

PODCC Operational Risk Register

Date: October 2025

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date			
2169	Director of Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Dietetics and Nutrition	Carruthers, Andrew	Quarrie, Sara	Paul-Gough, Zoe	Paul-Gough, Zoe	22-Sep-25	<p>There is a risk of to staff wellbeing and associated rates of sickness absence,</p> <p>This is caused by unprecedented demand on weight management service since availability of GLP-1 inhibitors. This has resulted in long waiting times and inability to meet patient expectations resulting in unreasonable expectations and at times patient aggression.</p> <p>This will lead to an impact/affect on further contributing to inability to meet demand / service continuity</p> <p>Risk location, Health Board wide.</p>	<p>- comms hub supporting identification of FAQ / common complaints to manage (draft responses provided) to avoid team having to pick up.</p> <p>- WLSS supporting Pt queries (signposting info provided)</p> <p>- Session provided to team re de-escalation of anger</p> <p>- V&amp;A training sought</p> <p>- staff signposted to Staff psychological wellbeing service</p> <p>- Communication provided to referrers</p>	Workforce/OD	5	5	25	3 staff members on long term sick. Staff raising concern and recent V&A Incident also noted on Datix.							People, Organisational Development and Culture Committee	3	3	9	current planned mitigations will support in the short-term however long term resolution will likely require resource. Longer term service planning will be required across system / pathway and has been highlighted for the Healthy Weight Oversight Group.		22-Sep-25

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1409	Planned & Specialist Care	Children, Women & Family Health	CW&FH: School Nursing	Carruthers, Andrew	Goode, Paula	Owen, Tracy	Morgan, Barbara	20-Jun-22	<p>There is a risk of to the health and wellbeing outcomes and high level of safeguarding concerns for Children and Young People (CYP) within the Health Board due to a shortage of School Nurses.</p> <p>This is caused by 1. Difficulty in recruiting School Nurses throughout the HB but particularly in Ceredigion. 2. There are not enough registered nurses opting to attend the SCPHN (Specialist Community Public Health Nurse) training for school nursing. 3. Location of the training, which is based in Swansea University, this is not always popular with staff from Ceredigion or Pembrokeshire due to the distance they have to travel. 4. The School Nursing service is unable to complete other aspects of its Public Health Role as the service is seen as providing an Immunisation Service. 5. There may be a negative perception by Registered Nurses on what the School Nursing Role actually entails. 6. There has been an impact to the service due to long term sickness in Carmarthenshire and Ceredigion.</p> <p>This will lead to an impact/affect on 1. Reduced input by the</p>	<p>1. Handover of care from Health Visiting to School Nursing to ensure that vulnerable children and families are identified early and an appropriate package of care implemented continues.</p> <p>2. Most contacts with at-risk children, young people and their families are carried out face to face.</p> <p>3. In regards to increases in Safeguarding issues, supervision is available from the Safeguarding Team and support from Team Leaders or Senior Nurse Manager.</p> <p>4. Face to face meetings have resumed with vulnerable CYP.</p> <p>5. Skill mix model has been adopted where the service has appointed Band 5 Registered Nurses to fill the deficit and enable them to become SCPHNs as part of the grow your own model.</p> <p>6. Continue to work with Culture team to improve the culture of the service with the aim of improving staff retention.</p>	Workforce/OD	4	4	16	<p>28/05/2025: The current score has increased from 12 to 16 due to an increases in the reduction in the specialist school nursing workforce within Ceredigion. This is further compounded by the location of the SCPHN course only being offered in Swansea University.</p> <p>The service has an ongoing recruitment campaign with involvement from Workforce and a meeting took place with Education leads across the 3 counties to consider the impact of a reduced number of Welsh Language speakers currently in the service, however there has been no further developments to date.</p> <p>To date, the we have been unsuccessful in our recruitment campaign which has had an effect on staff morale due to the increase in workload as they must cover caseloads.</p> <p>The Welsh language department have</p>	<p>Promote return to face-to-face Health Visitor to School Nurse Handover by all School Nurse Team Leaders</p> <p>Provide safer support for CYP by resuming all safeguarding contacts with children back in school or home environment - driven by all School Nurse Team Leaders</p> <p>Undertake recruitment campaign with Workforce, scoping and looking at the needs of the service</p>	Morgan, Barbara	Completed	<p>have made some progress in some areas however Ceredigion HV service still have significant vacancies. It was hoped that by Sept 2023 we may be in a position to carry out more face to face contacts but due to maternity leave and vacancies, this is now likely to happen at a later date in Ceredigion.</p> <p>Made some progress but very difficult when covering vacant caseloads. It was hoped that by Sept 2023 we may be in a position to carry out more face to face contacts but due to maternity leave and vacancies, this is now likely to happen at a later date.</p> <p>Completed the Workforce plan and continuing to promote the School Nursing service at every opportunity. The recruitment campaign is ongoing.</p>	People, Organisational Development and Culture Committee	2	3	6	There will be two SCPHN-SNs qualifying this year which would help to reduce some of the current deficit in specialist school nurses across Hywel Dda.	Treat	30-Sep-25

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									<p>service on CYP's Health and Emotional Wellbeing due to lack of staff and increased demands in other areas of the service.</p> <p>2. Limited capacity of staff to deal with increased Safeguarding and Domestic Abuse disclosure.</p> <p>3.Reduction in the amount of Public Health key health messages provided by the school nurses. i.e sexual health and appropriate relationships sessions, internet safety, growing up talks in both primary and secondary schools.</p> <p>4. Ongoing effects on staff wellbeing and morale due to staff shortages within the service.</p> <p>Risk location, Carmarthenshire, Ceredigion, Health Board wide.</p>						<p>lowered the requirements for Welsh language posts to "level 3" which may encourage people who can speak Welsh (but not necessarily write, type, think in Welsh) to apply. Service have made a local decision (supported by CCG) to make recruitment more attractive to advertise Welsh language as "desirable".</p> <p>The ageing workforce, in particular in Pembrokeshire and the senior management team, along with the challenges the service are facing with succession planning, make School Nursing a fragile service.</p>	<p>Meet with Education leads across the 3 counties to discuss the future Welsh Language criteria and current fluent welsh speaker recruitment challenges</p> <p>Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload</p> <p>Workforce support to broaden our scope of recruitment to include Social Media etc.</p>	Morgan, Barbara	Completed	<p>Advice taken from Welsh Language lead for Health Board. Meeting has taken place with Education Lead in Ceredigion. Pembrokeshire and Carmarthenshire meetings planned for 2024. The possibility of complaints from parents remains as there is an expectation within Welsh language schools. The action has been completed but the issue is yet to be resolved.</p>											
																Morgan, Barbara	Completed	<p>Supportive model was piloted during Autumn 2022 programme with mixed feedback due to HBs competing priorities of vulnerable groups. It is hoped that further discussions can be established with Public Health team ahead of Autumn 2024. This is ongoing.</p> <p>Recent discussions have identified limited support however further discussions are required for future planning of the School Age Immunisation Programme.</p>												
																Morgan, Barbara	31/03/2026	N/A												

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2088	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	09-Jun-25	<p>There is a risk of There is a risk of staff have a poor experience at work. This can contribute to burnout in clinical, administration and managerial staff, resulting in emotional, physical, psychological impacts.</p> <p>This is caused by Sustained and prolonged work-related pressure and chronic stress. This is also due to multiple factors which may include high workloads, working in isolation, lack of control or autonomy, insufficient recognition, miss match in values, unfairness in work distribution and reward and negative work life balances. Moral and ethical distress also adds to the risk of negative impacts on wellbeing.</p> <p>This will lead to an impact/affect on Wellbeing, attendance at work, poor cognitive decision making, loss of clinical capacity/ efficiency, poor recruitment and retention of staff, patient safety. Team functioning and work and home relationships are often effected. Feelings of uselessness, cynicism, compassion fatigue.</p> <p>Risk location, Health Board wide.</p>	<p>Staff directed to HB staff psychological wellbeing services and tools on the website</p> <p>Staff directed to NHS counselling service (Canopy) Health board 1:1 support service</p> <p>Prevention of burnout resources available on line to all staff</p> <p>Individual stress risk assessment completed, and action plans made</p> <p>Individual referral to occupational health when triggers met</p> <p>Individual Job planning template completed</p> <p>Staff to book regular annual leave and managers to monitor</p> <p>Service and team leads to monitor overtime / TOIL</p> <p>Operational managers are supported to attend Health and Safety training that includes workplace stress risk assessment.</p>	Safety - Patient, Staff or Public	3	4	12	<p>System pressures are consistent despite wellbeing interventions. Gains in wellbeing may be adversely impacted when returning to environments that can have an impact on wellbeing.</p>	<p>Staff to be made aware of all resources available to support wellbeing</p> <p>SG to link with psychology lead Suzanne Tarrant to confirm the most relevant resources available for staff and managers on burnout</p> <p>SG to link with Workforce and OD to see what support is available to clinical and managerial teams</p> <p>JD to link with Sara Quarrie and Jo Bradburn regarding staffing level benchmarking exercise.</p>	Griffith, Susan	Completed	<p>links to staff resources distributed throughout the service through the service leader communication infrastructure.</p> <p>Meeting undertake with Suzanne Tarrant on 5/6/25 up to date resources confirmed and the service is advised that Suzanne is raising the concept of burnout at board level and the need for organisational workstreams.</p> <p>Susan Jarvis is undertaking targeted work with Teams 22/06/25 - Date to be arranged . Colours workshop undertaken with senior staff July 25 with further cascade to the wider team planned through in service training programme.</p> <p>JD to raise with the care group meeting infrastructure. Update 11/07/25. CCG is piloting capacity demand modelling in podiatry. There is no specific time line for roll out in physio yet. CCG will advise later in the year. Action complete.</p>	People, Organisational Development and Culture Committee	3	2	6	Despite the current controls, staff engagement sessions highlight that many staff continue to have a poor experience while at work, that carries the risk of impacting wellbeing, and higher levels of sickness absence.	Treat	15-Sep-25

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737	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Brain, Sarah	Brain, Sarah	01-May-18	<p>There is a risk of that the staff working on the switchboards within the Health Board are not able to comply with the European Working Time Directive (EWTD).</p> <p>This is caused by the inability to cover single handed shifts at night, weekend and bank holidays at 3 out of the 4 hospital sites.</p> <p>This will lead to an impact/affect on the European Working Time Directive (EWTD) is an EU initiative designed to prevent employers requiring their workforce to work excessively long hours (specifically the right to a rest break if the working day is longer than six hours), with implications for health and safety, increased levels of sickness and potentially more time off work. Consequently this could have a direct impact on patient care.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital.</p>	<p>Each switchboard has a lockable door. There is now a supervisor now on call for support. Ring-rounds are carried out to check on well-being of switchboard staff (carried out by the staff themselves) - buddying system.</p> <p>Health Board successful for an Invest to Save bid from Welsh Government and a replacement and modernised programme for the switchboard is now in place. The project is up and running.</p> <p>Call recording is allowed on new system if issues are raised.</p> <p>Post-implementation review of system was carried out on 19th January 2023. Digital side of system is operable.</p>	Statutory duty/inspections	4	3	12	<p>We are not able to facilitate the required compliance without significant investment with additional staff and support from the site management. However, the night staff will have to undertake significant switchboard training to ensure that they are able to respond to the emergency calls.</p> <p>No complaints have been received from staff to date and concerns in the teams are minimal.</p> <p>Risk score was reviewed following review of system which occurred in January 2023.</p> <p>Risk remains the same until changes as part of the OCP are implemented.</p>	<p>Develop SMART action plan to incrementally updated training for operational managers and clinical leaders in Health and Safety, including stress risk assessment processes. (Link with Tim Harrison and Adam Springthorpe)</p> <p>Review physical alarm systems in GGH and WGH switchboards</p> <p>No update from estates - highlighted in Health and Safety report</p> <p>regular workstream established with Estates to review the alarms on all sites and to progress to remote monitoring</p> <p>Review physical alarm systems in BGH and PPH switchboards</p> <p>Alarms highlighted in Health and Safety meetings and included in reports no update from estates</p>	Davies, John	31/10/2025	11/09/25. Initial scoping of training availability for 'H and S induction training for managers' provided by Adam Springthorpe.	People, Organisational Development and Culture Committee	2	3	6	Assurance & Risk Officer has entered TRS date '01/01/1900' whilst undertaking housekeeping on this risk to allow the risk to be saved. Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.	Treat	02-Oct-25

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2137	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: General Surgery	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Lewis, Caroline	02-Jun-25	<p>There is a risk of of being unable to provide sufficient surgical SAS cover to GGH and the elective pathway at PPH.</p> <p>This is caused by Gaps on the GGH rota and the running of an unfunded rota at PPH, which is not currently in the budgeted establishment.</p> <p>This will lead to an impact/affect on a lack of adequate emergency and ward cover at GGH, cancellation of elective USC theatre sessions at PPH if out of hours cover is not provided and a decline in staff morale, due to the pressure of maintaining the rota.</p> <p>Risk location, Glangwili General Hospital, Prince Philip Hospital.</p>	<p>The service team manage the rota on a daily basis, ensuring that there is emergency on-call cover, ward cover and post-take cover at GGH. They also ensure that there is assistant cover for the elective USC lists at PPH and out of hours cover for the elective ward 7.</p> <p>F1 support is available at PPH Monday-Friday, 8am-4pm as part of the F1 rota. Weekend and bank holiday resident cover for PPH is provided by locums.</p> <p>There are two senior medical bank doctors who regularly cover most of the PPH out of hour shifts at the health board card rate.</p> <p>The 1:8 surgical SAS Level rota at GGH currently has 1 vacancy and 1 slot belonging to a doctor who does not work night on-calls. The vacancy was appointed to on 25/07/2025 on a fixed</p>	Workforce/OD	4	3	12	<p>The current risk score reflects the challenges faced by the service and staff affected in managing this rota and covering surgical services across two sites. If cover is not provided for PPH, elective surgery would need to be cancelled, which would directly impact on cancer patients in colorectal and urology, affect performance against the SCP targets. If cover is not provided for GGH, this will affect the emergency surgical pathway on the site where moist surgical pathways in the health board are directed to</p>	<p>Health and Safety review of all sites to be carried out in May 2023 (inspecting physical environments and support mechanisms for staff)</p> <p>All Health and Safety Reviews have been carried out some actions already done clearing of areas, awaiting completed reports.</p> <p>Develop work plan to enable switching between sites</p> <p>OCP to be followed, merging of GGH and PPH teams, and merging of BGH and WGH out of hours to remove lone working and comply with EWTD</p>	<p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p> <p>Brain, Sarah</p> <p>Lewis, Caroline</p> <p>Lewis, Caroline</p>	<p>Completed</p> <p>Completed</p> <p>30/09/2025</p> <p>15/09/2025</p> <p>31/08/2025</p>	<p>Health and Safety advisor booked in to carry out review. Update Action at next review.</p> <p>Work plan to be developed once review of alarms and Health and Safety inspection carried out.</p> <p>OCP currently in process</p> <p>Email sent to finance business partner. To be discussed in departmental finance catch up 05/09/2025</p> <p>Email sent to finance business partner before advertising.</p>	People, Organisational Development and Culture Committee	3	2	6	<p>The target risk score reflects a reduction in the risk score, if additional posts could be funded and a sustainable and compliant rota could be produced to provide adequate surgical SAS level cover for emergency patients at GGH and elective patients at PPH. The likelihood would remain at possible/moderate as unplanned absences including sickness can impact any rota. To reach the target risk score, an agreement needs to be made between the service, clinicians and medical workforce to establish</p>	Treat	11-Aug-25

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									<p>term 12 month contract and the successful candidate is currently onboarding. The night on-calls and ward cover gaps are being covered by internal locum at various rates.</p> <p>There are 2 trainee slots on the 1:8 rota, both have been filled for 2025-2026, which is supporting the rota.</p>						<p>for example upper GI and paediatrics. There is also a risk to delays in discharges of patients due to a lack of senior ward cover. There is currently low staff morale amongst the team of SAS level doctors, due to the length of time they have been covering locum shifts and working under difficult circumstances. This has affected SPA time and work/life balance. There has also been a staff retention challenge with a high turnover of staff on this rota.</p> <p>There is also a financial impact with locum cover being provided to PPH at a cost pressure to the service.</p>	<p>Start the process of developing a compliant SAS Level rota, which provides adequate cover for both GGH and PPH, with the support of medical workforce</p>	Lewis, Caroline	30/09/2025	<p>First meeting with medical workforce planned for 27/08/2025</p>					<p>the grade and number of doctors required to provide the service, medical workforce will need to support the service to build a compliant rota which provides adequate cover. The service would need approval from the health board to fund any additional posts required to support this rota and this funding would need to be added to the service budgeted establishment.</p>		