

Quality Committee
Quality and Operational high scoring risks of 20 to 25

Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
CEF - Estates/2026-27/13	UHW Main Boiler House Asbestos Risk on Mezzanine Floor Level when Carrying out Engineering Work and Repairs	09/06/2026	There is a risk that Due to the asbestos contamination on the beneath the grating/flooring.	This is caused by Asbestos debris.	Which w/could lead to an impact/effect on Estates craftsmen and contractors working in the Main boiler house area	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	25	25	5	Tolerate	Any work must be carried out under CATB conditions and trained staff. Has document: No Paul George 09/06/2026 13:30	No assurance due to debris could fall from walk way when any person working above. Has document: No Paul George 09/06/2026 13:31	Due to the extent of the boiler house and the walk way area and overall risk to others working in area. Containment is an issue. Has document: No Paul George 09/06/2026 13:32	Y	Cost and funding to carry out this extensive asbestos removal works and make good the area. Status: Current Paul George 09/06/2026 13:33
Dermatology/2017-1805	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	
Cystic Fibrosis/2025-2606	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: Use existing funding and agency resources.	Y	
Integrated Medicine/2024-2504	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	
Welsh Gender Service/2021-2211	Psychology waiting times	11/08/2021	There is a risk that Increased waiting times for Psychology support leading to High risk of suicidal ideation/completion and self-harm due to delay in assessment and treatment, high risk of patients starting to self-medicate also.	This is caused by Psychology capacity in the team severely constrained due to LTS/Mat Leave/Recruitment difficulties	Which w/could lead to an impact/effect on Serious risk of harm and to patient life; delays to patients; increased dissatisfaction from stakeholder community; risk of negative national media coverage putting the Welsh model and reputation at risk.	Speciality	Medicine	Specialised Medicine	Welsh Gender Service	25	25	5	Treat	Proactive engagement with interested clinicians contacting the service enquiring about upcoming recruitment. Continued development of local expertise through training and shadowing moving towards permanent recruitment plans. Demcap/skills analysis to take place to ensure correct skills mix in place. Has document: No Catherine Morris 28/10/2025 09:27	Regular review of service performance with WHSSC commissioner by senior management and directorate. Following return of Psychology 8c, prioritisation of work to develop a staffing model that does not carry the single operator risk. Has document: No Catherine Morris 28/10/2025 09:27	No capacity and resource currently available to meet Psychology demand 08/02/2023 Risk mitigated with increased Psychology capacity Has document: No Catherine Morris 28/10/2025 09:28	Y	

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Endoscopy/2020-2101	Increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures	09/11/2020	There is a risk that there would be increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures due to limited capacity to schedule surveillance procedures.	This is caused by limited capacity to schedule surveillance procedures due to workforce and procedures currently pulled through in chronological vs risk order using corporate BIS surveillance cube	Which w/could lead to an impact/effect on Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards and delay in identifying malignant disease. This could cause progression of benign to malignant disease (e.g. polyps, Barrett's oesophagus). Previous series of SI's related to surveillance backlog	Speciality	Medicine	Specialised Medicine	Endoscopy	25	25	4	Treat	Clinical validation of surveillance waiting list Has document: No Catherine Morris 22/10/2025 14:42 risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided Has document: No Catherine Morris 22/10/2025 14:43 high risk surveillance patients started to be listed for procedures Has document: No Catherine Morris 22/10/2025 14:43 team to send patient risk letters for delayed surveillance cases to manage patient risk Has document: No Catherine Morris 22/10/2025 14:43 Ongoing insourcing @ UHL. Mobile Theatre in commissioning phase and predicted to be operational Qtr 1 of 2022. TNE pilot complete and pending evaluation. Surveillance validation ongoing but no further recovery funding agreed to date Has document: No Catherine Morris 22/10/2025 14:44	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	
Cardiac Physiology/2020-5-2602	Risk of deaths in patients with cardiac devices	03/11/2020	Risk of deaths in patients with cardiac devices due to gaps in device processes and increased waiting times for box changes and new implants. Significant backlog of remote monitoring reviews identified, significant number of patients who DNAd still requires validating and clinical review of files identified, significant number of patients who were identified as being disconnected from home monitoring requires further revalidation by clinical teams. Backlog of email correspondence to generic email account.	gaps in processes, lack of workforce to support the full workload across the device service, impact of staff being pulled away to cover other areas within the service and loss of capacity within pacing theatre due to no pacing fellow, implementation of consultant of the week and on-call commitments.	risk of deaths to patients waiting for box changes or waiting new implants	Speciality	Specialist Services	Cardiothoracic	Cardiac Physiology	20	25	10	Treat	Weekly device meetings in place with attendance from physiology team, directorate team, clinical board team and lead consultant for devices/pacing to review action log, review waiting list positions and identify risks and opportunities for improving processes. SOPs developed/being developed to improve processes and patient management. Demand and capacity work underway and SBAR in progress regarding solutions to increase device lists and reduce waiting list times. Plan to list box changes earlier to minimise risk but backlog of patients needs to be addressed to support this. Has document: No Gayle Smith 03/11/2025 10:07	Escalated to the clinical board and executive team. Regular meetings in place with device team, directorate and clinical board. Demand and capacity work underway to identify gaps in workforce. Has document: No Gayle Smith 03/11/2025 10:08	Reviewing capacity and booking templates and processes. Short term support from research fellow to increase capacity. Has document: No Gayle Smith 03/11/2025 10:08	Y		
General Surgery/2024-2505	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		
All Wales Medical Genomics Service/2025-2621	AWGL being unable to achieve validation of the new SCC GLIMS (Genetic Laboratory Information Management System) for capturing, processing and reporting patient result (RA-23-127-GEN)	31/07/2025	There is a risk that AWGL being unable to achieve validation of the new SCC GLIMS (Genetic Laboratory Information Management System) for capturing, processing and reporting patient results will result in the laboratory remaining on an outdated old SHIRE system. Remaining on the current SHIRE GLIMS system for an extended period of time will lead to patient harm if this system fails. SHIRE system which is end of life and on a best endeavours maintenance contract. There is a risk that AWMGS will fail to achieve validation of the GLIMS, resulting in the system not going live. This would mean AWMGS remain on the current outdated SHIRE system (MP-GEN-MHSW-1B-38) for an extended period of time, putting the laboratory at creased risk of system failure and resulting on a paper-based results processing and reporting. Current system at end of life with only 10 days of 'paper based' service business continuity assured in the event of a failure is AWMGS' highest priority risk. Failure to implement GLIMS also carries reputational risk and could undermine key	This is caused by a change in AWGL patient management system	Which w/could lead to an impact/effect on overall patient service delivery, reputational and financial costs and patient harm.	Division	All Wales Medical Genomics Service			20	20	8	Treat	SHIRE stability: a. Extended basic support has been agreed and purchased (length of contract subject to review) b. Laboratory contingency plan to revert to paper recording in the event of a SHIRE system outage occurring. c. SHIRE system nightly backups of the front-end (S: Drive .mdb files) and back-end (SQL Server DB) d. Previously restoration of backup data was subject to CAV IT Server Team availability to assist, however from September 2021 Med Gen IT have access to 5 day rolling back-ups Has document: No Sharon Takata 08/04/2026 14:20 SHIRE Windows 10 incompatibility: Work has now completed on the change from Windows 7 to Windows 10 and 64-bit SHIRE is running as intended. Has document: No Sharon Takata 08/04/2026 14:20 Laboratory relocation: This activity has been	SHIRE stability: AWMGS IM&T support available during business hours for investigation and escalation to Genial Genetics. CAV IT Senior Management contactable to engage emergency assistance from CAV IT. Has document: No Sharon Takata 08/04/2026 14:30 SHIRE Windows 10 incompatibility: Windows 10 is now working as intended. Has document: No Sharon Takata 08/04/2026 14:30 Laboratory relocation: Activity is now complete and laboratory relocated. Has document: No Sharon Takata 08/04/2026 14:30 Failure to validate the system/ SCC system design inability to meet tender specification: CAV procurement provide support and guidance to AWMGS regarding contractual obligations should the system fail validation testing. SCC and AWMGS executive sponsor meetings happening regularly ~ every 3 weeks and any issues/delays discussed and mitigations agreed to keep project on track for delivery. Has document: No	1. SHIRE stability: a. No disaster recovery plan for managing specific possible outage scenarios and recouping of data, although there is improved knowledge e.g. when data maybe lost from. b. Med Gen IT now access SHIRE back-ups monthly as a proactive check of validity and whether data can be recovered. However, this has not yet been tested in a live environment and there remains an aspect of server team support required if needing to go back longer than 5 days. Has document: No Sharon Takata 08/04/2026 14:25 SHIRE Windows 10 incompatibility: 64-bit version SHIRE has not been subject to formal documented Installation Qualification (IQ) and Operational Qualification (OQ) testing on the CAV network. Med Gen IT note that relates to relatively minor changes to the DLL file, comprising a small part of the overall database. Has document: No Sharon Takata 08/04/2026 14:25 Super User competency: Training materials won't cover newly requested workflows and these assets are owned by end users. We are unsure of all known assets. Has document: No	SHIRE stability: Emergency assistance from CAV IT is subject to availability as CAV IT staff have competing priorities/projects and usually action issues on a first-come-first-served basis. Status: Current Sharon Takata 08/04/2026 14:32 Laboratory relocation: Quality documentation and ongoing audit of newly re-established services are having a residual impact on staff resource and capacity even though the physical relocation is complete Status: Current Sharon Takata 08/04/2026 14:33 Inadequate IM&T resource (CAV IM&T): AWMGS projects compete against CAV UHB wide projects and demands. Status: Current Sharon Takata 08/04/2026 14:33 Ongoing delays with project delivery linked to connectivity: Continued lack of engagement, co-ordination, collaboration and ownership between CAV IM&T and DHCW and now White Spider (under who provides CAV network/IT	Y	
CEF - Compliance/2023-2405	Fume Cabinet Inspections	11/10/2023	There is a risk of Service delivery, harm to staff, compliance with Authority Departments	This is caused by insufficient asset identification and lack of regular inspections and / or maintenance	Which w/could lead to an impact/effect on service delivery harm to staff using equipment.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	20	20	5	Treat	Inspections required with documentation held centrally Has document: No Tony Ward 28/08/2025 10:34		Assets need to be collated, records recorded and kept in one location. This information has been requested on several occasions at the Ventilation Safety Group (VSG). Has document: No Tony Ward 28/08/2025 10:20	Y	The barrier for CEF is identification of a single source from each clinical board to provide this information. I have therefore put Robert Warren as responsible person as it seems a corporate issue. Status: Current Tony Ward 28/08/2025 10:26	
CEF - Compliance/2023-2404	Ventilation Smoke/Fire Dampers Dental Hospital UHW	01/12/2023	There is a risk that regular inspection and / or maintenance is not possible.	This is caused by the fire / smoke dampers are housed in ceiling void which is contaminated with Asbestos.	Which w/could lead to the potential for loss of service. Disruption to patient care. Danger of fire spread.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	20	20	5	Tolerate	The current drainage replacement programme involves clearing asbestos from the whole ceiling void on of a wing, one floor at a time. This will allow access to these areas. Has document: No Adrian Griffin 13/08/2025 14:42	Fire damper inspections will be carried when asbestos clearance has been completed. This will be done on a floor by floor basis. Has document: No Adrian Griffin 13/08/2025 14:43	Unable to complete until all floors have been made safe of asbestos. Has document: No Adrian Griffin 13/08/2025 14:43	N		

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CEF - Compliance/2023-2402	Verification Smoke/Fire Dampers	01/12/2023	There is a risk that Insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure. Potential for loss of service. Disruption to patient care. Danger of fire spread.	Assets not assetised at the time of installation. Asset identification incomplete/inaccurate.	Which w/could lead to a potential for loss of service. Disruption to patient care. Danger of fire spread.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	20	20	5	Tolerate	Assets are currently on long term contract arrangement with a single supplier for all UHB sites. Has document: No Adrian Griffin 13/08/2025 14:26	5 year contract in place. Started 1st Sept 2019. 3 + 1 + 1 year contract end date 1st Sept till 2024. 60% of dampers are being inspected annually. Has document: No Adrian Griffin 13/08/2025 14:26	Dampers 40% of dampers are not being serviced due to access issues. These range from no access hatched through to existing services prevent void access. Has document: No Adrian Griffin 13/08/2025 14:27	Y	
CEF - Estates/2022-2305	No Authorising Engineer Assigned to Lifts	07/12/2022	With no Authorising Engineer assigned to Lifts, we are unable to appoint Lift AP's and carry out Audits on Lift condition & management systems etc	Unavailability of lift Authorising Engineer.	Unable to carry out Audits on Lift condition & management systems etc.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Reliant on training that has been provided at Eastwood Park. Lift engineer to manage the lift system. Has document: No Adrian Griffin 09/04/2025 11:55	No incidents recorded, the system is managed to the correct standard using OTIS contractor & statutory inspection. Has document: No Adrian Griffin 09/04/2025 11:56	System managed, trained but not appointed formally. Has document: No Adrian Griffin 09/04/2025 11:57	N	
CEF - Estates/2023-2405	2 Unservicable Boilers (from 6)	04/08/2023	2 Boilers unservicable out of 6	Leaking flue causing damage to the printed circuit boards related to boiler control.	Possibility of losing heating or hot water, affecting clinics and patient care (leaking flue affected PCB's)	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Leak diverted / temporary fix until Flu repair has been carried Has document: No Adrian Griffin 05/06/2025 14:03	None specified. Has document: No Adrian Griffin 05/06/2025 14:03	None specified. Has document: No Adrian Griffin 05/06/2025 14:04	N	
CEF - Estates/2023-2407	Auto changeover system - On loss of power to LV sub A1 panel	29/07/2023	Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SP5 generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through.	Failure to provide on distribution strategies standby generators resilience of N+1 automatically.	Lack of/ unavailability of electrical distribution system back up.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	10	Tolerate	None specified. Has document: No Adrian Griffin 09/04/2025 14:06	"LVAP action plan include - Electrical team providing ongoing weekly checks BMS Alarms to shift pager is being investigated/feasibility to provide early warning of changeover failure Emergency SOP in place with all Electrical team/shift teams - manual switching of ACB – restoring secondary supply to high risk areas (risk in delay of time to attend minimum time of 5/10 minutes, maximum time of 40 minutes) potentially without power for this duration Mitigation on attendance timeline: lift support system is covered by uninterruptible power supplies (UPS systems) up to 60 minutes (can vary on loading will affect duration) Panelboard coverage - include life support areas, main theatres, pre-operation, post-operation, ITU, Home Office Essential Areas, Essential Public Health Wales Labs Investigations on the ACB completed by a specialist electrical contractor, with report of direct replacement part being obsolete & un-serviceable " Has document: No Adrian Griffin 09/04/2025 14:07	Unable to test generators on-load (monthly test) as per HTM 06-01 requirement Has document: No Adrian Griffin 09/04/2025 14:10	N	
CEF - Estates/2022-2301	Medical Gas Safety PRV Equipment	31/12/2022	Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change.	Obsolete equipment and currently out of compliance with overdue inspection.	Unable to isolate equipment supplying critical parts of the hospital.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Visual inspection only. Has document: No Adrian Griffin 09/04/2025 11:17	Equipment checks. Has document: No Adrian Griffin 09/04/2025 11:20	Unable to isolate equipment supplying critical parts of the hospital. Has document: No Adrian Griffin 09/04/2025 11:22	N	
CEF - Catering CFPU/2024-2502	Potential Goods Lift Failure Service Impact	23/04/2024	CFPU is based on the first floor with one goods lift available - if the lift fails the transport of food provisions will be through an alternative route that is not conducive to a food safe environment. Aged equipment with parts no longer stocked - Risk of staff injury due to heavy handballing and lifting of products up stairways	Age of equipment, unavailability of parts.	Food production of patient cook freeze meals would stop, due to the ability to move high quantity heavy amounts (somedays 200 -300kg) fresh meat, chilled/frozen food in a food safe timescale. Increased level of staff injuries and possible claims.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU	20	20	5	Tolerate	The issue has been highlighted during the lift failure 19/04/24. CEF are aware. Has document: No Adrian Griffin 08/04/2025 11:18	There is limited reassurance due to the fact we have no alternative lift available other than increase the priority level for lift 46 any future repairs. Has document: No Adrian Griffin 08/04/2025 11:18	A location for an additional lift as contingency or a suitable food safe route for food provisions Has document: No Adrian Griffin 08/04/2025 11:18	N	
CEF - Catering CFPU/2024-2501	Electrical Distribution - Potential Loss of Power	01/02/2024	CFPU are sitting on the outer HV ring, which isn't currently backed up by the HV generator, also without a local LV generator.	Current electrical back-up distribution system does support the CFPU in the event of a power failure.	Food production of patient cook freeze meals would stop. Large storage freezers and refrigeration holding high stock levels would fail to store frozen products at the correct temperature, stock levels of patient meals will need to be disposed of, this will compromise the ability to feed patients in line with Nutrition and hydration guidelines.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU	20	20	5	Tolerate	The issue has been highlighted during the Power outage testing. CEF are aware. Has document: No Adrian Griffin 08/04/2025 11:16	There is limited reassurance due to the fact we have no location with large freezer space for the volume of meals. Has document: No Adrian Griffin 08/04/2025 11:11	A location for an external freezer/refrigeration space is required. A generator to supply the CFPU is preferred. Has document: No Adrian Griffin 08/04/2025 11:12	N	
CEF - Energy & Environment/2025-2609	Energy & Environmental Management Resourcing	09/12/2025	There is a risk that additional resources are required to support the Energy, Environmental and Decarbonisation Agenda and Strategy	This is caused by additional resourcing being required	Which could lead to an impact/effect on meeting targets and accreditations	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	20	20	10	Tolerate	Head of Energy and Performance is currently in post Has document: No Rhiannan Windsor 09/12/2025 11:06	Control is through ISO14001 accreditation process and EMSG and other departmental mechanisms Has document: No Rhiannan Windsor 09/12/2025 11:06	Additional resourcing is to be sought Has document: No Rhiannan Windsor 09/12/2025 11:07	N	
CEF - Mechanical/2021-2208	M29 - Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation.	01/06/2021	There is a risk that: Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation.	System has never complied with WHTM'S. Maintenance intermittent due to access issues with AHU with ward WASTE room. Fan coils in ward are not accessible unless ward is emptied, but they do not comply anyway.	Which w/could lead to an impact/effect on patient safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	5	Tolerate	Maintenance intermittent due to access. Has document: No Jamie Garrett 24/11/2025 08:57	None specified. Has document: No Adrian Griffin 04/12/2025 10:27	System isnt suitable and correct maintenance is restricted. Has document: No Adrian Griffin 04/12/2025 10:28	N	
CEF - Mechanical/2019-2005	M38- Ventilation AHU serving HDU AT UHL does not comply to WHTM's.	01/12/2019	There are major issues with it's Air Handling Unit and we recommend a replacement.	Potential AHU failure leading to loss of service. Patient safety at risk.	Theatres cannot be used in its current condition.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	5	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Jamie Garrett 07/11/2025 15:33	Systems are statutory tested and inspected annually Has document: No Adrian Griffin 17/11/2025 10:03	replacement of AHU required Has document: No Adrian Griffin 17/11/2025 10:04	N	
CEF - Estates/2025-2606	Overtime authorisation potentially not given - Team Leader	11/02/2025	Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Team Leader on site out of hours to respond to emergencies.	Budget constraints.	These emergencies consist of loss of electrical supply, fire alarm activation, loss of medical gases including oxygen, loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam which is used for sterilisation, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Escalate to Senior Management Team & SMOC, Has document: No Adrian Griffin 16/07/2025 09:37	None available Has document: No Adrian Griffin 16/07/2025 09:38	None, due to levels of constraints around overtime payments, time and travelling to site. Has document: No Adrian Griffin 16/07/2025 09:40	N	
CEF - Estates/2025-2607	Overtime authorisation potentially not given - Mechanical	11/02/2025	Due to authorisation not given, there will be occasions when there will be no qualified and competent Mechanical Engineer on site out of hours to respond to emergencies.	Budget constraints.	These emergencies consist of loss of medical gases including oxygen, loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam (sterilisation), lift entrapments, significant health and safety concern relating to patient experience or staff and visitor safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Escalation to Senior Management team & SMOC. Has document: No Adrian Griffin 08/07/2025 14:20	None available. Has document: No Adrian Griffin 08/07/2025 14:20	None, due to levels of constraints around overtime payments, time and travelling to site. Has document: No Adrian Griffin 08/07/2025 14:21	N	

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CEF - Estates/2025-2608	Overtime authorisation potentially not given - Electrical	11/02/2025	Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Electrical Engineer on site out of hours to respond to emergencies.	Budget constraints.	These emergencies consist of fire alarm activation, loss of electrical power, lift entrapments, significant health and safety concern/s relating to the patient experience or staff and visitor safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Escalation to Senior High Voltage Engineer, Senior Management Team & SMOC. Has document: No Adrian Griffin 07/07/2025 15:17	None available. Has document: No Adrian Griffin 07/07/2025 15:18	None, due to levels of constraints around time and travelling to site. Has document: No Adrian Griffin 07/07/2025 15:18	N	
CEF - Mechanical/2025-2617	M67 - Ro Water system no longer supported by Manufacturer from 2027	21/11/2025	manufacturer support will stop in 2027.	This is caused by the age of the system.	Which w/could lead to an impact/effect on patient safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	16	20	4	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Jamie Garrett 21/11/2025 15:31	Systems are statutory tested and inspected annually. Has document: No Adrian Griffin 24/11/2025 12:55	None specified. Has document: No Adrian Griffin 24/11/2025 12:56	N	
CEF - Estates/2024-2503	Leaking Flue - CRI Main plant room	16/04/2024	Leaking flue into CRI Plant Room.	The Flue is leaking in CRI main plantroom. Early indications are its leaking through the double skinned flue. The leak is coming back onto the boilers and causing considerable damage and corrosion to the boilers resulting in expensive repairs and a safety concern. We are awaiting more information on what the exact cause is as it appears to be condensation from the flue.	The risk of major failure is likely if the boilers fail as this offers large parts of CRI, heating and hot water.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	We have tried to minimise the damage to the boilers by putting a temporary system in place to catch the water. The x2 back up boilers are currently awaiting repairs with Equans, but the boilers have considerable damage. The long term solution is a flue replacement and boilers, but obviously in the short term this is not a realistic option. Has document: No Adrian Griffin 03/07/2025 14:47	None specified. Has document: No Adrian Griffin 03/07/2025 14:48		N	
CEF - Estates/2024-2510	Gas Shutdown and Installation of Gas Shutoff Solenoid (UHL)	08/04/2024	There is a risk that On the 9th and 10th April 2024 Capital/Estates Team are looking to carryout works to install the emergency gas solenoid shutoff valve which feeds the 3 main boilers in the boiler house. Originally the boilers can run from gas and heating oil, however during this period we will only be on one fuel supply (Oil) for this duration of period.	This is caused by This will require a shutdown of the gas and to move over to oil for 24 hours as a secondary resource. Loss of Heating from steam generation.	Which w/could lead to an impact/effect on Patients, staff, visitors	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	12	Tolerate	None specified at time the risk was created and entered onto estates risk register. Has document: No Paul George 25/02/2026 13:52	We have 2 tanks with a primary and secondary pump set that feed all the boilers and can be switched over if one fails, we also have another temporary oil tank which will run for an additional 24 hours. We will conduct daily oil fuel checks from the start and at the end of the shift. We have had confirmation from the contractor the existing gas pipeline will be removed in tacked from the flag to flag, which then can be reinstated promptly in event of a total oil failure. This will allow the steam boilers to revert back to natural gas. We have put new provision in place for the BMS boiler checks to done on hourly basis which will include out of hours, which this will be conducted through UHW shift team. They will be able to monitor and record with an escalation process in place. Has document: No Paul George 25/02/2026 13:53	None specified at the time entered onto the risk register. Has document: No Paul George 25/02/2026 13:53	Y	
CEF - Estates/2024-2509	CAVOC Theatres Chilled Water System to AHUs (UHL)	15/03/2024	There is a risk that The chilled water pipeline feeding the AHU's in Theatres is completely rotten and rusted through-out the pipeline. Caused was by the incorrect lagging when installed. As the pipework is rusted and rotten, there have been many leaks.	This is caused by Caused was by the incorrect lagging when installed. As the pipework is rusted and rotten, there have been many leaks. Without chilled water supply for the AHU's in the theatres, there will be no temp control.	Which w/could lead to an impact/effect on Which has affected CAVOC day surgery and Charles Radcliff ward. It's getting harder to repair as it is rotten and a lack isolation points to isolate for any further leaks. The leaks have prevented surgeries and clinics. They may be forced to cancel their lists.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	12	Tolerate	None specified at time risk was added. Has document: No Paul George 24/02/2026 14:17	We have currently isolated the control valves feeding the chilled water line to prevent any further leaks, the waiting area has been now been capped as a temporary fix. Due to the size of the works required to replace the whole pipework, this potentially would need to be passed over to a Capital programme. Has document: No Paul George 24/02/2026 14:17	None specified at time risk was added to RR. Has document: No Paul George 24/02/2026 14:17	Y	
Gynaecology/2025-2602	Lengthy Delays with Outpatient Hysteroscopy Waiting List (OG38)	30/04/2025	There is a risk of patient harm and poor experience	This is caused by lengthy delays with outpatient hysteroscopy waiting lists	Which w/could lead to an impact/effect on potential harm to patients and poor patient experience	Business unit	Children & Women	Gynaecology		25	20	10	Treat	Where there is available capacity in the week, appointments are arranged for those patients waiting for an urgent or routine appointment. Has document: No Kirsty Hook 10/09/2025 08:38 Where a case is considered to be USC, a patient is put on the USC pathway. Has document: No Kirsty Hook 10/09/2025 08:39 Clinical Validation is being undertaken and cases upgraded to USC where considered necessary. Has document: No Kirsty Hook 08/12/2025 13:00 Risk Assessment Reviewed and updated - submitted 05/12/2025. Has document: Yes Kirsty Hook 08/12/2025 13:24	Clinical validation/phonecalls have started to take place where a nurse practitioner is contacting patients to check on symptoms of individual patients. Patients waiting since 2022, 2023 and 2024 have been contacted and cases clinicians are concerned about upgraded to USC. Has document: No Kirsty Hook 08/12/2025 13:02	Patients on the routine and urgent waiting lists are not being reviewed routinely. Has document: No Kirsty Hook 10/09/2025 08:41 Not all one stop PMB Hysteroscopy clinics are one stop clinics, therefore cases are still being referred to outpatient operating and reducing capacity to see urgent and routine patients. Has document: No Kirsty Hook 10/09/2025 08:43	Y	No additional funding available for weekend clinics. Status: Current Kirsty Hook 10/09/2025 08:51 There is no funding available for insourcing or outsourcing. Status: Current Kirsty Hook 08/12/2025 13:10 Patients waiting since the beginning of 2025 are still to be contacted. There is a risk that symptoms worsen and telephone validations has its limitations. Status: Current Kirsty Hook 08/12/2025 13:11 Current shortage of trained clinicians. Status: Current Victoria Titshall 12/05/2026 09:46
Community Child Health/2026-27/01	Inadequate governance arrangements in place for Adult Learning Disability (CHC)	27/05/2026	There is a risk that patient safety, safeguarding responsibilities and UHB funding arrangements are compromised as a result of an inadequate governance framework for adults with LD who have Continuing Healthcare (CHC) packages	This service has recently transferred from PCIC and is complex as some elements are contracted to SBUHB. There is a lack of clarity regarding responsibilities relating to SBUHB. There appears to be a lack of capacity within their team to undertake the required monitoring and review of placements which is in line with our UHB Protocol.	The lack of monitoring and review means that packages are not stepped up and down based on assessed need, we are reliant on providers to inform us of changes, incidents etc. Some of this cohort may no longer meet CHC threshold. Some incidents may not be reported to us. These are often high cost residential packages which can be anywhere across the UK. Providers are non NHS and are often subject to investigation by regulators and safeguarding incidents / professional abuse investigation are high due to the nature and vulnerability of this cohort of adults. Delays in SBUHB undertaking DST assessment results in delayed decision making, placement, communication with families and interim funding requests from LA. It has been identified that only 8 out of 100 reviews have been undertaken (Jan 2026) and that at least 16 individuals receiving a 100% health funded package may no longer have a primary health need so full funding would not be appropriate. Aside from the quality, safeguarding and safety concerns, a potential saving of £2.3 million has been estimated if reviews are undertaken. A number of patients are allocated to the wrong team (e.g. LD rather than physical	Business unit	Children & Women	Community Child Health		20	20	8	Treat	1. New QA Process being established to mirror the panel process in place for CYP. 2. All amendments in care packages/ variations are reviewed and decisions documented prior to UHB CHC Panel. 3. All equipment requests are discussed and agreed (or declined) at QA Panel prior to UHB CHC Panel. 4. Regular meetings are to be progressed with SBUHB to develop agreed pathways 5. Placement reviews are prioritised and take place promptly where provider concerns have been raised by any agency/ family/ inspectorate. Has document: No Paula Davies 04/06/2026 10:30	1. Monthly QA meetings with LA and SBUHB being prioritised. 2. Draft QA pathways shared with SBUHB and LA 3. WG CHC Framework (adult framework is clear and legally binding) 4. UHB Monitoring and Review of Non NHS Placements Protocol. Has document: No Paula Davies 04/06/2026 10:37 UHB Complex Care Board will support with QA and provide strategic oversight once established. UHB is working through Direct Payments process, T&F Group and CYPFHS represented on this. Has document: No Paula Davies 04/06/2026 10:54	1. Capacity within CYPFHS as no transfer of management resource only 2 case managers 2. Contract / SLA with SBUHB - lack of clarity regarding what historical agreement is in place between CAV & SBUHB. 3. Recent All Wales introduction of Direct Payments in Adult CHC. Has document: No Paula Davies 04/06/2026 10:41	Y	1. Lack of capacity in CYPFHS, currently having to manage and prioritise incidents and changes in provision on a daily basis. 2. Need for support to understand contractual arrangements with SBUHB. Status: Current Paula Davies 04/06/2026 10:51

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Clinical Diagnostics & Therapeutics/2025-2605	Ageing equipment across the CD&T Clinical Board	08/09/2025	There is a risk that Ageing equipment will fail, including Air handling units, chiller units, air tube for lab specimens, pharmacy isolators and autoclaves, laboratory equipment and CT2 scanner	This is caused by ageing equipment	Which w/could lead to an impact/effect on temperature sensitive equipment, timely delivery of specimens to the laboratory, ability to make 700 doses of pre filled syringes, lack of sterility to products, delays in laboratory processes and delays to patients receiving timely CT scans and thus diagnosis	Division	Clinical Diagnostics & Therapeutics			20	20	8	Treat	capital management programme, discretionary capital programme, escalation routes to CEF, business continuity plans, managed service contracts, maintenance agreements, medical equipment governance framework Has document: No Helen Luton 08/09/2025 15:40	Inspections and audits, trend and theme analysis from incidents, validation and change control processes. Enhanced monitoring arrangements Has document: No Helen Luton 08/09/2025 15:40	High risk areas may be subject to regulatory improvement notices when inspected. No definitive timeframe for TRAMS which would resolve some of the pharmacy equipment risks. Biochemistry staff only have a basic mechanical overview of air tube to manage breakdowns, not covered by CEF. Has document: No Helen Luton 08/09/2025 15:43	Y	Limited proactive plan for replacement of high cost equipment in UHB Status: Current Helen Luton 08/09/2025 15:46
Haematology (lab medicine)/2026-2702	Loss of Patient Stem Cells due to failing liquid nitrogen freezer and no capacity to remove the cells to enable repair	16/02/2026	There is a risk that patient stem cells for transplantation will suffer a temperature excursion and be unsuitable for treatment.	This is caused by malfunction of the filling mechanism that allows the liquid nitrogen in the freezer to be replenished.	Which w/could lead to an impact/effect on the treatment options for patients with haematological malignancy, particularly autologous transplantation for multiple myeloma and donor lymphocyte infusion for early relapse and graft failure in patients that have received an allogeneic transplant	Speciality	Clinical Diagnostics & Therapeutics	Laboratory Medicine	Haematology (lab medicine)	25	20	5	Treat	Schedule twice weekly manually initiated liquid nitrogen fills. Has document: Yes Sarah Phillips 16/02/2026 12:03	Temperature data is reviewed as described in the document uploaded. Dial-out notification is active as evidenced by phone records Has document: No Sarah Phillips 16/02/2026 12:04	No feasible action for decanting the contents as there is insufficient capacity in the other freezers. Action requires estates work to commence and be completed. Has document: No Sarah Phillips 16/02/2026 12:07	Y	Estates assessment of the feasibility (floor loading weight) of additional freezers Status: Current Sarah Phillips 16/02/2026 12:10
SMPU/2025-2602	Risk related to air pressure cascade within aseptic suite of rooms in SMPU in relation to production of Hemgenix	16/10/2025	There is a risk that the air pressure cascade within this suite of rooms could create a background environment within the M22 room that was at higher risk of contamination due to personnel entry without a fully compliant positive cascade of air out through the change rooms to the corridor	This is caused by the clean room and support rooms are non-compliant with Quality Assurance of Aseptic preparation Standards (QAAPS) in that the correct pressure cascades between the M22 room and change room are not fully met. Furthermore, the M22 and M30 rooms do not meet the ideal total air change requirements	Which could result in higher risk of contamination of the product	Speciality	Clinical Diagnostics & Therapeutics	Pharmacy and Medicine Management	St Mary's Pharmaceutical Unit (SMPU)	20	20	4	Treat	1.Continuous facility monitoring (Pharmagraph) of room pressures. Pharmagraph alarms configured to alert incorrect pressure differentials. 2.Cleaning completed per schedule. 3.Appropriate clothing grade work within the unit. Dedicated change room for Hemgenix activity 4.Room settle plates twice weekly and in-operation sessional plate monitoring 5.Qube Isolator performing correctly (weekly checks until in use) and if any out of specifications or alarms noted, cabinets are placed out of use immediately until issue resolved. 6.Validation of transfer sanitisation of materials process verified for Hemgenix preparation 7.Monthly viable monitoring to ensure graded rooms are within specification. 8.Three monthly non-viable monitoring to ensure all graded rooms are within specification 9.Environmental trending completed monthly and reported to Monthly Quality Meeting. 10.Six monthly servicing and calibration of Qube isolator 11.Validated VHP gassing cycle of empty chamber for decontamination purposes. Exploring options to use bank. Using OGEF model to support urgent primary care work. Working with national team. Band 5 vacancy approved for recruitment will prioritise urgent care and treatment of patients. Has document: No Helen Jenkins 20/11/2025 14:51 Business case produced including SWMS development of GLP1 pathway. Remains unfunded Has document: No Helen Jenkins 14/10/2025 14:56 SBAR presented to clinical board Has document: No Helen Jenkins 14/10/2025 14:56 SEA controls flow of patients through service. Has document: No Helen Jenkins 14/10/2025 14:57 Patients offered L2 WM service to encourage lifestyle change prior to entry to L3 service (increases demand at L2) Has document: No Helen Jenkins 14/10/2025 14:57 Information supporting self management for WM added to KMW website and primary care health pathways. Has document: No Helen Jenkins 14/10/2025 14:57 Consultants and CNS have re-organsied clinical time to allow for monitoring of current levels of active patients. This impacts other clinical time	1.Current viable monitoring (monthly/weekly/sessional) of the rooms provide assurances the clean rooms are achieving the required room specifications and no trends identified upon review. 2.Review of the pressure differentials seen between rooms have no adverse trend 3.TAC monitoring shows no adverse trend in M22 room. Has document: No Helen Luton 16/10/2025 09:37	1.Estates – SMPU Technical agreement not in place / No formal AHU service and maintenance programme 2.Six monthly servicing and planned preventative maintenance for facility. 3.AHU last serviced 12 months (October 2024) 4.Stores roof leak not resolved 5.Pharmagraph system (facility monitoring) requires update as version out of support from August 2026 Has document: No Helen Luton 16/10/2025 09:37	Y	1.Unit remains at high risk following WHC audit (August 2025) – Stores roof / SMPU Phase 2 delays Status: Current Helen Luton 16/10/2025 09:40
Physiotherapy/2025-2602	Reduced clinical capacity in Lymphoedema service	06/11/2025	There is a risk that there is reduced clinical capacity within the Lymphoedema service.	This is caused by low staffing levels due to vacancies, sickness and maternity leaves.	Which w/could lead to an impact/effect on long waits for FU appts. Currently 16 week wait for treatments. Only managing urgent care. Breaching all national targets. Resulting in delays of patients getting treatment for their chronic health condition.	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Physiotherapy	20	20	8	Treat	Exploring options to use bank. Using OGEF model to support urgent primary care work. Working with national team. Band 5 vacancy approved for recruitment will prioritise urgent care and treatment of patients. Has document: No Helen Jenkins 20/11/2025 14:51	Monitoring of targets, WL position and FU through performance Has document: No Helen Jenkins 20/11/2025 14:51	Extra capacity not enough to manage the growing waiting list Has document: No Helen Jenkins 20/11/2025 14:52	Y	
N&D/2024-2504	Failure to fully comply with NICE guidance for introduction of weight loss injectable medication in Specialist Weight Management Service	21/03/2024	There is a risk that the UHB will fail to fully comply with NICE technical appraisal for introduction of weight loss injectable drugs through specialist weight management services. Semaglutide (Wegovy) and Tirzepatide (Mounjaro) are injectable GLP1/GIP drugs for use in specialist weight management services (SWMS), for those patients with BMI 35kgm2 with one or more weight related co-morbidity. NICE TA states that the drug must be prescribed, monitored and delivered as part of a lifestyle intervention and behaviour change programme.	Since the launch of these drugs referrals are significantly exceeding service capacity. No investment in services came with this launch. SWMS is funded to support 200 people per year. Currently there are over 450 people in service with over 1400 people awaiting assessment, current wait for SWMS is around 10 years.	Which has lead to an impact/effect on current capacity across the service. Priority referral from services across the HB are unable to be expedited due to the limited capacity within SWMS. SWMS waiting times are currently around 10 years, exceeding the 26 – week Consultant waiting time target. Level 2 service waiting times are approximately 42 weeks exceeding the 14 – week therapy waiting time target. These delays represent a significant clinical risk, including deterioration of long-term conditions, unsafe access to medications, and failure to meet NICE guidance and equitable care standards. This has also resulted in a significant amount of concerns and negative press, affecting staff welfare and morale. The causes of obesity are complex and multifactorial, influenced by environmental, behavioural, and social factors. Adverse Childhood Experiences (ACEs) significantly contribute to health inequalities. Local data from the Level 3 Specialist Weight Management Service (SWMS) indicates: 55% of patients report ≥4 ACEs, which is 4x higher than the general population. 27% report childhood sexual abuse. This highlights the high clinical complexity	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Nutrition & Dietetics	20	20	9	Treat	Patients offered L2 WM service to encourage lifestyle change prior to entry to L3 service (increases demand at L2) Has document: No Helen Jenkins 14/10/2025 14:57 Information supporting self management for WM added to KMW website and primary care health pathways. Has document: No Helen Jenkins 14/10/2025 14:57 Consultants and CNS have re-organsied clinical time to allow for monitoring of current levels of active patients. This impacts other clinical time	The Consultants and CNS are shifting clinical priorities in order that injectable medications are available to patients reaching the Service Entry Assessment appointment. This impacts other parts of the service e.g. the Bariatric Post Op waiting list has grown to 8 years. Has document: No Helen Jenkins 14/10/2025 14:57	Increased referrals to L2 and SWMS weight management services due to launch of injectable weight loss medications putting additional pressures on existing services, waiting times rapidly increasing. Has document: No Helen Jenkins 14/10/2025 14:58 The SEA is essential in formulating service delivery for every patient entering the SWMS service, removing this is not an option. Has document: No Helen Jenkins 14/10/2025 14:58 Partial compliance to NICE TA due to increased demands within service (E.g. Psychology). Has document: No Helen Jenkins 14/10/2025 14:58 Patients buying the drug privately are attending NHS services when they are financially spent, expecting prescription immediately. Has document: No Helen Jenkins 14/10/2025 14:59 Referrals from other HB services are adding to unrealistic expectations for patients and other service Consultants. Expecting access to weight loss injectable quickly due to these service	Y	

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Speech & Language/2026-27/01	Compromised SLT provision to patients with swallowing/communication difficulties admitted to UHW/UHL/Community Hospital inpatient beds	09/03/2026	<p>There is a risk that here is a risk that patients on medical wards (including front door/assessment wards, general medicine, specialist medicine, respiratory) and surgical wards (including gastro) presenting with swallowing and/or communication difficulties receive sub-optimal intervention, resulting in poor health outcomes, poor patient experience, increased length of stay.</p> <p>This is due to inadequate staffing within the core SLT service for these pathways. This has been a longstanding issue, exacerbated by increasing demand across multiple areas (eg front door services, frailty, surgical and gastro), increased complexity (eg in supporting medical decision-making around alternative feeding, an expectation that SLT will support UHB to implement 'safer eating and drinking' practices on the wards, MCA assessments) and expectations that core provision will expand to provide rapid and comprehensive provision to unfunded areas (eg A&E, admission wards, Lakeside wing, beds in community hospitals).</p> <p>The acute service currently operates at a funded establishment of 5.6 WTE across the 2 acute sites and community hospitals.</p>	<p>There is a risk that patients on medical wards (including front door/assessment wards, general medicine, specialist medicine, respiratory) and surgical wards (including gastro) presenting with swallowing and/or communication difficulties receive sub-optimal intervention, resulting in poor health outcomes, poor patient experience, increased length of stay.</p> <p>This is due to inadequate staffing within the core SLT service for these pathways. This has been a longstanding issue, exacerbated by increasing demand across multiple areas (eg front door services, frailty, surgical and gastro), increased complexity (eg in supporting medical decision-making around alternative feeding, an expectation that SLT will support UHB to implement 'safer eating and drinking' practices on the wards, MCA assessments) and expectations that core provision will expand to provide rapid and comprehensive provision to unfunded areas (eg A&E, admission wards, Lakeside wing, beds in community hospitals).</p> <p>The acute service currently operates at a funded establishment of 5.6 WTE across the 2 acute sites and community hospitals.</p>	<p>Which w/could lead to an impact/effect on The inadequate SLT capacity results in •Poor health outcomes for patients with dysphagia due to delays in assessment/treatment. Potential impact on outcomes includes prolonged periods NBM leading to delayed decision making re swallowing and nutrition management, prolonged period on modified diet/fluids, deconditioning, malnutrition, choking. Some patients may receive alternative feeding where this was not necessary, while others may continue to feed orally where there is high risk of aspiration pneumonia and possible mortality in extreme cases. •Increased length of stay where patients are not appropriately supported to commence drinking/eating. •Absence of SLT in MDT discussions and board rounds leading to challenges in informing and influencing decision-making in a timely manner, or at all. •Unsafe discharges/readmissions when dysphagia and/or communication management is not adequately addressed. Lack of SLT capacity to work as core member of MDT exacerbates this. •Patients with communication difficulties not appropriately identified or supported to</p>	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Speech & Language	20	20	6	Treat	<p>Clinical triage to ensure patients with urgent need/high clinical risk are prioritised.</p> <p>Regular review (weekly) and flex around staff timetables/cross-cover to optimise patient safety</p> <p>Skill-mixing where safe and appropriate to increase capacity and meet increasing demand</p> <p>Additional hours offered with relevant authorisation</p> <p>Training to MDT depending on capacity/ Supported by Band 5 staff to allow focus on direct clinical care Has document: No Helen Jenkins 26/05/2026 09:59</p>	<p>Triage ensures patients with urgent clinical needs are identified</p> <p>Frequent review of staffing across sites ensures patients with highest need are identified</p> <p>Service has appointed to 'development' roles (ie B5s developing into B6 roles) to resolve vacancies in posts that have been difficult to fill Has document: No Helen Jenkins 26/05/2026 10:00</p> <p>Vacancy for AOS has additional 0.3 sessions for Medicine out on TRAC Has document: No Helen Jenkins 26/05/2026 10:00</p>	<p>Response times across inpatient provision are not within target response times. Episodes of care not completed in timely way, so more patients need to be referred on to community.</p> <p>Junior workforce will take time to upskill and can need significant support from senior SLTs who are already stretched by service demand Has document: No Helen Jenkins 26/05/2026 10:01</p>	Y	
Med Safety/2025-2604	Variation in heparin infusion protocols	29/09/2025	There is a risk that variation in heparin regimens and niche protocols is leading to medication errors and risk to patients.	This is caused by different protocols being used in different areas. This lack of standardisation poses a risk in particular during transfer of care.	Which could lead to lack of staff awareness of differences in protocols and increase risk to patients for medication errors. There have been two recent significant incidents where these differences in protocols have resulted in patient harm (Datix ID 72441 and 97581)	Speciality	Corporate	Clinical Safety Group	Medicines Safety Group	20	20	5	Treat	<p>Standardised concentration used in critical care Has document: No Jenna Walker 29/09/2025 14:57</p> <p>Heparin sign introduced in Critical Care and is attached to the monitor in the bed space of each patient who is prescribed heparin Has document: No Jenna Walker 29/09/2025 14:58</p>	<p>Monitoring of Datix reports Has document: No Jenna Walker 29/09/2025 15:02</p>	<p>Different protocols remain in different clinical areas Has document: No Jenna Walker 29/09/2025 15:03</p> <p>Current measures remain insufficient to reduce risk. Has document: No Jenna Walker 29/09/2025 15:04</p>	Y	Engagement of multi-disciplinary specialities in reaching a agreement. Status: Current Jenna Walker 29/09/2025 15:10
EPRR/2025-2608	Incident Call Cascade	03/02/2025	There is a risk that an incident is not cascaded in a timely manner and to all users	<p>In order for the UHB to respond to a wide range of incidents that could affect health or patient care, the appropriate alerting and escalation processes need to be in place to inform those responsible for coordinating the applicable response.</p> <p>The existing system is a manual data entry time consuming process which places additional demands on switchboard especially out of hours.</p> <p>here is no facility to records contact / response / staff ability to attend.</p> <p>An automated "Multitone" solution has been identified - but cannot be purchased due to financial restraints.</p>	<p>The HB response to an incident is hindered by staff not being aware of risking patient and responder safety</p>	Business unit	Corporate	EPRR		9	20	4	Treat	<p>Manual call cascade lists are held in switchboard.</p> <p>Switch board will dedicat 1 or 2 operators depending on the time of day who will action the call out list and call staff in. Has document: No Simon Dring 21/04/2026 13:24</p>	<p>Regular testing of the call cascade process 4 time a year which is over and above that required by legislation. Has document: No Simon Dring 21/04/2026 13:24</p>	<p>Manual call cascade lists.</p> <p>Switch board will dedicat 1 or 2 operators depending on the time of day who will action the call out list and call staff in. Operators are unable t responded to other calls whilst cascading the call out.</p> <p>The process is time consuming which impacts on the response time. Has document: No Simon Dring 21/04/2026 13:25</p>	Y	Lack of financial investment in an automated call cascade system Status: Current Simon Dring 21/04/2026 13:26
Gastroenterology/2023-2404	Delay in histopathology reporting and diagnosis	08/02/2023	There is a risk that due to the delay in histopathology reporting and diagnosis there is a potential loss or compromise in treatment options for Cancers	This is caused by Operational pressures in cellular pathology resulting in backlogs and delays in reporting	Which w/could lead to an impact/effect on Patient safety due to long waits and delay in diagnosis, poor patient experience and an increase in patient concerns	Speciality	Medicine	Specialised Medicine	Gastroenterology	20	20	10	Treat	<p>*Actions in cellular pathology to mitigate delays in turnaround time, including changes to flow, extended days and outsourcing</p> <p>System in place to identify USC specimen for prioritisation Has document: No Catherine Morris 23/10/2025 13:32</p>	<p>"Straight to test Radiology/CT process in place within Gastroenterology for staging when likely cancers identified through Endoscopy Process in place to escalate urgent cases for MDT" Has document: No Catherine Morris 23/10/2025 13:32</p>	<p>Constraints within cellular pathology but cross cut to Gastroenterology Has document: No Catherine Morris 23/10/2025 13:32</p> <p>Sustainability of service with growth in service and activity when additional activity undertaken Has document: No Catherine Morris 23/10/2025 13:33</p>	Y	
Medicine/2024-2501	Endoscopy - EMR/ESD/EUS/ERCP	09/08/2024	There is a risk that some complex procedures (i.e. Endoscopic mucosal resection (EMR), submucosal dissection (ESD) of colorectal and upper GI tract lesions, upper and lower GI Endoscopic ultrasound (EUS), Endoscopic Retrograde Cholangiopancreatography (ERCP)) may be delayed beyond desired timeframes.	This is caused by limited capacity due to there only being a single handed operator with the skill required to undertake these specialised endoscopy procedures.	Which could lead to harm including death; if patients do not receive therapeutic procedures in a timely manner they are at risk of deteriorating further and can then require more invasive interventions or progress to non-curative status.	Division	Medicine			25	20	10	Treat	<p>Prioritisation of patients by clinicians based on clinical urgency. Has document: No Sian Rowlands 03/10/2024 11:32</p> <p>Formal arrangement in place with ABHB for EMR. Has document: No Sian Rowlands 03/10/2024 11:34</p> <p>Additional sessions offered to clinicians to increase capacity for complex endoscopy Has document: No Sian Rowlands 03/10/2024 11:34</p>	<p>MCB Board reporting, Endoscopy Delivery group oversight, Exec scrutiny of performance and Joint Commissioning Committee. Has document: No Sian Rowlands 03/10/2024 12:16</p>	<p>Arrangement in place with ABHB is only temporary. Has document: No Sian Rowlands 03/10/2024 12:18</p>	N	
Dermatology/2023-2402	Operational pressures in cellular pathology resulting in backlogs and delays in reporting	16/06/2023	There is a risk that Delay in histopathology reporting and diagnosis with potential loss or compromise in treatment options for Cancers	This is caused by Operational pressures in cellular pathology resulting in backlogs and delays in reporting	Which w/could lead to an impact/effect on Patient risk of harm due to long waits; poor patient experience; patient concerns;	Speciality	Medicine	Specialised Medicine	Dermatology	20	20	10	Treat	<p>*Actions in cellular pathology to mitigate delays in turnaround time, including changes to flow, extended days and outsourcing</p> <p>System in place to identify USC specimen for prioritisation Has document: No Catherine Morris 27/10/2025 12:13</p> <p>pathology tracker to identify USC patients and if results not reported within 28 days-secretaries chase the results Has document: No Catherine Morris 10/12/2025 10:38</p> <p>Datix reporting Has document: No Catherine Morris 10/12/2025 10:41</p>	<p>Pathology emailed by secretaries if results not back within 28 days. Further escalated to the directorate for action after 2 attempts Has document: No Catherine Morris 27/10/2025 12:13</p> <p>DMT meeting minutes Has document: No Catherine Morris 10/12/2025 10:42</p>	<p>Constraints within cellular pathology but cross cut to Dermatology Has document: No Catherine Morris 27/10/2025 12:13</p> <p>Sustainability of service with growth in service and activity when additional activity undertaken Has document: No Catherine Morris 27/10/2025 12:13</p>	Y	

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Dermatology/2026-2701	Paediatric basic life support nurse compliance	24/02/2026	There is a risk that nurses working within Dermatology may be unable to respond effectively to a paediatric cardiac or respiratory emergency	This is caused by nursing staff not being compliant with, or not holding up-to-date, Paediatric Basic Life Support (PBLs) training despite regularly reviewing paediatric patients	Which w/could lead to an impact/effect on patient safety, delayed emergency intervention, potential harm to a child, and increased likelihood of a serious incident or organisational scrutiny.	Speciality	Medicine	Specialised Medicine	Dermatology	20	20	10	Treat	<p>Ability to call 999 in an emergency Has document: No Catherine Morris 24/02/2026 14:34</p> <p>Ability to call Part team- put out cardiac arrest call using 2222 Has document: No Catherine Morris 24/02/2026 14:34</p> <p>Dermatology consultant on site Has document: No Catherine Morris 24/02/2026 14:34</p> <p>Incident reporting via Datix Has document: No Catherine Morris 24/02/2026 14:34</p>	<p>Staff aware of the requirement to call 2222 and 999 immediately in an event of a paediatric emergency and to follow UHB guidance Has document: No Catherine Morris 24/02/2026 14:35</p> <p>Improvement plan to be regularly reviewed and actions completed via Q&S meeting Has document: No Catherine Morris 24/02/2026 14:36</p>	<p>No paediatric resuscitation equipment on site Has document: No Catherine Morris 24/02/2026 14:36</p> <p>No on site paediatric doctor within dermatology Has document: No Catherine Morris 24/02/2026 14:37</p> <p>No current paediatric emergency SOP Has document: No Catherine Morris 24/02/2026 14:37</p> <p>No current BLS trained nurses Has document: No Catherine Morris 24/02/2026 14:37</p>	Y	
Rheumatology/2023-2402	Suspected Giant Cell Arteritis diagnostic imaging	04/07/2023	There is a risk that , patients with suspected Giant cell Arteritis (GCA) are not receiving BSR & EULAR recommended diagnostic imaging for GCA. It is known that 15% or more of patients with GCA are reported to have a negative tissue result, therefore ultrasound should be the first line investigation for GCA. Loss or compromise of treatment	This is caused by workforce constraints in Radiology	Which w/could lead to an impact/effect on patient concerns due to delays in care delivery; patient harm due to delays in delivering care	Speciality	Medicine	Specialised Medicine	Rheumatology	12	20	4	Treat	<p>Other modes of testing utilised i.e. bloods and steroid treatment Has document: No Catherine Morris 27/10/2025 14:40</p> <p>Datix reporting Has document: No Catherine Morris 17/12/2025 11:03</p>	<p>Rheumatology have secured recommended transducer for service to undertake appropriate scans Has document: No Catherine Morris 27/10/2025 14:40</p> <p>reporting at Q&S meetings Has document: No Catherine Morris 17/12/2025 11:04</p>	<p>Radiology requiring financial recompense for procedures Has document: No Catherine Morris 27/10/2025 14:40</p> <p>No timeline for resolution Has document: No Catherine Morris 27/10/2025 14:41</p>	Y	
Cystic Fibrosis/2025-2608	Pharmacy Workforce Gap Affecting CFTR Modulator Therapy Delivery	06/08/2025	There is a risk that Eligible cystic fibrosis (CF) patients will experience delayed or no access to the new modulator therapy, Alyftrek.	This is caused by Failure to progress the backfill for the CF Pharmacist (0.5 WTE Band 7) through TRAC/Pharmacy Scrutiny Panel, resulting in insufficient pharmacy capacity to manage CFTR modulator therapy monitoring and homecare prescription requests.	Which w/could lead to an impact/effect on Significant delays in initiating Alyftrek treatment for eligible patients, potential clinical harm, and reputational damage as both the Joint Clinical Commissioning (JCC) and CF Trust monitor prescribing and adherence through the National CF Registry.	Speciality	Medicine	Specialised Medicine	Cystic Fibrosis	20	20	4	Treat	<p>Regular Monitoring of CFTR Modulator Therapy Patients</p> <p>Existing CF team ensures ongoing monitoring of patients already on therapy to minimize clinical risk. Has document: No Catherine Morris 03/12/2025 14:03</p> <p>Escalation via Datix and Governance Meetings</p> <p>Risk flagged and reviewed at Quality & Safety and Directorate meetings for oversight. Has document: No Catherine Morris 03/12/2025 14:04</p> <p>Prioritisation of High-Risk Patients</p> <p>Eligible patients for Alyftrek prioritised based on clinical severity to mitigate harm. Has document: No Catherine Morris 03/12/2025 14:04</p>	<p>Risk reviewed at Quality & Safety meetings and Directorate Board, with documented minutes. Has document: No Catherine Morris 03/12/2025 14:04</p> <p>Datix Escalation</p> <p>Risk logged and monitored through Datix, ensuring visibility and escalation if patient safety concerns arise. Has document: No Catherine Morris 03/12/2025 14:05</p> <p>CF Team Monitoring</p> <p>Clinical team continues regular monitoring of CFTR modulator therapy patients, evidenced by patient records and audit trails. Has document: No Catherine Morris 03/12/2025 14:05</p> <p>Return-to-Work Confirmation- expected return date for pharmacist post, documented in workforce planning reports. Has document: No Catherine Morris 03/12/2025 14:05</p>	<p>Patient demand could increase, and workforce may not meet current demands Has document: No Catherine Morris 03/12/2025 14:06</p> <p>Unable to backfill post due to current financial scrutiny Has document: No Catherine Morris 03/12/2025 14:08</p>	Y	
Integrated Medicine/2024-2502	Specialities within integrated Medicine: Breaching 52 weeks in outpatient waiting list from Sep/Oct 2024	21/08/2024	There is a risk that we will see delayed diagnosis and treatments	This is caused by capacity constraints with single handed operators in and increased demand for service in specific areas within IM: Endocrine: nurse led clinic Respiratory: COPD Service Respiratory: ILD Service	Which w/could lead to an increase in patient harm due to long waits, poor patient experience, increased patient concerns, staff burnout, reputational risk, potential to lose trainee posts further impacting on workforce, potential to lose commissioned services.	Business unit	Medicine	Integrated Medicine		20	20	6	Tolerate	<p>Endocrine: Clinic is run by one member of staff on alternative weeks. Due to level of detail given to patient there are only 4 news seen per clinic. Were increasing clinic capacity to 3 per month but due to nursing vacancy within team, this has stopped. Consultants unable to support due to 2x vacancies within team. Respiratory: COPD Service: Clinic is run by one consultant Increase in demand post COVID and due to being delivered by one member of staff, unable to increase further.</p> <p>Sought to obtain dedicated SpR/CRF but not possible due to staffing levels. Respiratory ILD Service: Ongoing increase in demand Capacity issues earlier in the year due to consultant absence Clinical decision made to see urgent patients only due to length of waiting time. Overall capacity issues with follow up due to increases in patient numbers and change in treatment options Has document: No Lyndsey Macdonald 03/11/2025 14:50</p>	<p>no assurance described Has document: No Lyndsey Macdonald 03/11/2025 14:51</p>	<p>No identified resources to increase capacity at this time. Has document: No Lyndsey Macdonald 03/11/2025 14:51</p> <p>Action April 2025: robust action required to address the clinical risk associated with long waits/delayed treatment and FU across several services across IM. Urgent action required. Will update May 2025 Has document: No Lyndsey Macdonald 03/11/2025 14:53</p>	N	

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Welsh Gender Service/2021-2202	Increased waiting times for Local Gender Teams	23/04/2021	There is a risk to patient safety unable to access hormone treatment. LGT waiting list growing; increased waiting time for patients to initiate hormone treatment.	This is caused by Local Gender Teams (LGT) role is to prescribe, initiate and monitor hormone therapy in line with specialised guidance until the patient is optimised. Models UHB initiative to treat patients closer to home, support with appropriate prescribing, initiating and monitoring of hormone therapy or SALT and admin support accessed locally in each of 7 Health Boards. Optimised patients, after 1 year with a LGT that require ongoing hormone therapy after such treatment has been initiated, can be discharged to the Directed Enhanced Service (DES) for maintenance treatment in primary care. At present local HBs are not taking responsibility for this service provision.	Which w/could lead to an impact/effect on Patient complaints; service business interruption as WGS has picked up additional workload from other HBs unable to cope, lacking capacity and resource.	Speciality	Medicine	Specialised Medicine	Welsh Gender Service	20	20	8	Treat	LGTs in each local HB to resume agreed activity. Has document: No Catherine Morris 28/10/2025 08:31	"Validation of waiting lists in each HB being undertaken to discharge suitable patients to DES. WHSSC coordinating an audience with Judith Paget to gain exec level support. Meeting with Judith Paget and Local Health Boards took place on 10th June 2021. During this meeting actions were agreed to review LGT service spec, analysis of LGT DEM/CAP with each health board. A managed clinical network will also be established in order to support LGTs. Additional resource and communication was requested in order to support LGT demand and capacity constraints. Follow up meeting to be arranged with Judith Paget in August + a separate meeting with LGT leads & team to establish areas of challenge and solutions going forward. " Has document: No Catherine Morris 28/10/2025 08:31	Limited capacity and resource available to meet demand. Has document: No Catherine Morris 28/10/2025 08:31 Defined funding stream to support increase in resource. 08/02/2023 Progress has stalled on creation of a Managed Clinical Network; there has not been any additional resource made available to Health Boards. Waiting lists for access to the LGT vary between 6 weeks and 15 months. Feb 24 - Has document: No Catherine Morris 28/10/2025 08:31	Y	
Gastroenterology/2020-2105	General Anaesthetic/deep sedation procedures	08/12/2020	There is a risk that there would be a delay in treating patients with suspected cancer, pre-malignant changes or confirmed malignancy (e.g. Barrett's)	This is caused by Some patients require procedures performed under General Anaesthetic (GA) or Propofol deep sedation either due to the nature of the procedure (e.g. complex endoscopy) or tolerance. Pre-COVID the directorate had to 0.5 funded sessions per week of GA/Propofol lists. COVID resulted in redeployment of anaesthetic staff to ITU and suspension of Propofol lists due to IP&C restrictions. As a result of this there is a current backlog of patients as well as limited availability due to surgical/anaesthetic service recovery	Which w/could lead to an impact/effect on Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards	Speciality	Medicine	Specialised Medicine	Gastroenterology	20	20	12	Treat	Waiting list validated to confirm need for procedure on Propofol/GA Dedicated GA/Propofol endoscopy coordinator optimises available capacity (Jenna) Has document: No Catherine Morris 23/10/2025 09:38 Weekly meetings held to request additional capacity Has document: No Catherine Morris 04/12/2025 09:38	Patients informed of anticipated delays at the time of listing, routinely completed by the consulting clinician. Production of Endoscopy Dashboard. Has document: No Catherine Morris 23/10/2025 09:38	"Continuous need for Waiting list validation in the context of reduced clinical capacity. Unassured GA / Theatre capacity - creating ad hoc capacity resulting in patients having delayed procedures. Limited bed capacity to admit patients to due to current UHW footprint and pressures. " Has document: No Catherine Morris 23/10/2025 09:40 Lack of evidence that patients are provided with advice of waiting times and safety netting advice. GA waiting times not highlighted specifically on reporting dashboards. Has document: No Catherine Morris 23/10/2025 09:41 16.07.2024 Continued issues with unassured GA activity; causing delays in treatment and harm to patients. GM liaising with SCB regarding assured GA capacity - update sought. " Has document: No Catherine Morris 23/10/2025 09:41	Y	workforce, finance, capacity Status: Current Catherine Morris 23/10/2025 09:42
Specialised Medicine/2025-2602	HPN (Home Parenteral Nutrition) Service	22/10/2025	There is a risk that Intestinal failure/HPN (Home Parenteral Nutrition) is a WHSSC funded south/mid Wales service for patients unable to maintain their nutrition through alternative routes. There is a single Consultant providing clinical leadership but with no succession plan. Due to advances in surgical techniques and critical care there are increased numbers of patients requiring HPN which is commonly needed longer term (increase in patients numbers from 80 in 2015 to 130 in 2019). The funding model has been based upon an inpatient bed day model which does not capture all service components. The service has no current capacity with delays in inpatient transfer and outpatient assessment. There was widespread patient concern & media reporting when there was previous impact on the HPN nutrition chain. An SBAR and case has been submitted to WHSSC	This is caused by delays in offering nutrition to patients in whom there is no alternative with complications including death & increased length of hospitalisation for shorter term bridging treatments. There is also currently a single consultant with an HPN interest creating significant service vulnerability and gaps in patient care during any times of leave. This is against national nutritional society recommendations	Which w/could lead to an impact/effect on potential harm including death; multiple concerns and media coverage; not meeting national guidelines	Business unit	Medicine	Specialised Medicine		20	20	20	Tolerate	Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated Previous business case and SBAR to WHSSC for additional service support including consultant post Has document: No Lyndsey Macdonald 22/10/2025 14:43	WHSSC case submitted for additional funding for workforce in addition to SBAR. UHB in discussions with WHSSC regarding business case (UHB agreed to cover some sessions at risk) Has document: No Lyndsey Macdonald 22/10/2025 14:44	Only single consultant with clinical experience required to manage complex tertiary (SW) patient group - no cross cover available during periods of prolonged leave (patients would require referral to English tertiary nutrition centre) Has document: No Lyndsey Macdonald 22/10/2025 14:45	N	Dependant upon agreement of funding by WHSSC/UHB and availability of suitability experienced workforce to fill new posts Status: Current Lyndsey Macdonald 22/10/2025 14:48
IM/2024-2502	Specialties within Integrated Medicine will be breaching 52 weeks	21/08/2024	There is a risk that Specialties within Integrated Medicine will be breaching 52 weeks in their outpatient waiting list cycle from September/October 2024.	This is caused by Lack of resources to increase capacity any further	Which w/could lead to an impact/effect on waiting time	Speciality	Medicine	Integrated Medicine	Internal Medicine	20	20	4	Tolerate	Weekly performance monitoring within the team. Funding from WG to support the reduction of long waits Has document: No Suzanne Braithwaite 12/05/2026 14:08			N	

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Mental health/2026-2701	Neurodevelopment Service Funding	09/03/2026	There is a risk that the non recurrent Welsh Government funding for ND services is not continued beyond 2027 the current end date.	Demand for ND assessment and support is ongoing and increasing, but funding is not embedded in core budgets. Short-term funding limits long-term workforce planning and service development. There is uncertainty about future national funding priorities beyond 2027.	Loss of posts and reduced clinical capacity - would need to consider redeployment or continuing substantive posts without funding. Increased difficulty recruiting and retaining skilled staff due to job insecurity. Growth in waiting lists and deterioration in access and timeliness. Reduced continuity of care and poorer patient and family experience. Increased pressure on staff, contributing to stress, burnout and sickness absence. Heightened risk of failing to meet national standards, guidance and performance expectations. Increased financial inefficiency due to repeated start-stop investment and inability to plan sustainably. Reputational risk to the Health Board and escalation of unmet need into crisis and higher-cost services. Quality and safety risks for adults waiting for ND services. Widening health inequalities. Poor value for money and increased downstream cost pressures.	Division	Mental health			20	20	10	Treat	Welsh Government ND funding allocation currently in place until 2027, providing short-term service stability. Formal governance and oversight of ND services through RPB, Directorate, Clinical Board and Corporate risk and performance structures. Regular reporting of ND activity, waiting times and workforce data, enabling early identification of pressure points and escalation. Established engagement with Welsh Government and RPB, providing a route for dialogue on funding and service expectations. Approved service models and delivery plans aligned to national ND priorities and guidance. Active risk register entry ensuring visibility, review and executive awareness of the funding risk. Integrated working across ND pathways to maximise use of available resource and reduce duplication. Use of non-recurrent funding controls to maintain service delivery within agreed allocations and governance requirements. Has document: No Teresa Delaney 09/03/2026 13:20	Early engagement with Welsh Government to secure continuation or mainstreaming of ND funding beyond 2027. Development of a robust, evidence-based case demonstrating demand, outcomes, quality, safety and value for money. Alignment of ND services with national priorities, standards and statutory expectations. Ongoing escalation through Directorate, Clinical Board and Corporate governance structures to maintain visibility and assurance. Forward workforce and financial planning to avoid a funding cliff edge. These actions are intended to significantly reduce the probability of the risk materialising, while recognising that the severity of impact cannot be mitigated if funding were withdrawn. Has document: No Teresa Delaney 09/03/2026 13:15	There is no confirmed recurrent funding commitment beyond 2027, leaving the service exposed to a funding cliff edge. Current controls rely on short-term national funding decisions that are outside the direct control of the Health Board. There is no agreed exit or transition plan should funding not be continued. Workforce planning remains constrained by funding uncertainty. Existing governance arrangements do not guarantee timely national decision-making, increasing the risk of late confirmation and reactive service changes. Financial mitigations within core budgets are not sufficient to absorb the loss of ND funding without significant service reduction. Controls largely mitigate visibility and escalation, but do not directly mitigate the structural dependency on non-recurrent funding. Has document: No Teresa Delaney 09/03/2026 13:16	Y	Funding decisions sit outside the Health Board's control, limiting the ability to guarantee continuation beyond 2027. The funding is explicitly non-recurrent, creating structural uncertainty that cannot be resolved locally. National decision-making timescales may not align with workforce planning requirements, increasing the risk of late confirmation. Rising demand for ND services across Wales creates competition for limited national resources, including across the age range. Financial pressures within the NHS limit the scope to mainstream funding locally without displacing other services. Workforce recruitment and retention are constrained by inability to offer long-term security, reducing stability. Evidence requirements for national funding decisions are high and resource-intensive to maintain, particularly around outcomes and value for money. There is no mandated national requirement for recurrent ND funding, reducing leverage despite service criticality.
Adult Mental Health/2023-2404	MH-AMH-53 - Out of Area Bed Requirement	01/06/2023	Due to sustained pressure on local adult mental health inpatient capacity and Community Mental Health Teams within Cardiff and Vale University Health Board, patients are placed in Out of Area Beds (OABs) when clinical need and risk is present requiring assessment and treatment within the inpatient environment both informally and under the legal framework of the mental health act.	Patient Flow/Increased Acuity at point of admission/Increased demand: Due to the reduced ability to discharge patients from Mental Health Services into appropriate placements, step down to locality wards from PICU or find beds when patients are requiring admission or detention there is a risk of patient and public harm, delayed discharge and admission or patients held for extensive periods in the Emergency Assessment Suite. Patient acuity remains high with individuals being admitted when more acutely unwell meaning their LOS is negatively impacted and the degree of recovery is reduced. Patient complexity impacting on Local Authorities ability to appropriately house in specific clinical cases.	These placements may be outside the Health Board footprint and at significant distance from a patient's home area. The use of OABs increases the risk of harm to patients through reduced continuity of care, delays in clinical review and discharge planning, safeguarding challenges, reduced family involvement, increased workforce pressure, and significant financial cost. There is also risk to patient and staff experience and to organisational reputation. OAB bed usage impacts on Length of Stay. There is a requirement for governance oversight and assurance. Delayed clinical review and discharge planning.	Business unit	Mental health	Adult Mental Health		25	20	4	Treat	Escalation card actions developed. Daily bed management meetings. Once weekly CB bed management meetings. Patient flow teams in place. OOA beds being sought but at high cost to MHCBC On CCAPS framework bed use where possible Discharge planning initiated at point of admission OOA boardround HYC inpatient ward round and boardround Weekly DTOC meetings In-situ housing officers for Cardiff LA and Vale LA. Has document: No Rachel Ackerman 27/02/2026 08:48	All relevant managers notified Liaison between stakeholders Escalation routes in place Clinical governance processes maintained Has document: No Gwilym Griffiths 09/03/2026 16:12	Inconsistent quality and timeliness of clinical information from private providers Has document: No Gwilym Griffiths 09/03/2026 16:13	Y	
Ash Day Unit/2025-2602	Risk to provision of effective Neuropsychiatry care due to insufficient therapy and support staff	10/09/2025	There is a risk that current therapy staffing levels are insufficient to meet the demands of the neuropsychiatry service. This threatens the delivery of safe, effective, and equitable care across Wales and undermines national strategic goals for integrated, community-focused healthcare.	This is caused by a sustained rise in patient complexity over the past 5-7 years, driven by increased clinical severity, mental health comorbidities, social challenges, and carer demand. Contributing factors include the Major Trauma Centre and Network, which have led to more brain injury survivors with chronic neuropsychiatric issues, and delayed rehabilitation access during COVID-19, resulting in later-life complexity. These cases often require bespoke 1:1 interventions from clinicians with advanced expertise, sometimes involving 2-3 specialists per session before group rehabilitation is possible. Despite clear evidence of rising complexity and demand, there has been no sustained investment, widening the gap between patient need and service capacity.	Delayed recovery and prolonged hospital stays, leading to patient deconditioning and increased healthcare costs Reduced access to appropriate interventions, resulting in inequitable care and unmet clinical need Increased pressure on staffing, including nursing, contributing to reduced morale, burnout and retention challenges which could result in increased sickness rate and/or increased risk of clinical error Diminished carer and family wellbeing, leading to mistrust in services, increase in formal complaints and reputational damage Limited capacity to advance or evolve the therapy service, due to inadequate supervision and staffing infrastructure, resulting in a risk of erosion of tertiary-level specialist skills. Failure to meet national service standards and strategic objectives, including those set out in BSRM - ICC: A Healthier Wales 2018	Speciality	Mental health	MHSOP	Ash Day Unit	20	20	4	Treat	Well written care and treatment plans identifying patient needs Has document: No Daisy Barrett 08/12/2025 11:37 Monthly monitoring of therapy activity Has document: No Daisy Barrett 02/01/2026 12:02 WARRN risk assessments Has document: No Daisy Barrett 02/01/2026 12:02 Introduction of AHP Lead to support service development and interdisciplinary working Has document: No Daisy Barrett 02/01/2026 12:02 Introduction of multiprotection rehab assistants (MPRAs) to support service delivery Has document: No Daisy Barrett 02/01/2026 12:03	Monthly therapy activity and monitoring Has document: No Daisy Barrett 02/01/2026 12:03 MDT triage and prioritisation Has document: No Daisy Barrett 02/01/2026 12:04 AHP lead driving service process improvements to enhance interdisciplinary working and increase patient contact time Has document: No Daisy Barrett 02/01/2026 12:04 AHP lead supporting development and optimisation of MPRA roles to expand service capacity Has document: No Daisy Barrett 02/01/2026 12:05	Vacancy freeze impacting vacant MPRA posts Has document: No Daisy Barrett 02/01/2026 12:05 Therapy activity data does not fully capture unmet need Has document: No Daisy Barrett 02/01/2026 12:06 No outcome measures in day unit/community service limits visibility of therapy impact and service gaps Has document: No Daisy Barrett 02/01/2026 12:06 Therapy staffing levels insufficient to deliver full interdisciplinary care and treatment plans and complete WARRB risk assessments, resulting in ongoing unmet clinical need Has document: No Daisy Barrett 02/01/2026 12:08 Service continues to fall short of British Society of Rehabilitation Medicine (BSRM) standards Has document: No Daisy Barrett 02/01/2026 12:08 Lack of sustainable community-based intervention pathways	Y	

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
St Barrucs Ward, Barry/2025-2602	St Barruc Ward isolation	19/09/2025	There are risks that patients on St Barruc ward will receive inequitable care and support due to the location of the ward, and of potential harm to patients as a result of the ward not being on a general hospital site.	St Barruc Ward, a 14-bedded Young Onset Dementia unit at Barry Hospital, is increasingly unable to meet the complex needs of its patient cohort, which includes individuals with acute mental health issues and significant physical health comorbidities. Despite improvements in nursing standards following previous incidents, the ward remains isolated with limited emergency response capabilities, no high care areas, and inadequate psychiatric support compared to other sites. Environmental and infrastructure issues—such as broken locks, faulty doors, water and other leaks, and an unsuitable fire alarm system—pose ongoing safety risks. The ward's design and staffing model are no longer fit for purpose given the rising acuity and vulnerability of patients, and there is a persistent risk of serious incidents. In the last 3 years there have been 4 patient safety incidents; 2 of which identified training needs to improve practice, and action plans have been implemented. There have been noted improvements in standards of nursing, particularly recognising unwell patients. However, following the 2 further incidents in spite of the improvements it	The lack of emergency response and ambulance response poses a significant risk to very vulnerable patients. Although discussions have been held with WAST, the site is still considered to be a hospital site and is a lower priority response than community dwellings. Ambulances have taken 5 hours+ to arrive. Staff on the ward are mental health trained nurses, and do not have the physical health skills required to support acutely unwell patients. Reputationally, patients on St Barruc ward receive an inequitable standard of care in terms of emergency response than they would if in UHL or UHW	Speciality	Mental health	MHSOP	St Barrucs Ward, Barry	20	20	6	Treat	<p>GPs attend twice a week. Has document: No Joanne Wilson 19/09/2025 16:45</p> <p>Increase Senior Nurse support to twice a week. Including physical health nurse. Has document: No Joanne Wilson 19/09/2025 16:45</p> <p>News 2 implemented to identify deteriorating patient. Has document: No Joanne Wilson 19/09/2025 16:45</p> <p>Clear procedure to access 999. Has document: No Joanne Wilson 19/09/2025 16:46</p> <p>Physical Health Training Sessions provided to staff. Has document: No Joanne Wilson 19/09/2025 16:46</p> <p>Training to be provided – bladder scanner/ECG. Has document: No Joanne Wilson 19/09/2025 16:46</p> <p>All staff to be trained in ILS.</p>	<p>SBAR raised to Clinical Board November 2022 raising concerns about location, access to support- this has been raised to executive team and plans to move St Barruc in Spring 2024 Has document: No Joanne Wilson 19/09/2025 16:48</p> <p>Lists of trained Staff trained in each physical health skill. Has document: No Joanne Wilson 19/09/2025 16:48</p> <p>999 Emergency response procedure sign off on CDOG Has document: No Joanne Wilson 19/09/2025 16:48</p> <p>Ward managers meeting 3 times a week to identify physically and psychiatrically unwell patients and put extra support in place. Has document: No Joanne Wilson 19/09/2025 16:48</p> <p>Datix reports identifying delays in care. Has document: No Joanne Wilson 19/09/2025 16:48</p> <p>Continued Senior Nurse presence twice a week</p>	<p>Training does not alleviate the inequitable service patients receive in Barry Hospital compared to UHL, where emergency response and physical health care is available more regularly Has document: No Joanne Wilson 10/11/2025 12:48</p>	Y	Space availability in UHL Status: Current Joanne Wilson 19/09/2025 16:51
Primary Care/2025-2601	New GDS Contract	16/07/2025	The proposed contract reform to General Dental Services (GDS) is expected to have significant, wide-ranging impacts, both operational and clinical, with many concerns raised by dental service providers around access, patient care, and workforce morale.	PCIC Risk Reference: PC037 Practices in areas of higher deprivation, which typically treat more high-risk patients, are unlikely to benefit from the efficiencies offered by transferring low-risk patients onto the Dental Access Portal (DAP). As a result, they will face increased pressure, potentially compromising recall intervals and reducing capacity for new patients. In contrast, practices in more affluent areas may find it easier to shift low-risk patients onto DAP, freeing up appointments and improving access.	Which w/could lead to: Further deterioration in the morale of the GDS workforce. Return of NHS dental contracts. NHS dental activity delayed / lost due to the time constraints within the procurement tender processes. Lack of interest from the dental community in any subsequent procurement tender process. Loss of NHS dental provision and activity. Potential for CDS to be overwhelmed. The role of the Community Dental Service (CDS) in the proposal raises alarms. CDS is meant to serve the most vulnerable populations, yet the plan suggests it will take on treatment for the highest-need GDS patients. This would stretch an already overloaded system and divert resources from its core mission. Any such change would require not just funding, but also a workforce solution, something not adequately addressed in the proposal (though WG have since described a plan to bring dentists from India to start this service). Even if high-need patients are stabilised in GDS before transfer, delays and lack of continuity will result in duplicated efforts and poorer outcomes	Business unit	Primary, Community & Intermediate Care	Primary Care		20	20	20	Tolerate	<p>The UHB has submitted a full response to WG regarding the new dental contract proposal outlining the potential risks relating to the proposed changes. Has document: No Rachel Armitage 03/09/2025 11:20</p> <p>The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal. Has document: No Rachel Armitage 03/09/2025 11:20</p> <p>The HB contributed to responses from other stakeholders. Has document: No Rachel Armitage 03/09/2025 11:40</p> <p>The HB continues to communicate frequently with the LDC to understand their concerns. Has document: No Rachel Armitage 08/09/2025 09:16</p> <p>When the final version of the contract is confirmed, the HB will need to consider how best to mitigate the various consequences described, not least the likely loss of NHS provision, and the potential for CDS to be overwhelmed. Has document: No Rachel Armitage 03/09/2025 11:16</p>	<p>The UHB has submitted a full response to WG regarding the new dental contract proposal outlining the potential risks relating to the proposed changes. Has document: No Rachel Armitage 03/09/2025 11:15</p> <p>The HB continues to communicate frequently with the LDC to understand their concerns. Has document: No Rachel Armitage 03/09/2025 11:15</p> <p>The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal. Has document: No Rachel Armitage 03/09/2025 11:16</p> <p>When the final version of the contract is confirmed, the HB will need to consider how best to mitigate the various consequences described, not least the likely loss of NHS provision, and the potential for CDS to be overwhelmed. Has document: No Rachel Armitage 03/09/2025 11:16</p>	<p>Providers who currently hold a GDS contract only need to give three months' notice of termination of their contract. Has document: No Rachel Armitage 03/09/2025 11:17</p> <p>Any funding returned from GDS contracts would need to receive approval for re-investment into GDS. Has document: No Rachel Armitage 03/09/2025 11:17</p> <p>Any funding returned from GDS contracts would need to receive approval for re-investment into GDS. If approved, it would need to go through a full procurement tender process. Has document: No Rachel Armitage 03/09/2025 11:18</p> <p>If interest was identified and activity secured through a procurement process, clinicians and infrastructure would be required to be in place before a contract, and its associated activity could commence. Has document: No Rachel Armitage 03/09/2025 11:18</p>	N	
Primary Comm & Intermed Care/2019-2001	PCIC Workforce	29/10/2019	Risk Reference Number: PCICB2 / PCICCB Workforce 2 (Clinical Board wide) Risk: Inability to ensure consistent and timely delivery of high quality primary and community patient care services to our population (keeping them closer to home and avoiding hospital admissions/discharges) due to insufficient staffing capacity in the right number, with the right skills available at the right time.	This is caused by particular pressures on key service areas (which can vary over time) due to increased demand and/or historic staffing levels now being insufficient. Some national skills/staff group shortages, ageing workforce increasing turnover and unstable funding streams and multi-organisational, multi-sector/agency and cross-clinical board working.	Which w/could lead to an impact/effect on being able to provide patients the service required, impact on quality and safety: increase in patient complaints and potential harm and patient experience. Impact on staff engagement and health and wellbeing: staff under huge pressures in their working environment, some difficult to recruit areas, potential sickness absence at risk of burn out and further issues with retention, and links to uncertain funding streams	Division	Primary, Community & Intermediate Care			20	20	12	Treat	<p>Weekly SMI vacancy scrutiny and dialogue with Corporate scrutiny re risks and recruitment requests Has document: Yes Rachel Armitage 19/08/2025 15:25</p> <p>Ongoing review of staffing to deploy to areas of pressure (use of choices and scheme of delegation framework where applicable) Has document: No Rachel Armitage 19/08/2025 15:25</p> <p>Robust sickness management and monthly monitoring via CB sickness panels Has document: No Rachel Armitage 19/08/2025 15:26</p> <p>PCIC OCP commenced to review service support structures Has document: No Rachel Armitage 19/08/2025 15:27</p> <p>Additional actions required as part of financial pressures to reduce headcount within Clinical Board. Plan currently being developed. Has document: No Rachel Armitage 09/09/2025 10:11</p> <p>SBAR escalation of risk in District Nursing</p>	<p>Corporate scrutiny re risks and recruitment requests Has document: No Rachel Armitage 19/08/2025 15:24</p> <p>Daily prioritisation by every DN Sister/Team Leader and concerns escalated to Senior Nurse. Has document: No Rachel Armitage 19/08/2025 15:27</p> <p>Ongoing review of staffing to deploy to areas of pressure (use of choices and scheme of delegation framework where applicable) Has document: No Rachel Armitage 19/08/2025 15:28</p> <p>Robust sickness management and monthly monitoring via CB sickness panels Has document: No Rachel Armitage 19/08/2025 15:28</p> <p>PCIC OCP commenced to review service support structures Has document: No Rachel Armitage 19/08/2025 15:28</p> <p>PCIC Workforce and OD expertise in place and deployed to support business units as required</p>	<p>Availability of bank/agency staff where need is identified Has document: No Rachel Armitage 19/08/2025 15:30</p> <p>UHB Recruitment freeze Has document: No Rachel Armitage 19/08/2025 15:30</p>	Y	

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Primary, Community & Intermediate Care/2026-27/02	Delivering Primary Healthcare services to a vulnerable population within a custodial system in HMP Cardiff	24/05/2026	There is a risk that the needs of men held in custody in HMP Cardiff exceed the primary/community healthcare provided by CAV either in terms of; 1. physical health needs 2. mental health needs	This is caused by; 1. Operating primary and community level healthcare services within a highly complex custodial setting for a critical mass of circa 700+ men. 2. The demographic of the population served is challenging, often socially excluded with vulnerabilities and are subject to ministry of justice restrictions 2. Access to secondary, specialist and acute mental health care requires onward referral/transfer out and relies on the prison to facilitate 4. This is a hard to recruit to area, impacting on multidisciplinary staff recruitment, retention and sustainability of skilled workforce	Which w/could lead to an impact/effect on the delivery of safe and effective inclusion healthcare services specifically, timeliness of review, risk escalation, acute care and clinical governance.	Division	Primary, Community & Intermediate Care			20	20	10	Treat	Prison Partnership Board IMB Annual Report Action Plan in place Multiagency early learning reviews; Health, Prison and Probation Ombudsman and HIW PCIC senior structure for Prison includes Clinical Director, Senior Nurse and with Lead Nurse and Head of Operations oversight. Has document: No Barbara Davies 24/05/2026 18:23	Workforce risk rating currently de risked due to proactive management with RR 16 Transfer of prisoners out for secondary or specialist care RR de-risked Has document: No Barbara Davies 24/05/2026 18:26	Assurance around Mental Health provision and governance Has document: No Barbara Davies 24/05/2026 18:26	Y	
DOSH/2025-2604	Loss of automated results management	13/07/2025	There is a risk that the Department of Sexual Health will lose automated results management functionality.	This is caused by the liquidation of Millcare EPR and the reliance on DHCW to prioritise and deliver a replacement system interface.	Which w/could lead to an impact/effect on timely results processing, clinical workflow efficiency, and potential delays in patient care.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	Department of Sexual Health	20	20	10	Treat	Engagement with Signum, Lillie and Intersystems Healthcare to develop an interim solution. Has document: No Victoria Whitchurch 31/03/2026 11:38 Agreement from LIMS to integrate with Signum as a long-term replacement solution. Has document: No Victoria Whitchurch 31/03/2026 11:38		Agreement secured to integrate LIMS2 with Lillie Healthcare as a long-term solution. Has document: No Victoria Whitchurch 31/03/2026 11:39 Work to link systems sits with DHCW, giving the team minimal influence over prioritisation Has document: No Victoria Whitchurch 31/03/2026 11:40 Difficulty securing attendance of key people in coordination meetings Has document: No Victoria Whitchurch 31/03/2026 11:40	Y	
DOSH/2026-2701	Loss of automated results functionality (DoSH 06-25).	24/03/2026	(Previous risk reference DoSH 06-25) There is a risk that clinical results will not be accessed in a timely manner.	This is caused by the liquidation of Millcare EPR the original laboratory which had a lab link reporting system. There is a risk that the department of sexual health will lose automated results functionality.	Which could lead to an impact on patient diagnosis and care, without timely results reporting and the clinician searching for the results manually will impact on workload.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	Department of Sexual Health	20	20	8	Tolerate	Engagement with Signum healthcare to work towards developing a robust interim solution. Has document: No Tracey Skyrme 24/03/2026 12:16	Agreement from LIMS to integrate with Signum healthcare as a long term solution. Has document: No Tracey Skyrme 24/03/2026 12:18	Laboratory results will take longer to acquire whilst a permanent solution is found to generate automatic results. Has document: No Tracey Skyrme 24/03/2026 12:19 There is currently no long term solution. Has document: No Tracey Skyrme 24/03/2026 12:20	N	Reliance on external companies to facilitate a solution for automatic laboratory results reporting. Status: Current Tracey Skyrme 24/03/2026 12:22
Integrated Community Care Services (ICCS)/2026-2704	Local development plan cannot ensure access for all patients (NW10).	23/03/2026	(Previous risk reference NW10) There is a risk that the locality cannot ensure access to primary and community care services for all patients residing in the area.	This is caused by the Local Development plan for Cardiff proposing 40,000 new homes centred on the development of key strategic sites. The North and West Locality is disproportionately effected by the planned growth.	Which could lead to an impact on a number of pressure points for GMS and Community Service delivery, identified as North-East, North-West and Cardiff and south of Creigau. Equality of access and appropriate provision of services will not be possible.	Business unit	Primary, Community & Intermediate Care	Integrated Community Care Services (ICCS)		20	20	8	Tolerate	Monitoring of locality capacity to deliver services in line with the development plan progression, to ensure patient population can be cared for in the locality. Has document: No Tracey Skyrme 23/03/2026 11:01	LDP growth not high as expected, review 6 weekly of Risk Register. Has document: No Tracey Skyrme 23/03/2026 11:08	The development of HB estates is hindered by the lack of effective and timely procurement support. Has document: No Tracey Skyrme 23/03/2026 11:10	N	
CAV 24/7 & OOH/2026-2701	Nurse Triage Staffing Levels	11/03/2026	(Previous Risk ref CAV 24) There is a risk that nurse triage is uncovered.	This is caused by 1.75 WTE vacancy and short and long term sickness and an additional 1.64 WTE is currently being lent to the Falls Initiative which has been extended until March 2027.	Which w/could lead to an impact/effect on patient safety and the ability to meet the required standards of the service offered, UHB reputation and low morale within the team	Speciality	Primary, Community & Intermediate Care	CAV 24/7 & OOH	CAV 24/7 & OOH	20	20	15	Treat	Active rota management, mitigating gaps with CP's and Minor illness staff. Has document: No Lynesey Par-Young 11/03/2026 12:53	Daily Rota checks, Clinical management to check work load and if able to support. Open communication with staff advising of the gaps. Continue to escalate. Have increased GP capacity when no nurse cover. Has document: No Lynesey Par-Young 11/03/2026 12:41	Staff increasing reluctant to move contracted hours or change shifts, due to low morale. Bank staff contacted ,but WTD compliance restricts how many hours staff work. Reduced face to face appointments, moving ANP's or Minor illness. UPCC reduction of inbound triage. Has document: No Lynesey Par-Young 11/03/2026 12:43	Y	Further sickness within the team. Staff seeking different employment. Status: Current Lynesey Par-Young 11/03/2026 12:46
HMP Cardiff/2026-2715	Delays in Prison Service Vetting Processes	31/03/2026	There is a risk that Inability to onboard staff in a timely manner.	This is caused by Slow external vetting procedures.	Which w/could lead to an impact/effect on Staffing shortages, over-reliance on agency, service instability.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	HMP Cardiff	20	20	12	Treat	Early submission of vetting paperwork Monitoring by admin team Escalation to prison service where delays evident Has document: No Rebecca Stringer 31/03/2026 14:39	Vacancy tracking Vetting turnaround reports Workforce KPIs Has document: No Rebecca Stringer 31/03/2026 14:39	Vetting delays directly impacting staffing No ability to accelerate vetting Increased reliance on agency Has document: No Rebecca Stringer 31/03/2026 14:39	Y	
HMP Cardiff/2026-2702	Inadequate Healthcare staffing levels in HMP problematic for the delivery of care (HMP-18).	24/03/2026	(Previous risk reference - HMP-18). There is a risk that insufficient staffing levels within the nursing team that will impact on the delivery of care services to HMP patients- administration of medication, assessment of new arrivals to HMP Cardiff and ongoing triage of patients.	This is caused by insufficient staffing levels and workforce establishment numbers.	Which could lead to an impact on healthcare delivery to patients within HMP Cardiff, patient experience , patient safety and morale of staff.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	HMP Cardiff	20	20	8	Tolerate	Regular staff meetings. Has document: No Tracey Skyrme 24/03/2026 15:44 SMT undertake OD work to cascade. Has document: No Tracey Skyrme 24/03/2026 15:45 Support for those staff who feel they're subject to concerns/issues raised. Has document: No Tracey Skyrme 24/03/2026 15:46 Management provided to staff when concerns are raised. Has document: No Tracey Skyrme 24/03/2026 15:47 Improved HR support. Has document: No Tracey Skyrme 24/03/2026 15:47	Regular meetings with HR to review concerns raised to ensure processes are being followed. Has document: No Tracey Skyrme 24/03/2026 15:48 Ensure full compliance with mandatory learning. Has document: No Tracey Skyrme 24/03/2026 15:49 Promotion of good practice and behaviours via fortnightly focus meetings. Has document: No Tracey Skyrme 24/03/2026 15:50 New management team embedding new changes Has document: No Tracey Skyrme 24/03/2026 15:52	Limited time for staff to undertake training. Has document: No Tracey Skyrme 24/03/2026 15:53 Awaiting OD support Has document: No Eleri Thomas 27/03/2026 12:34 Allocation of new HR support Has document: No Eleri Thomas 27/03/2026 12:34	Y	
DOSH/2026-2702	Notification of sexual partner of sexually transmitted infection (DoSH11-25).	24/03/2026	(Previous risk reference DoSH11-25) There is a risk that sexual partner notification of sexually transmitted infection and to meet service requirements to effectively deliver documented outcomes following STI treatment are not communicated .	This is caused by an increasing incidence of STI's in the population of Cardiff and Vale of Glamorgan. DoSH are unable to complete this requirement due to the increase in numbers of patients and shortage in workforce to make the notification calls.	Which could lead to an impact sexual partners unaware of a STI. Reliance on partner disclosure. High risk patients will need support to notify partners. There could also be an increase in STI's should the patients not share they have an STI.	Speciality	Primary, Community & Intermediate Care	Health Protection & Inclusion	Department of Sexual Health	20	20	8	Tolerate	Encourage individuals to notify partners directly where appropriate. Has document: No Tracey Skyrme 24/03/2026 14:20 Support patient with High Risk notification. Has document: No Tracey Skyrme 24/03/2026 14:21 High Risk individuals to be added to the recall list. Has document: No Tracey Skyrme 24/03/2026 14:21	Managed through risk oversight by the senior clinical team. Has document: No Tracey Skyrme 24/03/2026 14:22	No robust system in place to reassure partner notification and documented outcomes following treatment for STI. Has document: No Tracey Skyrme 24/03/2026 14:26 Recruitment of staff to support workstream difficult with budgetary and recruitment sanctions. Has document: No Tracey Skyrme 24/03/2026 14:28	N	

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Cardiothoracic/2025-2609	Cardiology Outpatient Waiting times	01/07/2025	Patients with significant cardiovascular disease who are referred to Cardiology Outpatient services will not receive timely and remain undiagnosed	1. including long wait for processing of referrals from primary care 2. long delays for outpatient cardiology appointments and investigations	Serious patient harm or death due to cardiovascular disease	Business unit	Specialist Services	Cardiothoracic		20	20	10	Treat	Waiting list management by directorate, clinical and admin teams to treat longest waiting patients/clinically urgent patients. Has document: No David Hanna 01/10/2025 16:25 EP consultant outpatient waiting lists have been reverted back to EP clinics only. Has document: No David Hanna 01/10/2025 16:25	Escalated to clinical board and JCC. Has document: No David Hanna 01/10/2025 16:26 SBAR in progress to support evaluation and redesign of EP service including proposed increase in medical and non-medical workforce Has document: No David Hanna 01/10/2025 16:27	Lack of operator availability Has document: No David Hanna 01/10/2025 16:27 Lack of cath lab capacity Has document: No David Hanna 01/10/2025 16:28 Lack of GA support for complex ablations Has document: No David Hanna 01/10/2025 16:28	Y	
Cardiothoracic/2025-2602	Lack of SCP provision for Cardiothoracic surgery	13/10/2025	There is a risk to Cardiothoracic Surgery service due to unavailability of current SCP provision and under-establishment of the current SCP provision	This is caused by lack of investment and under-establishment of the current SCP provision	Which w/could lead to an impact/effect on the lack of Surgical Care Practitioner (SCP) provision in Cardiothoracic Surgery may lead to reduced surgical capacity, increased pressure on medical staff, compromised patient safety, and potential non-compliance with workforce standards. The under-establishment of SCPs places additional physical demands on the existing team, contributing to fatigue, stress, and potential burnout — especially in high-intensity surgical environments.	Business unit	Specialist Services	Cardiothoracic		20	20	20	Treat	To mitigate the impact of insufficient SCP provision, the service is actively recruiting and planning for future workforce needs, while also developing internal training pathways to upskill existing staff. Escalation protocols are in place to manage service delivery when staffing falls below safe levels, supported by temporary cross-cover arrangements where possible. SCP staffing levels and service impact are regularly monitored, and staff wellbeing is supported through flexible working and occupational health measures Has document: No Ceri Phillips 13/10/2025 16:53			Y	
Cardiothoracic/2025-2605	No out of Hours SOP agreed for pacing cases when Pacing Theatre relocates to SSSU Theatre 6	15/10/2025	There is a risk that currently there is no clear, agreed and signed off, standard operating procedure for the provision of pacing out of hours, that all the team are fully aware of. Without this there is a risk relating to patient safety and the potential failure to provide this service resulting in poor patient outcomes.	This is caused by the planned relocation of the current pacing theatre from its site on CCU to its new site in SSSU Theatre 6. This is a very isolated area, that whilst suitable during working hours, is not appropriate for out of hours use. A SOP is required to ensure the safe, ongoing provision of this 24 hour service.	The lack of a clear, fully agreed SOP could result in: Delayed treatment of life-threatening bradyarrhythmias (e.g. complete heart block) This could result in syncope, cardiac arrest or death. Hemodynamic instability without pacing may cause organ failure or result in an ITU stay. Emergency transfers elsewhere for this service may result in increased risk and delayed care A lack of agreed staffing levels out-of-hours may lead to delays or errors.	Business unit	Specialist Services	Cardiothoracic		20	20	10	Treat	The cardiac catheter labs have been identified as the suitable location for this out of hours service. Has document: No Beverley Oughton 15/10/2025 09:05 Confirmation of consultants who will provide out of hours pacing Has document: No Beverley Oughton 15/10/2025 09:06	Escalated to clinical board and at bi-weekly operational meetings with all stakeholders. Discussed regularly with CD Has document: No Beverley Oughton 15/10/2025 09:07	Cath labs identified as appropriate place for out of hours pacing to take place. CD & DM to meet with consultant team to confirm process for managing out of hours pacing cases in terms of clinical teams. Has document: No Beverley Oughton 15/10/2025 09:07	Y	
Nephrology & Transplant/2025-2601	Maintenance of RO plant (Dialysis water)	31/03/2025	There is a risk that the service could lose dialysis water provision	This is caused by the unreliable technical maintenance cover for the RO plants throughout the whole directorate	Which would lead to an effect on the dialysis service throughout UHW, which services the population of South East Wales and is the only in hospital facility available.	Business unit	Specialist Services	Nephrology & Transplant		20	20	10	Treat	Safety checks by estates weekly Has document: No Lisa Higginson 16/10/2025 16:39	Safety check list to be made available to directorate for review Has document: No Lisa Higginson 16/10/2025 16:40	Unclear roles and responsibilities of maintenance of RO Has document: No Lisa Higginson 16/10/2025 16:40	Y	Maintenance contract is out of tender, resulting in PO being raised for every site visit which delays resolution. Status: Current Lisa Higginson 27/10/2025 13:17
Haematology/2025-2603	Haem Day Centre workforce is inadequate to support service requirements	10/06/2025	A workforce review and audit has been undertaken to demonstrate the gaps in Haem Day Centre workforce service provision. Identification of poor skill mix and a need for more highly trained staff in this specialist area are required as a priority.	Haem Day Centre workforce is insufficient to support service requirements and does not comply with nurse staffing levels.	There are medical gaps which impact directly on patient care and timely treatments. A higher skilled nursing workforce would support this gap in service provision, this would include a Nurse Prac workforce requirement.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	25	20	6	Treat	Robust training for new staff implemented. Has document: No Hibach Farah 29/10/2025 11:58 Rotation of more experienced staff to support, use of Bank staff and priority recruitment of staff. Has document: No Hibach Farah 29/10/2025 11:58	Support from practice educators, CNSs, trainers and senior staff. Has document: No Hibach Farah 29/10/2025 11:59 Staff recruitment – redesign of roles. Responsible skill mix allocation. Has document: No Hibach Farah 29/10/2025 12:00 Liaison with other specialities to support and streamline the services offered, promoting efficiency and effective delivery. Has document: No Hibach Farah 29/10/2025 12:00	Vacant Deputy Manager post, long term sickness of substantive Manager. Has document: No Hibach Farah 29/10/2025 12:05 Insufficient workforce according to Safe Staffing template used to calculate workforce. Has document: No Hibach Farah 29/10/2025 12:05 Poor skill mix in establishment and a need for Band 7 Nurse Prac plus additional Band 6 staff required. Has document: No Hibach Farah 29/10/2025 12:05 inadequate workforce establishment for service requirements Has document: Yes Janelle Courtney 17/06/2026 13:06	Y	Poor skill mix staff in establishment and a need for more highly trained staff. Status: Current Hibach Farah 29/10/2025 12:11
Cardiology/2026-27/01	Challenges and Risks for Current Arrhythmia Nurse Service	05/05/2026	There is a risk that the current demand cannot be met and that there is no resilience in this team. The demand exceeds capacity, and is growing, and the team are under extreme pressure. There are three team members covering electrophysiology, cardiac devices and cardiac genetics. The team have reported safety concerns due to the challenges they are facing. The team report feeling significant and sustained pressure.	This is caused by the role of this team having significantly evolved with no corresponding investment. Demand exceeds capacity. The current establishment is inadequate to safely meet service demand or maintain any resilience. Initially the aim was for the three team members to cross-cover other services but this cannot happen anymore. Each service is now person dependent with little scope to cross-cover the individual services.	The insufficient workforce, single-point dependency and inability to meet demand will lead to •Delayed clinical review of high risk device alerts, arrhythmia episodes, and patient symptoms. •Delayed initiation or titration of medications, increasing risk of recurrent arrhythmia, ICD shocks, admission, or deterioration. •Insufficient psychological support for distressed patients. •Delayed wound reviews, raising the risk of infection or unrecognised complications. •Missed or delayed escalation of care due to competing clinical demands. •Delays in documentation and patient communication, increasing the risk of misinformation, confusion, or missed follow up. This could result in avoidable admissions to hospital, or catastrophic patient outcomes. The absence of resilience means that any surge in activity, urgent patient need, or clinical complexity immediately compromises patient safety.	Speciality	Specialist Services	Cardiothoracic	Cardiology	20	20	4	Treat	Team to adhere to protocols and policies. To prioritise workload to address critical issues. Has document: No Beverley Oughton 05/05/2026 12:02			Y	

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Treatment plan	Barriers
Cardiothoracic/2025-2611	Band 5 Vacancy Cath Lab, Cardiac	18/11/2025	There is a significant risk to the Cardiac Cath Lab service if the current 3.0wte Band 5 vacancy positions are not authorised and recruited in a timely manner	This is caused by lack of the expected safe staffing level of the registered nurse, Band 5 establishment to safely manage the Cath Lab service which includes the 24/7 PPCC service for South East Wales region	Which could lead to a significant impact/effect on service delivery and on call position, which will impact on patients receiving critical intervention within the NICE guidelines	Business unit	Specialist Services	Cardiothoracic		20	20	20	Treat	Posts have been uploaded on TRAC, posts approved by SPS clinical board, currently on hold from ESVP. Currently under further review awaiting outcome Has document: No Ceri Phillips 18/11/2025 09:43			Y	Currently awaiting ESVP review/authorisation Status: Current Ceri Phillips 18/11/2025 09:47
Critical Care/2022-2306	Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030	12/07/2022	There is a risk that Critical Care will not have enough capacity to keep up with predicted demand to 2030.	This is caused by lack of physical bed spaces on the unit.	Which could cause delays in Emergency admission to Critical Care result in avoidable deaths and impaired functional outcomes. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	25	20	1	Treat	Directorate are working with the Director of Finance, Specialist Services Clinical Board to understand current commissioning arrangements and to agree how we increase our current funding allocation aligned to capacity. Directorate have engaged with key stakeholders in the production of the Critical Care escalation policy Has document: No Rhys Williams 31/10/2025 14:07			Y	
Haematology/2020-2102	Lack of expertise in pharmacy and nursing teams related to TYA cancer care delivery	17/02/2020	There is a risk that TYA cancer patients might elect to have their treatment on the designated TYA cancer unit hosted in University Hospital of Wales. Chemotherapy plans are determined by the site specific MDT/ Consultant and facilitated by the TYA cancer Team on the unit. Chemotherapy is currently prescribed by the Consultant or TYA Staff Grade. Chemotherapy may be prescribed in 4 different ways.	This is caused by the lack of expertise in pharmacy and nursing teams involved in TYA cancer care delivery.	Which could lead to an impact/effect on: - Transcribing of chemotherapy. - Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients. - Variation in practices between UHW and VCC. - Over-reliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	20	20	5	Treat	Email correspondence from VCC Clinician confirming treatment plans. Has document: No Hibach Farah 28/10/2025 14:50 Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Has document: No Hibach Farah 28/10/2025 14:50	Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Has document: No Hibach Farah 28/10/2025 14:51	Electronic prescribing system for Velindre Cancer Patients in TYA unit that is accessible to all. Has document: No Hibach Farah 28/10/2025 14:52 Utilisation of Canisic by TYA Team. Has document: No Hibach Farah 28/10/2025 14:52 Utilisation of formal chemotherapy treatment plan. Has document: No Hibach Farah 28/10/2025 14:52 Funding and IT solution to access VCC chemocare not identified. Has document: No Hibach Farah 28/10/2025 14:53 Monitoring delivery of a solution. Has document: No Hibach Farah 28/10/2025 14:53	Y	Lack of expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Status: Current Hibach Farah 28/10/2025 14:54
Neurosurgery/2024-2502	Unmet Acute Therapies support for Neurosurgical Inpatients	15/04/2024	There is a risk that patients will not receive therapy support during their inpatient stay within Neurosurgery - or if therapy is received it will not be timely	This is caused by gaps in staffing resource, increased demand	Which could lead to a negative impact on patients mental wellbeing, increase Length of Stay and also have an impact on community services due to lack of discharge planning	Speciality	Specialist Services	Neurosciences	Neurosurgery	20	20	8	Treat	Business case submitted to JCC - awaiting outcome Has document: No Lisa Simm 22/12/2025 09:47	Business Case accepted by JCC but no funding has been released since 2024. Has document: No Lisa Simm 13/04/2026 12:43	Business Case accepted by JCC but no funding has been released since 2024. Has document: No Lisa Simm 13/04/2026 12:44	Y	
ALAS D/2017-1802	BEST Patient database system support to end	13/04/2017	ALAS - All Services, BEST Vendor extended support will end December 2026 The Welsh Government's IM&T Strategy, Informing Healthcare states that 'Breaches of confidentiality and security will be the greatest risk to the credibility of the Informing Healthcare programme, and all reasonable steps will be taken to ensure that they do not occur.' (Welsh Government, 2003) This message is reiterated throughout Informing Health and Care A Digital Health and Social Care Strategy for Wales (NHS Wales, 2015). The BEST database server has exceeded its extended support end date from the vendor. The software no longer receives updates from the vendor. The software no longer receives stability updates from the vendor. The software no longer receives security updates from the vendor. Updates to other software that interact with BEST (such as Oracle) may cause the BEST database server to be incompatible with the other software. Updates to the server's operating system may cause stability issues with the database server. Security flaws that are identified in the database software are not being patched by the vendor.	SoftOptions (vendor) are no longer supporting our version of our BEST patient database system. The support will cease from December 2026	There would be no system to manage the data that is held on all ALAS patients and medical equipment. The service would not be able to run	Speciality	Specialist Services	Artificial Limb & Appliance Service	ALAS - Directorate	15	20	4	Treat	No Controls in place other than to upgrade to new version Has document: No Gavin Cooper 31/10/2025 13:30 BEST upgrade agreed Has document: No Danielle James 01/06/2026 13:50	Working with vendor in upgrading to new version of BEST. Vendor will continue to support while this process is ongoing Has document: Yes Gavin Cooper 31/10/2025 13:32 Business Case expenditure Has document: Yes Gavin Cooper 31/10/2025 13:33	Upgrade of the BEST database server and file server to a version which is still within its extended support end date. Has document: No Gavin Cooper 31/10/2025 13:34	Y	Financial and manpower to manage the upgrade Status: Current Gavin Cooper 31/10/2025 13:34
EAT/2023-2401	Welsh Language Provision: All Wales Speech and Language	24/10/2023	Lack of Welsh speaking staff to provide assessments to patient in Welsh. An inability to meet patient demand within the High-Tech AAC aspect of the EAT Service Wales for assessment and provision within the medium of Welsh.	Since the initial funding of the AAC aspects of the EAT Service Wales (March 2016), the patient referral numbers have increased significantly (100%), such that the staff resource is inadequate for the number of patients now requiring the Service in the Welsh language. As the Service is required to assess the language ability of patients (in the Welsh language), as opposed to simply having the words of a patient translated, the clinician must be a fluent Welsh speaking Specialist Speech and Language Therapist. The Welsh-speaking therapist provides a critical role in bringing essential linguistic and cultural insight to the development of AAC systems in the Welsh language. Their role should also ensure that available systems are robust enough to meet the complex communication needs of patients who require comprehensive Welsh-medium support. There are now sufficient referral numbers to warrant at least 1.0WTE Specialist SLT that would cover both an adult and paediatric caseload across Wales	In addition to the Service being unable to meet the requirements of the Welsh Language Act, and the Welsh Government plan for providing health and care services through the medium of Welsh, 'More than just words' (2022-2027), the patients referred will be unable to communicate in their native tongue. In particular, those of school age will face significant developmental barriers, as they will be unable to participate in both educational development and social interaction in their Welsh language environment. This in turn will lead to a wide range of life changing consequences, including but not limited to; educational delay/abandonment, social isolation and potential self-harming behaviours.	Speciality	Specialist Services	Artificial Limb & Appliance Service	ALAS - Electronic Assistive Technologies Service	20	20	4	Treat	For both adult and paediatric cases, the EAT Service's highly specialised SLT staff work closely with local SLTs and schools but the resulting assessment and provision is unable to meet the needs of the Welsh speaking population. A long-term plan to develop the specialist staff resource via potential rotation training posts. Has document: Yes Gavin Cooper 20/11/2025 11:57	Patients will continue to be triaged and prioritised according to clinical need Has document: No Gavin Cooper 20/11/2025 11:57	There is usually no language support for assessment and provision for Welsh speaking adults Has document: No Gavin Cooper 20/11/2025 11:58	Y	Funding for Additional post Status: Current Gavin Cooper 20/11/2025 11:59

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Critical Care/2022-2302	Obsolete Pendants systems providing medical gases to patients on the Critical Care Unit	12/07/2022	There is a risk that a failure of a hose or connector, in the next 10 years, without appropriate spares could result (in the best case scenario) loss of a single bed space, or (in worst case scenario) loss of 9 bedspaces for an extended period whilst emergency refurbishment occurs.	This is caused by obsolete Pendants systems providing medical gases to patients on the Critical Care Unit	Which would lead to an impact on Tertiary Critical Care Services in South Wales.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	25	20	1	Treat	Design work is ongoing for a refurbishment of the current Critical Care which includes pendant replacement. Has document: No Rhys Williams 12/11/2025 10:46	Plan for the renovation specifically targeting issues mentioned. Has document: No Rhys Williams 12/11/2025 10:47		Y	
Critical Care/2022-2308	Lack of patient isolation facilities in UHW Critical Care Unit	12/07/2022	There is a risk that there is not enough isolation facilities in UHW Critical Care Unit.	This is caused by there only being 2 cubicles and one 2 bedded bay that can be used to isolate patients.	Which leads to a higher risk of IP&C issues when all cubicle spaces are already occupied. This means we then have to determine which patients are highest risk, leaving some patients who should be isolated on the main unit. This can be at a risk to other patients or themselves if they have a compromised/suppressed immune system. This also means we may not have the cubicle capacity to give end of life patients and their relatives privacy.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	20	20	1	Treat	Staff prioritise patient with highest need to isolation. Trial of temp isolation cubicles were found to be unsuitable in Critical Care. Design work for a Critical Care refurbishment is ongoing which is intended to reduce this risk. Has document: No Rhys Williams 31/10/2025 14:53			Y	
EAT/2025-2602	Lack of Paediatric Speech and Language for Electronic assistive technology service	17/03/2025	referrals to All Wales EAT Service have increased significantly since its commissioning by WHSSC in 2015. The increase in Paediatric referrals is now at a situation where it cannot be met with the current paediatric SLT's in post	Increase in referrals for paediatric input	paediatric patients not being seen in a timely manner. Waiting lists increasing and missing commissioned targets for delivery of service	Speciality	Specialist Services	Artificial Limb & Appliance Service	ALAS - Electronic Assistive Technologies Service	20	20	6	Treat	Some support by Adult SLT's and Technical assistants in providing support and issuing / following up on communication aid equipment Has document: Yes Gavin Cooper 31/10/2025 14:32	patients numbers reviewed locally and at ALAS reporting levels. Waiting lists reported to ALAS senior managers and reported back to commissioners Has document: No Gavin Cooper 31/10/2025 15:55	Business case and risk assessment for additional staffing Has document: Yes Gavin Cooper 31/10/2025 14:34	Y	
Critical Care/2022-2307	Lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V.	12/07/2022	The Long Term Ventilation service is at risk of closing.	This is caused by the lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V.	The lack of a dedicated unit causes great uncertainty about the future viability of the service and this severely affects recruitment. This requires acute Critical Care nurses to care for LTV patients, further reducing Critical Care capacity which is also noted as a Critical risk. This would have a significant effect of Welsh Critical Care capacity and Health board reputation.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	20	20	1	Treat	Approach made to Critical Care Network to seek an alternate provider of LTV services – no other provider Has document: No Rhys Williams 31/10/2025 14:17			Y	
Major Trauma - Paediatric/2022-2301	SCBC_Paediatric nursing	06/12/2022	There is a risk around paediatric nursing capacity within ED which may impact on the delivery of care given 24/7	This is caused by lack of paediatric nursing capacity, requires more to ensure 24/7 cover.	Which w/could lead to an impact/effect on paediatric patients in ED receiving care.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric	12	20	2	Treat	Staff work on a rotational basis Has document: No Rhys Williams 24/10/2025 14:26	Internal review Has document: No Rhys Williams 24/10/2025 14:27		Y	
Cardiac Physiology/2025-2601	Admin Staffing Crisis in Cardiac Physiology	03/10/2025	Increased waiting times for all cardiac physiology areas. Staff under extreme pressure to book appointments and meet targets. Significant number of customer queries and complaints as a result.	Vacancies not being filled. 2x band 3 coordinator vacancies and 1x band 2 receptionist vacancy. In addition to 2x members of staff on LTS. This leaves us with 1x PT and 1x FT individual.	Appointments and targets being missed, left unused in all Cardiac Physiology Areas. Device service under significant pressure to undertake new implants and box changes.	Speciality	Specialist Services	Cardiothoracic	Cardiac Physiology	20	20	2	Treat	Support being provided from directorate however this is not sustainable to risk associated with this Has document: No Mike Henson 15/10/2025 13:55	DMT have provided support from other areas. Training being provided but this support is limited. Has document: No Mike Henson 03/10/2025 15:43 vacancies to be approved and recruitment to take place Has document: No Mike Henson 03/10/2025 15:44 Increased waiting times for all cardiac physiology areas. Staff under extreme pressure to book appointments and meet targets. Significant number of customer queries and complaints as a result. Has document: No Mike Henson 03/10/2025 15:47 escalated to directorate, clinical board and executives Has document: No Mike Henson 15/10/2025 13:45	Appointments and targets will be missed. new device implantation and box changes appointments available and unable to be booked with additional staff. This is linked to increased demand. Has document: No Mike Henson 03/10/2025 15:34	Y	Funding remains a barrier due to the health boards current financial constraints Status: Current Mike Henson 15/10/2025 13:52
Nephrology & Transplant/2026-27/03	Dialysis Unit Capacity	12/06/2026	There is a risk that the service may not be able to deliver appropriate dialysis treatments	This is caused by limited capacity with the dialysis units, due to increasing demand	Which w/could lead to an impact/effect on patients not being able to receive dialysis in their nearest unit, delayed start to dialysis treatment and delayed discharge from wards due to lack of capacity	Business unit	Specialist Services	Nephrology & Transplant		16	20	4	Treat	Close management and monitoring from Directorate Support Managers, Lead Nurse and Directorate Manager Has document: No Lisa Higginson 12/06/2026 12:58 Discussion with WAST on transport options, potential changes for external providers Has document: No Lisa Higginson 12/06/2026 13:07 Discussion with units and consultants to ensure that slots/options maximised Has document: No Lisa Higginson 12/06/2026 13:09	Daily review of available slots Has document: No Lisa Higginson 12/06/2026 13:09	Unpredictable nature of dialysis referrals Has document: No Lisa Higginson 12/06/2026 13:10 Unpredictable hospital admissions Has document: No Lisa Higginson 12/06/2026 13:24	Y	Currently financial climate Status: Current Lisa Higginson 12/06/2026 13:27
Neurology/2019-2002	Inability to meet 52-week and 36-week RTT Targets for Cardiff Neurology patients	05/09/2019	There is a risk that patients will wait over 52 weeks following referral, to be seen in Outpatients by a Consultant Neurologist	This is caused by long waiting times to be seen, demand is greater than capacity, gaps in consultant workforce	Which could lead to a negative effect on patients, poor experience/outcome and also poor reputation for the Health Board. Increased number of concerns could be seen.	Speciality	Specialist Services	Neurosciences	Neurology	20	20	8	Treat	Daily management of waiting list by Service Manager and Assistant Service Manager, demand-capacity work undertaken to highlight gaps to Clinical Board and Exec Teams, discussed at monthly consultant meetings, WLI clinics undertaken where funding and staffing resource allows, ensuring clinics are backfilled. Has document: No Lisa Simm 22/12/2025 08:51	Validation ongoing, review of clinic utilisation, booking in turn, weekly waiting list reporting to Clinical Board. Has document: No Lisa Simm 13/04/2026 12:37	Validation ongoing, treat in turn, review of clinic utilisation, weekly planned care reporting meetings with Clinical Board. Has document: No Lisa Simm 13/04/2026 12:38	Y	
Haematology/2025-2608	Haematology Bed Footprint	26/11/2025	There is a risk that Haematology patients are unable to have in-patient admission to the Haematology Directorate.	This is caused by there not being enough beds within the Directorate to accommodate the patient size and demographics.	Which would lead to an impact/effect on newly diagnosed, relapsed, frail, and multimorbid patients not receiving treatment and care by the appropriate service. Delaying admission and/or resulting in these high acuity, high risk and vulnerable patients being outliers.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	20	20	6	Treat	Increase number of beds Requires increased nursing and AHP staffing to accommodate. Has document: No Richard Hinge 26/11/2025 10:49	Timely admission and discharges Use of the ambulatory care system for appropriate patients Use of HDC to support treatment and admission avoidance where appropriate Daily dynamic review of patient flow Close liaison with outlying hospitals for any repatriation Has document: No Janelle Courtney 26/11/2025 12:00	We are unable to change the existing footprint of B4H and C5 We have no control over when patients become ill/ are diagnosed and how they will react to the treatment / relapse etc Has document: No Janelle Courtney 26/11/2025 11:57	Y	Limited additional ward space around CAV UHB. Bed Management and Winter Pressures. Nursing/staffing levels. Status: Current Richard Hinge 26/11/2025 10:53
Major Trauma - Paediatric/2025-2601	SCBC_The MTC Peer Review business case funding not confirmed	16/09/2025	There is a risk that serious concerns identified in the Peer Review will not be addressed.	This is caused by funding for the business case not being released.	Which will lead to an impact on a range of service across UHW due to there being no funding to address the concerns raised.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric	20	20	1	Treat	Request update from JCC on next steps for business case funding release. Has document: No Rhys Williams 29/10/2025 17:21			N	

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Major Trauma - Adult/2025-2601	SCBC_The MTC Peer Review business case funding not confirmed	16/09/2025	There is a risk that serious concerns identified in the Peer Review will not be addressed.	This is caused by funding for the business case not being released.	Which will lead to an impact on a range of service across UHW due to there being no funding to address the concerns raised.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult	20	20	1	Treat	Request update from JCC on next steps for business case funding release. Has document: No Rhys Williams 29/10/2025 17:21			N	
Spinal/2025-26/01	Lack of spinal navigation	12/06/2025	The Spinal Surgery service does not have access to an image-guided spinal navigation system. This significantly limits the range and complexity of procedures that can be safely undertaken and increases reliance on freehand and fluoroscopic techniques for pedicle screw placement. In a high-acuity tertiary and Major Trauma setting, the absence of navigation materially increases the risk of inaccurate instrumentation, including pedicle screw malplacement, with potential for serious patient harm, return to theatre and adverse clinical outcomes.	This is caused by: Absence of capital investment in spinal navigation technology Reliance on legacy surgical techniques for complex spinal instrumentation Increasing surgical complexity and trauma workload not matched by enabling technology Outlier position compared with peer tertiary spinal centres where navigation is standard practice	Which w/could lead to an impact/effect on: Increased risk of pedicle screw malplacement Serious patient harm, including neurological injury, paralysis or permanent loss of function Increased rates of revision surgery and return to theatre Increased length of stay and postoperative complications Increased litigation and financial exposure through the Welsh Risk Pool Reputational damage to the organisation as a Major Trauma and tertiary spinal provider Reduced ability to attract and retain senior spinal surgeons Inequity of access for patients compared with other centres offering image-guided surgery	Speciality	Surgical	Trauma, Orthopaedics & Spines	Spinal	20	20	8	Treat	Consultant-led operating and decision-making for all complex spinal procedures Use of fluoroscopy and freehand techniques in line with current local practice Case selection and risk discussion at consultant level Selective use of interim mitigations (e.g. patient-specific jigs) for certain high-risk cases Incident reporting, review and learning through established governance processes Ongoing escalation of this risk through Directorate and Clinical Board governance Has document: No shannon Ocallaghan 12/05/2026 16:35	Assurance is provided through clear recognition of the risk at Directorate and Clinical Board level, formal governance escalation, and active progression of a capital solution. Interim controls remain under review, with assurance strengthened through development of the business case and planned implementation of spinal navigation technology (if approved) Has document: No shannon Ocallaghan 12/05/2026 16:37	Existing controls do not sufficiently mitigate the technical risk associated with complex spinal instrumentation Interim mitigations are limited, inconsistent and do not replace real-time navigation Continued reliance on professional judgement alone in a high-risk surgical environment No system-level mitigation for low-frequency, high-impact catastrophic harm Has document: No shannon Ocallaghan 12/05/2026 16:36	Y	
General Surgery/2024-2507	The lack of formal commissioning for patients requiring Sacral Nerve Stimulation (SNS) will impact upon the population of South and West Wales, particularly those outside of Cardiff and Vale UHB.	07/08/2024	CAV currently provides the only sacral nerve stimulation service in South and West Wales; the lack of funding limits the ability to provide a service to patients outside of CAV as it relies upon individual IPFR's for each patient.	This is caused by a lack of formal commissioning.	This impacts upon QoL, health equality and treatment costs for patients. It also impacts on our ability to comply with the women's health strategy to provide a service to patients in Wales.	Speciality	Surgical	General Surgery	General Surgery	20	20	4	Treat	Out of area patients can be referred in to Cardiff and considered for treatment under IPFR. If unable to support in CAV patients are referred to England for their care Has document: No Bethan Ockwell 28/10/2025 17:40	- Regular discussions between finance/clinical lead/commissioning to ensure we are treating patients that we are funded to treat - clinical lead will review patients referred to ensure the most appropriate patients are treated Has document: No Bethan Ockwell 28/10/2025 17:41	- Not all IPFR cases are approved. - If approved via IPFR, current clinical capacity does not align with the demand for the service outside of CAV, which results in Welsh patients being treated in England - Unable to provide controls to support health inequality. Has document: No Bethan Ockwell 28/10/2025 17:41	Y	
Head & Neck (ENT & Max Fax)/2026-2701	Risk of patient harm due to non-resident out-of-hours senior medical cover and junior-led urology provision	01/04/2026	Risk of harm to patients during out-of-hours periods due to limited onsite senior medical cover and reliance on junior doctors.	Out-of-hours Hospital at Night (H@N) Registrars are non-resident, resulting in reduced immediate senior clinical presence	Potential delays in clinical decision-making, escalation, and intervention	Business unit	Surgical	Head & Neck (ENT & Max Fax)		20	20	9	Treat	Hospital at Night (H@N) model in place with defined roles, responsibilities, and escalation pathways for out-of-hours care. Non-resident Registrar on-call arrangements with clear and tested processes for timely escalation and senior clinical decision-making. 2 x F2 doctors from Anaesthetics deployed overnight to support the H@N team and junior doctors covering urology. Consultant on-call availability for specialty advice and escalation when required. Clear clinical escalation guidelines to support junior staff in recognising deterioration and seeking senior input promptly. Regular review of out-of-hours incidents and staffing pressures through governance and safety forums. Has document: No Kimberley Whitcombe 01/04/2026 15:13			Y	
Orthopaedics/2026-27/03	Guardian Operating Table	12/06/2026	Stryker withdrew the Guardian Table from the Orthopaedic service in mid-April 2026. This specialist equipment is essential for performing hip arthroscopy procedures. Its removal has resulted in the service being unable to undertake hip arthroscopy for patients requiring this intervention.	Withdrawal of equipment by supplier (Stryker) for commercial reasons Lack of alternative or replacement table secured No pre-existing contingency plan for loss of specialist equipment	Inability to perform hip arthroscopy procedures Delays to patient treatment and increasing waiting times Growing number of patient concerns and formal complaints Risk to RTT performance and potential breaches Reputational damage to the Health Board Potential inequity of access (including external/military patients referenced on waiting list)	Speciality	Surgical	Trauma, Orthopaedics & Spines	Orthopaedics	15	20	2	Treat	Ongoing discussions with supplier regarding access to equipment / resolution Exploration of loan arrangements for temporary use of table Consideration of hiring equipment as interim mitigation Escalation within Clinical Board and senior team awareness Plan to add risk to the Directorate risk register Has document: No Rhian Grapes 12/06/2026 14:41	Continue working with Peri-Op and the board on finding a temporary and lasting solution. Has document: No Kristian Dando 12/06/2026 14:52	No confirmed interim solution (loan or hire not secured) No long-term procurement plan in place No alternative clinical pathway identified for affected patients No clear communication strategy for patients awaiting surgery Has document: No Rhian Grapes 12/06/2026 14:41	Y	
Head & Neck (ENT & Max Fax)/2025-2603	Medical workforce shortfall due to reduced junior doctor availability and increased part-time working	06/04/2025	There is a shortfall in junior doctors combined with an increase in part-time working across the medical workforce, resulting in a significant gap in service provision. This has led to reliance on locum cover, creating substantial financial pressure and concerns regarding continuity and quality of care. Currently, there are 39 locum gaps. Although a fifth Registrar has been appointed, workforce gaps remain across services.	National shortage of junior doctors Increased proportion of part-time and less-than-full-time working Recruitment and retention challenges Sickness, training leave, and rota gaps Limited supply and high cost of suitably skilled locums	Reduced service capacity and risk to service delivery Potential deterioration in patient safety and quality of care Reduced continuity of care and clinical oversight Increased pressure on substantive medical staff, risk of burnout Substantial negative financial impact due to high locum costs Reputational risk if services are delayed, reduced, or unsafe	Business unit	Surgical	Head & Neck (ENT & Max Fax)		20	20	9	Treat	Active rota management and workforce monitoring to identify and escalate gaps promptly. Locum cover arrangements in place to maintain minimum safe staffing levels where substantive cover is unavailable. Appointment of a 5th Registrar to increase senior medical capacity and provide additional clinical support across services. Consultant oversight and supervision of junior and locum staff to maintain patient safety and quality standards. Formal escalation processes for unsafe staffing levels and service impact. Regular workforce and financial oversight meetings to monitor staffing gaps, locum usage, and associated costs. Has document: No Kimberley Whitcombe 01/04/2026 14:54		Ongoing reliance on locum doctors due to persistent rota gaps, which does not provide a sustainable workforce solution. Variable experience and familiarity of locum staff with local policies, pathways, and systems, impacting continuity and efficiency of care. Limited availability of suitably skilled locums, increasing the risk of unfilled shifts or sub-optimal cover. Insufficient substantive junior doctor establishment to absorb vacancies, leave, or sickness. Increased supervisory burden on senior clinicians, reducing capacity for clinical leadership and service development. Financial controls limited in mitigating escalating locum costs while gaps persist. Has document: No Kimberley Whitcombe 01/04/2026 14:53	Y	
Head & Neck (ENT & Max Fax)/2023-2402	Decreased Theatre capacity	09/03/2023	Difficulty reducing Adult and Paediatric surgical waiting times to less than 104 week target	Risk causing harm to patients	Increase in causing harm due to treatment delays	Business unit	Surgical	Head & Neck (ENT & Max Fax)		20	20	16	Treat	Developing HVLC UHL capacity to improve patient flow and reduce waiting times and achieve ministerial targets Has document: No Michelle Harding 26/03/2026 17:53	Developing HVLC UHL capacity to improve patient flow and reduce waiting times and achieve ministerial targets Has document: No Michelle Harding 26/03/2026 17:54	Developing HVLC UHL capacity to improve patient flow and reduce waiting times and achieve ministerial targets Has document: No Michelle Harding 26/03/2026 17:54	Y	reduced theatre capacity Status: Current Michelle Harding 26/03/2026 17:56
Head & Neck (ENT & Max Fax)/2020-2101	ENT microscope in West Quay	06/01/2020	The ENT microscope in west quay is very old and has been repair multiple times and is now at the point that it can no longer be kept serviceable and functioning.	the age and frequency of use	This is essential and fundamental to providing and maintaining a service in the community and if broken the SLA will be unable to be delivered.	Business unit	Surgical	Head & Neck (ENT & Max Fax)		20	20	20	Treat	Service review to assess effectiveness of West Quay and SLA. We are looking to stop this service. Rt exploring PCIC premises as an alternative. Potential for service to de-commissioned Has document: No Michelle Harding 26/03/2026 16:48	Service review to assess effectiveness of West Quay and SLA. We are looking to stop this service. Rt exploring PCIC premises as an alternative/ submit Capital bids for replacement. Has document: No Michelle Harding 26/03/2026 16:49	Service review - capital bid form / MEG to be completed Has document: No Michelle Harding 26/03/2026 17:02	Y	