correct skills mix in place. Has document: No Catherine Morris 28/10/2025 09:27	Regular review of service performance with WHSSC commissioner by senior management and directorate. Following return of Psychology 8c, prioritisation of work to develop a staffing model that does not carry the single operator risk. Has document: No Catherine Morris 28/10/2025 09:27	No capacity and resource currently available to meet Psychology demand 08/02/2023 Risk mitigated with increased Psychology capacity Has document: No Catherine Morris 28/10/2025 09:28	Y	
Risk of deaths in patients with cardiac devices	03/11/2025	Risk of deaths in patients with cardiac devices due to gaps in device processes and increased waiting times for box changes and new implants. Significant backlog of remote monitoring reviews identified, significant number of patients who DNAd still requires validating and clinical review of files identified, significant number of patients who were identified as being disconnected from home monitoring requires further revalidation by clinical teams. Backlog of email correspondence to generic email account.	gaps in processes, lack of workforce to support the full workload across the device service, impact of staff being pulled away to cover other areas within the service and loss of capacity within pacing theatre due to no pacing fellow, implementation of consultant of the week and on-call committments.	risk of deaths to patients waiting for box changes or waiting new implants	Speciality	Specialist Services	Cardiothoracic	Cardiac Physicology			20	25	10	Treat	Weekly device meetings in place with attendance from physiology team, directorate team, clinical board team and lead consultant for devices/pacing to review action log, review waiting list positions and identify risks and opportunities for improving processes. SOPs developed/being developed to improve processes and patient management. Demand and capacity work underway and SBAR in progress regarding solutions to increase device lists and reduce waiting list times. Plan to list box changes earlier to minimise risk but backlog of patients needs to be addressed to support this. Has document: No Gayle Smith 03/11/2025 10:07	Escalated to the clinical board and executive team. Regular meetings in place with device team, directorate and clinical board. Demand and capacity work underway to identify gaps in workforce. Has document: No Gayle Smith 03/11/2025 10:08	Reviewing capacity and booking templates and processess. Short term support from research fellow to increase capacity. Has document: No Gayle Smith 03/11/2025 10:08	Y	

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Current facilities for BMT patients inadequate	01/01/2010	There is a risk that current facilities are not JACIE compliant and there is a significant risk of loss of accreditation at the JACIE inspection (2013, 2019 & 2025).	This is caused by lack of isolation cubicles and appropriate filtration on Ward B4H. Insufficient number of toilets/washrooms. Increased risk of cross infection, existing facilities difficult to access. Individual toilets isolated on a named basis for high risk cases. Separate commodes for c.diff and BMT pts. Footprint for BMT patients inadequate. En-suite facilities required.	Which could lead to an impact/effect on the increase of cross-infection amongst BMT patients.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Bone Marrow Transplant			25	25	1	Treat	*Established Quality Management System (QMS): Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards (outlined in GUI-QUA-4 -Quality Manual). *BMT patients are located in a positive pressure environment designed to protect immunocompromised patients from airborne infection. Magnehelic air pressure gauges are located outside BMT cubicles, regular surveillance/ monitoring is procedure by ward personnel and reporting structure for noted deviations *Patients are admitted to ward C5 for triage prior to admission to B4. Has document: Yes Hibach Farah 28/10/2025 12:49	Previous JACIE Accreditation: Demonstrates historical compliance. Has document: No Hibach Farah 28/10/2025 12:46 HCAI monitored monthly. Has document: No Hibach Farah 28/10/2025 12:53 Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Has document: No Hibach Farah 28/10/2025 12:54 Air pressure system validated by Estates Dept. High C4C scores consistently achieved. Has document: No Hibach Farah 28/10/2025 12:54	A new dedicated JACIE compliant facility is required. Has document: No Hibach Farah 28/10/2025 12:51 Bid for new JACIE compliant facility is being progressed with Capital Planning Team and Welsh Government. Has document: No Hibach Farah 28/10/2025 12:52	Y	Lack of investment for a new dedicated JACIE compliant facility. Status: Current Hibach Farah 28/10/2025 13:02
Risk to the organisation of losing JACIE accreditation for the South Wales Blood & Marrow Programme.	30/07/2025	There is a risk thatCardiff & Vale University Health Board (C&VUHB) is commissioned by NHS Wales Joint Commissioning committee to provide the South Wales Blood and Marrow Programme for South Wales, West Wales and South Powys. JACIE accreditation is a mandatory quality standard for haematopoietic stem cell transplantation (HSCT) and CAR-T therapy. It is a commissioning requirement for NWJCC and a requirement for the supply of CAR-T therapy from pharmaceutical companies. C&VUHB is currently non-compliant with several JACIE standards due to infrastructure and environmental deficiencies. If accreditation is withdrawn, the BMT and CAR-T services may be decommissioned, severely impacting haematological cancer care across South Wales. There are a number of concerns that are captured in separate risk assessments (ref). Inadequate inpatient infrastructure: Lack of ensuite facilities for	This is caused by lack of strategic planning and lack of resource/investment.	The SWBMT Programme would be the only major UK programme, the 9th largest of 53 UK and Irish transplant centres, (BSBMTCT 2021 report, 2019 pre-pandemic data) without JACIE accreditation and would be the first and only centre to have had JACIE accreditation withdrawn The SWBMT Programme would need to [?immediately] cease activity as: - it is the explicit policy of all UK BMT commissioners, including NWJCC, to procure services only from JACIE-accredited centre - the pharmaceutical companies who manufacture CAR-T will only supply products to JACIE accredited centres. Cessation of the SWBMT Programme is highly likely to impact on recruitment and retention of staff as: - Specialist staff would no longer be delivering care based on their expertise - Training and development opportunities	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Bone Marrow Transplant			25	25	10	Treat	Haematology Directorate/Specialist Services Clinical Board 1.Established Quality Management System (QMS): Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards. 2.Multidisciplinary Governance: Oversight by clinical, laboratory, and quality leads. 3.Training and Competency Frameworks: Regular staff training and competency assessments. 4.Participation in EBMT Registry: Enables benchmarking and outcome tracking. 5.Clinical Excellence: Strong clinical outcomes and experienced multidisciplinary teams 6.Ambulatory Care Model: Reduces inpatient pressure and improves flexibility. 7.Weekly Planning Meetings: Intensive triaging to manage bed capacity and patient risk. 8.Unscheduled care triage beds: separate bedded area to triage and screen unscheduled care admissions prior to admission to haematology ward, reducing risk of nosocomial infection. 9.Dedicated toilet/shower facilities: communal facilities designated for use by	1.Previous JACIE Accreditation: Demonstrates historical compliance. 2.HTA Licensing: In place since 2007. 3.Internal Quality Reports: Regular reporting to governance boards. 4.Clinical Outcomes: Among the best in the UK despite infrastructure issues. 5.Patient Outcome Monitoring: Through EBMT and internal KPIs. 6.External Peer Reviews: Participation in national and international benchmarking. 7.Prioritisation: Capital scheme prioritised by both the Health Board and Welsh Government 8.Capital Scheme: Strategic outline case submitted to Welsh Government in 2023 – ongoing dialogue with WG who are supportive and have indicated prioritisation of capital scheme. Has document: No Jordan Wills 23/10/2025 11:45	Gaps in Controls: 1.Infrastructure Deficiencies – inpatients: a.Inadequate isolation facilities and air handling provision b.Lack of ensuite facilities for transplant patients resulting in poor patient experience and increasing risk of nosocomial infections from shared communal areas/facilities c.Overcrowded and outdated ward environment with poor physical fabric 2.Infrastructure Deficiencies – day care: a.Inadequate isolation and triage/screening facilities and air handling provision b.Overcrowding and lack of appropriate waiting area c.Insufficient space for volume of patients 3.Infrastructure Deficiencies – outpatients: a.Inadequate isolation facilities and air handling provision b.Overcrowding and lack of appropriate waiting area c.Insufficient space for volume of patients 4.No approved capital scheme to rectify the infrastructure deficiencies 5.Limited mitigation within current clinical facilities at UHW	Y	Lack of investment. Status: Current Jordan Wills 23/10/2025 11:52
Risk to Colorectal peritoneal Metastases service (CRS/HIPEC) not being available	07/08/2024	There is a risk that the colorectal peritoneal metastases service will not be available for patients	This is caused by a lack of confirmed financial arrangements post MCI funding	Which poses a risk of service delivery to patients across Wales as Cardiff and Vale will not be in a position to underwrite the cost of continuing the service. This increases the risk of health inequality in Wales for patients with diagnosis' requiring this service, limiting treatment availability, patients will either have to travel to England or not have any treatment.	Speciality	Surgical	General Surgery	General Surgery			25	25	5	Treat	- Interim funding in place for 2 years via MCI - Robust planning and data collection to further support a submission of the service to NWJCC. - Controls in place to support submission but risk remains same until funding is agreed. Has document: No Bethan Ockwell 28/10/2025 17:25	- Quarterly meetings to be established for the duration of the MCI funding to monitor progress towards establishing a sustainable funding source. - Regular discussions between finance/clinical lead/commissioning to ensure we are treating patients that we are funded to treat Has document: No Bethan Ockwell 28/10/2025 17:25	Lack of control over the consideration of NWJCC funding. If funding it not supported by NWJCC UHB's will need to work through a plan for patients Has document: No Bethan Ockwell 28/10/2025 17:26	Y	