Operational Risk Register

Date: September 2026

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-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
2034	Community & Integrated Medicine	Carmarthenshire Integrated System	Glangwili General Hospital: GGH	Carruthers, Andrew	Skitt, Peter	Skitt, Peter	Andrews, Bethan	24-Feb-25	There is a risk of that patients with stroke symptoms may come to harm or will not get timely and effective treatment for stroke recovery in GGH. This is caused by the fact that there is a single handed locum consultant looking after stroke patients in GGH, therefore when on annual leave/sickness there is no consultant cover at GGH. This will lead to an impact/affect on patient care, timely treatment and recovery. The health board will not achieve the expected levels of quality of service as measured in the SSNAP assessment.□ Risk location, Glangwili General Hospital.	Recruitment has been ongoing for a number of years.□ Planned remote advice and support cover can sometimes be arranged □ Part of the Clinical services Plan programme.□ □ SBAR written as part of annual plan submitted to P Skitt/ G Cotterel.□ to be discussed at care group governance meeting	Safety - Patient, Staff or Public	4	4	16	Fragility of the Stroke services has been recognised in the health board's Clinical services plan. □ This has been exacerbated recently due to the fact that there has been a number of occasions where no stroke consultant is available in GGH.□ CSP alternative options appraisal day held 9th October 2025.	Review current Treat and Repat service between GGH & PPH (for Llanelli locality patients).	Evans, Iona	**Completed**	Completed July 2025.	Quality, Safety and Experience Committee	1	5	5	Risk will be reduced once actions are taken following decision from CSP for Stroke.	Treat	17-Oct-25
																CSP within Stroke services underway. Support staff engagement within this.	Evans, Iona	~~29/08/2025~~ 31/10/2025	Consultation period completed. CSP alternative options appraisal day held 9th October 2025 where further option were discussed.							
233	Community & Integrated Medicine	Carmarthenshire Integrated System	Glangwili General Hospital: GGH	Carruthers, Andrew	Skitt, Peter	Skitt, Peter	Andrews, Bethan	28-Oct-14	There is a risk of poorer outcomes and increased mortality for stroke patients. This is caused by insufficient nursing staff to patient ratio. Insufficient stroke therapy staff and lack of 7 day consultant cover. This will lead to an impact/affect on delayed assessments and treatments of patients. Increased length of stay due to insufficient therapy treatment. Failure to meet National Stroke Standards. Non compliance of Tier 1 targets, Stroke performance. Evidence, Delays in admission to Stroke unit. Untimely care. Mortality reviews. Risk location, Health Board wide.	Compliance with agreed levels of treatment/therapy monitored annually via Royal College of Physician audit and monthly via Quality Improvement Meetings (QIMs) with appropriate action taken as follows.□ □ Active recruitment for all vacancies.□ □ Allied Health Professional leads allocate staff to ensure staffing is as equitable and safe as possible.□ □ Weekly stroke review meetings to monitor progress against national stroke targets.□ □ Monthly Health Board stroke committee meetings.□ □ Nurse staffing levels were presented to QSEC 07/12/2021, whereby QSEC took an assurance that the nurse staffing levels that are in place for the current HB model have undertaken a robust challenge and scrutiny process. These have been agreed by the 'Designated Person' as professionally appropriate, whilst recognising that the	Quality/Complaints/Audit	3	4	12	There will be no change to this risk until the HB Stroke re design work has been completed. No further staffing up lift has been secured. Clinical Director of Therapies is developing a quality improvement plan throughout the Health Board and it is being discussed in the stroke steering group. □ Aug: no changes□ Jan 23: Discussion's with ARCH and Swansea bay looking at new HASU(hyper acute stroke unit) service. □ July: the above not being supported due to lack of funding. □ Stroke is part of the wider clinical service plan. □ Jan 24: ongoing. □ March: No changes. □ May: CSP on target, further work needed regarded workforce. □ July: no changes to add. Risk remains the same. □ Nov: no changes□ Dec: to be discussed to change risk to within tolerance. □ May: Risk still remains as a high 12 and not suitable to drop currently. □ May 26': No change to risk, further	Nurse Staffing Programme Lead is currently reviewing Nurse staffing levels and deficits and also the Clinical Director of Therapies is reviewing the Therapist staffing levels as identified against national stroke standards. □	Andrews, Bethan	**Completed**	Nurse staffing levels and deficits review has been completed. Shortfalls have been identified by the Clinical Director of Therapies - submission has been placed in the IMTP. □	Quality, Safety and Experience Committee	2	4	8	*	Treat	05-May-26
																Stroke delivery reviewed by QSEAC and the Health Board Stroke Steering Group and investment priorities identified.□	Mansfield, Simon	**Completed**	Tier 1 target for classification of stroke consultant changed, therefore compliance is likely to improve from August 2017.□							
																Develop a Hyperacute stroke unit in conjunction with SBUHB as part of the ARCH programme.□	Andrews, Bethan	**Completed**	Swansea Bay UHB have informed UHB that they are unable to support Hywel Dda patients in their initial HASU plans due to their own pressures. Exec leads continue to communicate with Swansea Bay for potential joint working.□							

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										appropriate, whilst recognising that the nurse staffing levels within the HB are not in line with the national standards when bed numbers alone provide the criteria upon which nurse staffing levels are set.					May 26 : No change to risk, further work required through the CSP	Service Delivery Manager will work with Clinical Stroke Leads and Executive Director Of Therapies & Health Science to complete the redesign work for the HB.	Andrews, Bethan	**Completed**	The redesign work was put on pause during COVID, and the stroke team are anxious to re start the work. In view of this, workforce sustainability concerns and the inability to make major changes to WGH flows until the new hospital is built, and BGH due to geography, a decision has been made to focus on Carmarthenshire stroke services at the first stage. Discussions to start taking place in May 2022. The UHB Chair is supportive of this work.							
																A business case has been drafted for the development of CRS (comprehensive reginal stroke centre) this has been supported via ARCH in partnership with Hywel Dda and Swansea bay.	Shakeshaft, Alison	**Completed**	On going. Has been submitted, not being supported due to lack of funding.							
																GGH and BHG only have 1 locum consultant each covering the service. No local cover available when they are on leave, therefore adding further workload pressure to the other two sites.	Andrews, Bethan	~~31/07/2025~~ 30/11/2026	Working through the Clinical service plan programme. CSP stroke plan went to Board in Feb26' further work is required and further staff and public engagement required. Board to consider final plan Nov 26'							
1619	Primary Care	Medicines Management	Medicines Management	Carruthers, Andrew	Paterson, Jill	Williams, Owain	Treharne, Mari	14-Jul-22	There is a risk of that prescribers will not access up to date thrombosis guidelines This is caused by guidelines not being available on an easy to access app. This will lead to an impact/affect on patients having inappropriate treatment which could cause	Guidelines are available on the intranet Pharmacists perform a clinical check	Patient, Staff or Public	2	5	10	Anticoagulants are high risk drugs therefore impact remains high at 5. Likelihood is reduced by the availability of guidelines on the intranet.	Develop a business case for an anticoagulant Pharmacist. Discussion with Cardiology regarding joint funding of a post.	Treharne, Mari	**Completed**	No funding available via Cardiology, no pharmacy or Haematology budget to fund. Moved to Gaps in Control Measures.	Experience Committee	1	5	5	Impact will remain as a score of 5 due to high risk area with anticoagulation and thromboprophylaxis. Likelihood will reduce down to 1 with availability of online app to assist with risk assessment.	Treat	03-Oct-25

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		MI	MI						harm to the patient. This could lead to possible compliant and a claim. Staff involved may lose confidence . Patients could lose confidence in the service provided by the Health Board. Risk location, Health Board wide.		Safety -					Thrombosis guidelines available on an App and kept up to date by Anticoagulant Pharmacist	Treharne, Mari	**Completed**	Pharmacy medicines information team to be trained and to upload guidelines when workload allows.□ Updated guidelines are available on the intranet, however, they are not as easily accessible if they were on an App.□ Greater availability of IT on wards due to other developments , eases availabilty of IT equipment to access intranet.□ □ New app - My medical, being used for antimicrobial guidelines , may be easier to upload thrombosis guidliens to this app.□ □ Meeting arranged for 9/4/25 with MI technican to discuss uploading to Eolas medical app. □ Guideline live on EOLAS app on 20/6/25 ,	Quality, Safety and					
1830	: GGH, Cardiology, Gastroenterology and Renal	USC: GGH		Caruthers, Andrew	Perry, Sarah	Evans, Iona		25-Feb-24	There is a risk of There is a risk that patient care and safety will be compromised for Stroke patients at GGH. This is caused by This is caused by the 1 WTE Stroke Clinical Nurse Specialist retiring and returning to position on a reduced hours contract (22.5 hrs).□ There are staffing deficits of Band 4 Assistant Practitioners and Band 3 Therapists□ The Service are experiencing difficulties in recruiting sufficiently qualified staff to fill the available positions.□ This will lead to an impact/affect on Risk that stroke patients will not reach their rehabilitation	Backfilling Band 4 Assistant Practitioner role with a Band 5.□ Continually risk assessing patients on the Acute Stroke Unit and requesting Enhanced Patient Support when necessary. □ Escalation process in place for staff deficits.□ The third Nurse on day shift is not redeployed to other wards/areas. □ Safety Meetings held twice daily.□ Allocate Roster Compliance monitored by Sister/Charge Nurse and Senior Nurse Manager to ensure compliance and efficiency, including sickness management, annual leave and study time allowance. □	Safety - Patient, Staff or Public	2	4	8	Gwenllian is a 20 bed Stroke Speciality Ward, of which 4 beds is the Acute Stroke Unit accepting high acuity patients receiving active treatment for their stroke. The remaining 16 beds are stroke rehabilitation beds along with any medical management required. □ □ The unit is currently supported by 3 Registered Nurses (day and night) and, once in post, a Band 4 Assistant Practitioner during the day. This position has been advertised since December 2023, with no suitable candidates successful, however, recruitment is ongoing. □	Re-advertise Band 4 vacancy	Davies, Sion	**Completed**	Band 4 position has been re-advertised for 4th time.	Quality, Safety and Experience Sub Committee	2	4	8		Treat	18-Sep-24
																Review Nurse Staffing Levels	Davies, Sion	**Completed**	Completed for Spring cycle.							

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	USC								potential due to delayed/missed therapy input. □ Delay in specialist input from a Stroke Nurse can affect patient treatment, rehabilitation and discharge and there is the potential that patients will come to severe harm or death. □ If stroke patients are not receiving effective and timely treatment, this could potentially worsen their condition and lead to an increased length of stay; which then impacts those acute stroke patients who are newly admitted to hospital, due to the inability to accommodate them in the Acute Stroke Unit because there are no suitable patients to transfer out to another medical ward. However, to accommodate the new Acute Stoke patients in ED it may be necessary to transfer a stroke patient from Gwenllian nearing the end of the rehabilitation to allow the new stoke patient to be admitted to the ward, □ Staff well-being and morale could be negatively affected due to excessive workloads and an inability to take breaks while on shift, resulting in staff fatigue and anxiety which may lead to an increase in staff sickness and potentially result in nursing staff leaving and exacerbating the current vacancy rates, which will greatly impact the establishment. This will also negatively affect staff recruitment and retention.□ This could also lead to an increase in patient complaints and concerns, and potential reputational damage to the ward, the hospital, and the Health Board.□ Risk location, Glangwili General Hospital.	Block booking of Bank Staff where possible. □ Supporting staff development to promote knowledge, skill and resilience within the environment.□ Monthly monitoring of mandatory training including e-learning percentage. □ Daily Senior Nurse Manager risk review of staffing across GGH site.□ Daily risk review of patient acuity and activity across GGH site. □ Implementation of Policy Goal 5 - Transforming Urgent and Emergency Care.□ Review of Nurse Staffing Levels twice a year to review agreed establishment.□ Band 3 vacancies have now been filled and are supporting the therapy aspect of patient care. □ The CNS Band 6 (0.4 WTE hours) has been recruited into and will start as of 1st October 2024.□					□ The current staffing position could result in poor patient experience; to support high acuity within the department, particularly for patient thrombolysis, additional support is required to ensure patient safety and appropriate monitoring. This poses a risk to patients as they may not receive appropriate and timely care and their safety may be compromised, leading to the potential for serious harm or death. □ □ There is also a risk that current staffing pressures will compromise staff wellbeing due to excessive workloads and lack of breaks. □ □ The position of Current Vacancies as of September 2024: Band 5 (0.03 WTE), Band 4 (1.32 WTE), Band 2 (0 WTE).□ The Band 3 vacancies have been filled and this will support the therapy aspect of patient care. The CNS Band 6 (0.4 WTE hours) has also been recruited into and will start as of 1st October 2024.	Submit Stroke CNS hours/AfC information to Head of Nursing for decision on recruitment and Stroke CNS service.	Davies, Sion	**Completed**	Completed - candidates shortlisted and interviews organised.								
																Band 4 position advertised for 4th time.	Davies, Sion	**Completed**	Completed.							
																Exploring options for re-deployment into Band 4 position.	Standeven, Louisa	**Completed**	New Action.							
1386	C; WGH, Stroke and COTE	USC: Stroke		Severs, James	Jones, Keith -	Andrews, Bethan		16-Dec-21	There is a risk of of Stroke patients that live in Hywel Dda UHB receiving sub-optimal care. This is caused by no Clinical Psychology provision for Stroke Care within the Health Board due to no funding. There is an absence of holistic Multi Disciplinary Team (MDT) care. This will lead to an impact/affect on increased suffering and long-term emotional distress in	Existing staff (acute and community) make an effort to provide emotional support to Stroke patients.□ □ Stroke Association provides pastoral support.	ety - Patient, Staff or Public	2	3	6	Risk remains extreme due to lack of Clinical Psychology provision.□ Funding needs to be secured, at which point a robust recruitment drive will start. A feasibility workforce plan has been drafted to explore transformative and flexible ways of working should we obtain investment. □ No neuro-psychology profiling	Service Delivery Manager to establish reporting route in UHB committee structure for appropriate escalation of concerns raised in SBAR to Stroke Steering Group.	Andrews, Bethan	**Completed**	To be updated at next review.	Experience Sub Committee	2	2	4		Treat	11-Jun-24

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	USC								Stroke patients and their families, failing to meet stroke standards & specific WG recommendations for stroke patients, increased length of inpatient stay and additional and avoidable follow-up care in outpatient settings, avoidable expenditure as Stroke patients with psychological difficulties have poorer rehabilitation outcomes, increased length of stay, worse recovery and increased use of healthcare services. The only availability for psychological support is through private provider, which causes inequality of care for the UHB Stroke patient population. Risk location, Health Board wide.		Saf				available to support the assessment of the neurological deficits following Stroke, which informs the rehabilitation care plan.□ Aug: no changes. □ Jan 23: no changes to add. □ Sept: Early Supported Discharge Update: Workshop session 01/09/23 to review WGH clinical model, lessons learnt and to identify key considerations for HB wide service model. □ Neuropsychology Update: Neuropsychologist on TRAC. Progressing with Assistant Psychology posts. Ongoing discussion with SBUHB regarding clinical mentorship model. □ Jan: No changes□ Feb. Been appointed will be starting in March, when in post this risk will be closed. □ March: still waiting start date. □ May: ongoing. □ Risk reduced, psychologist now in post, however in induction not fully clinical until september. Second post now being advertised. □	To source funding for 3 WTE clinical psychologists, 4 WTE unregistered assistance and 1WTE administrator.□ July 23: Lance Reed has sourced funding for 1WTE stroke psychologist from Welsh Government. □ Now in post. Second post being advertised. □	Andrews, Bethan	~~31/03/2023~~ ~~29/09/23~~ ~~31/12/2023~~ ~~31/07/2024~~ ~~31/10/24~~ 11/12/24	Submitted as part of IMTP 21/22 but no funding is provided through this route. Possible funding opportunities to be explored, including submission in IMTO 22/23. □ □ July 23: JD to be submitted and advertised.	Quality, Safety and						
																Explore funding via the Use of Resources Sub Committee.	Andrews, Bethan	**Completed**	Was not included on the agenda for the Use of Resources Sub Committee in May 2022, and this funding opportunity through the sub committee has now elapsed.							