

## Bundle Finance Committee 26 May 2020

3.2

Finance Operational Risks

*Presenter: Huw Thomas*

[3 2 Finance Operational Risk Report May 20.docx](#)

[3 2 Appendix 1 Finance Committee Operational Risk Register May 2020.xlsx](#)

[3 2 Appendix 2 Finance Themed Risk Register 15052020.xlsx](#)

**PWYLLGOR CYLLID  
FINANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 May 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Operational Risk Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Executive Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

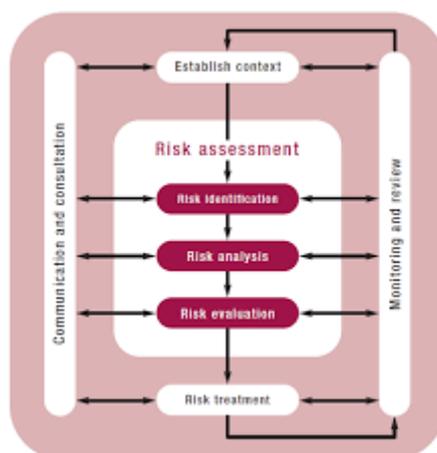
**Sefyllfa / Situation**

The Finance Committee is responsible for providing assurance to the Board that risks affecting finance are being identified, assessed and managed effectively.

The Committee is asked to seek assurance from Lead Officers/ representatives of the Directorates that the operational risks identified in the attached reports are being managed effectively.

**Cefndir / Background**

Effective risk management requires a 'monitoring and review' structure to be in place, to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda

University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group which will be responsible for monitoring and scrutinising risks which align with their remit. Appendix 1 shows the different levels of risk registers within HDdUHB. Appendix 2 shows how risk is reported within HDdUHB.

A monthly reminder is circulated to Management Leads requesting that risk assessments and risks actions are reviewed and updated in line with the following timescales for review:

	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	<b>Extreme</b>	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	<b>High</b>	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	<b>Moderate</b>	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	<b>Low</b>	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee, Sub-Committee and Group is responsible for:

- Scrutinising operational risks within their remit; either through receiving the risk registers or through Service Reports;
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented;
- Challenging pace of delivery of actions to mitigate risk;
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility;
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report;
- Using risk registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Directorates, and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the Finance Committee Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)), and any other risks, as appropriate.

### Asesiad / Assessment

The Finance Committee's Terms of Reference state that it will:

- Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee (financial risks), and provide assurance to the Board that risks are being managed effectively, reporting any areas of significant concern e.g. where risk appetite is exceeded, lack of timely action.

- Consider and keep under review the organisation's medium-term financial strategy in relation to both revenue and capital risks.

The 12 risks presented in the attached risk register (Appendix 3) as at 15th May 2020 have been extracted from Datix, based on the following criteria:

- The Finance Committee has been selected by the Risk Lead as the 'Assuring Committee' on Datix;
- The current risk score exceeds the tolerance level, as discussed and agreed by the Board on 27<sup>th</sup> September 2018;
- Risks have been approved at Directorate level on Datix;
- Risks have not been escalated to the CRR.

All 12 risks have been scored against the *Finance, including Claims* 'impact' domain. Directorates have been asked to review and refresh their risk registers to reflect the current environment that the UHB is working within.

Below is a **summary** of the 12 risks, ranked highest to lowest by current score, which meet the criteria for submission to the Finance Committee on 15<sup>th</sup> May 2020.

TOTAL NUMBER OF RISKS	12
NEW RISKS ENTERED ON DATIX	0
NEW RISK ESCALATED TO DIRECTORATE LEVEL	0
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ↔	11
REDUCTION IN RISK SCORE ↓ (693)	1
REMOVED RISKS (795)	1
EXTREME (RED) RISKS (based on 'Current Risk Score')	2
HIGH (AMBER) RISKS (based on 'Current Risk Score')	10

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the Current Risk Score	Target Risk Score
525	18/06/18	Scheduled care financial pressure due to continuation of the BGH theatres Compensatory Rest Policy.	Scheduled Care	16 ↔	Process is at an impasse with staff-side relations. This is now being dealt with via the HR process. Further work with the support of HR is being undertaken. Date for resolution is now uncertain.	4
817	19/12/19	Inability to meet financial target due to increased costs for Cat M drugs.	Primary, Community and Long Term Care (P,C,LTC)	15 ↔	Outside HB control.	15
693	05/11/18	Withybush Hospital will exceed the financial budget.	USC: WGH & Stroke & COTE	12 ↓	Surged bed base due to poor patient flow. There is a delay in transfer of care back to the community and or Primary Care due to short	8

					falls in Local Authority domiciliary care and re-ablement packages.  Over-reliance of agency medical and nursing staff due to recruitment issues.  It has been identified that some drugs and medical equipment have also become a financial driver to HDdUHB over-spend.	
132	19/01/17	Difficulty in delivering services within the budget allocated to PPH.	USC: PPH & Diabetes & Respiratory	12 	External pressures such as increases in demand and levels of Delayed Transfers of Care (DTCs) limit the ability of the directorate to deliver a balanced financial plan.	8
238	30/05/17	Financial Plan: Risk to service delivery at BGH unable to deliver £1.5m savings plan.	USC: BGH & Gastrology & Neurology	12 	Despite the control measures in place, recruitment, especially for nursing staff, continues to be a high risk. Financial savings focus has been on increasing efficiencies and Length of Stay (LOS) reduction.  The clinical risk is mitigated by the use of high cost agency nurses to back-fill vacancies; however this impacts negatively on the financial position.	8
802	02/04/19	Health Records risk of inability to balance budget in 2019/20 affecting the whole HB.	Central Operations	12 	Possible mitigation through extended vacancy factor management.	6
526	18/06/18	Scheduled Care financial impact of drugs for AMD treatment affecting Amman V & BGH, GGH, PPH & WGH.	Scheduled Care	12 	Following the withdrawal of pilot funding for AMD, the cost of the high-cost drugs have continued to increase in line with patient numbers.	3
523	18/06/18	Scheduled Care General Surgery, Financial cost pressure due to Locum use to cover employee relations issues at GGH & WGH.	Scheduled Care	12 	Financial risk remains fixed due to need to provide clinical teams.	3
134	08/01/15	HB wide, financial loss arising from inability to trace	Central Operations	10	There is no system currently available on the market to track supplementary	10

		potentially contaminated surgical instruments.		↔	instruments on an individual basis.	
516	27/05/16	Health Board wide risk regarding VAT advice on historic Design for Life Schemes is incomplete.	Finance	8 ↔	No rationale added in Datix.	8
819	23/12/19	HB wide financial risk to service level agreements from ALNET Act.	Therapies & Health Science	8 ↔	There is as yet uncertainty over local authorities' interpretation of the ALNET Act. Currently service level agreements are in place, however three of these will be re-negotiated in 2020. There are early indications that 2020/21 agreements will not change materially.	4
513	01/05/16	Lack of modernisation of the Finance Directorate resulting in limited financial support across the Health Board.	Finance	8 ↔	No rationale added in Datix.	2

The Risk Register at Appendix 1 details the responses to each risk, i.e. the risk action plan.

The Finance Directorate has undertaken a review of the Finance 'themed' risk register, increasing the risks from 17, previously submitted in March 2020, to 21 risks in this submission. The Finance Directorate, through its business partnership arrangements, will discuss and agree the level of risk in regard to the following areas and work with operational services to ensure these risks are reflected on their Risk Registers and are allocated the appropriate support to manage them effectively:

- Failure to remain within allocated budget in the current financial year
- Failure to remain within allocated budget over the medium term

The Finance 'themed' Risk Register is included at Appendix 2.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Contained in report
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	Contained in report

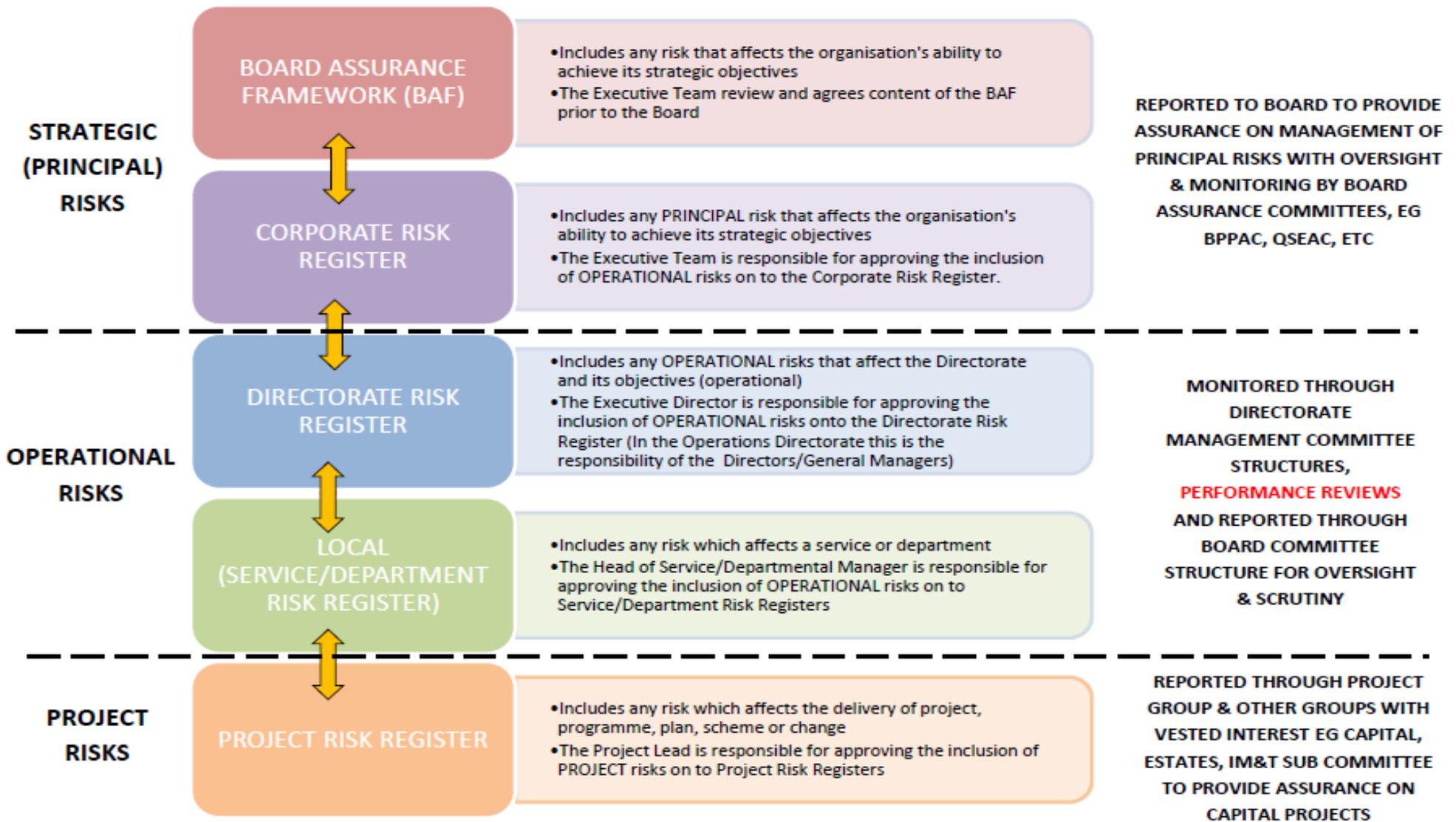
Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/ owners
Rhestr Termau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009)  Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable although risk registers are submitted to Performance Reviews.

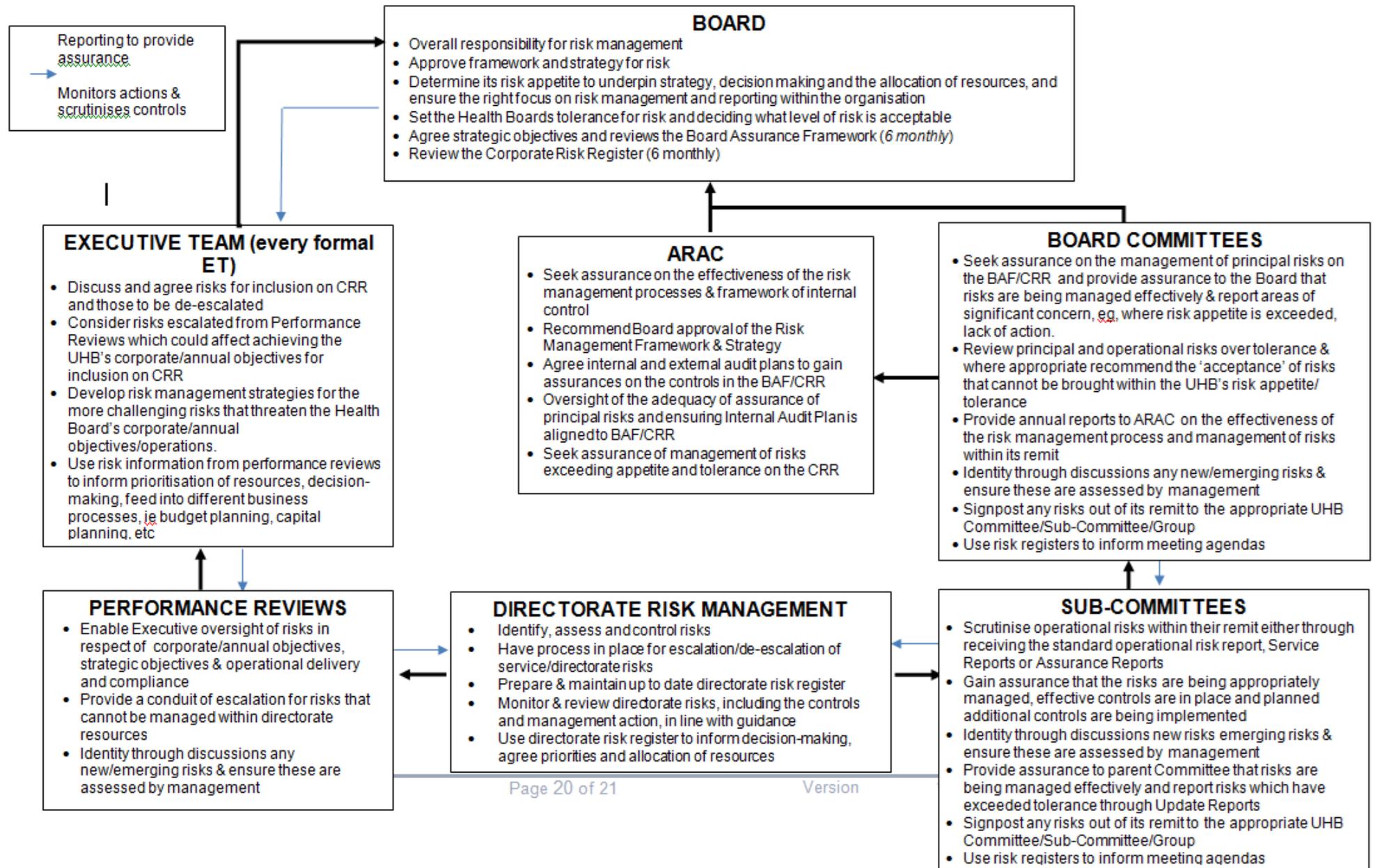
<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Gweithlu: Workforce:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Risg: Risk:</b>	No direct impacts from report however organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol: Legal:</b>	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/ eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
<b>Enw Da: Reputational:</b>	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/ mitigate risks.

<b>Gyfrinachedd: Privacy:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Cydraddoldeb: Equality:</b>	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

## Appendix 1 – Risk Registers



## 14. Appendix 2 Committee reporting structure



Risk Ref	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Date Reviewed
									6	4	4	16						1	4	4	
525	Standard 7.1 Workforce	Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	6/18/2018	<p>There is a risk of financial pressure for the department through both payments and the requirement for an increased nursing and Operating Department Practitioners (ODP) workforce to provide safe staffing levels.</p> <p>This is caused by the site specific policy for compensatory rest following on-call weekend shifts.</p> <p>This will lead to an impact/affect on the financial sustainability of the service. Safe staffing levels through pressure to recruit a larger workforce.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Maintenance of current model of compensatory rest, which contradicts Agenda for Change agreements as identified by the Internal Audit review of theatres.</p>	Finance inc. claims	6	4	4	16	SBAR for removal of compensatory rest has been submitted for review by the Nursing Directorate.	Knight, Diane	Completed	Subsequent request for Executive Team paper.	Finance Committee	1	4	4	5/12/2020
													<p>Implementation plan following the Executive decision to be drafted and agreed with the BGH Theatre team and TU reps.</p>			<p>Discussed at Executive Team meeting 2/5/18; 25/7/18. To be considered again 15/8/18.</p> <p>No agreemtn with SCRUB team on changes OCP begining on the 16/1/19 for 90 days to support changes to Terms of Conditions. Awaiting decision</p> <p>OCP has been concluded.</p> <p>12/05/2020 Still awaiting results of this process</p>					
817	Standard 2.6 Medicines Management	P,C,LTC: Medicines Management	Pugh-Jones, Jenny	Isaac, Sarah	12/19/2019	<p>There is a risk of failure to meet financial targets.</p> <p>This is caused by national increase in cost of Cat M drugs and NCSO.</p> <p>This will lead to an impact/affect on overspend by the HB, may have impact on sustainability of patient services.</p> <p>Risk location, Health Board wide.</p>	<p>National contracts with the Department of Health.</p> <p>Review and track NCSO and provide local guidance where appropriate.</p> <p>High cost drugs regular review of formulary.</p>	Finance inc. claims	6	5	3	15					Finance Committee	5	3	15	1/24/2020
715	Standard 3.1 Safe and Clinically Effective Care	P,C,LTC: Long Term Care	Broad, Vicki	Bingham, Heledd	3/27/2019	<p>There is a risk of insufficient funding from the Welsh Government Allocation to uplift Long Term Care Fees for Care Home providers and Community based agencies.</p> <p>This is caused by the impact to providers of applying the 2019/20 increases in National Living Wage and employer pension contributions.</p> <p>This will lead to an impact/affect on Health Board resources and budgetary allocation for fee setting in 2019/20.</p> <p>Risk location, Health Board wide.</p>	<p>Process in place. Programme of meetings established with Local Authorities to monitor and review the position and enable the Health Board to escalate any in year issues around fees to the executive team.</p>	Finance inc. claims	6	3	4	12	Decision paper to Executive Team outlining costed options and potential cost pressure 2019/20. Paper to be discussed at Exec Team in September 2019.	Bingham, Heledd	Completed	Paper has been completed. Finance team are validating the funding requirements.	Finance Committee	3	3	9	1/22/2019
							<p>Develop a regionally aligned fee.</p>						<p>Regional working group established. Gantt chart developed with key milestones. Oversight provided by Regional Partnership.</p>								
							<p>Alignment of Local Authority Fees across the 3 counties.</p>						<p>Meetings have been held. Work is being progressed. Regional Partnership Board is leading on the work.</p>								
							<p>Agree a local fee setting process for Domiciliary and Nursing Home placements.</p>						<p>Option paper to Exec Team has been completed. Awaiting confirmation from Finance regarding financial validation of funding required.</p>								

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Date Reviewed
								6	3	4	12									
693	USC: WGH	Cole-Williams, Janice	Andrews, Bethan	11/5/2018	<p>There is a risk of WGH exceeding the financial budget.</p> <p>This is caused by surged beds in in-patient areas and the emergency department due to poor patient flow. There is a delay in transfer of care back to the community. We have an over reliance of agency staff due recruitment issues. Medication and medical equipment has also become a driver to the overspend.</p> <p>This will lead to an impact/affect on overall poor financial forecast for the Health Board.</p> <p>Potential risk in a reduction of service as WGH site strives to reduce its burden.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Health Board savings plan.</p> <p>Active recruitment drive to reduce variable pay spend.</p> <p>Monthly budget meeting with in-patient departments and management accounts officer.</p> <p>Allocated Business Partner to working alongside the Triumvirate team.</p> <p>WGH Management team will be holding weekly staff meetings.</p> <p>Twice weekly meetings with Community and LA to review all medical optimised patients within acute and community hospitals.</p>	Finance inc. claims	6	3	4	12	<p>Allocation of Business Partner to work alongside with the Triumvirate team.</p> <p>Active recruitment drive for Medical and nursing staff to aid in the reduction of agency spend.</p>	Cole-Williams, Janice	Completed	Meeting have already started.	Finance Committee	4	2	8	5/5/2020
132	USC: PPH	Denning, Brett	Jones, Alex	1/19/2017	<p>There is a risk of in delivering services in PPH within the allocated budget due to increased patient activity.</p> <p>This is caused by multiple risks to savings plans due to variation in demand and inter-dependencies with other services that are also under pressure.</p> <p>This will lead to an impact/affect on ability to deliver service and health board overall over spend.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Oracle.</p> <p>Quick View.</p> <p>Variable pay controls.</p> <p>Finance reports.</p> <p>Finance meetings with triumvirate.</p> <p>Finance appointment of business partner complete.</p>	Finance inc. claims	6	3	4	12	<p>Undertake a PPH budget allocation review.</p> <p>Delivery of savings plans for 2017/18.</p> <p>PPH participating in the turnaround process.</p> <p>Delivering 2018/19 financial plans which has been agreed at executive level.</p>	Denning, Brett	Completed	Being undertaken with budget holders. <p>Complete.</p> <p>A number of sub meeting groups are in place working on specific projects to reduce costs.</p> <p>Review with the Triumvirant team on a timely basis to ensure plans are being monitored. Business partner has now been appointed.</p>	Finance Committee	2	4	8	2/26/2019
238	USC: BGH	Davies, Hazel	Davies, Claire	5/30/2017	<p>There is a risk of BGH site being unable to deliver within its savings plan and achieve turnaround.</p> <p>This is caused by the totality of variable pay of nursing staff (approx. 40% vacancy deficit) and doctors, due to a national shortage as well as the site's rurality and relative isolation resulting in recruitment constraints. Increased cost of agency premium therefore required.</p> <p>This will lead to an impact/affect on the inability to invest and progress other service plans at pace. Increased internal scrutiny of service through performance reviews and increased</p>	<p>The clinical strategy for Bronglais which recognises its place within Mid Wales is now well understood and sits within the wider Health Board TCS strategy. This is now supported by a developed 5 year Nursing Workforce strategy which will drive local nurse education and enable the growth of our own local workforce. The senior team are working closely with Swansea and Aberystwyth Universities to achieve this.</p> <p>Short term actions - driving down unit price for nurse agency</p> <p>Financial recovery plan which accounts for actions to improve</p> <p>HCSW and Band 4 role development (2 year</p>	Finance inc. claims	6	3	4	12	<p>Develop A clinical strategy for Bronglais General Hospital and agree key themes.</p>	Davies, Hazel	Completed	Clinical strategy for Bronglais General Hospital will be informed by the current improvement programme of transforming clinical strategy scheduled for public consultation Summer 2018. Regular bronglais specific strategy meetings are held with a final agreement due August 2018. Capita are due to complete a workforce strategy ready to present to the Health Board in November 2018.	Finance Committee	2	4	8	5/6/2020

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Date Reviewed	
					external scrutiny on Health Board from Welsh Government and other stakeholders. Risk location, Bronglais General Hospital.	plan) Incentivised bank - awaiting approval for second launch Bronglais Summit - held in November to ensure executive colleagues are sighted on the risks and supportive of all actions to improve						Develop a Complimentary workforce strategy which takes account of other non traditional workforce options.	Davies, Hazel	Completed	New ANP posts are currently being advertised to support our clinical model with an ANP in cardiology commenced in post. We have also recently appointed an ANP in COTE and frailty. We have also recently appointed three Physician Associates, with two starting in September 2018 and one due to start in December 2018.						
												Explore ALL options to reduce agency in nursing and medics - including roster improvement to increase utilisation of our own existing staff (links to nursing plan above).	Davies, Hazel	Completed	We have two high cost medics in post, one agency (capped rate) and one NHS (enhanced rate). Both of these will be displaced when the medics recruited are in post. We have successfully recruited doctors to fill the deanery vacancies on our junior medical rota and reduced the number of zero hours locum doctors. We have recruited four staff grade doctors who are due to be in post September 2018. Workforce panel approval is needed for any agency staff appointed and agency and locum cap rates have been introduced which limits the amount we can pay locum staff.						
												Agree a clinical model for colorectal cancer surgery at Bronglais General Hospital.  1 colorectal consultant starts January 2019 2nd consultant awaiting start date  CRC model intrinsically linked to the timeline for opening of new theatres at BGH (Scheduled care plan)	Davies, Hazel	Completed	Subject to start date of second CRC surgeon and opening of new theatres, the colorectal model will be able to go live at BGH. Still awaiting appointment of 2nd colorectal surgeon						
												Monitor cost of HCSW over establishment	Jones, Dawn	8/1/2020	Hospital Head of Nursing to monitor/ action controls re NSA assessments						
802	Record Keeping	Health Records	Rees, Gareth	innett, Mr Steven	4/2/2019	There is a risk of expenditure exceeding budget at year-end.  This is caused by cost pressures identified, not being met in budget setting.	Expenditure scrutiny monthly.  Hold to account meetings.  Vacancy holds system in place.	ance inc. claims	6	4	3	12	Implementation of Monthly finance/budget review meeting for 2019/2020.	Bennett, Mr Steven	Completed	Monthly meeting dates agreed and implemented	ance Committee	2	3	6	5/4/2020

Risk Ref	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Date Reviewed	
	Standard 3.5 F	Central Operations:		Ben		This will lead to an impact/affect on overspend in the order of £45,000 arising from subject access request charging ceasing in conjunction with the implementation of GDPR and rise in rates and rental costs at the offsite storage facility.  Risk location, Health Board wide.	Budget Validation Process (identifying are budget shortfalls).  Vacancy and procurement review panels.  Monthly Health Records finance review meetings.  Annual staffing review process.  Savings proposals review.  IMTP proposals.  Finance Business Partnerships.	Fin					Implementation of monthly Health Records vacancy review meetings.	Bennett, Mr Steven	Completed	All vacancies reviewed as part of the monthly deputy managers meeting and dates agreed for 2019/20.	Fin					
													Completion of health records staffing review for 2019/2020.	Bennett, Mr Steven	Completed	Staffing review completed in May 2019 and reviewed on a monthly basis.						
													Arrange a meeting with the Health Records Finance Business Partner identifying shortfalls in the budget against annual costs.	Bennett, Mr Steven	31/08/2020	Initial discussions have been completed and a date will be agreed once the business partner is back working on site and roles have returned to normal.						
542	Estates & Facilities		Elliott, Rob	Evans, Paul	6/27/2018	There is a risk of an inability to fully adhere to the principles stated within the recent Accountability Agreement form as issued to the Chief Executive Officer (CEO) on 16th of May 2018.  This is caused by financial pressures created by the demands of the Facilities services which are not currently funded within the budget. These include escalation in utilities, supporting additional services required by clinical teams and staffing additional ward areas etc. without associated revenue.  This will lead to an impact/affect on the overall financial deficit of the organisation and targeted intervention.  Risk location, Health Board wide.	*The Director of Facilities is fully aware of the requirements laid out in the Standard Financial Instructions and Accountability Agreement Statement. *The Director of Facilities has communicated this key issue to all responsible budget holders to enable concerns and issues to be addressed promptly. *The Director of Facilities reviews budgets on a monthly basis with the assistance of financial colleagues and staff. *The Director of Facilities is fully aware not to incur expenditure where there is insufficient funding and budgets. Detailed discussions are being held regularly with lead managers to bring expenditure in line with budget levels. *The Director of Facilities is fully aware not to recruit over funded establishment. *The Director of Facilities will confirm and escalate any urgent or temporary staffing requirements required to the Deputy CEO. *The Director of Facilities has set a forecasted savings plan for the facilities directorate for 2018-19 and monitors the efficiency and delivery of this regularly with accountable budget holders. *The Director of Facilities has set out the forecast overspend position and is working to reduce this.	Finance Inc. claims	6	3	4	12						Finance Committee	1	4	4	2/3/2020

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Date Reviewed
								6	4	3	12									
526	Scheduled Care: Ophthalmology	Hire, Stephanie	Buckingham, Carly	6/18/2018	<p>There is a risk of financial pressure to the service to continue to provide the current Age related Macular Degeneration (AMD) treatments of Lucentis and Eylea drugs.</p> <p>This is caused by the cost of on-going high cost drug treatment becoming a departmental cost pressure following the ending of pilot funding from Welsh Government in 2017.</p> <p>This will lead to an impact/affect on the ability of the service to provide assurance for financial prudence.</p> <p>Risk location, Amman Valley Hospital, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Witybush General Hospital.</p>	<p>Review of medication usage.</p> <p>Review of Ophthalmology patient pathway.</p> <p>Flagging of cost pressure through budget setting.</p>	Finance inc. claims	6	4	3	12	<p>New drug (Avastin) has been identified as providing good outcomes for patients with AMD. The drug was primarily licensed for use on Diabetic retinopathy, but was found to be effective for AMD.</p> <p>It has been adopted by NHS England, but is subject to a judicial review regarding medical licensing.</p> <p>Decision on use is with Welsh NHS.</p>	Buckingham, Carly	Completed	<p>Health Board Clinicians are examining the potential use of the drug for effectiveness vs other treatments. If suitable for adoption may reduce drug costs up to £500K.</p> <p>Changes are still under operational / pharmacy review.</p> <p>Awaiting response to Judicial Review SBAR drafted in Sept 2018 Awaiting Welsh NHS decision on licensing.</p>	Finance Committee	1	3	3	2/4/2020
												<p>Financial review of growth in AMD drug spend to be returned to in conjunction with Senior Business Partner and Pharmacy to understand implications for 2019/20 and 2020/21</p>	Buckingham, Carly	29/11/2019 31/03/2020	<p>Project initiated. Measures agreed with Finance Business partner to forecast AMD spend month on month and into 2020 / 2021. Further work required to project growth of spend based on demographic intelligence.</p>					
523	Scheduled Care: General Surgery	Hire, Stephanie	Lewis, Caroline	6/18/2018	<p>There is a risk of financial cost pressure.</p> <p>This is caused by the requirement to engage locum clinicians to provide cover for staff currently not in work as a result of employee relation issues.</p> <p>This will lead to an impact/affect on the ability to provide care within the departmental budget. The ability to provide continuity of care to patients. The moral and motivation of the clinical teams involved.</p> <p>Risk location, Glangwili General Hospital, Witybush General Hospital.</p>	<p>Probity on the locum contracts being agreed to ensure continuity of service.</p> <p>Adherence to Health Board HR Policies in the management of cases.</p>	Finance inc. claims	6	4	3	12	<p>Develop management plans for continued locum payments to cover GGH consultant off work due to employment relation issues to be specified, including time line for likely conclusion of situation.</p>	Lewis, Caroline	Completed	In progress.	Finance Committee	1	3	3	10/1/2019
												<p>Develop a management plan for continued locum payments to cover WGH consultant off work due to long term sickness, including time line for likely conclusion of situation.</p>	Lewis, Caroline	13/08/2018 31/03/2020	HR issues ongoing					
												<p>Develop management plans for continued locum payments to cover WGH middle grade covering a consultant off work due to employment relation issues to be specified, including time line for likely conclusion of situation.</p>	Lewis, Caroline	Completed	In progress.					
134	(IPC) and Decontamination Central Operations: HSDU	Rees, Gareth	Flear, Philip	1/8/2015	<p>There is a risk of needing to destroy large numbers of surgical instruments following suspected prion contamination arising during invasive procedures.</p> <p>This is caused by the inability to be able to mark individual instruments to enable them to be tracked and traced through the decontamination processes as there is no instinctually reliable system available on the market.</p>	<p>Supplementary instruments are colour coded to allow the surgical speciality to be identified;</p> <p>Where the same supplementary instrument is used for the same procedure, these have been added to the relevant instrument sets;</p> <p>Stock of supplementary instruments within theatres have been reduced and continue to be monitored with the aim of reducing further;</p>	Finance inc. claims	6	2	5	10	<p>HSDU management to continue reviewing new technologies which could possible mitigate this risk.</p>	Flear, Philip	13/08/2018 31/01/2019	<p>Currently there is no systems being within current knowledge and invention to do so safely. Regular update of no progress since 2018. 09.10.19 There continues to be no suitable system available. 04.12.19 No further update. 02.04.20 No further update.</p>	Finance Committee	2	5	10	4/2/2020

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	Standard 2.4 Infection Prevention and Control				<p>This will lead to an impact/affect on an inability to trace instruments should a look back exercise be required e.g. possible patient infection. Unable to defend possible litigation claims. In the event of detected contamination all similar instruments will need to be destroyed with consequential financial impacts.</p> <p>Risk location, Health Board wide.</p>	<p>Single use instruments are used where available;</p> <p>All Wales Group representing organisation;</p> <p>Lead Committee - Finance Committee.</p>						<p>Discuss with other Health Boards in England to establish how others are approaching this challenge. Continue to review technology for an acceptable resolution.</p>	Flear, Philip	Completed	<p>Discussed with other health boards and with Hospital Sterilisation and Decontamination Unit (HSDU) management from Derriford, who have etch marked their single instruments. However this is against manufacturer's warranty procedures.</p> <p>No suitable system in place to mitigate this risk as at August 2017. Update 13.08.18 - No further update. 23.10.18 Intend visiting to view a system to be updated in December of any progress. Update 27.12.18 Visit took place system on trial in enabling health board will review results in 3 months time.</p>					
												<p>Head of HSDU attending All Wales Group to identify a Wales wide approach.</p>	Flear, Philip	31/12/2019	<p>09.10.19 All Wales Managers group continue to look at suitable methods of instrument marking last meeting held 18.09.19. Update 04.12.19 No further update. 24.01.20 there is no instinctually reliable system available on the market. 02.04.20 No further update.</p>					
516	Finance	Thomas, Huw	Hayes, Rebecca	5/27/2016	<p>There is a risk of the Health Board recovering an incorrect amount of VAT on advice given on historic and incomplete Design for Life Schemes.</p> <p>This is caused by difficulty in obtaining VAT advice from D4L nominated VAT advisor.</p>	<p>This contract is managed by NHS Shared Services on behalf of Welsh Government.</p> <p>Welsh Government are informed through Capital Review Meetings. It is likely any issues will be funded by Welsh Government as they arise from an all Wales VAT advice contract.</p>	Finance inc. claims	6	4	2	8	Identify a provider for VAT advice.	Eve, David (Inactive User)	Completed	For new D4L schemes the VAT advisory work will be undertaken by the HB current VAT advisors. The issue for new D4L schemes is resolved.	Finance Committee	4	2	8	5/14/2019

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					<p>This will lead to an impact/affect on the capital program with any incorrect or blocked VAT claims needing to be repaid. This may increase as final reviews are undertaken.</p> <p>Risk location, Health Board wide.</p>							Work with Shared Services and Deloitte's to resolve the older D4L schemes.	Thomas, Huw	30/09/2017 31/01/2019 30/09/2019	2 schemes are currently with HMRC for closure, another 3 schemes remain outstanding and 1 scheme is on-going. Work continues to resolve the older schemes. Deloitte are supporting the HB with current HMRC queries and correspondence. Discussions between HMRC Policy Team and Deloitte took place in December 2017, with internal HMRC discussions following in January 2018. HMRC visited the HB in July 2018 and reviewed all of the schemes in detail. As a result, Deloitte have prepared revised work in respect of final account assessment; this was submitted to HMRC in October 2018 for feedback. The follow up work on the Front of House scheme has now been passed over to KPMG who are working with the HB to respond to HMRC queries.						
819	Standard 7.1 Workforce	Therapies & Health Science: Speech & Language	Reed, Lance	Large, Philippa	12/23/2019	<p>There is a risk of reduction in funding from the three local authorities who commission children's speech and language therapy services when the Additional Learning Needs and Educational Tribunal (ALNET) Act reaches implementation stage in September 2021.</p> <p>This is caused by new legislation - Additional Learning Needs and Educational Tribunal (ALNET) Act which transfers responsibility for securing provision of recommended interventions for those with additional learning needs aged birth to 25 years from local authorities to health boards.</p> <p>This will lead to an impact/affect on finances available for staffing and increased burden upon the speech and language therapy budget as the staff working under the current service level agreements are permanent members of staff.</p> <p>Risk location, Health Board wide.</p>	Interim Head of Speech and Language Therapy is maintaining good communication links with local authority partners and is working with Designated Educational Clinical Lead Officer (DECLO) to identify areas of greatest risk. Both are also engaging at regional and national levels to facilitate and influence representations to Welsh Government.	Finance inc. claims	6	2	4	8	Develop ALNET Act service implementation plan.	Large, Philippa	31/03/2020	Speech and language therapy is represented within the Health Board implementation plan. More detailed service specific actions are now required.	Finance Committee	1	4	4	12/23/2019

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								6	4	2	8						1	2	2	
513	Finance	Thomas, Huw	Hayes, Rebecca	5/1/2016	<p>There is a risk of lack of modernisation of the Finance Directorate.</p> <p>This is caused by withdrawal of the earlier Organisational Change Plan OCP.</p> <p>This will lead to an impact/affect on the level of financial support will be less than optimal.</p> <p>Risk location, Health Board wide.</p>	<p>The Director of Finance is in close liaison with the Senior Finance Team on budget performance, the underlying run-rate and Savings profiles.</p> <p>Temporary agency staff are filling some of the vacancies, until permanent recruitment is made, within the department and this will be retained until permanent solutions are concluded as part of the consultation.</p>	Finance inc. claims	6	4	2	8	Recruit finance staff for vacant positions.	Thomas, Huw	29/05/2018 31/03/2019 30/06/2019	Director appointment in Dec18. OCP commenced its implementation in Jul18 and is on-going; Senior Finance Team appointed and in post by Nov18. OCP process being cascaded down the team. Bands 5, 4 and 3 are in process.	Finance Committee	1	2	2	5/14/2019
511	Finance	Thomas, Huw	Hayes, Rebecca	5/1/2016	<p>There is a risk of operational problems in delivering adequate payment systems within NHS Wales Shared Services.</p> <p>This is caused by duplicate &amp; incorrect payments, with no confidence that all incorrect or duplicates are recovered. Delayed payments, lost invoices, suppliers placing Health Board on hold, loss of reputation, failed Public Sector Payment Performance (PSPP)target, in excess of £3m of invoices on hold.</p> <p>This will lead to an impact/affect on reputational damage, service continuity issues and failure to meet Welsh Government(WG)targets for the prompt payment of suppliers.</p> <p>Risk location, Health Board wide.</p>	<p>Additional control measures have been implemented both within procurement and financial accounting in order to attempt to mitigate the current issues.</p> <p>Additional resources have been secured in order to deliver plan.</p> <p>Shared services have attended the Audit Risk and Assurance Committee (ARAC) in order to provide assurance that remedial action will be taken to put the action plan back on track.</p> <p>Regular updates have been provided to ARAC.</p>	Service/Business interruption/disruption	6	2	3	6	Improve the current performance and engagement in the payments process. Monitored to maintain progress within NHS Wales Shared Services Procurement NWSSP.	Thomas, Huw	30/09/2017 30/08/2018	<p>Monitoring and engagement in place. System enhancements (Oxygen) fully implemented in 2018 by Shared Services; contributing to compliance with the Health Board's prompt payment policy.</p> <p>The Health Board reported 96.7% compliance with the policy for Quarter 1 2018/19. This will however continue to be an on-going risk to monitor.</p>	Finance Committee	1	3	3	10/4/2018
515	Finance	Thomas, Huw	Hayes, Rebecca	5/27/2016	<p>There is a risk of the Health Board is failing to comply with HMRC (IR35) regulations, in relation to Off payroll arrangements.</p> <p>This is caused by a request to identify individuals that are paid on average £220 per day over a 6 month period and seek assurance from these individuals, that they comply with UK Revenue and Tax obligations. As identified via a directive from Welsh Government (WG).</p> <p>This will lead to an impact/affect on the health board may be subject to a fine of over £1m.</p> <p>Risk location, Health Board wide.</p>	<p>Medical staffing contact all doctors based on information received from Medacs and Staff Flow to seek assurance of compliance.</p>	Finance inc. claims	6	2	2	4	The Director of Finance is to link with HR to establish a Health Board task and finish group to look at developing a work plan to ensure that compliance is achieved.	Thomas, Huw	1/9/2017	New compliant system is now in place.	Finance Committee	1	2	2	11/29/2018

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								6	3	1	3						3	3	3	3
512	Finance	Thomas, Huw	Hayes, Rebecca	5/1/2016	<p>There is a risk of Her Majesty's Revenue and Customs (HMRC), querying on an All-Wales basis the operation of the Out Of Hours GP scheme, would rule that payments should be made net of tax and National Insurance (NI).</p> <p>This is caused by discussions with HMRC and Deloitte's advising Local Health Boards and Boards whereby Health Boards have agreed to bring General Practitioners (GP's) Out of Hours (OOH) doctors within tax and NI deduction at source from 1st November 2017.</p> <p>This will lead to an impact/affect on the stability of the OOH service which the Operations Directorate are working to mitigate. The remaining risk with HMRC relates to the backdating of Tax and NI liability to 6th April 2017 at significant cost.</p> <p>Risk location, Health Board wide.</p>	<p>Hywel Dda has commissioned Deloitte LLP to provide advice.</p> <p>Links have also been made with other Health Boards in Wales in order to ensure that a consistent approach is being adopted.</p> <p>Deloitte LLP are providing Tax advice to the Health Board on this issue.</p> <p>The HMRC have accepted that there will be no backdating of reclaim before 31/03/2017.</p> <p>From November 2017 all ad hoc OOH GPs have been processed through payroll in accordance with IR35 requirements.</p>	Service/Business interruption/disruption	6	3	1	3	<p>HMRC have confirmed that OOH is within the scope of IR35. HMRC have accepted there will be no backdating of reclaim before 31/03/17; the period under risk is April - November 2017 in relation to the PAYE, Employee's and Employer's NIC. Professional advice from Deloitte is required.</p>	Thomas, Huw	30/09/2017-31/01/2019	<p>Deloitte are co-ordinating the process in relation to the PAYE, Employee's and Employer's NIC for the period April - November 2017 on behalf of Health Boards in Wales to reach satisfactory settlement with HMRC.</p> <p>The maximum liability has now been confirmed by HMRC, and sufficient provision was made in 2017/18 to cover this maximum value. Negotiations are still on-going between HMRC and Deloitte.</p> <p>From November 2017, all ad hoc OOH GPs have been processed through payroll in accordance with IR35 requirements.</p>	Finance Committee	3	1	3	11/12/2018
380	P,C,LTC: Long Term Care	Paterson, Jill	Broad, Vicki	2/12/2018	<p>There is a risk of less frequent scrutiny and monitoring of cost and activity once pooled funds for Older Adults in Care Homes has been implemented.</p> <p>This is caused by the potential that the lead commissioner, pooled fund manager role will be carried out by Local Authority partners and that financial reporting will be aligned to their own reporting timescales.</p> <p>This will lead to an impact/affect on the Health Board's ability to produce early, frequent and accurate financial forecasts and may as a consequence result in financial risks to the organisation.</p> <p>It will also reduce our on-going ability to apply efficiency targets on the budget areas that are within scope of the Pooled Fund agreement.</p> <p>Risk location, Health Board wide.</p>	<p>Governance Structure in place.</p> <p>Steering Group in place and shadow Board meeting arrangements (attended by lead Directors of the 4 organisations). Steering group and Shadow Board have oversight over the implementation of the project.</p>	Finance inc. claims	6	2	1	2	<p>Health Board and Executive Team engaged on risks associated with Pooled funds arrangements, especially around financial implications.</p> <p>Director of Finance updated on All Financial recommendations and risks.</p>	Paterson, Jill	Completed	<p>Paper was taken to Board in March 2018 along with the Joint Partnership Agreement, and Board were updated accordingly. Therefore this action has been completed to date but will require on-going updates on the on-going risks associated with the Pooled funds agreements.</p> <p>Director of Finance lead meetings have taken place and further scheduled to take place. Director of Finance meetings includes representation from the Health Board.</p> <p>Finance Staff are on the Finance sub group and have developed the recommendations with their Local Authority Colleagues.</p> <p>This has been actioned and completed, however, this will now apply to the work going forward across the Region during the 2018/19 financial year and therefore this will need to be actioned further.</p>	Finance Committee	1	3	3	11/7/2019

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												Partnership agreement signed off by 31/3/18.	Paterson, Jill	Completed	Partnership Agreement for Pooled funds - Older Adults has been signed off by all 4 organisations and is now going through the process of applying official seals to it.  The Agreement was discussed at the Health Board's March Board Meeting on the 29th March 2018.					
												Sign off of the Pre Placement Agreement and supporting documents.	Broad, Vicki	29/03/2019 29/03/2020	by the Head of Corporate Office (Health Board). Further discussions are on-going. Legal to legal meetings have taken place. Schedules are being completed through various work stream groups. Next steps will be to engage with the Care Home Sector and their legal representatives. Work is being led by Pembrokeshire County Council and therefore the Health Board has limited scope in respect of timescales.					

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								8	4	5	20						2	4	8	2/28/2020
730	Finance	Thomas, Huw	Hayes, Rebecca	5/8/2019	<p>There is a risk of the UHB not delivering the planned recurrent savings of £24m by end of March 2020.</p> <p>This is caused by a failure to realise the opportunities identified in the Turnaround programme.</p> <p>This will lead to an impact/affect on a failure to meet its financial statutory duty to breakeven, attain an approvable IMTP, loss of stakeholder confidence in the organisation's ability to deliver its objectives and increased scrutiny by WG.</p> <p>Risk location, Health Board wide.</p>	<ul style="list-style-type: none"> <li>- Turnaround Programme Director in post.</li> <li>- Fortnightly 'Holding to Account' (HTA) meetings including a monthly Chief Executive HTA session for the highest risk directorates.</li> <li>- Each Directorate has signed up to a savings plan and recovery plan - costed a</li> </ul>	Statutory duty/inspections	8	4	5	20	<p>Increase capacity of programme management office (PMO) and service improvement capability to support delivery of Turnaround Programme.</p>	Ryan-Davies, Libby	Completed	<p>Central Project management, service improvement and analytical resource as has been realigned and allocated to deliver key schemes that support quality and performance improvement, accelerating strategy delivery, and achieving the savings plan. External consultants have also been commissioned to stay with us beyond their WG related contract, to support delivery of opportunities they have identified in that WG review.</p>	Finance Committee	2	4	8	2/28/2020
												<p>Work closely with the Director of Operations to ensure robust operational and contingency plans are in place that minimise additional cost, and align with turnaround savings actions.</p>	Thomas, Huw	31/03/2020	<p>Joint Chairs of Operational Effectiveness Group and Unscheduled Care Programme Board.</p>					
												<p>Chief Executive setting out the organisations goals for 2019/20 to Executive Team.</p>	Moore, Steve	Completed	<p>Executive Team away day set up to clarify goals and the contribution each portfolio needs to make to them has been held. ET are developing the framework for the IMTP from 2020 onwards.</p>					
245	Central Operations: Health Records	Rees, Gareth	Bennett, Mr Steven	12/1/2011	<p>There is a risk of avoidable interruption to business continuity affecting all clinical teams.</p> <p>This is caused by poor and inadequate facilities within the Health Records Service with insufficient storage capacity to meet patient records demand added to a lack of investment in electronic systems to deliver a sustainable model.</p> <p>This will lead to an impact/affect on patient record service rendering it unable to store records securely with potential for loss, damage or inappropriate disclosure of patient records leading to breach of confidentiality, review and sanction by the ICO, significant service disruption with several localities compromised, indirect adverse impact to patient safety arising from inappropriate clinical decisions, leading to poor patient care, complaints and litigation.</p> <p>Risk location, Health Board wide.</p>	<ul style="list-style-type: none"> <li># Annual weeding and destruction programme agreed and facilitated across the Health Board up to 2018/19.</li> <li># Electronic clinic systems including: PACS (radiology), LIMS (Pathology), WAP e-referrals, CANIS (Cancer), Diabetes 3, Selma, Myrddin &amp; Secretarial systems/shared drives (Clinic Letters).</li> <li># Alteration to current racking and purchase of additional racking at GGH. Resourcing of additional racking for the offsite facility.</li> <li># Agreed and approved Health Records strategies, policies and procedures (approved Aug15).</li> <li># Electronic Records Project Group undertaking scoping work for Turnaround Project for long term solution (Sep18).</li> <li># Health Records Modernisation Programme Group reviewing records management arrangements and e-working (May 19)</li> <li># Overtime process for condensing offsite storage facility supported by BPPAC and Exec Team.</li> </ul>	Service/Business interruption/disruption	6	5	4	20	<p>Implement the agreed weeding plan for 2018/2019.</p>	Bennett, Mr Steven	Completed	<p>All non active 2016 records have now been relocated from the Health Records departments to the offsite storage facility.</p>	People, Planning & Performance Assurance Committee	1	4	4	5/4/2020
												<p>Implementation of the weeding and destruction plan 2017/2018.</p>	Bennett, Mr Steven	Completed	<p>The weeding plan for 2017/2018 was agreed and the plan was implemented in priority order. The plan has now been completed for all hospital localities removing and relocating all non-current records from 2015. The weeding programme for 2018/19 was unable to be undertaken due to the public inquiry into infected blood products during 1970s and 1980s.</p>					

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												Full implementation of Welsh Admin Portal (WAP) electronic referral system.	Tracey, Anthony	31/03/2020 31/03/2021	The e-referral has now been fully implemented within 15 specialties across the health board. Training is currently underway in 3 specialties and mapping has been completed and submitted to NWIS in another 4 specialties. Without additional resource the process will not be completed within the identified timescale.					
												Develop a business case for the implementation of a scanning solution to deal with long term issue.	Rees, Gareth	31/03/2019 31/03/2021	The Health Records Modernisation Programme Group has identified 5 specific work streams. To ensure delivery there is an essential requirement of 1.8WTE support staff from the PMO along with £130K financial support. An SBAR was presented to the Executive Team in March 2020 but PMO support may now have to be diverted to other area's due to the Covid crisis.					
												Re-establish Health Records Group.	Bennett, Mr Steven	Completed	First meeting of the Health Records Group took place on the 19th October 2018.					
												Include on Internal Audit Plan.	Wilson, Joanne	Completed	Already included on IA Plan 2018/19 - planned for Q3.					
												Development of an implementation plan to improve management of storage arrangements for current records by information asset owners across the UHB.	Bennett, Mr Steven	Completed	Implementation plan has been endorsed by the Executive Team in Dec18 however funding resources will need to be appropriately supported to deliver the outcomes.					
												Develop a Health Records management paper identifying current issues and including an options appraisal to resolve the interim lack of storage capacity for presentation at BPPAC and Exec team.	Bennett, Mr Steven	Completed	Paper submitted to BPPAC on 27th June 2019 and option 5 within the paper noted by group members as most appropriate option. Paper also presented at Executive Team by Deputy CEO & Director of Operations for approval.					
												Implementation of the agreed overtime process for condensing records at the Health Records storage facility.	Bennett, Mr Steven	Completed	Process implemented on 13th July 2019, with agreed reviews every 5 weeks.					

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												Implementation of agreed weeding plan for 2019/2020	Bennett, Mr Steven	31/03/2021	All non active 2017 records have been relocated to the off site facility from GGH and PPH. WGH will commence the weeding programme in June 2020 with BGH following once complete.					
												Implementation of a scanning solution	Rees, Gareth	31/03/2023	An SBAR was submitted to the Exec Team in March 2020 outlining the requirement for PMO support, financial investment and potential savings associated with a scanning solution. Further discussions will be required following any agreement to progress a business case for the procurement of a scanning solution.					
735	Finance	Thomas, Huw	Hayes, Rebecca	5/17/2019	<p>There is a risk of the Health Board not achieving its agreed financial plan for the 2019/20 financial year.</p> <p>This is caused by the savings plans for the year not being delivered; or the operational cost pressures arising from the requirement to meet performance targets of quality measures.</p> <p>This will lead to an impact/affect on the Health Board's reputation with Welsh Government and other stakeholders.</p> <p>Risk location, Health Board wide.</p>	<p>Financial reports provided to directorates in a timely way, focused on trends; cost drivers; projected expenditure; risks and actions.</p> <p>Turnaround Director Holding to Account meetings.</p> <p>CEO Holding to Account meetings.</p> <p>Executive Performance meetings.</p> <p>Commissioning arrangements with key partners (Local Authorities; Care home sector; Other NHS providers; Primary Care; Third Sector).</p> <p>Process of review of recovery plans process in place and approaching of system-wide issues.</p>	Finance inc. claims	6	4	4	16	<p>Complete outstanding appointments to key finance roles through OCP to support in understanding and developing actions.</p> <p>Directorates to sign accountability statements in relation to Budget 2019/20.</p> <p>Review of contracting arrangements.</p>	Thomas, Huw	Completed	<p>All appointments complete. Transitional arrangements in progress to transfer and process improve workstreams from Business Partnering to Process Improvement to give capacity in Business Partnering to further embed this model of working with operational managers.</p> <p>Meetings embedded in monthly business processes. Residual queries resolved and concluded November 2019.</p> <p>Team in place following Finance OCP - Interim Band 8d, Band 8c, Bands 8a, 7 and 6. Regular Papers providing updates on progress timetabled into Finance Committee Agendas. Strategy presented June and July 2019, update Papers presented monthly thereafter, at Finance Committees by Interim Assistant Director to address identified gaps in assurance through action plan.</p>	Finance Committee	2	4	8	2/28/2020

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								6	5	3	15						5	3	15	5
817	Standard 2.6 Medicines Management	P,C,LTC: Medicines Management	Pugh-Jones, Jenny	Isaac, Sarah	12/19/2019	<p>There is a risk of failure to meet financial targets.</p> <p>This is caused by national increase in cost of Cat M drugs and NCSO.</p> <p>This will lead to an impact/affect on overspend by the HB, may have impact on sustainability of patient services.</p> <p>Risk location, Health Board wide.</p>	<p>National contracts with the Department of Health.</p> <p>Review and track NCSO and provide local guidance where appropriate.</p> <p>High cost drugs regular review of formulary.</p>	Finance inc. claims	6	5	3	15				Finance Committee	5	3	15	1/24/2020
847	Standard 2.6 Medicines Management	P,C,LTC: Medicines Management	Pugh-Jones, Jenny	Tyrell, Gareth	3/16/2020	<p>There is a risk of due to the ages of the isolator technology used in Aseptic units in both Withybush and Bronglais Hospital. This equipment is used to manufacture sterile medicines for cancer therapy within the UHB and have to operate to strict European Manufacturing Practice standards.</p> <p>This is caused by isolators are approaching 10 years of age, which is the life span of an isolator before replacement is required. Whilst isolator lifespan can be prolonged by addressing individual issues that occur within the isolator when they arise, this is costly, and reactive which may result in a potential for the quality of medicines to be adversely effected and risk harm to patients.</p> <p>This will lead to an impact/affect on the quality and safety of medicines given to cancer patients within the health board would be adversely affected by aging, and malfunctioning equipment. Added to that, where repair is required the cost of purchasing commercially supplied medicines risks an increased cost to the UHB of up to £10,000/day.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Daily assessment and recording of operating parameters.</p> <p>Daily physical and microbiological testing.</p> <p>Weekly physical and microbiological testing.</p> <p>Monthly physical and microbiological testing.</p> <p>6 monthly servicing</p>	Quality/Complaints/Audit	8	3	5	15				Operational Quality, Safety & Experience Sub Committee	1	5	5	4/15/2020

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									6	4	3							12	3	3	9
824	Standard 3.1 Safe and Clinically Effective Care	Scheduled Care: Critical Care	Hire, Stephanie	Knight, Diane	10/7/2019	<p>There is a risk of not being able to provide the appropriate number of nurses as per the guidelines for the provision of critical care services (GPICS).</p> <p>This is caused by ITU in WGH only being funded for 6 nurses during the day and 5 at night. The unit often surges above the 5 x level 3 capacity. Nurses are often taken from the unit to fill deficits on the wards.</p> <p>This will lead to an impact/affect on delays in timely access to critical care services for patients needing admission. Delays in timely management of patients if supervisory clinical coordinator is not safeguarded. Increased risk to patients due to staffing ratios - medication errors, pressure damage, falls etc. Difficulty in retention of staff. Delays in providing in house education. Dependency on agency staff and financial implications.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Nursing numbers reviewed each shift with the aim of working to GPICS.</p> <p>Support provided from other HB ITU's if possible.</p> <p>CCB, on contract and off contract agencies utilised to support staffing numbers.</p> <p>On-going review of staff moved to the wards and impact on the ITU.</p>	Safety - Patient, Staff or Public	6	4	3	12	Review of nursing establishment in line with funded beds, against GPICS and the safe staffing act.	Lewis, Lisa	31/03/2020	Service in discussion with Nurse Staffing Programme Lead who is undertaking a review of safe staffing levels.	Operational Quality, Safety & Experience Sub Committee	3	3	9	1/7/2020
750	Standard 3.1 Safe and Clinically Effective Care	USC: WGH	Cole-Williams, Janice	Andrews, Bethan	6/24/2019	<p>There is a risk of unavoidable delays in the treatment of patients in Emergency Department (ED) at WGH.</p> <p>This is caused by a lack of substantive middle grade and high reliance on agency locum cover, which is not always available.</p> <p>This will lead to an impact/affect on patient care through prolonged stays in ED and delays in transferring to specialty, delays in diagnosis and treatment, poorer outcomes, and increased ambulance off load delays. Further impacts include inability to run a full rota and a decreased level of supervision of junior doctors, as well as deterioration in Tier 1 performance for 4 hours waiting time in A&amp;E, and increased pressure on WGH financial position through use of agency at an enhanced rate.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Daily review of team strengths by rota co-ordinators and service manager unscheduled care. Issues identified escalated to GM and SDM.</p> <p>Recruitment program on-going to fill gaps and recruit into vacant posts.</p> <p>Medacs agency filling whenever possible with long term locums.</p> <p>Continuous monitoring of the team strengths to ensure consultant and senior support and supervision.</p> <p>Links with other Health Board sites (H DUHB &amp; SBUHB) to outline current pressures and any opportunities to cross cover and to assess overall medical staffing position across HDUHB</p> <p>Weekly Urgent Response Group review rotas for the next six months.</p> <p>3 x long term locums in place (6 months).</p> <p>Escalation procedures in place.</p> <p>March 2020 Middle grade rota merged with medical rota to strengthen workforce across 2 EDs</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>All funded post out to advert. Working closely with recruitment. All funded posts are with Medacs Agency for permanent and interim appointments.</p> <p>Develop contingency plan to respond to incidences when middle grade rotas cannot be filled in WGH ED.</p> <p>Complete the recruitment of 4 middle grade doctors.</p>	<p>Andrews, Bethan</p> <p>Cole-Williams, Janice</p> <p>Cole-Williams, Janice</p>	<p>02/09/2019 07/11/2020</p> <p>30/09/2019 07.11.2020</p> <p>31/12/2019 07/11/2020</p>	<p>Meeting at 2.7.19 with all WGH consultants to review situation. Senior management team will be attendance. Weekly URG meeting with MEDACS, Senior Management and medical workforce. Interviewing continuing for post</p> <p>Draft procedure under review. Plan A drafted and circulated. Unable to provide ED with ad hoc paediatric middle grade or consultant cover when ED middle grade position is uncovered. Therefore, Plan B currently being drafted.</p> <p>Posts out to advert</p>	Quality, Safety and Experience Assurance Committee	2	4	8	5/5/2020

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830	Standard 2.1 Managing Risk and Promoting Health and Safety	Central Operations: Out of Hours	Rees, Gareth	Davies, Nick	1/3/2020	<p>There is a risk of that patients requiring urgent primary care assessment and treatment during out of hours periods may not be seen within clinically acceptable time periods.</p> <p>This is caused by significant staffing shortfalls within the GP out of hours service coupled with increased 111 generated demand along with ambulance service and ED escalation.</p> <p>This will lead to an impact/affect on clinical safety impacts arising from delayed or no care provision along with poor patient experience. This could result in significant harm to patients and the potential for increased complaints and possible litigation towards the HB.</p> <p>Risk location, Carmarthenshire, Ceredigion, Pembrokeshire.</p>	<p>Rota coordinators focus on maximising shift fill at all times.</p> <p>Remote working solutions have been identified and clinicians secured when available.</p> <p>Enhanced clinical support secured via the 111 clinical support hub - when available.</p> <p>Administrative staff secured to "direct book" patients into treatment centres to negate the risk of lengthy unallocated calls.</p> <p>Identification of shift lead GP to direct staff on shift to prioritise patients according to case priority and clinical presentation when available</p> <p>Escalation plan shared with hospital managers, Executive team and 111 managers.</p> <p>Additional ED resources secured for potential increased ED attendance when available.</p> <p>Ability to increase pay in recognition of poor working conditions in an attempt to increase resilience.</p> <p>Advanced Paramedic Practitioners (APP) rotation utilising WAST Advanced Paramedic Practitioners to support with HB wide activity-when available</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Recruit and deploy clinical shift lead GPs (where engagement can be secured) at times of highest demand to direct demand to available clinicians and to allocate available resources. This will require cross-border agreements where GPs operate from their particular base but cover calls across the HB footprint</p> <p>Direction and challenge of current GP activity and cultural behaviour is required by Medical Directorate to ensure all GPs contribute fairly to HB wide demand (to include telephone advice and face to face consultation- including home visiting- regardless of geographical location.</p> <p>To hold a senior management/ service lead and 111 lead meeting to discuss current concern, understand risks and discuss potential solutions- to be chaired by Director of Operations</p> <p>Maximise clinician availability to support wider workforce pressure- while developing multi-disciplinary approach to service delivery. 2 month pilot utilising Acute Response Team (ART) staff on a bank basis to support OOH demand on a 3-county basis, ensuring access to patients (especially palliative care) is secured- without affecting capacity of existing ART caseload</p> <p>Increase the deployment of WAST Advanced Paramedic Practitioners into the OOH rotation. Currently utilises skills of 2 WTE, looking to increase to 3 WTE.</p>	Davies, Nick	Completed	<p>Expressions of interest have been received. Clinical Lead, Deputy MD and 111 Clinical Advisor will all support with immediate pressures. Interviews to be arranged for remaining applicants</p> <p>Service leads and medical directors to meet and address issue and agree lines of communication</p> <p>Meeting has been arranged for 28/01/2020 and invite circulated- responses awaited</p> <p>Expressions of interest received and workforce approval gained- currently meeting with staff to ensure roles are appropriate and ascertain availability- rota to be prepared by 24/01/2020 with a view to initial deployment on 01/02/2020</p> <p>New cohort currently in training, likely to be ready for deployment in June 2020. Aim will be to increase to 2.3 WTE, provisional agreement in principle from WAST managers gained.</p>	People, Planning & Performance Assurance Committee	2	4	8	1/16/2020

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798	Standard 3.1 Safe and Clinically Effective Care	USC: Radiology	Perry, Sarah	Evans, Amanda	11/7/2019	<p>There is a risk of that Radiology will not be able to meet the requirements of several optimal pathways for patient care, including cancer and lung pathways.</p> <p>This is caused by lack of radiologists and key radiography staff.</p> <p>This will lead to an impact/affect on patient outcomes with delayed diagnosis and treatments.</p> <p>Risk location, Health Board wide.</p>	<p>Use of Single Cancer pathways moneys.</p> <p>Job plans revisited.</p> <p>Process in place for use of agency staff.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Recruitment of additional clinicians (to include GP and Advanced Nurse Practitioners) upon the receipt of potential applications.</p> <p>Complete service redesign is needed and this work is being undertaken in collaboration with the Transformation Directorate.</p> <p>SDM to assess the potential benefit of a Triage Nurse service- and possible implementation- to support with current service demand and delivery</p>	<p>Davies, Nick</p> <p>Davies, Nick</p> <p>Davies, Nick</p>	<p>30/06/2020</p> <p>31/12/2025</p> <p>29/05/2020</p>	<p>All JDs' being reviewed in an attempt to improve numbers of applications</p> <p>Working group established and workstreams assigned. Workforce planning will be complex and may require a complete statistical review of the service in collaboration with the Delivery Unit. It is envisaged that a plan will be devised within 12 months (Jan 2021) but rollout likely to take several years when educational requirements etc are taken into account. This will be reviewed as the project plan develops and the workforce profile (and availability) is established.</p> <p>Benefit to nurse triage has been identified, SDM now to link with resourcing and with Nurse Directors to identify appropriate job descriptions, costings, business case and develop nurse hierarchy to enable securing of funding and then recruitment process to begin.</p>	Operational Quality, Safety & Experience Sub Committee	2	3	6	11/7/2019
												<p>Run a recruitment campaign to attract additional radiologists.</p> <p>Communications department to launch a video campaign to attract radiologists.</p> <p>Review of workforce and systems to ensure right staff in right place at right time</p>	<p>Khan, Dr Liaquat</p> <p>Evans, Amanda</p> <p>Evans, Amanda</p>	<p>Completed</p> <p>Completed</p> <p>28/08/2020</p>	<p>Job descriptions have been approved by RCR.</p> <p>Campaign launched</p> <p>Project underway with support from PMO, HR and W&amp;OD.</p>						

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								6	4	3	12										8
802	Standard 3.5 Record Keeping	Central Operations: Health Records	Rees, Gareth	Bennett, Mr Steven	4/2/2019	<p>There is a risk of expenditure exceeding budget at year-end.</p> <p>This is caused by cost pressures identified, not being met in budget setting.</p> <p>This will lead to an impact/affect on overspend in the order of £45,000 arising from subject access request charging ceasing in conjunction with the implementation of GDPR and rise in rates and rental costs at the offsite storage facility.</p> <p>Risk location, Health Board wide.</p>	<p>Expenditure scrutiny monthly.</p> <p>Hold to account meetings.</p> <p>Vacancy holds system in place.</p> <p>Budget Validation Process (identifying are budget shortfalls).</p> <p>Vacancy and procurement review panels.</p> <p>Monthly Health Records finance review meetings.</p> <p>Annual staffing review process.</p> <p>Savings proposals review.</p> <p>IMTP proposals.</p> <p>Finance Business Partnerships.</p>	Finance inc. claims	6	4	3	12	Implementation of Monthly finance/budget review meeting for 2019/2020.	Bennett, Mr Steven	Completed	<p>Monthly meeting dates agreed and implemented</p> <p>All vacancies reviewed as part of the monthly deputy managers meeting and dates agreed for 2019/20.</p> <p>Staffing review completed in May 2019 and reviewed on a monthly basis.</p> <p>Initial discussions have been completed and a date will be agreed once the business partner is back working on site and roles have returned to normal.</p>	Finance Committee	2	3	6	5/4/2020
													Implementation of monthly Health Records vacancy review meetings.	Bennett, Mr Steven	Completed						
													Completion of health records staffing review for 2019/2020.	Bennett, Mr Steven	Completed						
													Arrange a meeting with the Health Records Finance Business Partner identifying shortfalls in the budget against annual costs.	Bennett, Mr Steven	31/08/2020						
842	Standard 5.1 Timely Access	MH&LD	Carroll, Mrs Liz	Evans, Melanie	1/2/2020	<p>There is a risk of of avoidable detriment to the quality of patient care.</p> <p>This is caused by absence of dedicated allocation of resources to fund an effective service.</p> <p>This will lead to an impact/affect on children and young people with disabilities and behaviours that challenge and their families. Increased clinical risk of harm, injury to self/others, family/social breakdown, increased reliance on residential or out of county placements, exclusion from educational settings, long term exclusion from community activities and increased likelihood of behaviours moving into adulthood.</p> <p>Risk location, Health Board wide.</p>	<p>A Positive Behavioural Service had been funded through Integrated Care Funds for a three year period. Recent staff departures have resulted in withdrawal of the service.</p> <p>There is a requirement for the organisation to look at a more sustainable service for children and young people with disabilities.</p> <p>The service has been restricted over the past year to reflect the reduced number of staff available to provide services across the Three Counties.</p> <p>Educational workshops in Positive Behavioural Support have been delivered to families and professionals at foundation level to increase resilience to a wider audience.</p> <p>Referrals of individuals with complex difficulties or those at threat of placement breakdown have been prioritised.</p> <p>Individual clinical risk is been assessed at discharge which identifies whether continued involvement from other professional groups is required, for example Paediatrics, Child Health.</p> <p>Any transition age young people are brought to the attention of Adult services.</p>	Quality/Complaints/Audit	8	3	4	12	A cross organisational group will be established to develop a strategy in this area. The Director of MH&LD and the Director of Public Health will complete this.	Carroll, Mrs Liz	31/03/2020 30/06/2020	Due to COVID-19 pandemic, essential services only are being provided and all risks will be reviewed on a quarterly basis until the Health Board returns to business as usual.	Operational Quality, Safety & Experience Sub Committee	1	4	4	4/28/2020

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828	Standard 2.1 Managing Risk and Promoting Health and Safety	Central Operations: Health Records	Rees, Gareth	Bennett, Mr Steven	4/1/2019	<p>There is a risk of avoidable harm or injury to staff working in the Health Records services undertaking routine daily activities.</p> <p>This is caused by detrimental and unsafe working environments, specifically with insufficient storage capacity for patient records and a lack of investment to ensure the availability of adequate electronic systems to deliver a sustainable solution.</p> <p>This will lead to an impact/affect on staff injury including slips, trips and falls. Increased complaints and possible litigation. Short term and long terms staff sickness, increased financial costs due to the utilisation of overtime to cover services and short term service disruption.</p> <p>Risk location, Health Board wide.</p>	<p>Health Board Corporate Induction Programme.</p> <p>Manual Handling Training.</p> <p>Health Records training and departmental induction.</p> <p>Corporate policies, manual handling policy, health &amp; safety policy, risk management policy.</p> <p>Annual weeding and destruction programme agreed and facilitated across the Health Board.</p> <p>Scanning of deceased patient records.</p> <p>Alteration to current racking and purchase of additional racking at GGH.</p> <p>Resourcing of additional racking for the offsite storage facility</p> <p>Health Records Modernisation Programme Group reviewing records management arrangements and e-working (May 19)</p> <p>Overtime process for condensing offsite storage facility supported by BPPAC and Exec Team.</p> <p>Datix incident reporting is utilised within the health records service so we can identify any themes or trends around staff injury or impact on service delivery.</p> <p>Specific accident review process within the Health Records service.</p> <p>Provision of equipment, kick stools, ladders trolleys.</p> <p>Purchase of electric trolley as per recommendation from H&amp;S review.</p> <p>H&amp;S reviews and inspections.</p> <p>Health Records KPI's.</p> <p>Internal audit reviews.</p>	Safety - Patient, Staff or Public	6	3	3	9	<p>Implementation of weeding plan 2018/2019</p> <p>Develop a business case for the implementation of a scanning solution to deal with long term issue.</p> <p>Implement weeding plan 2019/2020</p> <p>Develop action plans including costs and savings associated with each specific work stream identified at the HRMPG.</p>	<p>Bennett, Mr Steven</p> <p>Rees, Gareth</p> <p>Bennett, Mr Steven</p> <p>Rees, Gareth</p>	<p>Completed</p> <p>31/03/2021</p> <p>31/03/2021</p> <p>31/07/2020</p>	<p>All non active 2016 records have now been relocated from the Health Records departments to the offsite storage facility.</p> <p>The Health Records Modernisation Programme Group has identified 5 specific work streams. To ensure delivery there is an essential requirement of 1.8WTE support staff from the PMO along with £130K financial support. An SBAR was presented to the Executive Team in March 2020 but PMO support may now have to be diverted to other area's due to the Covid crisis.</p> <p>All non active 2017 records have been relocated to the off site facility from GGH and PPH. WGH will commence the weeding programme in June 2020 with BGH following once complete.</p> <p>The Health Records Modernisation Programme Group identified 5 specific work streams for progressing the digital programme within these services. Leads have been identified and work plans are currently being developed. Costs and savings have been identified for 2 of the 5 work streams and others are still being worked through.</p>	Information Governance Sub Committee	2	3	6	5/4/2020

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								8	3	3	9										
827	Standard 3.4 Information Governance and Communications Technology	Central Operations: Health Records	Rees, Gareth	Bennett, Mr Steven	4/1/2019	<p>There is a risk of that the Health Board will receive enforcement notification from the Information Commissioner's Office (ICO).</p> <p>This is caused by non compliance with the legally agreed timescales and requirements of the General Data Protection Regulations (GDPR).</p> <p>This will lead to an impact/affect on financial penalty or fine, reputational harm or full review from the ICO.</p> <p>Risk location, Health Board wide.</p>	<p>Health records policies and procedures including the Access to Health Records Policy.</p> <p>GDPR guidelines and training materials.</p> <p>Staff prioritisation process.</p> <p>IG &amp; GDPR training sessions.</p> <p>Health Board wide working arrangements.</p> <p>KPI's and monthly monitoring and review.</p> <p>Quarterly access to health records meeting.</p> <p>Staffing review process.</p> <p>Monthly deputy health records managers meetings.</p>	Statutory duty/inspections	8	3	3	9	<p>Implement a quarterly access to health records staff meeting.</p> <p>Review of staff resource within the access to health records team.</p> <p>Relocate identified staff resource from the main health records department at Withybush into the subject access team.</p> <p>Contact other Health Boards in terms of staffing resource and staff structure responsible for dealing with access requests.</p> <p>Develop an SBAR for submission to the Executive Team requesting additional staff resource to deal with the current level of access requests received across the Health Board.</p>	<p>Bennett, Mr Steven</p> <p>Bennett, Mr Steven</p> <p>Davies, Jeanne</p> <p>Bennett, Mr Steven</p> <p>Bennett, Mr Steven</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/08/2020</p>	<p>Meeting implemented from September 2019</p> <p>Review completed in October 2019 with additional staff resource identified from within Health Records budget/dept at Withybush.</p> <p>Member of staff relocated.</p> <p>Health Records Managers at other health board contacted accordingly.</p> <p>The SBAR is currently being worked through and a draft version will be available within the next 2 - 3 weeks.</p>	Information Governance Sub Committee	2	2	4	5/4/2020
516	Finance	Thomas, Huw	Hayes, Rebecca	5/27/2016	<p>There is a risk of the Health Board recovering an incorrect amount of VAT on advice given on historic and incomplete Design for Life Schemes.</p> <p>This is caused by difficulty in obtaining VAT advice from D4L nominated VAT advisor.</p> <p>This will lead to an impact/affect on the capital program with any incorrect or blocked VAT claims needing to be repaid. This may increase</p>	<p>This contract is managed by NHS Shared Services on behalf of Welsh Government.</p> <p>Welsh Government are informed through Capital Review Meetings. It is likely any issues will be funded by Welsh Government as they arise from an all Wales VAT advice contract.</p>	Finance inc. claims	6	4	2	8	Identify a provider for VAT advice.	Eve, David (Inactive User)	Completed	For new D4L schemes the VAT advisory work will be undertaken by the HB current VAT advisors. The issue for new D4L schemes is resolved.	Finance Committee	4	2	8	5/14/2019	

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					claims needing to be repaid. This may increase as final reviews are undertaken.  Risk location, Health Board wide.							Work with Shared Services and Deloitte's to resolve the older D4L schemes.	Thomas, Huw	30/09/2017 - 31/01/2019 30/09/2019	2 schemes are currently with HMRC for closure, another 3 schemes remain outstanding and 1 scheme is on-going. Work continues to resolve the older schemes. Deloitte are supporting the HB with current HMRC queries and correspondence. Discussions between HMRC Policy Team and Deloitte took place in December 2017, with internal HMRC discussions following in January 2018. HMRC visited the HB in July 2018 and reviewed all of the schemes in detail. As a result, Deloitte have prepared revised work in respect of final account assessment; this was submitted to HMRC in October 2018 for feedback. The follow up work on the Front of House scheme has now been passed over to KPMG who are working with the HB to respond to HMRC queries.						
384	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems	Central Operations: Clinical Engineering	Rees, Gareth	Hopkins, Mr Chris	9/23/2017	<p>There is a risk of avoidable non-compliance with statutory and implied statutory standards where medical devices are concerned.</p> <p>This is caused by equipment not being maintained in accordance with manufacturers' instructions.</p> <p>This will lead to an impact/affect on overall treatment or suboptimal services with a potential impact of reputational harm and regulatory enforcement.</p> <p>Risk location, Health Board wide.</p>	<p>Medical and Non-Medical Devices Control Group has been reviewing performance. This group has now de-escalated and the risks are managed through relevant management structures and through the medical device group.</p> <p>HSE Action Plan is complete.</p> <p>Management information including regular reports provided for scrutiny to Medical Device Group.</p> <p>Identification of devices and categorisation and inventory refresh complete and new database procured and commissioned.</p> <p>System review processes operating to ensure missed inspections are not allowed to go unchecked.</p> <p>5 tier risk stratification system developed for Health Board device holding which facilitates high risk devices targeted for first attention.</p> <p>Increased capital allocation has been realised.</p> <p>Strategic replacement plan for the Health Board's medical device holding now in place and servicing capital decision making.</p>	Statutory duty/inspections	8	2	4	8	<p>Implement Medical Devices Action Plan (inc development of inventory, categorisation of incidents) - delivery is monitored by Medical Devices Control Group.</p> <p>Operations Prioritisation System and Programme in place which feeds into annual capital planning process.</p> <p>Review Medical Devices Assurance Group which reports to Operational QSE Sub-Committee to improve reporting of assurance.</p>	<p>Rees, Gareth</p> <p>Rees, Gareth</p> <p>Rayani, Mandy</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Agreement on funding arrangements for remaining action outstanding. Discussions taking place with Director of Nursing, Quality and Patient Experience.</p> <p>Completed.</p> <p>This has been resolved and the Medical Devices Group now formally reports to Operational QSE Sub-Committee with escalation to QSEAC.</p>	Operational Quality, Safety & Experience Sub Committee	1	4	4	4/10/2020

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Date Reviewed	
						<p>Improved ultrasound governance in place.</p> <p>Training Needs Analysis has been undertaken in conjunction with L&amp;D Team.</p> <p>Servicing and inspection capacity restored to 2015 levels in clinical engineering.</p> <p>Broader control over all aspects of all aspects of medical device management to include radiology and estates now in place.</p> <p>Medical Device Policy now operational.</p>						<p>Review Medical Devices Assurance Group which reports to Operational QSE Sub-Committee to improve reporting of assurance.</p> <p>Establish Information Governance requirements for medical devices.</p> <p>Complete a full 24 month schedule of Planned Preventative Maintenance work</p>	<p>Rayani, Mandy</p> <p>Rees, Gareth</p> <p>Hopkins, Mr Chris</p>	<p>Completed</p> <p>Completed</p> <p>14/04/2021 April 2021</p>	<p>This has been resolved and the Medical Devices group now formally reports to Operational QSE Sub-Committee with escalation to QSEAC.</p> <p>List of all equipment that holds PII or connects to the internet has now been forwarded to the IG team.</p> <p>60% of inventory has now received a Planned Preventative Maintenance check. This action will not conclude until April 2021</p>						
819	Standard 7.1 Workforce	Therapies & Health Science: Speech & Language	Reed, Lance	Large, Philippa	12/23/2019	<p>There is a risk of reduction in funding from the three local authorities who commission children's speech and language therapy services when the Additional Learning Needs and Educational Tribunal (ALNET) Act reaches implementation stage in September 2021.</p> <p>This is caused by new legislation - Additional Learning Needs and Educational Tribunal (ALNET) Act which transfers responsibility for securing provision of recommended interventions for those with additional learning needs aged birth to 25 years from local authorities to health boards.</p> <p>This will lead to an impact/affect on finances available for staffing and increased burden upon the speech and language therapy budget as the staff working under the current service level agreements are permanent members of staff.</p> <p>Risk location, Health Board wide.</p>	<p>Interim Head of Speech and Language Therapy is maintaining good communication links with local authority partners and is working with Designated Educational Clinical Lead Officer (DECLO) to identify areas of greatest risk. Both are also engaging at regional and national levels to facilitate and influence representations to Welsh Government.</p>	Finance inc. claims	6	2	4	8	<p>Develop ALNET Act service implementation plan.</p>	Large, Philippa	31/03/2020	<p>Speech and language therapy is represented within the Health Board implementation plan. More detailed service specific actions are now required.</p>	Finance Committee	1	4	4	12/23/2019
513	Finance	Thomas, Huw	Hayes, Rebecca	5/1/2016	<p>There is a risk of lack of modernisation of the Finance Directorate.</p> <p>This is caused by withdrawal of the earlier Organisational Change Plan OCP.</p> <p>This will lead to an impact/affect on the level of financial support will be less than optimal.</p> <p>Risk location, Health Board wide.</p>	<p>The Director of Finance is in close liaison with the Senior Finance Team on budget performance, the underlying run-rate and Savings profiles.</p> <p>Temporary agency staff are filling some of the vacancies, until permanent recruitment is made, within the department and this will be retained until permanent solutions are concluded as part of the consultation.</p>	Finance inc. claims	6	4	2	8	<p>Recruit finance staff for vacant positions.</p>	Thomas, Huw	29/06/2019 31/03/2019 30/06/2019	<p>Director appointment in Dec18. OCP commenced its implementation in Jul18 and is on-going; Senior Finance Team appointed and in post by Nov18. OCP process being cascaded down the team. Bands 5, 4 and 3 are in process.</p>	Finance Committee	1	2	2	5/14/2019	

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								6	3	2	6						3	2	6		3
831	Standard 3.1 Safe and Clinically Effective Care	Women & Children's	Jenkins, Mrs Julie	Owen, Lesley	1/20/2020	<p>There is a risk of inefficient prudent health care delivery across community midwifery services.</p> <p>This is caused by lack of IT equipment within the community midwifery services.</p> <p>This will lead to an impact/affect on inefficient, safe quality of patient care due to community midwifery services inability to access patients records.</p> <p>Risk location, Health Board wide.</p>	<p>Community midwives complete All Wales Handheld record and then input data into IT system. (which entails driving to nearest hospital base or GP facility)</p> <p>Independent practitioners governed by NMC standards.</p>	Safety - Patient, Staff or Public	6	3	2	6	Develop a business case to purchase portable IT devices for community midwives.	Owen, Lesley	30/09/2020	new action.	Capital, Estates and IM&T Sub Committee	3	2	6	1/20/2020
511	Finance	Thomas, Huw	Hayes, Rebecca	5/1/2016	<p>There is a risk of operational problems in delivering adequate payment systems within NHS Wales Shared Services.</p> <p>This is caused by duplicate &amp; incorrect payments, with no confidence that all incorrect or duplicates are recovered. Delayed payments, lost invoices, suppliers placing Health Board on hold, loss of reputation, failed Public Sector Payment Performance (PSPP)target, in excess of £3m of invoices on hold.</p> <p>This will lead to an impact/affect on reputational damage, service continuity issues and failure to meet Welsh Government(WG)targets for the prompt payment of suppliers.</p> <p>Risk location, Health Board wide.</p>	<p>Additional control measures have been implemented both within procurement and financial accounting in order to attempt to mitigate the current issues.</p> <p>Additional resources have been secured in order to deliver plan.</p> <p>Shared services have attended the Audit Risk and Assurance Committee (ARAC) in order to provide assurance that remedial action will be taken to put the action plan back on track.</p> <p>Regular updates have been provided to ARAC.</p>	Service/Business interruption/disruption	6	2	3	6	Improve the current performance and engagement in the payments process. Monitored to maintain progress within NHS Wales Shared Services Procurement NWSSP.	Thomas, Huw	30/09/2017 30/08/2018	<p>Monitoring and engagement in place. System enhancements (Oxygen) fully implemented in 2018 by Shared Services; contributing to compliance with the Health Board's prompt payment policy.</p> <p>The Health Board reported 96.7% compliance with the policy for Quarter 1 2018/19. This will however continue to be an on-going risk to monitor.</p>	Finance Committee	1	3	3	10/4/2018	
515	Finance	Thomas, Huw	Hayes, Rebecca	5/27/2016	<p>There is a risk of the Health Board is failing to comply with HMRC (IR35) regulations, in relation to Off payroll arrangements.</p> <p>This is caused by a request to identify individuals that are paid on average £220 per day over a 6 month period and seek assurance from these individuals, that they comply with UK Revenue and Tax obligations. As identified via a directive from Welsh Government (WG).</p> <p>This will lead to an impact/affect on the health board may be subject to a fine of over £1m.</p> <p>Risk location, Health Board wide.</p>	<p>Medical staffing contact all doctors based on information received from Medacs and Staff Flow to seek assurance of compliance.</p>	Finance inc. claims	6	2	2	4	The Director of Finance is to link with HR to establish a Health Board task and finish group to look at developing a work plan to ensure that compliance is achieved.	Thomas, Huw	1/9/2017	New compliant system is now in place.	Finance Committee	1	2	2	11/29/2018	

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512	Finance	Thomas, Huw	Hayes, Rebecca	5/1/2016	<p>There is a risk of Her Majesty's Revenue and Customs (HMRC), querying on an All-Wales basis the operation of the Out Of Hours GP scheme, would rule that payments should be made net of tax and National Insurance (NI).</p> <p>This is caused by discussions with HMRC and Deloitte's advising Local Health Boards and Boards whereby Health Boards have agreed to bring General Practitioners (GP's) Out of Hours (OOH) doctors within tax and NI deduction at source from 1st November 2017.</p> <p>This will lead to an impact/affect on the stability of the OOH service which the Operations Directorate are working to mitigate. The remaining risk with HMRC relates to the backdating of Tax and NI liability to 6th April 2017 at significant cost.</p> <p>Risk location, Health Board wide.</p>	<p>Hywel Dda has commissioned Deloitte LLP to provide advice.</p> <p>Links have also been made with other Health Boards in Wales in order to ensure that a consistent approach is being adopted.</p> <p>Deloitte LLP are providing Tax advice to the Health Board on this issue.</p> <p>The HMRC have accepted that there will be no backdating of reclaim before 31/03/2017.</p> <p>From November 2017 all ad hoc OOH GPs have been processed through payroll in accordance with IR35 requirements.</p>	Service/Business interruption/disruption	6	3	1	3	<p>HMRC have confirmed that OOH is within the scope of IR35. HMRC have accepted there will be no backdating of reclaim before 31/03/17; the period under risk is April - November 2017 in relation to the PAYE, Employee's and Employer's NIC. Professional advice from Deloitte is required.</p>	Thomas, Huw	30/09/2017-31/01/2019	<p>Deloitte are co-ordinating the process in relation to the PAYE, Employee's and Employer's NIC for the period April - November 2017 on behalf of Health Boards in Wales to reach satisfactory settlement with HMRC.</p> <p>The maximum liability has now been confirmed by HMRC, and sufficient provision was made in 2017/18 to cover this maximum value. Negotiations are still ongoing between HMRC and Deloitte.</p> <p>From November 2017, all ad hoc OOH GPs have been processed through payroll in accordance with IR35 requirements.</p>	Finance Committee	3	1	3	11/12/2018