



## PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 April 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Operational Risk Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations Huw Thomas, Director of Finance Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rachel Williams, Head of Assurance and Risk

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

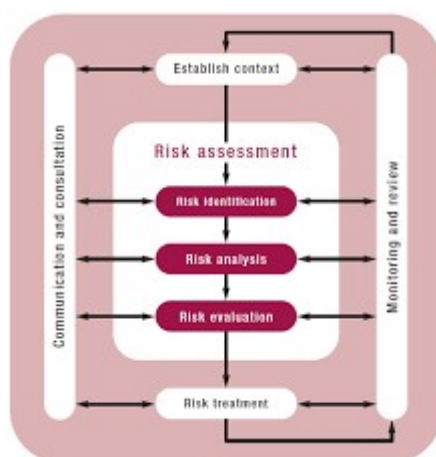
#### Sefyllfa / Situation

The Sustainable Resources Committee (SRC) is responsible for providing assurance to the Board that risks affecting finance are being identified, assessed and managed effectively.

The Committee is requested 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 (the Health Board) to provide assurance to the Board that risks are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	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 and Sub-Committee 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 SRC 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, as appropriate.

### Asesiad / Assessment

The SRC's Terms of Reference state that it will:

- 2.7 *Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g., where risk tolerance is exceeded, lack of timely action.*
- 2.8 *Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.*
- 2.9 *Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).*

The 14 risks presented in the Risk Register (Appendix 1) as of 8 April 2024, have been extracted from Datix, based on the following criteria:

- The SRC 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 September 2018;
- Risks have been approved at Directorate level on Datix;
- Risks have not been escalated to the CRR.

12 risks have been scored against the *Finance, including Claims* 'impact' domain and 2 risks have been scored against the *Service / Business Disruption / Interruption* domain.

Work is being undertaken to review financial risks with operational services and finance business partner for financial year 2024/25.

Below is a summary of the 14 risks which meet the criteria for submission to SRC at its meeting on 30 April 2024:

TOTAL NUMBER OF RISKS	14
NEW RISKS ADDED TO THE REPORT SINCE PREVIOUS MEETING	0
RISKS CLOSED/REASSIGNED SINCE PREVIOUS MEETING	3
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ⇔	13
REDUCTION IN RISK SCORE ↓	1
EXTREME (RED) RISKS (based on 'Current Risk Score')	6
HIGH (AMBER) RISKS (based on 'Current Risk Score')	8

### **Risks that are no longer included in this report**

Since the previous meeting, the following 3 risks have been closed:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Rationale	Target Risk Score
983 - Risk of inability to remain within financial budget excluding opportunity deficit (USC: Bronglais General Hospital (BGH))	22/07/21	Director of Operations	<b>4x3=12</b> (Reviewed 04/04/24)	<p>The Directorate is forecast to be <b>£4.7m overspent</b> at the end as of March 2024.</p> <p>The operational cost drivers have remained within medical and nursing to cover vacancies and absences and support for fragile services.</p> <p>The Directorate has agreed to close this, with a new risk assessed for the financial year 2024/25.</p>	<b>3x2=6</b>
1688 - Risk of overspend against the Medicine Management financial budget due to overspend on its primary care drug budget (Medicines Management)	28/06/23	Director of Primary Care, Community and Long Term Care	<b>2x1=2</b> (Reviewed 04/04/24)	<p>The Directorate is forecast to breakeven in 2023/24 given its performance over the last quarter of the financial year.</p> <p>Demand has stabilised and some of the higher drug costs has decreased in the later part of the year.</p> <p>A new risk being considered for financial year 2024/25.</p>	<b>2x1=2</b>
1748 - Risk of overspend against Financial Budget (Ceredigion)	05/05/23	Director of Primary Care, Community and Long Term Care	<b>3x2=6</b> (Reviewed 18/03/24)	As of March 2024, the County draft position for the year 2023/24 is <b>£153k under spent</b> .	<b>3x2=6</b>

### No change in risk score

Since the previous report, there has been no change in the following 13 risk scores:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1528 - Risk of overspend against site budget due to	01/08/22	Director of Operations	<b>5x5=25</b> (Reviewed 05/04/24)	Despite the controls in place, due to current demands on the site, exacerbated by staff	<b>3x5=15</b>

staffing cost pressures (USC: <i>Glangwili General Hospital (GGH)</i> ).				sickness and current vacancies, their effectiveness is limited. At Month 11, excluding the opportunity framework, the estimated year end position is that the site will be <b>circa £8m overspent</b> .	
1530 - Risk of overspend against site budget due to staffing cost pressures (USC: <i>Prince Philip Hospital (PPH)</i> ).	01/08/22	Director of Operations	<b>5x4=20</b> (Reviewed 05/04/24)	Whilst there are controls in place, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited. At Month 11, excluding the opportunity framework, the current forecast outturn is <b>circa £2.2m overspent</b> .	<b>5x3=15</b>
1571 - Risk of overspend against financial budget due to insufficient staff and resources ( <i>Radiology</i> )	01/04/22	Director of Operations	<b>4x5=20</b> (Reviewed 28/03/24)	<p>Although there are controls in place, until there is progress with the demand and capacity work and staff recruitment, the service will continue to overspend. In addition, increased activity results in increased costs in terms of consumables.</p> <p>Work is ongoing to identify efficiencies within the Directorate following recent work as tasked by Welsh Government (WG) in August 2023.</p> <p>The financial position of the Directorate as at Month 11 was approximately <b>£500k overspent</b> and is the expected outturn for month 12 2023/24.</p>	<b>4x3=12</b>

1574 - Risk of failure to remain within allocated budget at Withybush General Hospital due to financial constraints (USC: <i>Withybush General Hospital (WGH)</i> )	17/01/23	Director of Operations	<b>5x4=20</b> (Reviewed 22/03/24)	<p>As of January 2024, the site had a <b>£1.9m overspend</b>.</p> <p>WGH continues to see high demand through Accident and Emergency and difficulties discharging patients through the complex care pathway leading to higher than necessary bed occupancy.</p> <p>This is demonstrating an in-year improvement base on reinforced autoclaved aerated concrete (RAAC) associated bed reduction, variable pay improvements with nursing and medical staff and improved patient pathways.</p> <p>As of March 2024, there are no further changes, and the site remains in a <b>£1.9m overspend</b> position.</p>	<b>3x2=6</b>
971 - Risk of failure to remain within allocated budget over the medium term due to financial constraints (MH&LD).	01/05/20	Director of Operations	<b>4x4=16</b> (Reviewed 02/04/24)	<p>The Directorate has a forecast <b>overspend of c£1.3m by 31 March 2024</b>. As such, the likelihood score of this risk was increased to reflect this forecast position.</p> <p>This has been driven mainly by an overspend of c£5.2m in commissioning costs, however offset by pay underspend due to the current vacancy position within the Directorate (c£4.6m).</p> <p>In addition, there is a £600k cost pressure for outsourcing third sector</p>	<b>4x1=4</b>

				waiting list services to deliver key WG priorities to reduce waiting lists. The Directorate's expectation for the budget setting process for financial year (FY) 2024/25 is that an additional £3.8m budget award will be made to cover vacancy spend.	
1545 - Risk of overspend against budget primarily due to high-cost locum and agency staff (Women and Children)	01/04/22	Director of Operations	<b>4x3=12</b> (Reviewed 05/04/24)	As of March 2024, financial forecasting estimated <b>an overspend of £2.5m for the year</b> , predominantly due to the use of locum cover within Obstetrics and Gynaecology due to the fragility of the out of hours rota and the need to maintain safe service provision.	<b>4x2=8</b>
1646 - Risk of overspending against funding allocated for external test service level agreements (SLAs) due to increased workload /costs (Pathology)	24/01/23	Director of Operations	<b>3x4=12</b> (Reviewed 05/04/24)	<p>As of March 2024, this remains a significant financial risk for Pathology as the increase in high-cost tests (genetic/genomic tests) and general workload growth has resulted in considerable overspend.</p> <p>Currently there is no firm process in place to scrutinise and agree what new tests are introduced and/or if there are changes in protocol that creates variations to test frequency and volumes. A Value Based Healthcare (VBHC) steering group is in the process of being established to review new tests and changes in protocols that may have an impact to Pathology. The group will also look at key tests that the service has identified</p>	<b>2x3=6</b>

				<p>as opportunities to either reduce unwarranted testing or may have benefits to other areas.</p> <p>The service is also working closely with Swansea Bay University Health Board (SBUHB) as part of the Regional Pathology Programme, exploring opportunities to repatriate tests to the region so they can be performed at a reduced cost.</p>	
1610 - Risk of being unable to meet the increasing demand for data and analytics within the health board due to limited capacity (Finance: Performance)	02/03/23	Director of Finance	<b>3x4=12</b> (Reviewed 12/03/24)	<p>We already have control measures in place to minimise the impact of the risk and we have developed an action plan to try and reduce the likelihood of this risk occurring. Addressing the business continuity issues and increasing capacity is key.</p> <p>The Directorate Improving Together Sessions (DITS) process is currently being reviewed by the Executive team and, depending on the input and resources required and the level of facilitation required, this could positively or negatively impact on the capacity of the Performance team in 2024.</p> <p>Recently there has been an increasing risk of DITS being stood down due to varying pressures (for example due to sickness, operational pressures, misalignment with other priorities) resulting in time lost that</p>	<b>3x2=6</b>



				<p>could be spent on other Performance Team activities.</p> <p>The current score is based on the fact that statutory reporting and urgent requests are currently being met, however, as of March 2024, there are 69 dashboard requests in progress or pending.</p>	
964 - Failure to remain within allocated budget over the medium term due to financial constraints (Carmarthen-shire).	03/08/20	Director of Primary Care, Community and Long Term Care	<b>4x3=12</b> (Reviewed 05/04/24)	<p>The County is currently facing significant operational pressures, especially in Community Nursing which is requiring additional nursing resource over and above establishment levels.</p> <p>This coupled with Regional Integration Funded (RIF) posts now moved to core budget has resulted in an <b>overspend of £0.7m</b> as of February 2024.</p>	<b>2x3=6</b>
1719 - Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of RISP	19/06/23	Director of Operations	<b>5x2=10</b> (Reviewed 28/03/24)	<p>The Radiology Information Systems Procurement (RISP) project is a Wales-wide project and therefore Hywel Dda timelines will be affected by any time delays accrued within Health Boards that have earlier implementation dates.</p> <p>As of September 2023, a contract extension has been obtained with Fuji to cover the period until 31 August 2026. It is anticipated that the new RISP system will be functional by August 2025 (this date has slipped from the original date of 30 June 2025).</p>	<b>5x2=10</b>

				<p>As such, contingencies are in place to mitigate the risk to ensure continued service delivery. Due to the revised dates, this now allows for the dual running of both systems.</p> <p>The likelihood rating of this risk has been reduced from 4 to 2 given the developments with contract negotiations providing additional contingency.</p>	
1644 - Risk of overspending against funding allocated for Haematology drugs due to increased drug usage and costs (Pathology)	24/01/23	Director of Operations	<b>2x5=10</b> (Reviewed 05/04/24)	<p>As of February 2024, the Pathology drug budget is <b>not overspent</b> and this is due in part to the impact of our Clinical pharmacists mitigating costs by transferring more patients to homecare and the patient activity not increasing as expected.</p> <p>However, there is still a risk that the position will change as the introduction of one or two patients on high-cost drugs will have a significant impact on spend. Therefore, the controlled risk score remains the same.</p>	<b>3x2=6</b>
1423 - Risk of overspend against funding allocated for Oncology drugs due to activity growth and excess drug costs (Cancer Services)	04/07/22	Director of Operations	<b>3x3=9</b> (Reviewed 05/04/24)	<p>As of March 2024, the risk position has improved with some non-recurrent funding received for this financial year. However, the forecast position has deteriorated due to continued growth in patient numbers and increased drug prices.</p> <p>This position continues to deteriorate to an <b>overspend against</b></p>	<b>2x3=6</b>

				<b>budget and control total of £1.2m</b> , with the recurrent risk likely to be <b>circa £3.3m</b> , and a further deterioration in 2024/25 expected as the result of continued growth.	
1636 - Failure to remain within allocated budget due to expenditure (Pembrokeshire)	10/01/23	Director of Primary Care, Community and Long Term Care	<b>3x3=9</b> (Reviewed 21/03/24)	<p>The County budget is now <b>within the allocated budget</b> and is <b>no longer projecting an overspend</b>.</p> <p>However, local pressures continue, particularly in relation to the capacity to meet the challenges of RAAC, which may result in further financial challenges.</p> <p>The risk is to be updated pending allocation for 2024/25.</p>	<b>2x3=6</b>

### **Risks that have decreased in score since the previous report**

Since the previous meeting, the following risk score has been reduced:

<b>Risk Reference &amp; Title</b>	<b>Date risk identified</b>	<b>Lead Director</b>	<b>Previous risk score (February 2024)</b>	<b>Current risk score</b>	<b>Rationale</b>	<b>Target Risk Score</b>
975 - Risk of failure to remain within allocated budget due to financial constraints (Estates & Facilities).	01/05/20	Director of Operations	<b>5x4=20</b>	<b>5x3=15</b> (Reviewed 05/04/24)	<p>Key drivers include postage, RAAC, maintenance overspend and provision cost increases. Maintenance overspend will be the focus of the monthly establishments reviews going forward. Postage will be transferred to the Digital team.</p>	<b>5x1=5</b>

					<p>The Directorate have received operational driver funding to neutralise the significant cost pressures faced in 2023/24 and whilst there are some risky areas (maintenance-specifically the RAAC works, provisions price volatility, etc), the Directorate should be much more able to remain within budget for 2024/25. However, this position will reviewed regularly.</p> <p>The Directorate, finance business partners and procurement will continue to work together to review provisions costs and identify any possible opportunities.</p> <p>The current risk score has been adjusted to 15 due to the developments noted above.</p>	
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The Risk Register at Appendix 1 details the responses to each risk, for example, the Risk Action Plans.

The heatmap below has been obtained from the Risk Performance dashboard. The information reflects the risk information extracted from Datix on 8 April 2024:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5		1644 (→)	975 (↓)	1530 (→) 1574 (→)	1528 (→)
MAJOR 4			964 (→) 1545 (→)	971 (→)	1571 (→)

				1610		
MODERATE 3				1636 (→) 1423 (→)	1646 (→)	
MINOR 2						1719
NEGLIGIBLE 1						

The table below details when all Directorate level risks assigned to the SRC (14 in total) were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly.
- High Risks – Bimonthly.
- Moderate Risks – Six-monthly.
- Low Risks – Annually.

As of 8 April 2024, there are no risks overdue for review.

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
<b>Extreme</b>	971, 975, 1528, 1530, 1571, 1574			
<b>High</b>	964, 1423, 1545, 1610, 1636, 1644, 1646, 1719			

Risk owners can allocate themes to their risks, allowing the Assurance and Risk Team to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and enable the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The following risk themes are currently aligned to SRC:

- Finance; and
- Digital Transformation

Finance themed risks are shared with senior finance team members on a bimonthly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risks, and develop/improve organisational control, for example, policies, procedures, systems, processes to reduce the risk to the Health Board.

The Digital Transformation themed risks are shared with the Digital management team on a bi-monthly basis. On review of the risk registers, theme leads identify any risks which may require

further support, and the relevant risk owner and/or service is then contacted for further discussion when required.

### Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to:

- **REVIEW** and **SCRUTINISE** the risks included within this report to receive assurance that all relevant controls and mitigating actions are in place.
- **DISCUSS** whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

Subsequently, the Committee will provide the necessary assurance to the Board that these risks are being managed effectively.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>2.7 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.</p> <p>2.8 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.</p> <p>2.9 Receive assurance through Sub-Committee Update Reports and other management/task &amp; finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>Contained within the report</p>
<p>Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<p>7. All apply</p>
<p>Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<p>6. All Apply</p>

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/ owners
Rhestr Termiau: 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)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	SRC Executive Lead Director of Corporate Governance

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No direct impacts from the report however, impacts of each risk are outlined in the risk description.
<b>Gweithlu:</b> <b>Workforce:</b>	No direct impacts from the report however, impacts of each risk are outlined in the risk description.
<b>Risg:</b> <b>Risk:</b>	No direct impacts from the report however, organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol:</b> <b>Legal:</b>	No direct impacts from the 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:</b> <b>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:</b> <b>Privacy:</b>	No direct impacts from the report however, impacts of each risk are outlined in risk description.
<b>Cydraddoldeb:</b> <b>Equality:</b>	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No



Risk Ref	Status of Risk	Domains of Quality	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	Detailed Risk Decision	Review date
1528	Directorate Level Risk		USC: GGH	Perry, Sarah	Perry, Sarah	01-Aug-22	<p>There is a risk of that the directorate will overspend against its delegated budget (excluding opportunity deficit) in 2023-24</p> <p>This is caused by multiple factors including:</p> <ul style="list-style-type: none"> <li>- Increased Registered Nursing shift fill rates</li> <li>- Demand exceeding capacity on site, resulting in reliance on high cost agency</li> <li>- Inability to discharge patients to the community leading to a greater number of patients who are deemed ready to leave.</li> <li>- High cost locum cover (particularly in A&amp;E)</li> <li>- Rising drugs costs</li> <li>- High demand at A&amp;E</li> <li>- Requirement to comply with NICE guidance and Nurse Staffing Levels (NSL)</li> </ul> <p>This will lead to an impact/affect on The inability to reduce overspend leading to the inability in remaining within Statutory Financial Duty in year and the inability to de-escalate from WG Target Intervention status and the inability to achieve the Directorates control total</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Monthly Financial Dashboard for Directorate and overall Health Board financial position</p> <p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend</p> <p>Finance agenda item on Hospital Committee meetings to focus on cost reduction / mitigating actions and further opportunities / risks</p>	Finance inc. claims	6	5	5	25	<p>Overseas nurse recruitment to GGH site</p> <p>Alternative care model to cohort medically fit with less reliance on RN staff.</p> <p>Workforce review for A&amp;E completed recruiting to band 4 roles.</p> <p>TUEC workstreams to avoid admissions and reduce LOS for frailty patients.</p>	<p>Morgan, Olwen</p> <p>Perry, Sarah</p> <p>Morgan, Olwen</p> <p>Perry, Sarah</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>30/04/2024</p>	<p>Completed- ongoing recruitment with process in place. 76 overseas nurses since June 2022.</p> <p>Completed, this went live in November 2022.</p> <p>Completed.</p> <p>The workstream is still ongoing. Target by Exec Lead of December 2023 for 27 bed reduction for GGH.</p>	Sustainable Resources Committee	3	5	15		05-Apr-24

Risk Ref	Status of Risk	Domains of Quality	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	Detailed Risk Decision	Review date
1574	Directorate Level Risk		USC: WGH	Andrews, Bethan	Andrews, Bethan	17-Jan-23	<p>There is a risk of of the WGH Directorate failing to remain within their allocated budget</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans, manage the ongoing impact of the COVID-19 pandemic within available funding, manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on homecare drugs in order to prevent admissions into hospital have increased with significant long term detrimental impact on the Health Board's financial sustainability. Homecare drugs in order to prevent admissions into hospital also increased.</p> <p>Risk location, Health Board wide.</p>	<p>Understanding the underlying deficit. Work with budget holders to understand the impact of moving into post Covid and ongoing RAAC maintaining environment.</p> <p>Finance Business Partners support informed decision making and ensure there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Finance Business Partners review with Directorate the opportunities from the framework during 21-22 incorporating the lessons form learned operating in the Covid environment. Health Systems Evaluation Meetings with Director of Finance.</p> <p>TUEC and Homecare based care programmes being developed and implemented to reduce pressure on A&amp;E, prevent admissions and aid discharges with care at home.</p> <p>Implementation of SAFER principles and frontier to facilitate inpatient flow.</p> <p>Ward closures x6 as af 27/09/2023. Mitigate of 57 beds against the 108 medical beds closed. Elective inpatient activity paused, likely until Spring 2024</p>	Finance inc. claims	6	4	5	20	<p>Work as a system to develop a systems IMTP that addresses the resource pressures within the Pembrokeshire system as a whole. Use USC, SDEC and the Enhanced Bridging Services to ensure optimal patient flow through the hospital and community system ensuring that patients are looked after in the most appropriate setting. This will ensure the best utilisation of resources and ensure the best outcomes for patients.</p> <p>RAAC necessitated relocation of 48 in patient beds from WGH to Cleddau ward in South Pembs Community Hospital. These are beds to be occupied by patients who no longer have an acute heath need. This forms part of the broader ongoing frailty pathway work. The TUEC focus continues in the form of the working to establish a clinical streaming hub, enhanced acute response, frailty SDEC and virtual ward. A digital ward has been established from SDEC which adds a more robust process to follow up on diagnostic requests. Hot clinic schedule developed and implemented in Sept 23 releasing capacity in SDEC for its intended purpose.</p>	<p>Andrews, Bethan</p> <p>Andrews, Bethan</p>	<p>23/04/2024 31/03/2024</p> <p>23/04/2024 31/03/2024</p>	<p>Monthly IPAR (unscheduled care report) length of stay data.</p> <p>Conveyance rates. Admission rates calls to streaming hub and outcomes.</p> <p>Re-phasing of beds post completion of RAAC remedial works. Demand and capacity work to be undertaken to confirm pembs inpatient bed recommendation.</p>	Sustainable Resources Committee	2	3	6	Treat	22-Mar-24

Risk Ref	Status of Risk	Domains of Quality	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	Detailed Risk Decision	Review date
1571	Directorate Level Risk	Effective, Efficient, Equitable, Person Centred, Safe, Timely	USC: Radiology	Perry, Sarah	Roberts-Davies, Gail	01-Apr-22	<p>There is a risk of of further overspend against the Radiology's financial budget.</p> <p>This is caused by the inability to recruit / attract staff into service, exacerbated by the development of new clinical pathways without additional resource resulting in the use of:</p> <ul style="list-style-type: none"> <li>•Everlight use to cover reporting capacity</li> <li>•High cost locum agency staff to cover Radiologists/Radiographers</li> <li>•Under-established medical radiologist workforce</li> </ul> <p>In addition, there is the use of new technology, resulting in increased implementation costs.</p> <p>This will lead to an impact/affect on</p> <ul style="list-style-type: none"> <li>•potential increased maintenance costs associated with investments.</li> <li>•Not being able to meet demands of the service</li> <li>•Inability to increase/decrease capacity in a responsive way due to restricted budgets in the current financial climate.</li> <li>•Increased waiting lists, and poor patient experience</li> <li>•Not meeting the Welsh Government targets in relation to waiting times for cancer and supporting diagnostics.</li> <li>•the ability to reduce current expenditure and realise savings within the Directorate, which is under scrutiny given that the Health Board is currently in targeted intervention.</li> <li>•the Directorate not being able to recruit to key posts resulting in the inability to deliver a safe, timely and effective interventional and specialist assessment services which may lead to detrimental impact to patients and additional pressures on other services across the Health Board.</li> </ul> <p>There is also the increased likelihood</p>	<p>Financial position discussed at Improving Together sessions, which commenced January 2023</p> <p>Monthly business meetings between Head of Service and Finance</p> <p>Rota management</p> <p>Monthly meetings between site leads and finance</p> <p>Appointment of substantive staff where long term locum staff are utilised in an attempt to reduce spend over the longer term</p> <p>Workforce Planning and Transformation team assisting with the development of dashboard to increase scrutiny and analysis of Everlight invoices, and where turnaround times exceed KPIs allows the service to recover monies where appropriate.</p> <p>Annual Recovery Plan process</p>	Finance inc. claims	6	5	4	20	<p>To complete the Demand and Capacity Review</p> <p>Development of activity dashboard by the Digital Team</p> <p>Recruitment of Radiographers and Radiologists</p>	<p>Roberts-Davies, Gail</p> <p>Beynon, Gareth</p> <p>Roberts-Davies, Gail</p>	<p>30/11/2023-31/03/2024 31/07/2024</p> <p>Completed</p> <p>30/06/2024</p>	<p>Capacity and demand review is still in progress, dashboard has been created and data is being verified. The plan is to continue working with the Strategic Workforce Planning Team on the review in April following the submission of the annual plan and clinical services plans. Work is being focused on the ultrasound needs assessment which is being undertaken via the ultrasound control group.</p> <p>The dashboard has been created and published. The service is in the early stages of utilising this dashboard and verifying data which will inform the capacity and demand work required. Action complete</p> <p>2 substantive radiologist (part-time) have been employed and in post (2023). Further 5 locum consultant radiologist to cover a proportion of daytime and OOH have been advertised and offered positions to reduce reliance on Everlight. 3 have firmly accepted and have varying start dates from April-June 2024. We have a third round of interviews taking place on 12/04/2024 to recruit 2 further locum consultants.</p> <p>There has been successful recruitment substantively to CT and Ultrasound positions at GGH which historically have been filled by locum radiographers as at August 2023.</p> <p>The routine use of agency Radiographers will cease by the end of Jan 2024.</p>	Sustainable Resources Committee	3	4	12	Treat	28-Mar-24

Risk Ref	Status of Risk	Domains of Quality	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	Detailed Risk Decision	Review date
							or complaints and possible compensation payments due to delays in care as a result of increased waiting times for examinations and reports.  Risk location, Health Board wide.							Directorate to review the ability to reduce the use of inter-company agency work which is above NHS pay scales	Roberts-Davies, Gail	Completed	Phase 2 scenario options are to be submitted to Executives by 18th August 2023, and pending decision will inform future progress against this action. However completion of this action is progressing slower than anticipated due to turnover of staff and onboarding timelines.  As of 31/01/2024 there will no longer be agency Radiographers working in Hywel Dda						
1530	Directorate Level Risk	Effective, Efficient	USC: PPH	Perry, Sarah	Perry, Sarah	01-Aug-22	There is a risk of That the directorate will overspend against its delegated budget (excluding opportunity deficit) in 2023-24  This is caused by Multiple factors including: - Increased RN shift fill rates - Demand exceeding capacity on site, resulting in reliance on agency to staff surge beds - Inability to discharge patients to the community leading to a greater number of patients who are medically fit deemed ready to leave. - High cost locum cover - Rising drugs costs - Requirement to comply with NICE guidance and Nurse Staffing Levels (NSL)  This will lead to an impact/affect on The inability to reduce overspend leading to the inability in remaining within Statutory Financial Duty in year and the inability to de-escalate from WG Target Intervention status.  Risk location, Prince Philip Hospital.	Monthly Financial Dashboard for Directorate and overall Health Board financial position  Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.  Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.  Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend  Finance agenda item on Hospital Committee meetings to focus on cost reduction / mitigating actions and further opportunities / risks  Due to health board financial position and escalation into targeted interventions currently developing the annual plan for 5% reduction in costs in revenue.	Finance inc. claims	6	4	5	20	Workforce review for MIU completed recruiting to band 4 roles.  TUEC workstreams to avoid admissions and reduce LOS for frailty patients.  Development of the annual plan, for 2024/2025 and impact analysis across multiple Directorates.	Morgan, Olwen Perry, Sarah Perry, Sarah	Completed 05/01/2024 05/01/2024	action closed  The workstream is still ongoing. Target by Exec Lead of December 2023 for 17 bed reduction for PPH.  Annual Plan is being submitted (version 2) Friday 16th February.	Sustainable Resources Committee	3	5	15	Treat	05-Apr-24

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971	Directorate Level Risk		MHLD	Carroll, Mrs Liz	Carroll, Mrs Liz	01-May-20	<p>There is a risk of the MH&amp;LD Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans.</p> <p>Manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement.</p> <p>Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>There are regular financial reviews where this risk is considered, including a monthly financial review of the Directorate's in-month performance, a monthly update of our full year annual forecast and an annual update of our following year financial plan.</p> <p>Risk Register is a standing agenda item at BP&amp;PAG on a bi-monthly basis. End of month meeting with Directorate Finance Business Partner, KPI meetings and individual Head of Service meetings are also forums for monitoring the position and informing and managing the forecast.</p> <p>Mechanism in place to draw down funding to service cost codes inline with original bids.</p> <p>Weekly key performance meetings in place for areas working outside of allocated budgets in collaboration with Senior Finance Business Partner.</p>	Finance inc. claims	6	4	4	16	<p>Leon Popham to review impact of CHC uplift reserve on position and determine treatment and risk level on an ongoing basis.</p> <p>To provide an update for Executive Team to clarify the budget setting process and allocation for FY 2024/25.</p> <p>Following Executive Director led recovery workshops on the 26th of July and the 9th of August the Directorate were tasked to consider the impact on services should variable pay be eliminated. The ask also involved service reconfiguration on this basis.</p>	Popham, Leon	Completed	<p>Review undertaken as part of ongoing budget processes. While action unresolved, this will be picked up as part of the new action noted for the risk in September 2023.</p> <p>CHC overspend neutralised for 2024/25 allocation through £1.9M uplift relating to 2022/23 and operational driver funding remaining pressure.</p> <p>Directorate have undertaken to identify £2.6M of non-recurrent savings for 2024/25 for underspend in pay position, with a view of identifying recurrent saving 2025/26.</p> <p>The Directorate are continuing to work with Corporate services to strengthen the Nurse Bank capacity and eliminate spend. Further options being explored through international recruitment, for Medical staff. Directorate recently joined across Wales trip to India interviews will now take place, dates to be confirmed. Active Agency reduction plan in place which incorporates review of inpatient establishments.</p>	Sustainable Resources Committee	1	4	4	Tolerate	02-Apr-24



Risk Ref	Status of Risk	Domains of Quality	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	Detailed Risk Decision	Review date
975	Directorate Level Risk		E&F: Directorate Team	Elliott, Rob	Elliott, Rob	01-May-20	<p>There is a risk of the Estates and Facilities Directorate failing to remain within their allocated budget.</p> <p>This is caused by the inability to either:</p> <ol style="list-style-type: none"> <li>1. Identify and deliver robust and realistic recurrent savings plans,</li> <li>2. Manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or,</li> <li>3. Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</li> </ol> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>The monthly finance cycle reviews the movement in month and forecasts the remainder of the year, ensuring the healthboard has regular updates on the Directorates financial position.</p> <p>Monthly establishments reviews within the service to ensure pay position is understood and actions are taking promptly, supported by Finance colleagues where appropriate.</p>	Finance inc. claims	6	3	5	15	<p>A 3-year financial training programme is being developed for budget holders as part of the Health Board's three year Plan.</p> <p>A reporting dashboard is under development to improve the accessibility to financial and non-financial information for budget holders and to allow a better understanding of cost drivers. This will facilitate better and more informed decision making by budget holders.</p> <p>Assessment refreshed to quantify likely impact of COVID-19 on the underlying deficit for FY22, focusing on both the adverse impact such as non-delivery of recurrent savings, and the opportunities arising due to service changes in response to COVID-19.</p> <p>Finance to meet with Directorate to review and re-word risk as applicable.</p> <p>Scope potential for closer pay controls to reduce and maintain lower level of variable pay spend</p> <p>Determine methodology to identify and quantify cost of RAAC issues at Withybush</p>	<p>Popham, Leon</p> <p>Popham, Leon</p> <p>Popham, Leon</p> <p>Popham, Leon</p> <p>Popham, Leon</p> <p>Popham, Leon</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>A reporting Dashboard for financial information has been achieved. Work in underway to include non-financial information also into the monthly Finance Dashboard to a plan, and this is currently scheduled for completion in 31/01/2021. The training programme was initially paused due to essential financial work due to Covid response and will be picked up and refined with an estimate delivery date of 03 / 2022</p> <p>A reporting Dashboard for financial information has been achieved. Work in underway to include non-financial information also into the monthly Finance Dashboard to a plan, and this is currently scheduled for completion in 31/01/2021. The training programme was initially paused due to essential financial work due to Covid response and will be picked up and refined with an estimate delivery date of 03 / 2022</p> <p>Complete</p> <p>Complete, review undertaken</p> <p>Complete- review meetings now in place.</p> <p>No longer applicable, Capital agreed and authorised by WG for RAAC work.</p>	Sustainable Resources Committee	1	5	5	Treat	05-Apr-24

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1610	Directorate Level Risk	Effective, Efficient, Equitable, Person Centred, Safe, Timely	Finance: Performance	Evans, Catherine	Price, Tracy	02-Mar-23	<p>There is a risk of of the Performance team and wider directorate being unable to meet all the reporting demands and data requests of the Health Board in a timely way.</p> <p>This is caused by the performance team and wider directorate increasingly dealing with more ad hoc requests for support in relation to data, reporting and trajectories.</p> <p>Reporting Requests:</p> <p>With the introduction of the Directorate Improving Together Sessions and the Health Board being in Enhanced Monitoring and Targeted Intervention, these have impacted on the number of reports being requested.</p> <p>Dashboard / Data requests:</p> <p>The Directorate Improving Together Sessions also afford an opportunity for teams to identify any areas of concern. Both Ceredigion UEC and MH&amp;LD flagged that they had specific needs.</p> <p>This will lead to an impact/affect on a capacity issue and risk to meet all demands in a timely way.</p> <p>We have a number of statutory reporting responsibilities to Welsh Government which may be impacted. If data / analytical support is not provided to teams then ultimately this may impact on their ability to operationally plan, which will have knock on consequences for staff, patients, financial implication, not achieving goals as set out in our plan.</p>	<p>We have reviewed the work of the team and have tried to scale back reporting levels to a statutory minimum.</p> <p>We are trying to signpost people to existing self-serve data sources through the "Our Performance" dashboards.</p> <p>We have established a prioritisation process to ensure that time and effort is spent on requests that are most important for the health board.</p> <p>Continual review of processes to identify measures and reports that can be stood down or undertaken more efficiently to free up capacity. Viewing figures in place for dashboards, and review being undertaken to assess existing commitments and workloads.</p> <p>Relevant training identified. Training has commenced, with additional training to be explored pending funding.</p>	Service/Business interruption/disruption	6	4	3	12	<p>Continue to review processes to identify measures and reports that can be stood down or undertaken more efficiently to free up capacity.</p> <p>Progress discussions and actions around increasing capacity in the team.</p> <p>Explore how we attract and build skills within the team</p> <p>Develop a Data Strategy to outline the data needs within the Health Board and align a workplan for delivery</p> <p>Develop Business Continuity plan.</p> <p>Recruit into vacancy on the team.</p>	<p>Evans, Catherine</p> <p>Evans, Catherine</p> <p>Evans, Catherine</p> <p>Evans, Catherine</p> <p>Evans, Catherine</p> <p>Price, Tracy</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/08/2024</p> <p>Completed</p> <p>31/08/2024</p>	<p>Viewing figures in place for dashboards, and review being undertaken to assess existing commitments and workloads.</p> <p>Review comments from Workforce on new job description.</p> <p>Picked up as part of PADR and relevant training identified. Training has commenced, however financial constraints may restrict progress of additional training.</p> <p>This action is now ongoing - added to Control Measures.</p> <p>Discussions currently taking place on Data Strategy.</p> <p>A BCP has been developed and action complete.</p> <p>Executive approval to apply for recruitment has now been given. However, approval required from financial control group.</p> <p>Job description to be decided i.e. like-for-like replacement or potential to create new role.</p>	Sustainable Resources Committee	2	3	6	Treat	12-Mar-24

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1646	Directorate Level Risk	Efficient, Equitable	USC: Pathology	Perry, Sarah	Jones*, Dylan	24-Jan-23	<p>There is a risk of of overspending against funding allocated for external tests. There is also a risk to the health board if funding for COVID/ respiratory testing is not supported by Welsh Government funding.</p> <p>This is caused by increased workload sent for testing and changes in test repertoire resulting in higher costs.</p> <p>This will lead to an impact/affect on financial overspend, which for 23/24 is circa £350k.</p> <p>Risk location, Health Board wide.</p>	<p>1. Regular SLA meetings to review spend</p> <p>2. Reviewed external testing sites</p> <p>3. Clinical Scientist test vetting</p> <p>4. Demand management in place to prevent sending duplicate samples.</p>	Finance inc. claims	6	4	3	12	<p>Regional collaboration providing opportunities to repatriate tests.</p> <p>Review main SLAs to look at repatriating service</p> <p>Standardising clinical haematology processes, reducing send away tests</p> <p>Establish VBHC Steering Group to review demand optimisation opportunities within Pathology.</p>	<p>Peters, Lee</p> <p>Peters, Lee</p> <p>Peters, Lee</p> <p>Jones*, Dylan</p>	<p>05/01/2024</p> <p>05/01/2024</p> <p>Completed</p> <p>07/01/2024</p>	<p>On going and linked to the ARCH Regional Solution. discussions ongoing</p> <p>FIT, MPO and PR3 testing being considered for repatriation 5.4.24 - linked to ARCH regional solution</p> <p>Continually reviewing opportunities to standardise processes. Looking at subspecialising the service in the future. 30/1/24 - reviewed send away tests. haemoglobinopathy being reviewed to bring house 5.4.24 - new managed service now in place</p> <p>Steering group established and workstreams identified to progress demand optimisation work. 5.4.24 - ongoing.</p>	Sustainable Resources Committee	3	2	6	Treat	05-Apr-24	
964	Directorate Level Risk		Carmarthenshire	Perry, Sarah	Perry, Sarah	03-Aug-20	<p>There is a risk of of the Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans, manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions. Finance Business Partners representatives attend Senior Management meetings.</p> <p>Improving Together sessions now in place with Director of Finance, and Exec team.</p>	Finance inc. claims	6	3	4	12						Sustainable Resources Committee	3	2	6	Treat	05-Apr-24



Risk Ref	Status of Risk	Domains of Quality	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	Detailed Risk Decision	Review date
1545	Directorate Level Risk	Effective, Efficient, Equitable	Women and Children	Humphrey, Lisa	Humphrey, Lisa	01-Apr-22	<p>There is a risk of of further overspend against the Women and Children's financial budget.</p> <p>This is caused by •Premium locum spend due to ongoing recruitment issues •Agency and bank spend to cover surge in activity, particularly during the winter months •Impact of the review on the Paediatric pathway at WGH (PACU) and the requirement of additional locums at GGH •Increase in the cost of Paediatric drugs and diabetic consumables •Requirement to comply with NICE guidance and Nurse Staffing Levels (NSL)</p> <p>This will lead to an impact/affect on the ability to reduce current expenditure and realise savings within the Directorate, which is under scrutiny given that the Health Board is currently in targeted intervention. There is also the potential impact on the delivery of safe and effective care to patients. There is also the increased likelihood of complaints and possible compensation payments.</p> <p>Risk location, Health Board wide.</p>	<p>1. Finance Business Partner assigned to the Directorate, with weekly meetings in place with Directorate management, and ad hoc meetings as and when required</p> <p>2. Weekly review of nursing and medical staff rotas</p> <p>3. Regular job planning reviews</p> <p>4. Board engagement with the Paediatric Pathway</p> <p>5. Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend</p> <p>6. We are reducing the O&amp;G spend and working with Medical Sustainability project</p> <p>7. Scrutiny of budget via Improving Together and Core Delivery Group meetings</p>	Finance inc. claims	6	3	4	12	<p>Director of Finance to finalise dates for the Directorate to partake in Use of Resources scrutiny process</p> <p>Review of PACU Pathway</p> <p>Total review of premium variable pay in O&amp;G along with review of substantive session paid against budget sessions.</p> <p>Review of SCBU agency overspend and identification of alternative model.</p> <p>To implement (allocate) the new electronic rota for Obs and Gynea (identified as pilot specialty).</p>	<p>Humphrey, Lisa</p> <p>Davies, Nick</p> <p>Freeman, Lyndon</p> <p>Milward, Janet</p> <p>Humphrey, Lisa</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>30/04/2024</p>	<p>Use of resources meetings have been superseded by Improving together sessions.</p> <p>Progress to be provided at next review.</p> <p>We are reducing the O&amp;G spend and working with Medical Sustainability project to implement an electronic rota which will improve efficiency and productivity, reduce spend on Ad hoc variable pay and improve staff wellbeing.</p> <p>Paper has been reviewed in the W&amp;C Business meeting. Recommendation that all agency and bank costs be included at the new model cost.</p> <p>Leadership group along with medical sustainability group have produced a video describing the challenges of paper based rota systems and how they influence increases in spend associated with ad hoc variable pay, and how an electronic rota would improve productivity, efficiency , reduction in spend and increase in staff wellbeing. Video is to be presented at PODCC and SDODC. Date to be confirmed.</p>	Sustainable Resources Committee	2	4	8	Treat	05-Apr-24

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														Implement a reduction of frequency of on call within O&G from 1:12 to 1:8. This will reduce the use of high cost locum and ad hoc variable pay	Freeman, Lyndon	Completed	Rota change complete						
														Ensure recruitment of SAS doctors within acute paediatrics remains on track to deliver by April 2024. This will mitigate the use of high cost locum and ad hoc variable pay	Davies, Nick	30/04/2024	Recruitment behind schedule due to Visas						
														Ensure streamlining remain on course within paediatrics to mitigate the use of agency.	Davies, Nick	Completed	5 nurses started in October						
														SCPHN to be reviewed and development of an optimised staffing model	Humphrey, Lisa	30/04/2024	In progress						
														Explore alternative models of care at BGH for O&G and paediatrics from a quality and cost-reducing perspective. Alternative models to be considered via ALG ODPG and CDG.	Humphrey, Lisa	30/04/2024	Progress update at next review						
														Explore maternity pathway for residents access in SBUHB maternity services to repatriate therefore reducing LTA costs.	Humphrey, Lisa	30/04/2024	Paper presented at CDG on 6th Dec 2023. Further work ongoing and update to be provided at the next update						

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1644	Directorate Level Risk	Equitable, Safe	USC: Pathology	Perry, Sarah	Jones*, Dylan	24-Jan-23	<p>There is a risk of of overspending against funding allocated for Haematology drugs.</p> <p>This is caused by significant increase in drug usage and cost over the last 3+ years. The % increase during this period is approximately 65%, however, the allocated funding has not matched this increase in cost.</p> <p>This will lead to an impact/affect on financial overspend, which for 22/23 is forecast at approximately 0.5 million. With usage and costs this could increase further in 23/24.</p> <p>Risk location, Health Board wide.</p>	<p>Hired haematology pharmacist to review patient activity and drug usage. Activity and spend monitored monthly. Homecare options monitored regularly. Drug rebates opportunity regularly reviewed.</p> <p>Hired a pharmacist to cover the west of region (starting approx Sept-23).</p> <p>Funding provided in 23/24 to match 22/23 spend.</p>	Finance inc. claims	6	5	2	10	<p>Recruit haematology pharmacist for west of region</p> <p>Horizon scanning/patient review</p> <p>Increase funding for haematology drugs to reflect growth</p> <p>Explore options regarding moving patients across from Sub Cut to IV Rituximab.</p>	Jones*, Dylan Jones*, Dylan Jones*, Dylan Jones*, Dylan	Completed 30/04/2023 31/03/2024 Completed 30/04/2024	<p>Recruited</p> <p>16/11/23 - Haematology Pharmacists are actively reviewing new drugs and are reviewing patients; action is on going.</p> <p>Funding for 23/24 has increased to reflect 22/23 drugs spend.</p> <p>Multidisciplined T&amp;F group established to explore options regarding Rituximab delivery</p>	Sustainable Resources Committee	3	2	6	Treat	05-Apr-24

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1719	Directorate Level Risk	Effective, Efficient, Safe, Timely	USC: Radiology	Perry, Sarah	Roberts-Davies, Gail	19-Jun-23	<p>There is a risk of of loss of Radiology services across the Health Board from 31 March 2025.</p> <p>This is caused by by the delayed implementation of the All Wales Radiology Information Systems Procurement (RISP) programme, with the existing contract with Fuji ceasing prior to the implementation of the All Wales solution. This could be exacerbated by delays in the roll-out of the All Wales solution across other Health Boards in Wales.</p> <p>This will lead to an impact/affect on a total loss of services being delivered by the Radiology directorate across the Health Board and the loss of all radiology data held for patients, resulting in potential harm to patients, the inability to undertake diagnostic assessments, a detriment to the Health Board's ability to achieve ministerial priorities and targets. This will also have an adverse impact on the reputation of the Health Board, and render it liable to increased complaints, litigation and scrutiny from external regulators. There are also financial implications, with the current contract due to expire in March 2025.</p> <p>Risk location, Health Board wide.</p>	<p>Hywel Dda have initiated a new project board, with members attending from both Radiology and Digital Services and TORs in place</p> <p>Health Board attendance by colleagues from Radiology and Digital Services at monthly All Wales RISP programme meetings, hosted by Digital Health and Care Wales (DHCW) ensuring the Health Board stays informed of the All Wales position which may have an impact on Hywel Dda's contract and timelines</p> <p>Regular communication with senior colleagues in Finance</p> <p>All Wales Deployment order agreed</p> <p>Extension to current Fuji contract has been agreed, and now runs to 31 August 2026.</p>	Service/Business interruption/disruption	6	2	5	10	<p>To prepare and present a paper for August SRC In-Committee, highlighting revised options since the matter was presented at July 2023 Board</p> <p>Complete preparatory work (informatics and implementation plan) for our Health Board, with continued attendance at RISP meetings to monitor progress of other Health Boards and learn from delays encountered to avoid repeating errors before stable operations achieved.</p>	Roberts-Davies, Gail	Completed	<p>Paper has been prepared and presented, and outcomes of discussions at SRC In-Committee inform future actions for this risk and further update to Board in September 2023.</p> <p>Update at next review</p>	Sustainable Resources Committee	2	5	10	Treat	28-Mar-24

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1636	Directorate Level Risk		Pembrokeshire	Evans, John	Hay, Sonia	10-Jan-23	<p>There is a risk of of Pembrokeshire County Directorate being unable to remain within their allocated budget</p> <p>This is caused by the increased expenditure on community bed, homebased care and travelling expenses as a result of increased demand within the County. This has also led to the need for community assessment beds for extra capacity and extra care being provided in the community due to delays from the local authority assessments.</p> <p>This will lead to an impact/affect on the Health Board's financial sustainability; a failure to identify and deliver robust and realistic recurrent savings plans; failure to manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>Risk location, Pembrokeshire.</p>	<p>Work has been done with the respective budget holders within the county to ensure all understand the impact of moving to post covid / recovery position.</p> <p>Finance Business Partners are working closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Finance Business Partners are reviewing with the Directorate opportunities incorporating the lessons learned operating in the Covid and post COVID environment.</p> <p>Directorate indicators have been developed to monitor performance and areas of opportunity.</p> <p>TUEC and Homecare based care programmes being used to reduce pressure on A&amp;E, prevent admissions and aid discharges with care at home</p>	Finance inc. claims	6	3	3	9	Await outcome of finance allocation meeting to determine specific actions required and an update of the current risk score	Evans, John	Completed	Meeting planned 12/6/23	Sustainable Resources Committee	3	2	6	Treat	21-Mar-24

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1423	Directorate Level Risk	Effective, Efficient	Cancer Services	Humphrey, Lisa	Bennett, Debra	04-Jul-22	<p>There is a risk of of overspending against funding allocated for Oncology drugs.</p> <p>This is caused by activity growth which has been noted nationally, and resulting excess drug costs against allocated budget, additionally new drugs approved by NICE have a 60 day implementation directive from Welsh Government in order to secure access to the High Cost Drug Fund.</p> <p>This will lead to an impact/affect on Financial forecasting estimates an overspend for Oncology for the year 23/24 of £1.2m, (£2.1m non recurrent funding received in 23/24) based on SACT activity in year growth of 14% and cost 24% due to price increases.</p> <p>Risk location, Health Board wide.</p>	<p>Designated business partner and monthly financial forecast are monitored (DITS)</p> <p>Activity and spend monitored monthly.</p> <p>Homecare options are monitored regularly.</p> <p>Drug regimes are scrutinised to ensure value for money is obtained and optimal use of resource.</p> <p>Horizon scanning for alternative drug options.</p>	Finance inc. claims	6	3	3	9	<p>Meet with medicines management team regarding process for implementing newly approved NICE drugs following FAD - to include considerations of infrastructure needs in addition to flat drugs costs. A process is being developed with ongoing meetings taking place.</p> <p>Explore option with Medicines Management re: input of new NICE high cost drugs (as SBUHB)</p> <p>Meet with new Head of Medicines Management to agree implementation of newly NICE approved high cost drugs.</p> <p>Meet with Head of Medicines Management to explore scale of opportunity with bio-simulars.</p>	Bennett, Debra  Beard, Gina  Bennett, Debra  Bennett, Debra	 29/03/2024-29/03/2024 30/04/2024  Completed 04/10/2023-31/12/2023 30/04/2024  Completed	<p>Meds management leading on setting up the process - awaiting structure and development scope. Process meeting scheduled for 19th April 2024.</p> <p>Initial meeting has been held - Meds Management and Oncology currently working through options. Ongoing</p> <p>Met in September and December 2023. Process meeting scheduled for 19th April 2024.</p> <p>Met in September.</p>	Sustainable Resources Committee	3	2	6	Treat	05-Apr-24