



# Risk Deep Dive: Operational Allied Health Professions and Health Science

9 April 2026

The purpose of the deep dive on risks owned by Operational Allied Health Professions and Health Sciences (OAHP&HS) Clinical Care Group (CCG) is to assure Quality, Safety and Experience Committee (QSEC) on the:

- management of risks within the CCG
- services are safe and sustainable,
- appropriate actions are in place to further manage and mitigate the risk, addressing any gaps in control and assurances.

This slide deck details the 2 corporate risks and the 2 operational risks which are scoring 25 owned by the OAHP&HS CCG, that are aligned to QSEC based on data as of 17 March 2026.

This slides provide rationale for the current risk scores, mitigating controls in place and their effectiveness to manage the risk and provides assurance that the planned actions are credible and deliverable, as well as provide assurance on the risk management arrangements in place.



# Corporate Risk 797



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Hywel Dda  
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Risk Reference and Title	Inherent Risk Score (Impact x Likelihood)	Current Risk Score (Impact x Likelihood)	Target Risk Score (Impact x Likelihood)	Expected Date to Achieve Target Risk Score
<p>797 - Risk of adverse patient and workforce outcomes if health board wide ultrasound services are unsustainable (Radiology)</p> <p><b>Risk Domain:</b> Quality / Complaints / Audit</p> <p><b>Risk Identified:</b> November 2019</p>	5x5 = 25	5x5 = 25	5x2 = 10	31 March 2030
<p><b>Effectiveness of risk controls</b></p>	<p>The risk controls are effective, and include operational short-term actions, short to medium term workforce stabilisation solutions and a long-term training plan to establish baseline substantive workforce</p> <p><b>Key Controls</b></p> <ul style="list-style-type: none"> <li>• Cross site cover and clinical prioritisation of maternity growth scan workload by referring clinician</li> <li>• Insourcing Non-Obstetric Ultrasound (NOUS) funded by WG until 31.3.26, thereafter funded from budget (4.0 WTE vacancies).</li> <li>• NOUS workload directed to alternative pathways where in place (MSK and Vascular – AHP extended practice roles)</li> </ul> <p><b>Gaps in control and actions</b></p> <ul style="list-style-type: none"> <li>• Pathway diversification – working with maternity to identify which growth scans which can be undertaken by a midwife sonographer. Once mapping of demand and identification of maternity workforce is completed, the pathway will be re-designed. Governance capacity will need to be provided from Radiology</li> <li>• Ultrasound Service (USS) governance - Radiology leadership structure is not sufficient to meet governance demands within and outside of the radiology service. USS leadership role and U/S validator role are required</li> <li>• National shortage of locum/agency sonographers. The service is exploring ways to increase the number of sonographers they can offer agency posts to.</li> <li>• Training pipeline does not meet demand or workforce turnover – 3-year plan is required to baseline substantive workforce</li> </ul>			

# Corporate Risk 797 - continued



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<p><b>Justification for the current risk score (CRS)</b></p>	<p>This risk was escalated from 20 to 25 due to increased fragility in available workforce, due to 2.0WTE retirements in Jan 2026.</p> <p><b>Impact score</b> of 5 due to:</p> <ul style="list-style-type: none"> <li>• A totally unacceptable level or quality of treatment/service: Patients on maternity and cancer pathways are waiting too long for scans required for intervention</li> <li>• Gross failure of patient safety if findings not acted on: Concerns regarding capacity to achieve Welsh Maternity screening targets</li> <li>• Gross failure to meet national standards / performance requirements: Waiting times non-interventional ultrasound are up to 35 weeks and Vascular ultrasound is not available 7 days a week</li> </ul> <p><b>Probability score</b> of 5 / &gt;95% likelihood due to: The service is no longer able to sustain a baseline capacity to provide routine and urgent non obstetric imaging alongside obstetric scanning Monday to Friday, 09:00–17:00 on the WGH site (see separate risk 1349).</p>
<p><b>Effectiveness of risk action plan</b></p>	<p>Completion of risk actions will achieve TRS. Target date of 2030 is required to complete the workforce the training pipeline</p> <p>Maternity have indicated capacity within Midwifery workforce to complete growth scans, which will support pathway diversification. SBAR in final stages - funding is available via annual plan allocation for 26/27.</p> <p>Workforce – an opportunity to utilise Australian and New Zealand Sonography workforce is being explored (with additional governance and checks to assure quality without registration). Success would enable appointment to locum positions to support the service capacity and allow substantive workforce to increase their training capacity. This would be funded from 26/27 Annual Plan allocation if approval is gained.</p> <p>Radiology management restructuring as part of stabilisation plan. The OCP is planned for formally commence in April 26, additional governance capacity recruitment on schedule for Q2, 26-27.</p>
<p><b>Risk assurances</b></p>	<p>This risk is being monitored and escalated via service risk review meetings and CCG Integrated Governance Meetings.</p>

# Corporate Risk 1552



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Risk Reference and Title	Inherent Risk Score (Impact x Likelihood)	Current Risk Score (Impact x Likelihood)	Target Risk Score (Impact x Likelihood)	Expected Date to Achieve Target Risk Score
1552 - Risk of insufficient mortuary capacity due to current and anticipated future demand (Pathology) Risk Domain: Safety – Patient, Staff or Public Risk Identified: December 2022	5x4 = 20	5x4 = 20	4x2 = 8	31 August 2026
<b>Effectiveness of risk controls</b>	<p>Pressure on mortuary capacity driven by a combination of operational monitoring, contingency arrangements and additional storage solutions. Business continuity plans are in place and include:</p> <ul style="list-style-type: none"> <li>• renting temporary storage during peak demand.</li> <li>• redistributing deceased individuals across sites.</li> <li>• using contracted funeral directors for overflow capacity.</li> </ul> <p>Additional refrigeration units and bariatric equipment provide further flexibility, and ongoing engagement with Mortality Group members, medical colleagues, the Medical Examiner Service, and external stakeholders ensures continuous communication and oversight.</p>			
<b>Justification for the current risk score (CRS)</b>	<p>The current risk score of 20 is due to demand regularly exceeding permanent storage and requiring reliance on temporary units, contingency arrangements and cross-site redistribution. While existing controls help manage immediate pressures, they do not prevent recurrence, and the consequences of insufficient capacity within Health Board remain severe, including risks to regulatory compliance, staff safety, dignity of the deceased, and service resilience.</p> <p><b>Impact score</b> of 5 due to:</p> <ul style="list-style-type: none"> <li>• Potential failure to meet national standards (HTA)</li> <li>• Reputational damage, including potential national media coverage if insufficient storage</li> </ul> <p><b>Probability score</b> of 4 / 75-95% likelihood due to:</p> <ul style="list-style-type: none"> <li>• regularly exceeding permanent storage and requiring reliance on temporary units</li> </ul>			

# Corporate Risk 1552



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Risk Reference and Title	Inherent Risk Score (Impact x Likelihood)	Current Risk Score (Impact x Likelihood)	Target Risk Score (Impact x Likelihood)	Expected Date to Achieve Target Risk Score
1552 - Risk of insufficient mortuary capacity due to current and anticipated future demand (Pathology) <b>Risk Domain:</b> Safety – Patient, Staff or Public <b>Risk Identified:</b> December 2022	<b>5x4 = 20</b>	<b>5x4 = 20</b>	<b>4x2 = 8</b>	31 August 2026

<b>Effectiveness of risk action plan</b>	<p>The risk action plan includes minor works at both Prince Philip Hospital H and Bronglais Hospital BGH to increase fridge and freezer capacity, which is expected to slightly reduce the likelihood score once completed in March 2026.</p> <p>A longer-term business case is also being developed locally and regionally to fully address and mitigate the risk.</p>
<b>Risk assurances</b>	<p>Risk is monitored in the Human Tissue Authority (HTA) assurance group and QSIG, Service risk review meetings and CCG Integrated Governance Meetings</p>

# Overview of Extreme Operational Risks (i.e Current Risk Score (CRS) 15 and above)



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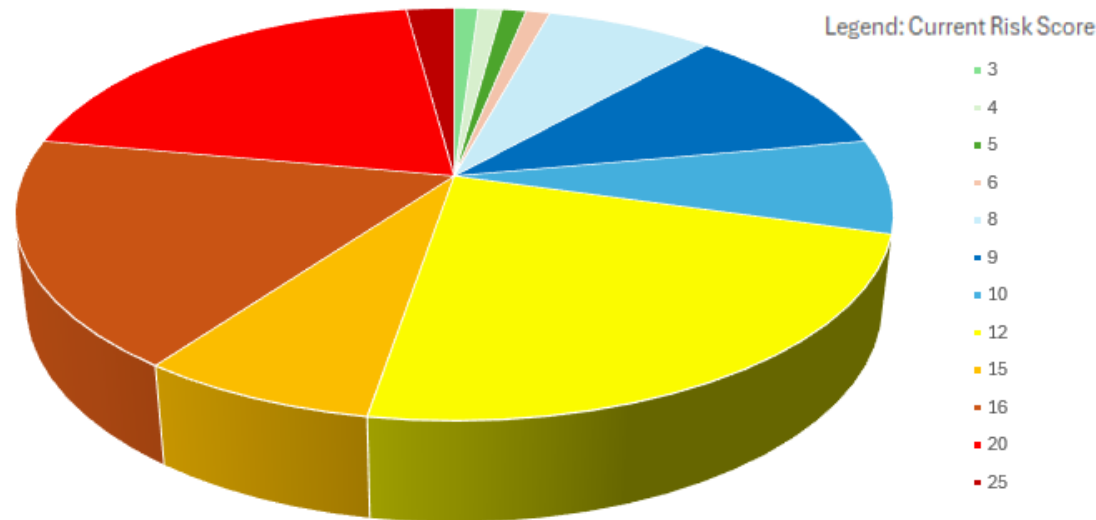
Of the 618 operational risks on Datix (as of 17 March 2026) 18.7% (n=116) are aligned to the OAHP&HS CCG.

Of these:

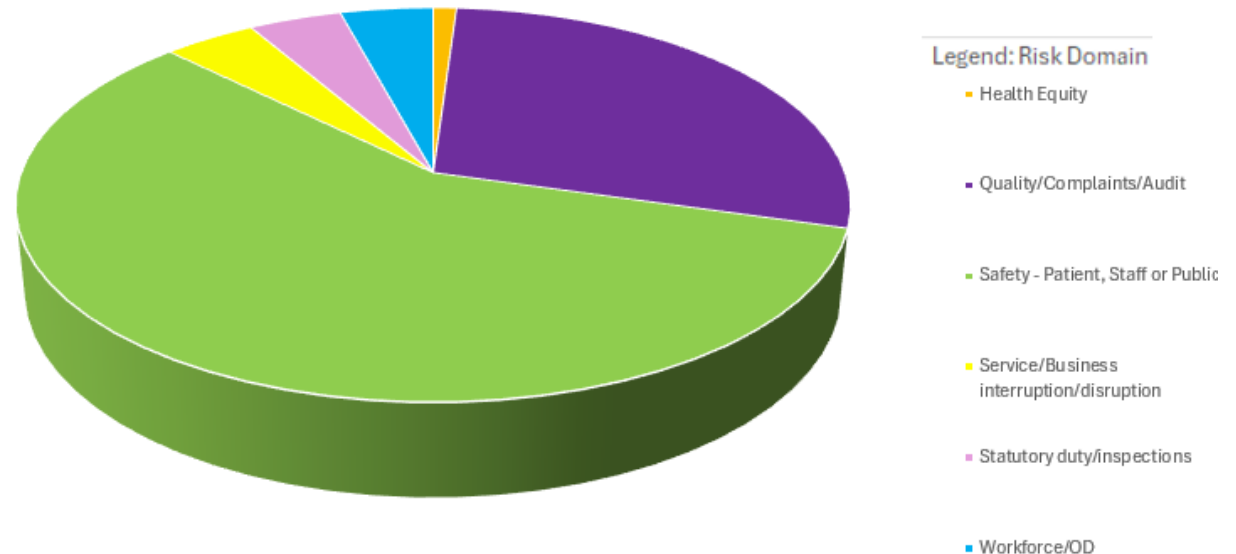
- 50.8% (n=59) are scored as “extreme” (i.e with a CRS of 15 or more), 48 are aligned to QSEC
- 62 are aligned to the risk domain of “Safety – Patient, Staff or Public” (28 of which are Extreme scoring)
- 5 have CRS which exceed the TRS and have surpassed their expected date to achieve the target risk score, all of which are aligned to QSEC.

The following slides provide detail on the 2 operational risks aligned to QSEC which have a Current Risk Score of 25.

Operational Risk Register Profile of OAHP&HS Aligned to QSEC - Current Risk Score



Operational Risk Register Profile of OAHP&HS Aligned to QSEC - Risk Domain



# Operational Risk 1349



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Risk Reference and Title	Inherent Risk Score (Impact x Likelihood)	Current Risk Score (Impact x Likelihood)	Target Risk Score (Impact x Likelihood)	Expected Date to Achieve Target Risk Score
1349 - Risk of being unable to deliver ultrasound services at WGH due to a lack of appropriately trained obstetric staff (Radiology) <b>Risk Domain:</b> Safety – Patient, Staff or Public <b>Risk Identified:</b> March 2022	<b>5x5=25</b>	<b>5x5=25</b>	<b>5x2=10</b>	31 March 2030
<b>Effectiveness of risk controls</b>	The key controls and steps to address the gaps are those described in risk 797 (slide 3) . They include operational short-term actions, short to medium term workforce stabilisation solutions and a long-term training plan to establish baseline substantive workforce  The insourcing is targeted to obstetric workload at WGH, as this is the most fragile site, alongside the flexing of workforce from other sites when peak staff shortages are experienced at WGH			
<b>Justification for the current risk score (CRS)</b>	Justification is described in corporate risk 797 (slide 3 and 4)			
<b>Effectiveness of risk action plan</b>	Credible medium- and long-term action plan is described in corporate risk 797 (slide 3 and 4)			
<b>Risk assurances</b>	This risk is being monitored and escalated via service risk review meetings and CCG Integrated Governance Meetings.			

# Operational Risk 834



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Risk Reference and Title	Inherent Risk Score (Impact x Likelihood)	Current Risk Score (Impact x Likelihood)	Target Risk Score (Impact x Likelihood)	Expected Date to Achieve Target Risk Score
834 - Risk of clinical deterioration due to reduced service resilience within the Clinical Haematology sub-specialty (Pathology) <b>Risk Domain:</b> Workforce / OD <b>Risk Identified:</b> March 2022	<b>5x5 = 25</b>	<b>5x5 = 25</b>	<b>4x1 = 4</b>	31 December 2028
<b>Effectiveness of risk controls</b>	Current controls provide short-term mitigation but do not yet deliver sustainable service resilience. Full-time above-price-cap agency locum cover maintains Clinical Haematology services at GGH and WGH, with a bank consultant supporting PPH to stabilise rotas and protect patient safety. Clinical Nurse Specialists (CNS) support the caseload within their scope of competence, helping to maintain pathways and reduce pressure on medical staff. Workforce redesign, including recruitment of 3 WTE CNS posts to replace a retired associate specialist, represents progress toward a more resilient multidisciplinary model.			
<b>Justification for the current risk score (CRS)</b>	These controls are heavily reliant on temporary workforce solutions, are financially unsustainable, and remain vulnerable to workforce change. CNS capacity is at maximum, there is an agreed exit plan to reduce agency reliance (4 WTE as of March 2026), however this will take time to come into fruition. The retirement of a consultant at BGH in April 2026 without middle-grade support represents a significant gap. As a result, the controls have not yet reduced the likelihood or impact of the risk, and the CRS remains unchanged. <b>Impact score</b> of 5 due to: ongoing unsafe staffing levels – reliance on 4WTE agency to maintain safe service <b>Probability score</b> of 5 / >95% likelihood due to: Loss of Consultant at BGH will increase the likelihood above 95%.			
<b>Effectiveness of risk action plan</b>	The action plan is phased and credible, focusing initially on stabilising medical cover by reducing high-cost agency reliance, strengthening rotas and progressing Specialist Doctors and international recruits. Medium- and long-term actions reinvest funding to expand multidisciplinary capacity, deliver consultant succession planning and restrict agency use to exceptional circumstances. Full delivery will stabilise staffing, reduce impact to 1 and likelihood to 4, achieving the target risk score of 4 within risk appetite.			
<b>Risk assurances</b>	This risk is being monitored and escalated via service risk review meetings and CCG Integrated Governance Meetings.			



The Committee are asked to take assurance:

- that the management of risks within the CCG are safe and sustainable,
- appropriate actions are in place to further manage and mitigate the risk, addressing any gaps in control and assurances.

<b>Date Risk Identified:</b>	Nov-19
<b>Strategic Objective:</b>	1. Thriving Teams and 2. Healthier Communities and 3. Great Care and 4. Positive Futures

<b>Executive Director Owner:</b>	Carruthers, Andrew	<b>Date of Review:</b>	Mar-26
<b>Lead Committee:</b>	Quality, Safety and Experience Committee	<b>Date of Next Review:</b>	Apr-26

<b>Risk ID:</b>	<b>797</b>	<b>Corporate Risk Description:</b>	<p>There is a risk that health board wide ultrasound services are unsustainable. This is caused by - Demand increase across NOUS and Maternity Ultrasound pathways requires 34 148 additional scanning hours.</p> <ul style="list-style-type: none"> <li>- Workforce establishment does not match demand.</li> <li>- Workforce vacancies long standing (national shortage, training pipeline 3 years with large supervision requirement).</li> <li>- Unable to move staff between sites to cover as all sites unable to meet minimum standards required.</li> <li>- Occupational Health impact from workloads reducing workforce available (RSI).</li> </ul> <p>This could lead to an impact/affect on - Patient outcomes = delays to scans resulting in delays to treatment or death (cancer and maternity pathways)</p> <ul style="list-style-type: none"> <li>- Workforce outcomes = staff harm from RSI resulting in long term injury from too much scanning of similar types (unable to job plan appropriately due to demand and vacancies).</li> </ul> <p>Quality, complaints and audit - (5) Totally unacceptable level or quality of treatment/service. Gross failure of patient safety if findings not acted on. Inquest/ombudsman inquiry. Gross failure to meet national standards / performance requirements.</p> <p>Safety of patients - (4) Major injury leading to long-term incapacity/disability. Requiring time off work for &gt;14 days. Increase in length of hospital stay by &gt;15 days. Mismanagement of patient care with long-term effects.</p> <p>Finance including Claims - (5) Claim(s) &gt;£1 million.</p> <p>Probability = &gt;95%</p>
<b>Does this risk link to any Directorate (operational) risks?</b>		1349 (WGH), 1658 (RSI), 1936 (maternity)	

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Quality/Complaints/Audit
<b>Inherent Risk Score (L x I):</b>	5x5=25
<b>Current Risk Score (L x I):</b>	5x5=25
<b>Target Risk Score (L x I):</b>	2x5=10
<b>Expected Date To Achieve TRS:</b>	3/31/2030

Date	Current Risk Score	Target Risk Score
May-23	20	12
Sep-23	20	12
Feb-24	20	12
Jun-24	20	12
Oct-24	20	12
Jan-25	20	12
May-25	20	12
Aug-25	20	12
Nov-25	25	10

<b>Trend:</b>	↔
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**Rationale for CURRENT Risk Score:**

This risk was escalated from 20 to 25 due to increased fragility in available workforce, due to 2.0WTE retirements in Jan 2026.

Impact score of 5 due to:

A totally unacceptable level or quality of treatment/service:

Patients on maternity and cancer pathways are waiting too long for scans required for intervention

Gross failure of patient safety if findings not acted on.

Concerns regarding noncompliance with Welsh Maternity screening targets

Gross failure to meet national standards / performance requirements.

Waiting times non-interventional ultrasound are up to 35 weeks

Vascular ultrasound is not available 7 days a week

Probability score of 5 / >95% likelihood

The service is no longer able to sustain a safe baseline capacity to provide routine and urgent non obstetric imaging alongside obstetric scanning Monday to Friday, 09:00-17:00 on the WGH site (see separate risk 1349).

**Rationale for TARGET Risk Score:**

Impact of service failure remains the probability of service failure is the aim of mitigating actions.

Probability target of 5-25% (2)

In Jan 2026 target date was reviewed and extended. Justification for this change is the timeline for Radiology Leadership OCP and recruitment to bring in the leadership required to mitigate the gaps in controls thus requires extended timelines due to pathways changes and training timelines. In addition Annual Planning 2026/27 priorities for AH and HS CCG include further mitigation of this risk via capacity being added of 13WTE (£710 352) therefore likelihood scoring reduces to a 2 (5-25% probability). 2030 target date This timeline is due to training timelines it will take at least three years to train a workforce if 2026/27 Annual Planning funding is provided to Radiology.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Insourcing NOUS undertaking 150 scans per week - funded by WG until 31.3.26. Funding for 26/27 from budget (4.0 vacancies).</p> <p>Locum/Agency capacity - 1.0WTE secured. there are 2.0 agency requests unfilled.</p> <p>Prioritisation of maternity growth scan workload by referring clinician - urgency allocated on referral form by referring clinicians.</p> <p>Training pipeline (supported practice educator) - 5.0WTE in post (end of training Jan 2027), 1.0WTE Midwife sonographer (in preceptorship).</p> <p>MSK and Vascular pathways via AHP extended practice roles (some Physiotherapy and Podiatry pathways in place to support ultrasound workload)</p> <p>Demand vs capacity scanning gap is £710, 352 /13 WTE workforce - Annual Plan 26/27 approved.</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Health board wide governance of ultrasound pathways</p> <p>Pathway workforce diversification -</p> <p>Training pipeline does not meet demand or workforce turnover.</p> <p>Training capacity (trainees available but inadequate internal capacity to train)</p> <p>Centralised booking - due to commence June 26 to improve cross site cover.</p> <p>Insourcing/outsourcing/Agency/Locum capacity</p>	<p>Further action necessary to address the controls gaps</p> <p>Develop and implement a plan to help alleviate pressures through increasing the number of growth scan checks undertaken by midwives.</p>	<p>Llewellyn, Cerian</p>	<p>Completed</p>	<p>The date of completion of this action has been changed to 31/01/2026 as the midwife identified for training did not start until Jan 2025 due to lack of process to support the clinical aspects and a change in maternity management.</p> <p>Maternity and child health are required to advise of the plan to utilise the skills of the trainee midwife sonographer and also any plans to train more staff.</p> <p>June 2025: Midwife sonographer is now undertaking required training and expected to qualify in January 2026. Jan 26 - midwife sonographer has undertaken course and starting preceptorship</p>
	<p>Radiology management restructuring as part of stabilisation plan. new posts needed to provide a longer term solution to issue. Not possible with current management structure and stability risk</p>	<p>Procter, Sarah</p>	<p>30/06/2026</p>	<p>Informal consultation received alternative proposal Dec 2025, workshop with stakeholders scheduled early Jan 2026. Informal consultation extended until Feb 2026.Changes made to OCP awaiting exec approval - hoping to start April 26</p>
	<p>Training pipeline - 5.0WTE Trainee sonographers scheduled to complete training.</p>	<p>Procter, Sarah</p>	<p>31/01/2027</p>	<p>25/11/2025 - New action.</p>
	<p>Training pipeline - 1.0WTE midwife sonographer completed training.</p>	<p>Procter, Sarah</p>	<p>Completed</p>	<p>midwife sonographer has completed the course.</p>

Insourcing/Outsourcing - procurement conversation with current provider of ultrasound capacity relating to adding more scanning capacity for obstetric ultrasound capacity (2000 scans) on top of current contract	Procter, Sarah	Completed	25/11/2025 - new action 29/12/2025 - Chasing of provider who is reporting capacity to meet this demand but is not able to complete the scanning when we have handed over this scanning work. Now a meeting is required to push for this capacity to be released or statement that provider is unable to source the capacity so other options can be sourced.
Agency capacity - throughout 2025/26 2.0WTE out for advert with agency (AG1 (HR form for agency approval) valid until 2027)	Procter, Sarah	31/01/2027	25/11/2025 - AG1 approved for 2.0WTE until Jan 2027, out with Agencies during 2025/26. No interest this year as yet.
Insourcing/Outsourcing - Provider has confirmed capacity but has not been able to pick up scans when allocated. Therefore contract meeting with Deputy HoS (SP) and Director of Performance and Planning (KJ) scheduled (14.01.2026) to understand barrier to release in capacity,	Procter, Sarah	Completed	meeting undertaken - further capacity unlocked
Pathway workforce diversification - Maternity have indicated capacity within Midwifery workforce to complete growth scans. Analysis underway to identify % of scanning and therefore % WTE transfer.	Procter, Sarah	<del>28/02/2026</del> 31/04/2026	26/2/26 - SBAR shared with Director of midwifery - awaiting answer. 16/02/2026- meetings with Maternity continue. Paper shared with Director of Midwifery to outline governance around 1.26WTE Sonography capacity moving to Midwifery. Changes made to SBAR and validation by director of delivery's team.
Demand vs Capacity - Submit as a priority for 2026/27 Annual Planning (£710 352 / 13 WTE) additional funding required to meet demand	Quarrie, Sara	Completed	This demand and capacity gap funding was submitted as a priority by the AH and HS CCG in the Annual Planning 2026/27 workshop on the 21.11.2025.
Demand vs Capacity - Clinical validation support from NHS Performance & Improvement (intended outcome is to reduce inappropriate referrals to u/s modality and redirect to alternative and more appropriate modalities).	Procter, Sarah	Completed	Approval given to seek support meeting scheduled SP and NHS Performance and Improvement 16.01.2026 to agree implementation. validation Work started 19.1.26

Demand and Capacity - Skill mix vacancies in u/s to create 1.0WTE 8A - Job description to be sent to job matching	Procter, Sarah	<del>28/02/2026</del> 28/03/2026	Action agreed in Dec 2025. delay due to workload - JD in process
Midwife sonographer undertaking preceptorship to be able to work independently - radiology supporting	Procter, Sarah	29/01/2027	new action

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance
			Current Level
8 week USC Ante-natal screening Wales	Waiting list monitoring - Live dashboard review by Radiology Leadership (daily) and monthly formal submission of performance * week data to Welsh government (see iPAR).	2nd	
	Performance monitored at Executive Improving Together Sessions	2nd	

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)
IQFPDG 26/11/2025 - SBAR - Ultrasound Fragility - Corporate risk 797

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
Further action necessary to address the gaps				

<b>Date Risk Identified:</b>	Feb-22
<b>Strategic Objective:</b>	3. Great Care

<b>Executive Director Owner:</b>	Carruthers, Andrew	<b>Date of Review:</b>	Mar-26
<b>Lead Committee:</b>	Quality, Safety and Experience Committee	<b>Date of Next Review:</b>	Apr-26

<b>Risk ID:</b>	<b>1552</b>	<b>Corporate Risk Description:</b>	<p>There is a risk of insufficient mortuary capacity (Fridge &amp; Freezer capacity) Health Board wide to meet the current and future growing demand and provide adequate and appropriate sized storage for ward and community deaths.</p> <p>This is caused by the severe lack of storage capacity across all mortuaries within the Health Board, compounded by the fact that some of the refrigeration spaces are not big enough to accommodate the increasingly larger bodies that are being admitted into our mortuary facilities, and the inability for staff to safely access refrigeration spaces at WGH and BGH. In addition, the increase in economic, social, demographic, regulatory and legislative (Medical Examiner Service - MES) pressures have significantly increased both the quantity of deceased and length of stay within our Mortuary body storage facilities.</p> <p>This could lead to an impact/affect on the dignity, and condition of deceased patients within our care due to the inability to adequately store these patients in a suitable environment. There is also the potential impact of non-compliance with legislative requirements, including Human Tissue Authority, along with reputational damage to the Health Board. There could also lead to emotional distress to the families and friends of the deceased.</p>
<b>Does this risk link to any Directorate (operational) risks?</b>		283, 1554	

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Safety - Patient, Staff or Public
<b>Inherent Risk Score (L x I):</b>	4x5=20
<b>Current Risk Score (L x I):</b>	4x5=20
<b>Target Risk Score (L x I):</b>	2x4=8
<b>Expected Date To Achieve TRS:</b>	8/31/2026
<b>Trend:</b>	

The chart displays two horizontal lines representing risk scores over time from November 2025 to March 2026. The y-axis ranges from 0 to 25. The red line, representing the Current Risk Score, is constant at 20. The blue line, representing the Target Risk Score, is constant at 8. A legend on the right identifies the lines: a red line for 'Current Risk Score' and a blue line for 'Target Risk Score'.

**Rationale for CURRENT Risk Score:**

The Health Board is exposed to significant risks resulting from insufficient mortuary capacity across its estate. The ongoing dependence on temporary body storage, particularly during periods of excess deaths, presents challenges in maintaining regulatory compliance, protecting staff wellbeing, ensuring safe manual handling practices, and upholding the dignity of the deceased. The current infrastructure risks non-compliance with HTA standards. According to ONS projections, the death rate is expected to rise, peaking in 2044, further intensifying these pressures.

Suboptimal facilities may lead to compromised presentation of the deceased, increased emotional distress for families, and safety concerns for mortuary staff, especially manual handling. While control measures are in place, they are not sufficient to manage the current volume of deaths within the mortuary service, particularly during periods of heightened demand. These control measures should serve only as temporary contingencies, in line with the HTA licence however, there is a growing need for enhanced storage capacity throughout the year, not solely during seasonal peaks.

Current body storage provisions do not meet operational requirements, and there is limited flexibility to respond to unplanned disruptions, such as those involving MES, HMC, or PM Service interruptions. Furthermore, the extremely constrained footprint of the mortuary estate significantly restricts opportunities for external expansion or

**Rationale for TARGET Risk Score:**

Target score is based on successful outcome from Body Storage Capacity paper being escalated via CCG (03.06.25) to IQFPD (11.06.25). Funding stream discussed with Executive Director of Finance on (21.07.25) along with further meetings and support from the Health Board's finance and planning team to ensure a long-term sustainable solution is implemented as soon as reasonably possible. Assurance has been provided by the Executive Director of Finance that financial support will be received in order to enact the short term measures to ensure appropriate capacity is available for the approaching winter pressure period. Further discussions will be held with finance and planning colleagues to discuss medium and long term mitigating plans. Long term solution need to be sustainable and future proof to ensure the target risk score is achieved and maintained.

TRS and expected date to achieve agreed by Formal Executive Team in November 2025.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	<b>Identified Gaps in Controls :</b> (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	<b>How and when the Gap in control be addressed</b> Further action necessary to address the controls gaps	<b>By Who</b>	<b>By When</b>	<b>Progress</b>
1. At times of peak pressure, temporary body storage units are rented  2. Monitoring of numbers of deceased against storage capacity (Health Board wide)  3. Business continuity plans in place (Health Board wide)  4. Contracts with local funeral directors to utilise contingency storage of deceased (Health Board wide)  5. Deceased are relocated to other mortuary sites when needed (Health Board wide)  6. Bariatric blanket available for short-term use across all Health Board sites  7. Additional body refrigeration (Boxcold solution) has been installed into the old PM (Post Mortem) room at WGH site.  8. Participation, engagement and communication with the Health Board's Mortality Group, medical colleagues, Medical Examiner Service and external stakeholders	1. Despite owning 1x 15 BSS unit, we have insufficient storage provision for the upcoming winter pressure period  2. Insufficient suitable space and/or estate within mortuary facilities to increase body storage capacity.  3. Any delay in the death certification process (internal & external stakeholders) significantly impacts on the management of mortuary body storage. As these processes are outside of mortuary control, we frequently invoke contingency plans to accommodate the deceased. Death certification process be noted as a control measure, with the gap being the delays in these processes as a result of sources beyond the Health Board's control (MES, HMC, PM service disruption etc)?	Requirement of additional body storage capacity health board wide. Capital funding needs to be secured.	Baker, Craig	31/03/2025-31/03/2026	To be escalated via CCG structure  Escalated at IQFPDG June 2025 - meeting to be scheduled with HT re short term capacity and LD for medium/long term capacity for analysis.  Body storage capacity paper being submitted via CCG structure.  Financial approval from Finance executive to increase temporary storage over winter period (2025 - 2026), this includes funding to cover adding of additional capacity at PPH. In addition, currently reviewing BGH footprint to look at increase of freezer capacity to cover HB.  29/12/25 - Capital funding secured to increase freezer capacity at BGH.

<p>4 &amp; 5. Due to the national shortage of body storage capacity, death certification processes and current death rates, contingency plans utilising mutual aid are ineffective as all Health Boards are experiencing the same level of body storage capacity pressures and are therefore unable to assist.</p> <p>6. During the recent Tier 1 National Mass Fatality Pandemic Exercise it was identified that nationally and locally we have insufficient levels of body storage capacity to handle a mass fatality or a period of excess death. Risk areas were identified by the Hywel Dda team that participated in the exercise and these along with suggestions for improvements were feedback to the Local Resilience Forum (LRF) who will escalate this feedback to Welsh Government.</p>	<p>Explore options regarding temporary body storage rental and purchase of body storage capacity.</p>	<p>Brown , Yasmin</p>	<p>Completed</p>	<p>Ongoing Discretionary Capital bid to purchase a 15BSS Nutwell storage unit.</p> <p>20.08.25 - Currently in discussions with suppliers regarding rental costs.</p> <p>19.11.25 - The service has been successful in procuring a 15 BSS storage unit via a spend to save scheme. This unit will be delivered towards the end of November/start of December 2025.</p> <p>19.11.25 - The service has also rented 2x additional 15 BSS nutwell units as contingency storage space as part of our winter preparedness plans and in readiness for the winter increase in death rates.</p>
	<p>Work with estates teams across the Health Board to undertake the minor and major works that are required to allow for the installation of the box cold body storage solutions.</p>	<p>Brown , Yasmin</p>	<p><del>30/12/2025</del> 30/04/2026</p>	<p>Contact has been made with estates managers in WGH, PPH, and GGH. Quotations for minor building works to be undertaken within the PPH and BGH mortuary facilities and are being progressed</p> <p>19.11.25 - Building works commissioned for PPH with the works scheduled to be completed at the beginning of December 2025 to allow for for the erection of the additional additional body storage capacity (boxcold).</p> <p>05.01.26 - Building works commissioned for BGH with the works scheduled to be completed March 2026 to allow for for the erection of the additional additional body storage freezer capacity.</p>

<p>Seek external advice on enhancement of mortuary storage capacity within current mortuary estate footprint.</p>	<p>Brown , Yasmin</p>	<p>Completed</p>	<p>Initial site visit has taken place with Wessex refrigeration to determine the art of the possible within the existing GGH mortuary facility footprint. Awaiting receipt of possible plans and quotations.</p> <p>19.11.25 - Quotations have been received from Wessex refrigeration and engagement is ongoing with estates teams to work these up further.</p>
<p>Develop a business case and explore options in order to secure capital funding to ensure capacity meets both current and future body storage demands.</p>	<p>Baker, Craig</p>	<p>30/11/2026</p>	<p>Initial discussions held with Director of Finance and Director of Strategy and Planning regarding potential options to explore.</p> <p>Some of these options include</p> <ul style="list-style-type: none"> <li>- Building new estate and facilities</li> <li>- Commissioning body storage from private providers e.g. funeral directors</li> <li>- Working in collaboration with other Health Boards and Local Authority to develop combined regional solutions</li> </ul>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Pathology Strategy Group.	1st	Blue	Green	Presentation to IQFPD - June 2025.					
	Hywel Dda HTA Assurance Group.	1st	Blue							
	Regional HTA Assurance Group.	2nd	Blue							
	Quality & Safety Intelligence Group	2nd	Blue							
	AHP & HS CCG reporting up to IQFPD	2nd	Blue							
	IQPD	3rd	Pink							

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834	Operational Allied Health Professions & Health Sciences	AHP&HS: Pathology	AHP&HS: Clinical Haematology	Carruthers, Andrew	Quarrie, Sara	Jones*, Dylan	Beard, Nick	6-Feb-20	<p>There is a risk of severe workforce fragility in clinical haematology</p> <p>This is caused by vacancies within the small Consultant Haematologist teams covering all sites and reliance on expensive high cost agency locums. Reliance on staff who have retired and returned to cover BGH. Consultants working single handed and finding it difficult to take annual and study leave.</p> <p>This will lead to an impact/affect on ability to achieve safe staffing levels across whole health board. This will lead to patients having poorer outcomes from delays in commencement of treatment, reliance on locums, increased complaints and claims and increased scrutiny from Welsh Government. Also the impact on the health and wellbeing of the remaining staff.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.</p>	<p>02/03/26 - Full time above price cap agency locum supporting GGH and WGH service.</p> <p>Bank consultant supporting PPH.</p> <p>Clinical Nurse Specialists in Haematology support the caseload within their scope of competency.</p> <p>Workforce redesign recruitment of 3 WTE CNS to replace retired associate specialist Dr.</p>	Workforce/OD	5	5	25	<p>02/03/26 - Reviewed risk and changed domain from patient safety to workforce as it aligns with risk.</p> <p>The likelihood remains at 5 as there are a number of vacant posts across In Hywel Dda and across Wales within this specialty. Difficulty in recruitment of Consultant Grade staff. Currently there are 5.5 WTE vacancies out of an establishment 7.5. These are being covered by temporary workforce solutions (Agency and Fixed term staffing)</p> <p>Changed impact from 4 to 5 as workforce gaps will result in non delivery of service at BGH as a result of retirement of consultant and lack of middle grade in medical rota.</p>	<p>Recruit to the 1.0 WTE vacant post based at GGH</p> <p>Secure charitable fund resource to purchase MGUS DAWN software package to enable CNS staff to manage / monitor MGUS patients, which will help support the Consultant caseload.</p> <p>Complete SBAR to identify the benefits of a revenue investment in relation to procurement of MGUS DAWN software.</p> <p>Review service provision post Covid to identify if any service changes introduced during the pandemic can be continued e.g. virtual/telephone consultations/ clinics.</p> <p>Application to Charitable funds to seek support for Clinical Haematology nurse specialist post at BGH as succession planning for existing staff member, following withdrawal of Macmillan funding.</p> <p>Creating haematology software package so the CNS can manage patients more efficiently</p>	Jones*, Dylan	Completed	<p>Locum currently in place for 6 months and one has been recruited (awaiting visa and relevant training).</p> <p>There is a significant amount of Charitable Funds within the Haematology fund to support the purchase but not the on going revenue element. 09/02/2022 - Approval received in 2020 for Charitable funds, however waiting on further costings on IT support requirements. Potential delay with the project in obtaining an interface as HDdUHB is the only HB in Wales requiring this. Action to be closed, with new action to be raised for a potential new project.</p> <p>Total revenue required for the project is being collated. Presented to Charitable Funds Committee, action closed.</p> <p>Discussed in haematology management Meeting, and escalated to relevant management.</p> <p>Application submitted</p> <p>As at September 2022, Signatory Fund transferred to Dylan Jones, with work ongoing.</p>	Quality, Safety and Experience Committee	4	1	4	<p>The plan prioritises quickly replacing high cost agency locums with an NHS locum, formalising three Specialist Doctors, strengthening the on call rota, and accelerating development for international recruits.</p> <p>Medium term actions include using the £270k drug underspend to fund CNS, pharmacist and admin posts, creating subspecialty teams, and establishing a consistent cross site nursing model.</p> <p>Long term goals focus on Consultant succession planning, developing Specialist Doctors into future Consultants, expanding international recruitment, and reducing agency use to exceptional circumstances only.</p> <p>Once long term plan achieved the target risk will reach 4. Staffing levels to stabilise once exit plan to reduce agency is realised that would result in an impact score of 1. The likelihood will reduce to 4 as there will be occasions when there are gaps in substantive workforce (score of 4).</p>	Treat	2-Mar-26

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															Service review to be undertaken, with support from the Transformation Team	Jones*, Dylan	Completed	Short term review has been undertaken and have recruited into current vacancies. Next steps to look at long term service provision to make the service more sustainable in the future.							
														SBAR to be prepared on succession planning.	Jones*, Dylan	Completed	Now complete. To bring to next escalation meeting.								
														Recruit into clinical haematology SDM role to support service development/resilience.	Jones*, Dylan	30/09/2024-31/03/2025-31/06/2025 30/09/2025-31/05/2026	Position has been rejected in the Financial Control Group. An SDM JD has been created for Haem Onc. The plan is for this service to be reassigned to another CCG. Meeting with Peter SKitt is planned to discuss potentially moving to C&IM.								
														Recruit into vacant Consultants posts (2x Consultant, WGH and GGH)	Jones*, Dylan	3-7/12/2024-31/03/2025-31/06/2025 3-7/10/2025-31/04/2026 31/07/2026	All Wales international recruitment took place in November 2024. Currently unable to recruit into substantive posts. International haematologists have joined HB however these are not consultants, therefore we still need to recruit (adverts unsuccessful to date). Revised date extended to account for new round of recruitment.								
														Recruit Clinical Lead for Clinical Haematology.	Jones*, Dylan	30/09/2025 31/03/2026	Revised JD in draft (currently in engagement phase)								
														Create SBAR reviewing which directorate Clinical Haematology should sit in the future. Changes to organisation structure and Regional Pathology will drive this discussion	Jones*, Dylan	Completed	SBAR completed. Agreement now being sought.								

Operational Risk Register

Date: March 2026

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															Escalate SBAR reflecting the change in BGH service as a result of consultant retirement at BGH.  Create SBAR for escalation to convert drugs underspend from non pay budget into establishment in the Pay budget to help stabilise workforce.	Beard, Nick	31/07/2026	New action							
															Jones*, Dylan	31/03/2026	New action								

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1349	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Roberts-Davies, Gail	28-Feb-22	<p>There is a risk of failing to deliver the ultrasound service at WGH.</p> <p>This is caused by a lack of appropriately trained obstetric staff due to: Retirements and long term sickness. National shortage of sonographers. Increased obstetric demand for growth scans Lack of agency/locum sonographers. Difficulty in training due to low levels of trained staff and the length of the sonography course (2 years)</p> <p>This will lead to an impact/affect on increasing routine ultrasound waiting lists. adverse peri-natal outcomes. failure to provide obstetric scans within the time required. non-adherence to RCOG and NICE guidelines. increased risk of staff developing Repetitive Strain Injury (RSI) failure to provide same-day diagnostics.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Continual recruitment campaigns and improved adverts.</p> <p>Ability to request assistance from other sites when peak staff shortages experienced at WGH</p> <p>Outpatient referrals are being sent to other sites where possible.</p> <p>Continued ultrasound insourcing to reduce NOUS waits in line with funding</p> <p>Insourcing to cover vacancy particularly targeted with obstetric workload at WGH which is fragile.</p> <p>Insourcing on non obstetric to release substantive to train and undertake obstetric workload.</p> <p>Demand vs capacity scanning gap is £710, 352 /13 WTE workforce - Annual Plan 26/27 approved.</p> <p>Prioritisation of maternity growth scan workload by referring clinician - urgency allocated on referral form by referring clinicians.</p>	Quality/Complaints/Audit	5	5	25	<p>This risk was escalated from 20 to 25 due to increased fragility in available workforce, due to 2.0WTE retirements in Jan 2026.</p> <p>Impact score of 5 due to: A totally unacceptable level or quality of treatment/service: Patients on maternity and cancer pathways are waiting too long for scans required for intervention Gross failure of patient safety if findings not acted on. Concerns regarding noncompliance with Welsh Maternity screening targets Gross failure to meet national standards / performance requirements. Waiting times non-interventional ultrasound are up to 35 weeks Vascular ultrasound is not available 7 days a week</p> <p>Probability score of 5 / &gt;95% likelihood The service is no longer able to sustain a safe baseline capacity to provide routine and urgent non obstetric imaging alongside obstetric scanning Monday to Friday, 09:00-17:00.</p>	<p>Convert existing sonographer vacancy to backfill the release of radiographer to train in ultrasound from Jan23</p> <p>An update paper to written for OPDP to inform of the plan to sustain services in the short to medium term.</p> <p>Developing a mini competition document to test the market for insourcing ultrasound company for at least 12 months</p> <p>Seek support to undertake a demand and capacity (D&amp;C) review and detailed establishment review of the radiology service.</p>	Lingwood, Gill	Completed	<p>Post is at vacancy approval stage on Trac. However it takes a year to complete sonography training.</p> <p>Updates to OPDP are ongoing. Initial update paper presented to OPDP on 11th May 2022. Verbal update to be given at OPDP on 25th May and ongoing. Discussion with Head of Radiology confirmed that the initial action has been completed, and ongoing discussions now a control for the risk as it's an ongoing process.</p> <p>The mini-competition doc was approved and advertised. The closing date for submissions was 12:00 on 25/05/2022. Unfortunately no companies on the Welsh framework responded. One company on the Crown framework has been engaged via a direct award.</p> <p>A rolling three month programme for insourcing has been approved as at July 2022 and commenced Aug 2022. This is progressing well and early indications are promising. As document has been developed- action closed and added to controls for the risk.</p> <p>New action</p>	Quality, Safety and Experience Committee	2	5	10	<p>Once the training plan, the pathway diversification and additional leadership are appointed and imbedded into service. The timeline reflects the lead time to achieve a reduction of likelihood from 5 to 2</p>	Treat	16-Mar-26

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														Approach PHW about the possibility of the Health Board failing to provide an obstetric screening service	Lingwood, Gill	Completed	Discussions with obstetrics service have taken place to agree that they will have this discussion with PHW.								
														Explore the possibility of sending obstetric patients to other sites.	Lingwood, Gill	Completed	Radiology Staffing Task and Finish Group met on 31/03/22 and it was established that it is not currently practical to send obstetric patients to other sites. In addition to the Site Lead Superintendent Radiographer, sonographers from other sites providing cover, a locum for 2 months has been granted, however the service is still fragile due to sickness and annual leave. Update- Locum will end her contact with us on 31/05/22 due to uncertainty of continued employment as she has to take a six month break due to previously being an employee within the HB. This locum will therefore take her 6 month break from this point which has placed additional pressures on the service								
														Train Radiographers & midwives to be able to scan obstetrics	Roberts-Davies, Gail	Completed	7.11.24 advert for 2x annex 21 posts live								
														Create Annexe 21 job description and advertise vacancies as training posts. 25.9.24 - Annex 21 JD not required. Explore funding options via HEIW or WGH budget. Assessment to be submitted to annex 21 team. Trac advert to be developed.	Whitecross, Faith	Completed	New action - interviews to take place 21.11.24. Successful candidate to enrol on US course in UWE by 9.12.24 for January 2025 start								

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															Update required on current WTE and impact on current service due impending reduction in hours from current substantive and regular bank staff.	Whitecross, Faith	Completed	New action completed							
															Include ultrasound staffing requirement in 2025-2026 Radiology Annual Plan, based upon capacity and demand work which has been completed.	Roberts-Davies, Gail	Completed	Update 10/4/25, over 8 week list reduced from 2236 to 1264 between January and April.							
															Ultrasound insourcing to be introduced to WGH to reduce 8 week wait for NOUS.	Whitecross, Faith	Completed	Update 10/4/25, over 8 week list reduced from 2236 to 1264 between January and April 2025. This will continue into the 24/25 financial year							
															Await outcome of Annual Plan and Radiology investment request	Roberts-Davies, Gail	Completed	Update 10/4/25, over 8 week list reduced from 2236 to 1264 between January and April.							
															Option to use insourcing for obstetric patients to be explored.	Procter, Sarah	Completed	Contract extension to include obstetric has been prepared and being signed for Nov 25							
															A joint workshop to take place between Radiology & Women and Children's services to build a joint understanding of the UHB provision and position on obs & gynae u/s	Roberts-Davies, Gail	Completed	This has been unable to process due to the management fragility.							
															Recruitment of Ultrasound Principal and Ultrasound Governance Lead.	Procter, Sarah	30/04/2026 31/05/2026	OCP delayed starting awaiting sign off after revisions. plan to start in April 26 if signed by exec team.							
															SBAR to be submitted to CCG meeting - alert of increase of risk score	Procter, Sarah	Completed	SBAR has been written and presented to CCG 18.11.25 and escalation to IQPFD							

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														Workforce - Explore opportunity to utilise Australian and New Zealand Sonography workforce (with additional governance and checks to assure without HCPC registration). Success would enable appointment to locum positions to support the service capacity and allow substantive workforce to increase their training capacity.	Procter, Sarah	05/01/2026	SBAR with Deputy Director of Health Science								
														A Skill mix of vacancies in ultrasound will create a 0.63 WTE 8a Clinical Validator role- the post will provide ringfenced capacity to validate the u/s waiting list and ensure compliance to National pathways;	Procter, Sarah	30/04/2026	JD being devised Advert out in April								
														Pathway workforce diversification - Maternity have indicated capacity within Midwifery workforce to complete growth scans.	Procter, Sarah	31/05/2026	SBAR in final stages.								