Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

For guidance on completing this form please click on the following link: Risk-Assessment-Guidance-Form sharepoint.com)

Risk Ownership/Responsibility

Clinical Care Group/Executive Function:	Planned and Specialist Care
Clinical Service Group/Executive Function Service:	Children, Women and Family Health
Clinical Service Sub-Group/Executive Function Service:	CW&FH: Community Children Services
Executive Director:	Andrew Carruthers
Clinical Care Group Director/Executive Function Lead:	Paula Goode
Clinical Service Group/Executive Function Service Lead:	Tracy Owen
Clinical Service Sub-Group/Executive Function Service Lead:	Angharad Davies or Teresa Lewis

Risk Details

Please give a brief title outlining the risk. Please begin your title as "Risk of" and also include the reason for the risk "due to" as well as the location of the risk.		
Title of risk: **Maximum characters: 128**	Risk of potential gaps in meeting individual healthcare needs of children attending Heol Goffa School due to the absence of a formally agreed, funded and governed multi-agency care delivery model.	
Date risk identified:	01/01/2026	
Domains of Quality (select all that are applicable):	Person Centred Safe Timely	Effective Equitable Select Domain.

Does this risk link to any other risks on the risk register (that you are aware of?) If so, please provide the risk number(s) of the linked risk(s)	

Risk Statement

Please describe clearly what the risk is (who or what is at risk?)
There is a risk that, in the absence of a clearly defined and jointly agreed multi-agency model for healthcare support within the school setting, responsibility for day-to-day care delivery and escalation may be unclear, potentially leading to inconsistency in care provision. **Maximum characters: 200**
Please outline all the causes of the risks.
The Risk arises from the absence of a formally commissioned on-site nursing model and variation in expectations regarding roles and responsibilities between Health, Education and Local Authority. While healthcare tasks are appropriately delegated to educational staff in line with national delegation guidance, variation in staffing patterns within the school environment and the complexity of pupils' health needs require ongoing coordination, training refresh, and clarity of accountability to maintain consistency. **Maximum characters: 400**
What are the consequences to the Health Board, patients, staff etc if this risk materialised?
If this risk were to materialise, there is potential for delays in routine healthcare interventions or escalation, which could impact children and young peoples' health experience and school attendance. This would primarily relate to system coordination rather than the absence of clinical oversight. **Maximum characters: 450**

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Location of the risk:	Community – Heol Goffa School, Llanelli, Carmarthenshire
Select the DOMAIN of the risk:	Safety - Patient, Staff or Public **This should be based on the Impact of the risk**

Inherent Risk Score (Impact x Likelihood = Risk Score)

An Inherent Risk score is based on the "worst case scenario" if there were no control measures in place to mitigate the risk. To calculate the inherent risk score please use the Risk Scoring Matrix to calculate the likelihood of the risk happening and the impact the risk would have if it materialised in the absence of any control measures.

Inherent impact score	4	**Inherent** likelihood score	3	**Inherent** risk score	12

Control Measures

Please list all the current control measures in place to mitigate the risk. These are things which make the risk less likely to happen or reduce the effect/impact the risk would have should it materialise. (These could be policies, procedures, processes, systems, training, business continuity plans, people, etc.)

Health control measures are comprehensive and robust. These include child-specific care plans, competency-based delegation aligned to HIEW guidance and NMC Code, scenario-based training, regular reviews, equipment provision, and continuous oversight via a live care plan and competency database.
These controls ensure Health Statutory duties are fully discharged and provide assurance that children and young people's healthcare needs are currently being met safely.

1. Specific care plans are developed and provided by the Community Children's Nurse. These plans are in place and are shared with parents. Staff are instructed to follow them exactly as written. Care plans are reviewed annually, or sooner if a child's health needs change.
2. Educational staff are provided with child-specific health needs competency documents once assessed as competent. Competencies are reviewed annually, or sooner if a child's health needs change or at the request of staff or parents. Additional awareness and safety training (e.g., gastrostomy tube dislodgement, shunt action plan, tracheostomy basic life support) is delivered to strengthen staff knowledge and resilience. Practical competencies are observed directly and are only signed off when both the educational staff member and the Community Children's Nurse (CCN) are confident. No competency is signed off until the CCN confirms staff are safe to undertake the delegated task, in line with HEIW Delegation Guidelines and the Nursing and Midwifery Code of Conduct. The CCN also attends whole-school inset days to provide theoretical training and follows this with individualised CYP training throughout the school year.
3. All training is child-specific and includes scenario-based discussion, allowing staff to ask questions and clarify practice. Scenarios include management of a sick child, with staff clearly instructed to call 999 in an emergency.
4. Community Children's Nursing (CCN) contact details are available to educational staff, ensuring open communication channels. 'Just-in-time' support is provided via telephone advice when the named nurse is unavailable. Individual CCN phones are diverted to the central office to ensure that a member of the service is always contactable.
5. All school staff complete first aid training every three years and are responsible for maintaining their skills as required. This includes basic life support and choking management. All training is sourced internally.
6. Individual Development Plans (IDPs) are informed and supported through the provision of child-specific healthcare needs care plans and relevant health information, ensuring alignment between educational and healthcare requirements.
7. Parents are responsible for maintaining communication with the school regarding their child's health status and determining whether their child should attend school during periods of acute illness or changing health needs.

8. The Community Children's Nurse is responsible for maintaining their competence to ensure the safe delivery of cascade training and the appropriate delegation of healthcare tasks to educational staff.
9. Children and young people attend school with the appropriate equipment supplied by the Community Children's Nursing Service, such as suction units, saturation monitors, and feeding equipment.
10. A training and care plan database is in place to monitor required updates and upcoming review dates, ensuring timely action and preventing training records or care plans from expiring.

Gap in Controls

A gap in the current controls is when a control does not exist or does not effectively mitigate the risk. Based on the current controls measures (noted above), please list any gaps in controls and state the reason why they are not effective.
There is currently no formally agreed, funded and governed multi-agency model defining whether an on-site, nursing presence is required, and if so, the scope, funding responsibility, and accountability arrangements for such provision.

Current Risk Score (Impact x Likelihood = Risk Score)

The Current Risk score is based on risks with the current control measures in place and taking into consideration any gaps in those controls. Please use the risk scoring matrix to calculate the current risk score.					
Current impact score	4	**Current** likelihood score	2	**Current** risk score	8

Rationale of Current Risk Score

Please provide the reason/justification for the current risk score chosen above. This section should be updated at each risk review. This will help to inform the relevant committee(s) on the current position of the risk taking into account the control measures already in place and the actions yet to be completed.

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The current risk score reflects the complexity of the children's healthcare needs and the need for ongoing multi-agency coordination. However, due to comprehensive control measures in place, including robust training, delegation, escalation processes and oversight, the likelihood of harm is reduced.

There are no current patient safety concerns, and no evidence of unmanaged clinical risk.

Risk Decision

Tolerate, Treat, Transfer or Terminate (Full definitions available here)	Treat

Target Risk Score (Impact x Likelihood = Risk Score)

This is the expected level of the risk once all of the planned actions have been completed. Please use the risk scoring matrix to calculate the **target** risk score.

Target Impact score	4	**Target likelihood score**	1	**Target risk score**	4

Rationale of Target Risk Score

Please provide the reason/justification for the target risk score chosen above. Please note that the target risk score will also be the provisional tolerance score.
The target risk score reflects the expected reduction in system once roles, responsibilities and governance arrangements between Health, Education and Local Authority are formally agreed and embedded, providing clarity and sustainability.

Date Target Risk Score will be achieved	08/01/2027

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Risk themes (select all that are applicable): For theme definitions click here.	Select theme. Select theme. Select theme.	Select theme. Select theme. Select theme.

Risk Review & Monitoring

Identify the Lead Assurance Committee or Sub-Committee this risk should be reported to:	Quality, Safety and Experience Committee
Identify the local management group this risk should be monitored at:	Children Women and Family Health Quality Health and Safety meeting
Frequency of review (based on Current Risk Score):	High risk (8-12) = Bi-monthly

Risk Action Plan - **Please note, this section is not visible until your risk has been saved to Datix.**

An action is something you intend to do which will limit the impact of a risk in the future, or will reduce the likelihood of it occurring at all. Please specify below the actions that address the cause of the risk. **Actions must be SMART: Specific, Measurable, Achievable, Relevant/Realistic and Time-bound.**	**By whom** **Name 1 owner per action**	**By when** **Future dates only**
ACTION 1: **Maintain the training and care-plan database** to ensure timely review of individual healthcare plans and staff competencies, enabling early identification of required updates and preventing expiry. PROGRESS UPDATE: Providing continuous health assurance that statutory duties for assessment, training, delegation and review are being met	Community Children's Nursing Services (HB)	On-going
ACTION 2: **Planned Training Delivery** (retrain-clarify scope) Schedule and deliver planned training sessions throughout the year to support educational staff in maintaining child-specific healthcare competencies, aligned to agreed care plans and delegation guidance. PROGRESS UPDATE: Ensure Health continues to provide clinical oversight, training and support in line with statutory responsibilities.	CCNS	31/07/2026
ACTION 3: **Educational staff to identify and communicate** individual and team training needs to the school healthcare coordinator, enabling attendance at scheduled training sessions and timely refresh of competencies. PROGRESS UPDATE: Ensure education staff are supported to meet care delivery expectations within the school setting.	Heol Goffa School	On-Going
ACTION 4: **Training coordination (Education-owned -retain)** School to provide notice of inset days and staff availability to enable coordination of training delivery by CCNS and partners services.	Heol Goffa School	31/07/2026
PROGRESS UPDATE: Education review vicarious liability for delegated health care tasks to school staff Support efficient and coordinated delivery of healthcare training a within the school setting.		

ACTION 5. **Clarification of Care Delivery Model and Responsibilities** Undertake a multi-agency review to clarify expectations, roles and responsibilities, funding arrangements and governance in relation to healthcare support within schools, including consideration of whether an on-site school presence is required	LA, Education & Health as a partner contributor	TBC
PROGRESS UPDATE: Addresses the root cause of the risk by resolving system ambiguity and establishing a sustainable, clearly governed model.		
ACTION 6. **GOVERNANCE AND ASSURANSE FRAMEWORK:** Agree and document a formal governance and escalation framework for healthcare provision in school setting, including risk ownership, assurance routes and review mechanisms.		
PROGRESS UPDATE: Monthly governance meeting arranged for clarity of accountability and prevents inappropriate attribution of responsibility to health alone		

Status of Risk

If you would like to add/escalate a risk from **Operational** to **Corporate** please contact the Head of Assurance & Risk.	Operational