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Assurance and Risk Report

Finance and Performance Committee – 21 October 2025

Situation



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This report provides the Finance and Performance Committee (FPC) with the status of the principal risks, operational risks, and Welsh Health Circulars (WHCs).

The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that WHCs are being implemented by the Health Board.

Corporate risks, audit and inspections recommendations and Ministerial Directions are reported at alternate meetings, and due to be presented to FPC at its next meeting on 16 December 2025.

Principal Risks:

1

Operational Risks

15

Welsh Health Circulars

0

Risk Management - Overview



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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.

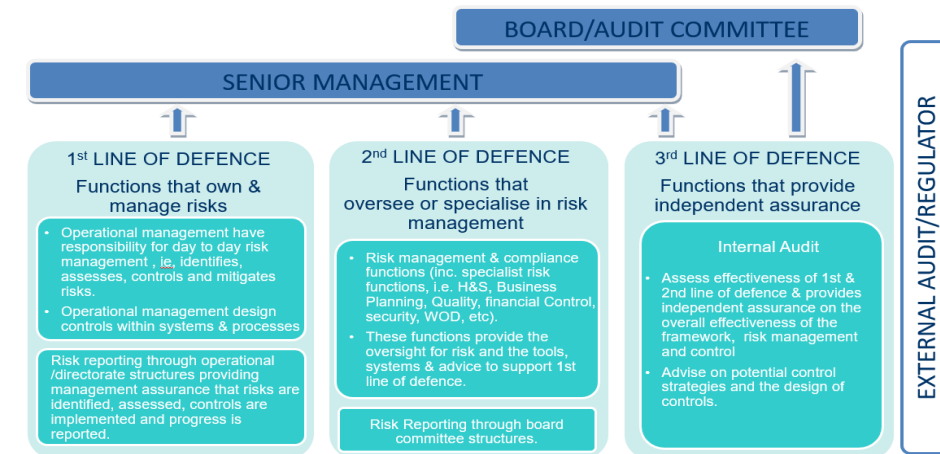
The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group (CCG) or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (e.g. where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.



Principal Risks Assigned to FPC



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Each risk on the principal risk register (PRR) has been mapped to a Board level Committee to ensure that risks on the PRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Principal risks have been identified by the Executive Team via a top down and bottom-up approach and are associated with the delivery of the Health Board's strategic (long-term) objectives. Each principal risk has been also been aligned to a sub-group of Formal Executive Team.

There is 1 risk currently aligned to FPC (out of the 15 that are on the PRR as of 30 September 2025).

The following slide provides a summary of the reportable principal risk aligned to FPC. The PRR attached at **Appendix 1**, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Principal risks will be reviewed as part of the strategy refresh that is currently underway.

Principal Risks assigned to FPC



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Risk Reference and Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1199 - Achieving financial sustainability	Director of Finance	25 → (Reviewed 23/09/25)	8	To be reviewed as part of the strategy refresh

Rationale for Current Risk Score

The significant underlying financial deficit in the current and future years is likely to result in the Health Board being unable to meet its cash obligations as they fall due and presents a going concern risk. Early indications from WG is that the WG are unable to support both the revenue and cash implications. With the Health Board reporting a significant in-year and recurrent underlying deficit, WG initially escalated the Health Board into Targeted Intervention during October 2022, on the grounds of planning and financial performance, and in January 2024, the whole organisation was escalated into targeted intervention. The recurrent funding position confirmed by WG leaves a significant gap based upon draft iterations of the financial plan, with strategic and operational changes required in an attempt to erode the financial deficit.

The Health Board's underlying deficit is now well understood and articulated, with clear decisions tracked that have been made by budget holders that exceed their delegated limits. There is a need to, not only shift resources to more appropriate settings but, provide care at considerably lower cost. Significant workforce constraints remain; and the planning function remains small with significant opportunities to develop.

Rationale for Target Risk Score (TRS)

Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government. Strategic and operational planning in an integrated Health Board is inherently complex leading to potential disconnections between demand, operational capacity planning; workforce planning and financial planning. Given the challenge in delivering the savings required over a number of years, and the implications of this in the medium term, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.

Operational Risks assigned to FPC



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16 operational risks on Datix are aligned to FPC, all of which are within review date.

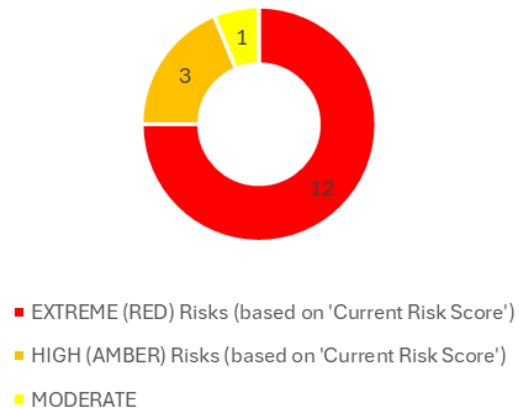
Of these, 15 have been identified as reportable to FPC based on the following criteria:

- FPC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level (previously Service and Directorate level) on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

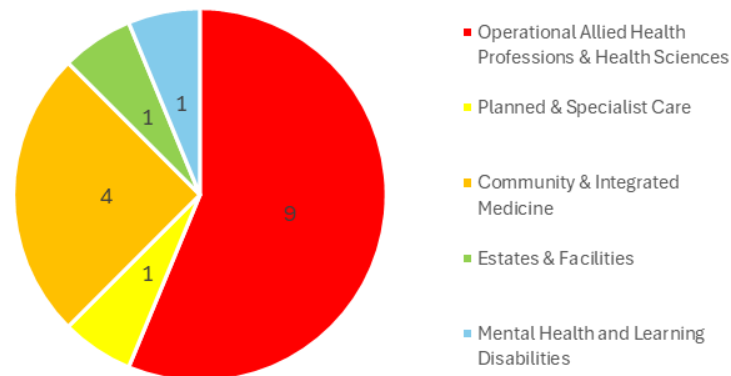
The following slides summarise the operational risks aligned to FPC. The Risk Register attached at **Appendix 2**, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.

Total Number of Open Risks meeting criteria for reporting	15
New Risks since last reported to FPC	5
Closed Risks since last reported to FPC	2
Increase in Risk Score since last reported to FPC ↑	0
Decrease in Risk Score since last reported to FPC ↓	0
No Change in Risk Score since last reported to FPC →	10
EXTREME (RED) Risks (based on 'Current Risk Score')	12
HIGH (AMBER) Risks (based on 'Current Risk Score')	3

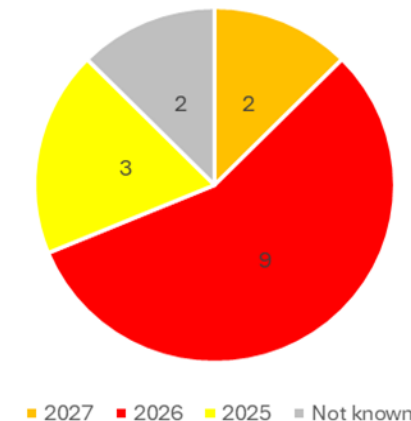
Current Level of Risks assigned to FPC



Risks split out by Clinical Care Group/Executive Function



Risks by Target Risk Score Expected Date (Year)



New Operational Risks Reportable to FPC



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Risk Reference and Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2167 - There is a risk of non pay cost pressures of circa £200k due to increases in unit price of surgical appliances (33% increase)	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25	5	31/03/2026	22/09/2025
2132 - Risk of overspend due to cost pressures related to variable pay	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25	20	31/03/2027	24/09/2025
2148 - Risk of significant financial pressures impacting on service delivery due to reliance on RIF funding for key clinical roles	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	10	31/03/2027	08/09/2025
2131 - Risk of overspend due to cost pressures related to Everlight radiology	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	15	31/03/2026	25/09/2025
2040 - Risk of decommissioning of current FCP Physio Primary care service due to funding uncertainty from April 2026	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	15	4	TBC	11/09/2025

*Risk 2040 previously aligned to Quality, Safety and Experience Committee

Operational risks closed since previous report



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Risk Reference and Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale
2095 - Risk to delivery of urgent and suspected cancer hysteroscopy diagnostic pathway	Planned & Specialist Care	Chief Operating Officer	One stop Post-Menopausal Bleeding (PMB) service being established across the health board Date of risk closure: 01/08/2025
1084 - Risk of unsustainable surgical rota in PPH due to reliance on locum doctors	Planned & Specialist Care	Chief Operating Officer	Replaced by risk 2137 (<i>Unsustainable Surgical SAS Level Rota in Carmarthenshire</i>) which is reportable to People, Organisational Development and Culture Committee (PODCC). Date of risk closure: 12/08/2025

No Change in risk score since previous report



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Risk Reference and Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2110 - Risk of not achieving savings targets for 2025/26 due to significant, strategic change required across whole CCGs	Community & Integrated Medicine	Chief Operating Officer	20 →	16	31/10/2025	25/09/2025
1631 - If the delegation of budget manager responsibilities are unmet then finances will be adversely affected	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20 →	15	31/03/2026	29/09/2025
975 - Risk of failure to remain within allocated budget due to financial constraints (Estates and Facilities).	Estates & Facilities	Director of Allied Health Professions and Health Sciences	20 →	10	31/03/2026	22/07/2025
2107 - Risk of physiotherapy financial overspend due to unfunded respiratory on call services.	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	16 →	2	31/03/2026	11/09/2025
1906 - Risk of not achieving savings targets within our annual plan due to ongoing service demand	Community & Integrated Medicine	Chief Operating Officer	16 →	12	31/10/2026	24/09/2025
1892 - Risk of not achieving savings targets due to continued expenditure without mitigating savings plans	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	16 →	12	31/03/2026	25/09/2025

No Change in risk score since previous report



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Risk Reference and Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
971 - Risk of failure to remain within allocated budget over the medium term due to financial constraints (MH&LD)	Mental Health and Learning Disabilities	Chief Operating Officer	16 →	3	31/03/2026	18/09/2025
2124 - Risk of being unable to identify recurrent savings required due to spend on ad-hoc pay and non-pay	Planned & Specialist Care	Chief Operating Officer	12 →	4	31/03/2026	25/07/2025
1951 - Risk of overspend against Specialist Palliative Care budget due to potential withdrawal of funding for permanent posts	Community & Integrated Medicine	Chief Operating Officer	12 →	4	29/08/2025	29/08/2025
1646 - Risk of cost pressure (external test service level agreements PHW) due to increased workload/costs	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	8 →	8	23/04/2025	24/07/2025

Risk Themes



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Risk owners can assign ‘themes’ to risks on Datix, allowing risk information to be shared on specific areas with relevant subject matter experts within the Health Board. They in turn can offer specific support and guidance to risk owners in the management of risk and identify trends and areas of concern. Each risk theme is aligned to a specific and relevant committee or sub-committee to provide assurance that processes are in place to deliver a holistic approach to risk management.

Theme owners are provided with a thematic risk register on a bi-monthly basis to identify trends, or risk clusters, and to consider whether there are gaps in controls in the Health Board’s control framework, and to determine whether further action is required to prevent risks from materialising.

The following themes are currently aligned to FPC as of September 2025:

Risk Theme	Definition	Number of risks
Finance	Risks associated with the possibility of financial loss and uncertainty	83

Welsh Health Circulars - Overview



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Welsh Health Circulars (WHCs) provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the [Welsh Government \(WG\) website](#).

Committees have responsibility to seek assurance that the Health Board is compliant with WHCs and that these are implemented in line with stated/agreed timescales, and where this has not been possible, to receive assurance the impacts resulting from late/non-delivery are understood and managed appropriately.

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is applied to WHCs:

- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Green** = completed
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board.

WHCs included within this report are based on the following criteria:

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies

Progress updates relating to the implementation of WHCs are extracted from the AMAT system.

As of 30 September 2025, there are no open WHCs assigned to FPC. No change since previous report.

Recommendations



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The committee is requested, in relation to the areas presented in this paper, to:

Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively, and
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score
1199	Achieving financial sustainability	Thomas, Huw -	Finance inc. claims	5×5=25	5×5=25	→	2×4=8	TBC

Risk Ref	Strategic Objectives	Risk Title (for more detail see individual risk entries)	Executive Director	Controls	Domain	Current Risk Score (L x I)	Target Risk Score (L x I) (tolerable score)	Performance Indicators	Assurance from What? (sources/providers of assurance) L1, L2 & L3 (see below key)	Latest paper	Assurance Sufficient? (Y/N)	Control RAG rating (see below key)	Risk on page no...
1199	6. Sustainable use of resources	Achieving financial sustainability	Thomas, Huw -	<p>Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services</p> <p>Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p>	Finance inc. claims	5x5=25	2x4=8	<p>See Our Outcomes section on the BAF Dashboard</p> <p>Operational agreement to underlying deficit assessment.</p> <p>Welsh Government accept and approved Integrated Medium Term Plan (IMTP).</p> <p>Plan in place to develop a long-term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p>	<p>Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work (L1)</p> <p>Financial Reporting to Sustainable Resources Committee (L2)</p> <p>Integrated Quality, Finance, Performance and Delivery Group (reporting to Executive Team) oversee in-year delivery of financial performance and savings delivery (L2)</p> <p>Value and Sustainability Group (reporting to Executive Team) oversees opportunities which inform medium term financial roadmap (L2)</p> <p>Planning Objectives overseen by Sustainable Resources Committee (L2)</p> <p>Structured Assessment 2023</p>	<p>Annual Plan Update 2024/25 - SRC & Board Seminar (Feb24)</p> <p>Developing a roadmap to financial balance - SRC (Jun23)</p> <p>Medium term financial strategy- Board Seminar (Jun23)</p> <p>Annual Plan Update 2024/25 - Board Seminar (Feb24)</p> <p>Financial Strategy and Roadmap Update 2025/26 - SRC (Dec25)</p> <p>Annual Plan and Strategy Update 2025/26 - Board Seminar (Feb25)</p>	Y		

			<p>New Executive team governance and escalation structure and reporting groups (Value & Sustainability, A Healthier Mid and West Wales, and Integrated Quality, Finance, and Performance Delivery) to improve financial control and long term sustainability. Oversight provided into ET by the Targeted Intervention Coordination Group.</p> <p>Improving together aligned to an internal escalation framework - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.</p> <p>Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.</p>				(L3)	Annual Plan and Strategy Update 2025/26 - SRC (Feb25)		
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1196	5. Safe, sustainable, accessible and kind care	Insufficient investment in facilities/equipment/digital infrastructure	Davies, Lee	<p>Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB.</p> <p>Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) including the prioritised 10 year capital plan and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority</p>	Business objectives/projects	5×4=20	2×3=6	See Our Outcomes section on the Dashboard	<p>Development of Integrated Assurance and Approval Plan in support of PBC and SOC (L1)</p> <p>Governance structure to oversee delivery of the Business Cases (L1)</p> <p>Oversight by A Healthier Mid and West Wales Group which reports into Executive Team with Assurance sought by Strategy and Planning Committee (L2)</p> <p>Internal Audit Programme aligned to Business Case Development (L3)</p> <p>Internal Audit AHMWW Programme Forward Look Governance Review (L3)</p> <p>Gateway review of PBC and SOC by WG Assurance Hub (L3)</p>	<p>PCB - Implementing the Healthier Mid and West Wales Strategy - Board (Jan23, Mar23, May23, Jul23 & Sep23) & SDCODC (Apr23, Jun23, Aug23 & Jan24)</p> <p>AHMWW PBC Programme Group Update - Board Seminar (Apr22)</p> <p>TMH Update - Board Seminar (Jun22)</p> <p>Executive Team - Apr22</p> <p>Planning Objectives Update (Planning) - SDODC ((Jun22, Oct22, Feb23, Jun23, Oct23, Feb24 & Jun24)</p>	Y		
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			<p>issues through the annual planning cycle.</p> <p>Implementation of the Digital Strategy which is also funding dependant.</p> <p>A governance structure has been established with the Director of Strategy and Planning as SRO to develop the business cases required in support of the Health and Care Strategy, A Healthier Mid and West Wales. It is likely that all the capital mitigations for the over arching risk will be interim solutions only pending the major infrastructure investment plans to ensure the sustainability of the health and care strategy.</p> <p>Programme Business Case (PBC) for Business Continuity supported in principle by WG and funding for first phase BJC developments.</p> <p>Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF).</p> <p>Co-production of 10 Year Capital Investment Plan with the RPB.</p>					<p>Pentre Awel Update - SDODC (Dec23)</p> <p>DCP Update - SDODC (every meeting)</p> <p>Forward Look Governance Review - ARAC (Feb23)</p> <p>Regular reporting to Board and Board Seminar</p>			
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1197	5. Safe, sustainable, accessible and kind care	Implementing models of care that do not deliver our strategy	Davies, Lee	<p>Healthier Mid and West Wales Strategy approved by Board Nov18.</p> <p>Delivery Groups and processes:</p> <ol style="list-style-type: none"> 1. Programme Business Cases (PBC) steering groups 2. Cluster groups & locality plans 3. Regional Partnership Board, ARCH and other regional/national collaboratives 4. AHMWW Group, reporting to Executive Team, with underpinning governance structure overseeing alignment and delivery of the strategy working through a sub group structure of 6 Sub Groups including a Strategic Refresh Group. <p>Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.</p>	Business objectives/projects	4×4=16	1×4=4	See Our Outcomes section in the BAF Dashboard	<p>AHMWW Group reporting to Executive Team (L2)</p> <p>Board and Committee oversight of Planning Objectives (L2)</p> <p>QSEC to measure harms (L2)</p> <p>WG Gateway process re accessing capital (L2)</p> <p>Internal Audit reviews of Major Capital Programme (L3)</p> <p>Audit Wales Structured Assessment Process review delivery of Health Board Strategy & Planning (L3)</p>	<p>PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Jul24)</p> <p>Annual Plan 2023/24 Update - Board (Jan25)</p> <p>Refreshing the Healthier Mid and West Wales Strategy - Board (Jan25)</p>	Y		
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1185	1. Putting people at the heart of everything we do, 2. Working together to be the best we can be	Consistent and meaningful engagement through our workforce	Davies, Lee	<p>"Skills to Deliver Engagement Two additional posts were added to the Engagement team in early 2023. However, these roles have, due to staff departure and financial pressure, have been held. Recruitment to the Head of Engagement is currently underway in October 2024, with additional posts to follow. Additional resource has been requested to enable engagement during CSP.</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement lead for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Organisational Structures to Support the Delivery of Engagement Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with Llais.</p>	Business objectives/projects	4×4=16	2×3=6	See Our Outcomes section on the BAF Dashboard	<p>Management process in place to monitor Engagement Team objectives (L1)</p> <p>Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans) (L1)</p> <p>Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice. Ongoing process in place (L1)</p>	Continuous Engagement Plan - Board (May22)	N		
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			<p>Voices of Children and Young People's Group established</p> <p>Newly established 'improving the use of feedback across the organisation' group to explore how the triangulation of feedback from different parts of the organisation including engagement, corporate office, communications, diversity and inclusion, quality improvement, transformation, patient experience and workforce and organisational development can be used to inform key pieces of work around service change.</p> <p>Engagement mechanisms to support the delivery of continuous engagement across the organisation include:</p> <ul style="list-style-type: none"> - provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB - management of the Siarad Iechyd / Talking Health involvement and engagement scheme - management of the stakeholder management system Tractivity - Management of the online engagement tool Have Your Say (EngagementHQ) - advice, guidance, support around the planning and delivery of traditional engagement methods 				<p>SRG used a oversight assurance mechanism (L2)</p> <p>For major pieces of engagement and consultation work sign off will be via Board (L2)</p> <p>Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review (L3)</p> <p>The Health Board and Llais have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee (L3)</p>				
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1198	6. Sustainable use of resources	Ability to shift care in the community	Carruthers, Andrew	<p>Transformation Steering Group (TSG) & Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB.</p> <p>Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.</p> <p>5 Facet Survey completed in 2022 to establish a baseline for the GMS estate.</p> <p>CHC and UHB Protocol for managing low level service change.</p> <p>All Business Cases need to be taken through Transformation Steering Group.</p> <p>Plan on a page developed and included in the Health Board's Annual Plan 2024/25 for clusters.</p> <p>WHC (18) 025 - Improving Value through Allocative & Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery confirmed as</p>	Business objectives/projects	4×4=16	2×4=8	See Our Outcomes section in the BAF Dashboard	<p>Lightfoot Viewer for urgent care to track improvements (L1),</p> <p>County Management Systems Leadership Forum focus on performance and delivery (L1),</p> <p>Locality Leads meeting oversee integrated locality development (L1),</p> <p>Primary Care & Long Term Care SMT meeting (L1),</p> <p>Regional Partnership Fund Group (L2),</p> <p>Board Seminar discussions (L2),</p> <p>Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2),</p>	<p>TMH Update - Board (May22).</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21).</p> <p>PCB- Implementing the Healthier Mid and West Wales Strategy - Board (Nov23).</p> <p>Implementing the Healthier Mid and West Wales Strategy - Board - (Jan23).</p>	N		
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1186	o, 2. Working together to be the best we can be, 3. Striving to deliver and develop excellent services	Attract, retain and develop staff with the right skills	Gostling, Lisa	<p>A flexible and responsive recruitment process.</p> <p>A multidisciplinary approach to clinical education.</p> <p>A comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board</p> <p>HR policies (including those for employee relations) in place with programme of review</p> <p>Training programmes in place (a suite of programmes covering management and leadership, Making a Difference, etc)</p> <p>County workforce teams/OD Relationship Managers/Workforce Planners in place to provide workforce support to services (covering sickness absence, etc)</p> <p>Staff Well-being Service and Psychological Service in place</p> <p>Regular contact with Trade Union</p>	Workforce/OD	3×5=15	2×5=10	See Our Outcomes section on BAF Dashboard	<p>Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail (L1)</p> <p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>SSPEG oversees people planning and education development (L2)</p> <p>Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee (L2)</p> <p>Staff Partnership Forum (L2)</p> <p>Medical Engagement scale feedback (L3)</p> <p>IA PADR Follow up - Reasonable (May-20) (L3)</p>	<p>Approach to Workforce Planning Paper (including WAO reports) and Workforce Risk Paper and Planning Objectives Update - PODCC (Oct23)</p> <p>Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)</p> <p>Workforce Planning Report provided to every other PODCC meeting (latest February 2025)</p> <p>Delivery Against Planning Objectives Aligned to the People, Organisational</p>	N		
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<p>1. Putting people at the heart of everything we do</p>		<p>representatives/Staff Partnership forums</p> <p>Annual NHS staff surveys providing feedback from staff</p> <p>Separate clinical education programmes in place</p> <p>Apprenticeship programme and work experience programmes in place</p> <p>Grow your Own programmes in place</p> <p>Leadership development programmes in place</p> <p>Internal and External talent programmes</p> <p>Directorate Improving Together Sessions aligned with Internal Escalation Framework</p> <p>Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans</p> <p>SPPEG (Strategic People Planning & Education Group)</p>				<p>Internal Audit on Workforce Planning - Substantial (Apr22) (L3)</p> <p>Wales Audit on Workforce Planning (Report Sep23) (L3)</p> <p>Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans</p> <p>SPPEG (Strategic People Planning & Education Group)</p> <p>Ⓜ</p>	<p>Development and Culture Committee (May 2025)</p>		
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1194	4. The best health and wellbeing for our individuals, families and our communities	Increasing uptake and access to public health interventions	Gjini, Ardiana	<p>National screening programmes in place (including Breast, Bowel, Cervical, DES, AAA, new-born, etc). These programmes are national services, planned, delivered, monitored and quality assured by PHW, also the quality improvement sits with PHW.</p> <p>Local initiatives in place such as Cervical Screening and Refugees, and Barriers to Screening Uptake in Carers.</p> <p>Vaccination and immunisation programme in place, and recently has seen significant changes with introduction of national immunisation framework (NIF). Vaccination and Immunisation as programmes are planned in line with WG policy.</p> <p>Local health protection service in place.</p> <p>Local and National health promotion initiatives.</p> <p>Multi-agency Health Protection and Co-ordination Group established (with operational delivery groups for adult immunisation, infant and pregnancy immunisation and respiratory immunisation, school age immunisation, occupational immunisation)</p> <p>Tobacco Control Group in place.</p> <p>Area Planning Board (Alcohol and Substance Misuse).</p>	Health Equity	4×3=12	2×2=4	<p>See Our Outcomes section on the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p>	<p>Population health measures collected by Public Health Wales (vaccinations, screening, etc) (L1)</p> <p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>A Healthier Mid and West Wales Group (L2)</p> <p>All Wales Wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW. Relevant ONS data - published resources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>		N		
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1191	3. Striving to deliver and develop excellent services	Underestimation of Excellence	Henwood, Mr Mark	<ul style="list-style-type: none"> # Quality Assurance System including Clinical effectiveness # Process re NICE and professional guidance. # National & Local Clinical Audits Programme # Peer Reviews # Healthcare standards # Major cause of harm # National Quality setting. # AMAT system in place to monitor NICE compliance # TSG to learn from best in World. # Advisory Board. # Clinical Director for Clinical Effectiveness - role to secure clinical engagement. # Monitoring system in place for NICE guidance. # QSEC Approved Research & Development (RDI) Strategy with Implementation Plan # Research & Innovation Sub Committee with strengthened membership for improved scrutiny # Strengthened RDI Management Team # Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place. # University partnership arrangements in 	Business objectives/projects	3×4=12	2×3=6	See Our Outcomes section on the BAF Dashboard	<ul style="list-style-type: none"> # Participation in the NICE Welsh Health Network where specific guidelines are proposed for review on a national basis - to provide benchmark information (L1) # Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan (L1) # VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation (L1) # Medical Leadership Forum (L2) # VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action (L2) # Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group (L2) # Alignment with Health Board 	<p>Update ECPAP Reports to QSEC (Oct23)</p> <p>Effective Clinical Practice Strategic Plan for ratification to ECPAP (Sep22)</p> <p>Effective Clinical Practice Delivery Plan to ECPAP (Dec22)</p>	N		
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			<p>place.</p> <ul style="list-style-type: none"> # Strategic Enabling Groups # Value Based Health Care Sponsoring Group # Value Based Health Care Programme Team # National Value Based Health Care Community of Practice # Improving Together Programme # Regular attendance at Directorate/ County Quality and Governance Groups to improve engagement on clinical effectiveness # Establishment of the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify gaps and improve services. # Multi-Professional Clinical Workshop, led by Clinical Executives 			<p>Quality and Governance Groups (L2)</p> <ul style="list-style-type: none"> # Responses to letters from Welsh Government (DCMO) relating to specific guidelines (L2) # RDI Sub Committee & HCRW monitor delivery of RDI Strategy/Plan (L2) # Board Committees & Executive Team (through its reporting groups) oversee delivery of Planning Objectives (L2) # Annual Performance Review by WG/HCRW (L3) # RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities (L3) # IA on NICE Guidelines Follow-up (Reasonable Assurance) (L3) IA on Job Planning - May24 (Limited Assurance) (L3) # HCRW Annual Review of R&D (awaiting final report - positive verbal feedback to date) (L3) 		
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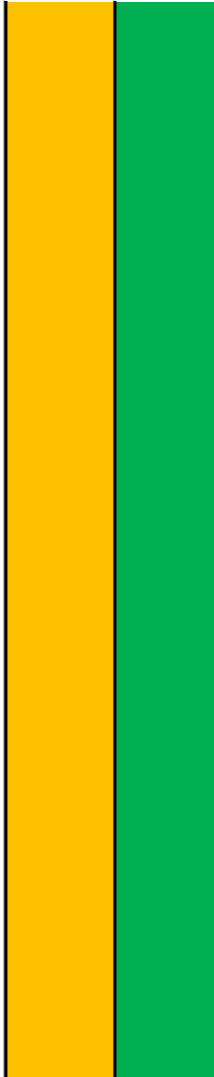
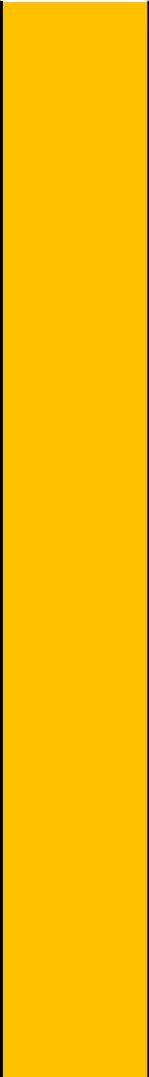
1192	4. The best health and wellbeing for our individuals, families and our communities	Wrong value set for best health and well-being	Gjini, Ardiانا	<p>Statutory member of Public Service Boards (PSBs) with statutory members undertaken a Wellbeing Assessments in 2022, with a set of wellbeing objectives agreed by each of the PSBs the Board in March 2023 setting actions for partners to implement</p> <p>Key member of Regional Partnership Board (RPB)</p> <p>Engagement underpinning the Healthier Mid and West Wales Strategy</p> <p>Equality Impact Assessments, consultation and engagement undertaken on service change</p> <p>Patient participation groups in place for some services, eg maternity, respiratory</p> <p>Close links between services and voluntary sector groups, eg AgeConcern, MIND</p> <p>Speaking to people re outcomes (Prog7 of Trans Fund)</p> <p>Together for change (supporting community led programme)</p>	Health Equity	3×4=12	2×4=8	See Our Outcomes section in the BAF Dashboard	<p>Population health measures collected by Public Health Wales (vaccinations, screening, etc) (L1)</p> <p>Tracking of crude mortality, risk-adjusted mortality and other data (L1)</p> <p>Oversight of delivery of Planning Objectives undertaken by Assurance Committees (L2)</p> <p>Overseeing the development of Wellbeing Assessment as statutory member of PSB (L2)</p> <p>Oversight of Programme 7 of transformation fund by RPB (L2)</p> <p>Oversight of delivery of New Hospital Programme Business Case by SDODC (L2)</p> <p>SRG advisory role to the Board (L2)</p>	PO Update Report to Committees (Feb24)	N		
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			<p>Relationship with Llais (2 weekly meeting with Chair and CEO and bi-monthly planning meetings)</p> <p>Community engagement and outreach work with disadvantaged/vulnerable groups</p> <p>Stakeholder Reference Group</p> <p>Staff Partnership Forum</p> <p>Development and sign up to the principles of the Social Model for Health & Wellbeing Charter in the region by all partners</p> <p>RPB Preventions Board ownership of elements of the Social Model for Health & Wellbeing</p>			<p>Director of Public Health Annual Report to Board (L2)</p>		
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1193	4. The best health and wellbeing for our individuals, families and our communities	Broadening or failure to address health inequalities	Gjini, Ardiana	<p>Health inequalities is embedded across public health teams, working closer with the planning and CSP work.</p> <p>HB Planning Objectives on Health Population setting plan of work for 2024/25.</p> <p>Population Health and Strategic Equity Oversight Group working across the HB and strategic partners.</p> <p>Strategic Plan for Health Improvement and Wellbeing (3 year plan) going to Board for approval in July 2024.</p> <p>Immunisations Equities Strategy in place.</p> <p>Development of Health Equities Framework for Health Services.</p> <p>PSB Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well-being (the self-assessments and new objectives were set in Apr23).</p> <p>Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.</p>	Health Equity	3×3=9	2×1=2	<p>See Our Outcomes section of the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p>	<p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>Population Health and Strategic Equity Oversight Group (L2)</p> <p>Health Equity Group in place engage with different groups for feedback on service and wider inequities (L2)</p> <p>All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p>	N	
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1188	2. Working together to be the best we can be	Effective leveraging within partnerships	Gjini, Ardiana	<p>The Health Board is a key member of strategic and statutory partnership groups, including Regional Partnership Board and Public Service Board.</p> <p>The Health Board approved a Partnership Governance Framework and Toolkit in September 2017 to provide a mechanism to ensure effective arrangements are in place for the governance of partnerships.</p> <p>Representatives on strategic partnerships groups to provide regular updates to the Board/Executive Team.</p> <p>ARCH Recovery and Strategic Delivery Plans</p> <p>Digital strategy</p> <p>Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group</p> <p>Research, development and innovation strategy</p>	Business objectives/projects	3×3=9	1×3=3	See Our Outcomes section in BAF Dashboard	<p>Statutory Partnerships Update to Board (L2)</p> <p>Chief Executive and Chair Reports to Board (L2)</p> <p>ARCH Reports to Strategic Development and Operational Planning Committee (SDODC) (L2)</p> <p>Delivery of Planning Objectives are being overseen by Executive Team and Board Committees (L2)</p>	Strategic Partnerships Update every Board (May24)	N		
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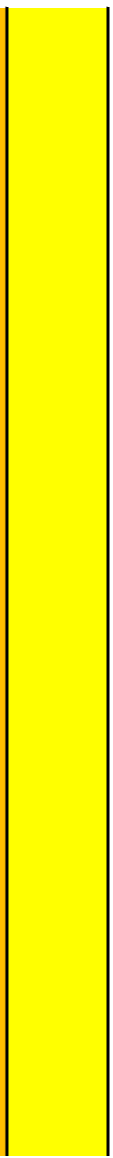

1189	3. Striving to deliver and develop excellent services	Timely and sufficient learning, innovation and improvement	Daniel, Sharon	<p>Risk Management Framework and Board Assurance Framework (BAF)</p> <p>Established governance structures</p> <p>Established Assurance Trackers for audits, inspectorates & regulators, Welsh Health Circulars, Ministerial Directions</p> <p>Healthcare Standards (HCS) 6 Domains of Quality embedded within governance framework to improve clinical quality and patient experience</p> <p>Research, Development and Innovation Strategy approved by QSEC</p> <p>The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements</p> <p>Quality framework, with the Enabling Quality Improvement in Practice (EQiIP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/</p>	Business objectives/projects	3×3=9	1×3=3	See Our Outcomes section of BAF Dashboard	<p>Tracker Performance reports issued to Lead Directors on bi-monthly basis (L1)</p> <p>Committee oversight of delivery of WHCs and MDs (L2)</p> <p>ARAC oversight of Audit Tracker (L2)</p> <p>RD&I Sub Committee overseeing delivery and success of RDI Strategy (L2)</p> <p>IQPFD overseeing quality performance (L2)</p> <p>Quality Impact Assessment Panel reporting to QSEC (L2)</p> <p>Quality and Safety Intelligence Group (L2)</p> <p>Internal Quality & Engagement Act Implementation Group (L2)</p> <p>Directorate Improving</p>	<p>Tracker Report - every ARAC</p> <p>Strategic Business intelligence - Board (Aug21)</p>	N		
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			<p>TPO/ PMO/ OD/ workforce/ R&D etc)</p> <p>Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)</p> <p>OD Cultural Plans</p> <p>A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity)</p> <p>Quality Impact Assessment process and panel and Quality Safety Intelligence Group</p>		<p>Together Sessions aligned to the internal Escalation Framework (Bi-monthly) (L2)</p> <p>IA Health and Care Standards to review adequate procedures in place to ensure, and monitor, effective utilisation of the standards to improve clinical quality and patient experience - Reasonable Assurance (Feb21) (L3)</p> <p>AW & IA Plan includes annual review of risk management arrangements & BAF (L3)</p>		
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1195	5. Safe, sustainable, accessible and kind care	Comprehensive early indicators of shortfalls in safety	Daniel, Sharon	<p>Range of performance measures/metrics in place</p> <p>Updated Datix Incident reporting system</p> <p>Standardised approach through a standard agenda in Quality Governance meetings</p> <p>CIVICA system is available and being rolled out to gain feedback to let us know issues in services</p> <p>Range of different mechanisms to capture feedback from service users and staff</p> <p>Speak Up Arrangements are in place, however further developing required in light of the Speak Up Framework as issued by Welsh Government in October 2023</p> <p>Listening and Learning Sub-Committee</p> <p>Quality, Safety and Experience Committee</p> <p>Clinical Audit Programme</p> <p>Quality Safety Intelligence Group</p>	Quality/Complaints/Audit	3×3=9	2×4=8	See Our Outcomes section of the BAF Dashboard	<p>Quality and Safety Intelligence Group (L2)</p> <p>Directorate Quality Governance Meetings in place (L2)</p> <p>Patient and staff feedback (L2)</p> <p>Harms Dashboard is reported monthly to Formal Executive team with Our Performance and other intelligence for triangulation of data (L2)</p> <p>Improving Together performance sessions with clinical and corporate directorates aligned to the Internal Escalation Framework (L2)</p> <p>Performance reports through power BI and Committee reports (L2)</p> <p>PTHB/HDUHB LTA/CQPR</p>	<p>Patient Experience Report - every Board (May24)</p> <p>Healthcare Contracting Update - SRC (Aug22)</p> <p>QIA - QSEC (Oct 23)</p> <p>Quality and Commissioning Update - QSEC (Oct 23)</p>	N		
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			<p>External reports (HIW, HSE, MWWFRS, Peer Reviews, etc)</p> <p>Mortality Reviews and Medical Examiners Service</p> <p>National Accreditation Standards for service specifications</p> <p>6 Domains as noted in the Duty of Quality Act (STEEEP)</p> <p>PROMS and PREMs in identified services</p> <p>Directorate and Service Quality Governance Meetings established</p> <p>Directorate Improving Together Sessions</p> <p>Increased quality element of commissioned services from external organisations</p> <p>Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings.</p> <p>Quality Impact Assessments process now in place</p> <p>Quality Management System now in place</p> <p>Increased use of AMAT across the Health Board to track the implementation of recommendations raised.</p>				<p>Meeting and Hywel Dda & SBU (SLA & LTA) Meetings to review quality aspects from commissioning arrangements (L2)</p> <p>Commissioning arrangements overseen by Sustainable Resources Committee (SRC) (L2)</p> <p>GIRFT Reports reported to QSEC (L2)</p> <p>Quality Impact Assessments and Panel (L2)</p> <p>HIW patient complaints (L3)</p> <p>Quality Governance Follow up Report (Oct21) (L3)</p> <p>Annual Structured Assessments by Audit Wales (L3)</p> <p>Internal audit on Safety Indicators (Reasonable Assurance) (L3)</p> <p>Internal Audit plans which include reviewing Quality Governance (L3)</p>				
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1184	1. Putting people at the heart of everything we do	Measuring how we improve patient and workforce experience	Daniel, Sharon	<p>Central Communication Hub in place with workstreams established supporting 27 operational teams in communicating with patients</p> <p>Central Communication Hub lead appointed</p> <p>Civica system capturing feedback from patients implemented, with significant roll out across services</p> <p>Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured linked to CSP</p> <p>Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board, and actively work with services</p> <p>Methodology to manage change with services to facilitate clinical engagement and pace of delivery (Engagement Team, Quality Improvement Team and</p>	Finance inc. claims	2x4=8	2x2=4	See Our Outcomes section of BAF Dashboard	<p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>Communication Hub and WLSP Steering Group overseeing delivery of the plan and the workstreams (L2)</p> <p>Improving Together performance sessions with clinical and corporate directorates aligned to the Internal Escalation Framework (L2)</p> <p>Formal Executive Team review and triangulate data from the Harms Dashboard, Our Performance Dashboards and other intelligence (L2)</p> <p>Communication Hub Steering Group (L2)</p> <p>Executive Team, through its reporting groups, oversee</p>	<p>Single Point of Contact Report - Board (Mar21)</p> <p>Patient Experience Report - every Board (May24)</p> <p>Periodic update reports to Executive Team on the impact of the Communication Hub and WLSP</p> <p>Staff Feedback Reports - PODCC</p> <p>QIA reported to QSEC (Sep23)</p>	Y		
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			<p>Transformation Team) underpinned by the Safe Care Collaborative and 6 Goals Urgent and Emergency Care programme of work</p> <p>Waiting List Support Programme (WLSP) Plan with workstreams established to support continued engagement with clinical staff and services following the National 3 Ps policy and directly supporting patients on waiting lists</p> <p>WLSP Phased Iterative Implementation Plan which is regularly reviewed</p> <p>Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development</p> <p>Power BI Performance dashboards on IRIS</p> <p>Engagement in place with Llais Cymru (formal and informal arrangements in place)</p> <p>Staff Partnership Forum (UHB and County Partnership Forums)</p> <p>Mechanism in place to ensure charitable funding applications demonstrate impact</p>				<p>delivery of Planning Objectives (L2)</p> <p>Board Committee oversight of Planning Objectives (L2)</p> <p>Patient Experience Report to every Board (L2)</p> <p>Listening and Learning Sub Committee oversight of patient experience (L2)</p> <p>Periodic reporting of engagement index survey results to People, OD and Culture Committee and Board (from Nov21) (L2)</p> <p>Public Service Ombudsman for Wales Reports (L3)</p> <p>HIW Inspection Reports and Complaints, including implementation of recommendations(L3)</p>			
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			<p>unding applications demonstrate impact through agreed evaluation and metrics</p> <p>Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams</p> <p>Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly quality intelligence / surveillance meetings</p> <p>Health Board wide Improving Together Sessions in place, which utilise dashboards</p> <p>Staff Surveys and Pulse Surveys undertaken regularly to evaluate staff experience, and reported to People, Organisational Development and Culture Committee</p> <p>Quality Impact Assessments introduced and reported to Quality, Safety and Experience Committee</p>						
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1200	6. Sustainable use of resources	Maximising social value	Thomas, Huw -	<p>Health Board active participation within the Public Service Boards across Hywel Dda UHB region.</p> <p>Local Needs Analysis has been completed based on the Wellbeing Goals.</p> <p>A Social Value framework has been developed with strands in workforce, facilities and estates, procurement.</p> <p>Decarbonisation plan in place, with its own risk assessment. Annual carbon reporting underway to WG.</p>	Health Equity	2×3=6	2×3=6	Local expenditure is a key measure which is being tracked through the 'Our performance' dashboard.	<p>Delivery of Planning Objectives overseen by Executive Team, and its supporting structure, and Board Committees (L2)</p> <p>Board meetings to consider the outcome measure (Our positive impact on society is maximised) (L2)</p> <p>Local measures are in place and used within the procurement space to ensure that decisions consider social value implications. (L2)</p>	<p>Social Value Workshop - SEG (Oct21)</p> <p>Social Value Workshop - SRC (Dec21)</p> <p>Public value action plan (004) (May23)</p> <p>Public Values Framework strategy (June23)</p>	N		
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Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Jun-21
Strategic Objective:	6. Sustainable use of resources

Executive Director Owner:	Thomas, Huw -	Date of Review:	Sep-25
Lead Committee:	Finance and Performance Committee	Date of Next Review:	Dec-25

Risk ID:	1199	Principal Risk Description:	There is a risk that the Health Board does not develop or deliver a credible plan to achieve financial sustainability, or undertake the necessary actions identified in that plan. This is caused by insufficient identification of deliverable savings schemes; non-delivery of agreed savings schemes; change programmes not sufficiently resourced or well-managed; or changes made to services which do not result in financial benefits as they address unmet demand or have unintended consequences. Our financial performance - coupled with insufficient emphasis on planning - has led to the Health Board being placed into the "Targeted Intervention" category of NHS Wales Escalation and Intervention Arrangements. This could lead to an impact/affect on potential reputational impacts, as well as lead to consequences for retention of the workforce, staff morale, poor patient experience and poorer value healthcare with a reduction of confidence from our stakeholders.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	5x5=25
Current Risk Score (L x I):	5x5=25
Target Risk Score (L x I):	2x4=8
Expected Date To Achieve TRS:	

Trend:	↔
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Rationale for CURRENT Risk Score:

Issues have been raised over the ability of the Health Board to plan at a strategic and operational level for a number of years. The Health Board's performance over the last year has demonstrated a significant improvement in the ability to operationally plan and a developing maturity within the organisation. However, the Health Board's financial deficit has significantly deteriorated; significant workforce constraints remain; and the planning function remains small with significant opportunities to develop. These issues are exacerbated given the Health Board's financial deficit, with the need to not only shift resources to more appropriate settings, but provide care at considerably lower cost. The Health Board's underlying deficit is now well understood and articulated, with clear decisions tracked that have been made by budget holders that exceed their delegated limits.

The underlying deficit remains a significant concern with a recurrent delivery gap, which will adversely impact future planning cycles, moving the health board further away from the target control total expectations of Welsh Government.

The significant underlying financial deficit in the current and future years is likely to result in the Health Board being unable to meet its cash obligations as they fall due and presents a going concern risk. Early indications from WG is that the WG are unable to support both the revenue and cash implications. With the Health Board reporting a significant in-year and recurrent underlying deficit, WG initially escalated the Health Board into Targeted Intervention during October 2022, on the grounds of planning and financial performance, however in January 2024, the whole organisation was escalated into targeted intervention. The recurrent funding position confirmed by WG leaves a significant gap based upon draft iterations of the financial plan, with strategic and operational changes required in an attempt to erode the financial deficit.

Rationale for TARGET Risk Score:

Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government. Strategic and operational planning in an integrated Health Board is inherently complex leading to potential disconnections between demand, operational capacity planning; workforce planning and financial planning. Given the challenge in delivering the savings required over a number of years, and the implications of this in the medium term, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.


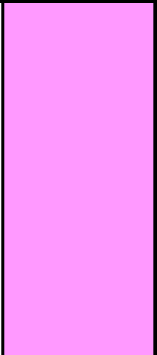
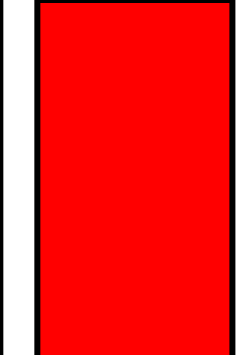
Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services</p> <p>Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p> <p>New Executive team governance and escalation structure and reporting groups (Value & Sustainability, A Healthier Mid and West Wales, and Integrated Quality, Finance, and Performance Delivery) to improve financial control and long term sustainability. Oversight provided into ET by the Targeted Intervention Coordination Group.</p> <p>Improving together aligned to an internal escalation framework - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous</p>	<p>Recovery of planned care activity - coupled with increasing complexity of patients presenting acutely ill - means that there is a lack of focus and ambition across the organisation on ensuring we live within the financial and staffing resources available.</p> <p>Conversion of the Opportunities Framework, Savings Framework and Value for Money Framework into deliverable recurrent savings schemes is not apparent.</p> <p>Focus from TI is on in-year recovery, and at best consideration of the next 12 months financial performance; development of a long term strategic plan would help move to a more strategic approach to managing resources.</p> <p>Two TI actions that remain in-progress are highlighted by WG as organisational challenges to ensure clear plans and delivery mechanisms are in place, monitoring and reviewing actions, to ensure financial challenges are mitigated, coupled with the balance on service. safety and quality.</p>	<p>Further action necessary to address the controls gaps</p> <p>To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives.</p> <p>1. Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.</p> <p>2. Delivery of a targeted Recruitment Plan which will reduce reliance on high cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan.</p> <p>3. Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation.</p> <p>4. Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression. (PO 1)</p>	Gostling, Lisa	31/03/2025	On track as per highlight report presented to PODCC in May 2025.
			To oversee financial recovery and develop a long term financial route map (PO2)	Thomas, Huw -	31/03/2025 01/10/2025

business case implementations and disinvest if appropriate.

Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.

<p>Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026</p> <ol style="list-style-type: none"> 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges. (PO 3) 	<p>Carruthers, Andrew</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to FPC in June 2025.</p>
<p>Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the 8 week wait for diagnostics. (PO4)</p>	<p>Carruthers, Andrew</p>	<p>31/03/2025</p>	<p>Behind as per highlight report presented to FPC in June 2025.</p>
<p>Mental Health and Learning Disabilities service improvement though:</p> <ol style="list-style-type: none"> 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway (PO 5) 	<p>Carruthers, Andrew</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to FPC in June 2025.</p>
<p>To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)</p>	<p>Davies, Lee</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>
<p>Develop a Primary Care and Community Strategy which is inclusive of:</p> <ul style="list-style-type: none"> - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7) 	<p>Paterson, Jill</p>	<p>31/03/2025</p>	<p>On track as per highlight report presented to SPC in June 2025.</p>

		<p>Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)</p>	<p>Davies, Lee</p>	<p>31/03/2025</p>	<p>Behind schedule as per highlight report presented to SPC in June 2025.</p>
		<p>Implement the Digital Strategic Plan A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9)</p>	<p>Thomas, Huw -</p>	<p>31/03/2025</p>	<p>Complete as per highlight report presented to DDIC in April 2025.</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
<p>See Our Outcomes section on the BAF Dashboard Operational agreement to underlying deficit assessment.</p>	<p>Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work</p>	<p>1st</p>			<p>Annual Plan Update 2024/25 - SRC & Board Seminar (Feb24) Developing a roadmap to</p>	<p>None identified.</p>				

Welsh Government accept and approved Integrated Medium Term Plan (IMTP). Plan in place to develop a long-term financial plan. High level financial assessment of A Healthier Mid and West Wales in place.	Financial Reporting to Sustainable Resources Committee	2nd			financial balance - SRC (Jun23)				
	Integrated Quality, Finance, Performance and Delivery Group (reporting to Executive Team) oversee in-year delivery of financial performance and savings delivery	2nd			Medium term financial strategy- Board Seminar (Jun23) Annual Plan Update 2024/25 - Board Seminar (Feb24)				
	Value and Sustainability Group (reporting to Executive Team) oversees opportunities which inform medium term financial roadmap	2nd			Financial Strategy and Roadmap Update 2025/26 - SRC (Dec25) Annual Plan and Strategy Update 2025/26 - Board Seminar (Feb25)				
	Planning Objectives overseen by Sustainable Resources Committee	2nd			Annual Plan and Strategy Update 2025/26 - SRC (Feb25)				
	Structured Assessment 2023	3rd							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group / Executive Function Service	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
2167	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences AHP&HS: Podiatry and Surgical Appliances	Carruthers, Andrew	Quarrie, Sara	Mulroy, Mike	Mulroy, Mike	02-Jul-25	<p>There is a risk of the Podiatry/Orthotics budget is approximately £200,000 overspent.</p> <p>This is caused by HD have seen a 33% increase for contract Orthotic products unit price due to purely inflationary pressures.</p> <p>This will lead to an impact/affect on Finance inc. claims = 5 (Impact - Loss of >1 per cent of budget)</p> <p>Likelihood = 5 (It will undoubtedly happen/recur, possibly frequently)</p> <p>Risk location, Health Board wide.</p>	<p>Shared Services benchmarking has shown that even with these increases NHS Wales is still receiving best price when compared to what NHS England and Scotland are paying.</p> <p>Orthotics contract renegotiation</p>	Finance inc. claims	5	5	25	<p>Finance inc. claims = 5 (Finance inc. claims = (Impact - Loss of >1 per cent of budget)</p> <p>Likelihood = 5 (It will undoubtedly happen/recur, possibly frequently)</p>	Ensure submission to 2026/27 Annual Planning cycle for uplift of Orthotics budget by £200k.	Mulroy, Mike	31/12/2025	New action	Finance and Performance Committee	1	5	5	Likelihood = 2 (0-5%) Impact = 1 (Small loss)	31-Mar-26	Treat	22-Sep-25

FPC Operational Risk Register

Date: October 2025

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2132	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	01-Jul-25	<p>There is a risk of Overspend from the cost pressures of requirement to provide imaging using variable pay</p> <p>This is caused by Staffing establishment not sufficient to meet the working hours of the service 24/7</p> <p>This will lead to an impact/affect on Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring: Impact: 5 Non-delivery of key objective/Loss of >1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) >£1 million</p> <p>Likelihood/probability = 5</p> <p>Risk location, Health Board wide.</p>	<p>Radiology Stabilisation plan</p> <p>Annual Planning</p> <p>Clinical service Plan</p>	Finance inc. claims	5	5	25	<p>Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring: Impact: 5 Non-delivery of key objective/Loss of >1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) >£1 million</p> <p>Likelihood/probability = 5</p>	Stabilisation Plan	Procter, Sarah	31/03/2026	recruitment of staff is ongoing. Recovery of backlog is on target which will release funding for staff in 26/27 if successful.	Finance and Performance Committee	4	5	20	<p>Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring: Impact: 5 Non-delivery of key objective/Loss of >1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) >£1 million</p> <p>Likelihood/probability = 5</p>	31-Mar-27		24-Sep-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
2148	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Occupational Therapy	Carruthers, Andrew	Quarrie, Sara	Adams, Jon	Adams, Jon	15-Aug-25	<p>There is a risk of Non-delivery of key objective/ Loss of >1 per cent of budget. Failure to meet specification/ slippage Claim(s) >£1 million.</p> <p>This is caused by Mainstreaming of RIF Welsh Government Mainstreaming funding post March 2027, will impact on the availability of funds for any subsequent grant schemes</p> <p>Activities categorised as mainstreaming will be eligible for Welsh Government funding, with a minimum of 50% match funding required in the first year of mainstreaming</p> <p>This will lead to an impact/affect on Cost pressure within the Occupational Therapy Budget of approx. £700K from March 2027</p> <p>Impact on service delivery if we need to pause or stop some services that don't meet WG criteria</p> <p>Risk location, .</p>	<p>Regular (monthly) meetings with finance partners to review budgets.</p> <p>Meetings with RIF project team to review project outcomes</p> <p>Reviewing any vacant posts funded through RIF to consider options</p>	Finance inc. claims	4	5	20	Some control measures in place but risk remains due to no allocated budget for staff currently funded through RIF	<p>Head of Occupational Therapy attend regular RIF Finance Review meetings</p> <p>Service Leads attend RIF workshops discussing future funding - Dates available 10th, 15th September Pembrokeshire Meeting</p>	Adams, Jon	31/03/2026	Ongoing	Finance and Performance Committee	2	5	10	Permanent funding will have been identified for the majority / all staff	31-Mar-27		08-Sep-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Executive Function Lead	Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
975	Estates & Facilities	Estates & Facilities	E&F: Directorate Team	Severs, James	Chiffi, Simon	Chiffi, Simon	01-May-20	<p>There is a risk of that the Estates & Facilities Clinical Care Group will be unable to achieve the required financial target savings in year.</p> <p>This is caused by 1. Inability to identify and deliver robust and realistic recurrent savings plans.</p> <p>2. Inability to manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement.</p> <p>3. Inability to identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>4. Identify and manage or mitigate cost pressures that threaten the Directorates position for the year, driven by the age of the estate and continual improvements to cleaning standards requirements, additional revenue due to RAAC issues.</p> <p>5. From other related inflationary factors affecting budgets (external costs).</p> <p>6. Ongoing resource pressures in Facilities.</p> <p>7. Wider HB financial pressures and greater scrutiny of spend.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability and service deliverability.</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 Health Board 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> <p>Care Group meetings now established where all service leads attend to ensure more scrutiny on financial positions and discuss potential savings strategies. The establishment of the care groups with greater emphasis on financial scrutiny will help to support financial stability over time.</p>	Finance inc. claims	4	5	20	<p>Key drivers include RAAC, maintenance overspend and provision cost increases. Maintenance overspend will be the focus of the Monthly establishments reviews going forward.</p> <p>The Directorate, Finance Business Partners and other supporting functions will enhance cost analysis cost review process and put controls into place to better understand and manage costs on an ongoing basis.</p> <p>Nature of aging estate means that dynamic failures are happening on a week by week basis therefore increasing non pay unforeseen overspend.</p> <p>Increase in statutory obligations faced by the Department.</p>	Budget holders to work closely with finance Business Control colleagues to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions	Chiffi, Simon	31/09/2024-30/11/2024 31/03/2025-30/09/2025	This is a key focus as part of new care group establishments.	Finance and Performance Committee	2	5	10	Discussed at meeting of 22nd July - SC to consider and update at next review.	31-Mar-26	Treat	22-Jul-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
1631	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	Allied Health Professions and Health Sciences	Carruthers, Andrew	Quarrie, Sara	Quarrie, Sara	Quarrie, Sara	28-Mar-23	<p>There is a risk of that the obligations of the delegation of budget manager responsibilities for the 2025/26 financial year will not be achieved</p> <p>This is caused by inadequate budget to meet organisational demands and increasing unit cost prices / SLA costs</p> <p>This will lead to an impact/affect on Clinical Governance - Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.</p> <p>Workforce - Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.</p> <p>Finance - Non-delivery of key objective/ Loss of >1 per cent of budget Reputational</p> <p>Risk location, Health Board wide.</p>	<p>Budget holder 1-1 meetings with finance team (monthly)</p> <p>Forecast meetings monthly with CCG leadership and Finance</p> <p>CCG led finance meeting with finance team and each budget holder (monthly)</p> <p>CCG FCG weekly (vacancy control admin and new roles)</p> <p>Formally clarifying and escalation of cost pressures to executives via iQFPDG</p>	Finance inc. claims	4	5	20	<p>Finance - Non-delivery of key objective/ Loss of >1 per cent of budget (5).</p> <p>Likelihood / Probability - 75-95% (4)</p>	<p>Ensure that all requests relating to additional resource expenditure or allocation by budget holders are presented to and agreed at Therapy Operational Group with management team including workforce and finance colleagues</p> <p>There is a financial risk associated with claims due to malpractice, failure to provide or poor care provision. All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated</p> <p>Risk of delivering our financial control total and required savings plans</p> <p>Risk to be redrafted with guidance from FBP to align with new CCG structure.</p> <p>M4 saving meetings with each HoS to identify further mitigation for cost pressures and savings.</p> <p>Demand and capacity service review Podiatry</p>	<p>Reed, Lance</p> <p>Reed, Lance</p> <p>Bradburn, Jo</p> <p>Quarrie, Sara</p> <p>Quarrie, Sara</p> <p>Mulroy, Mike</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Process established at Therapy Operational Group 18.04.23.</p> <p>Introduction of Financial control total process within departments and therapy operational group following Financial Control Total letter from CEO</p> <p>All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated</p> <p>Draft financial savings plan in place, predicated upon budget holders delivering cash releasing recurring efficiencies against existing budgets, primarily via workforce redesign</p> <p>Meeting to be scheduled to redraft new risk.</p> <p>Updated risk.</p> <p>04/07/2025 - New action</p> <p>11.07.2025 - M4 meetings completed.</p> <p>11/07/2025 - New action</p> <p>29.09.2025 - D&C work progressing to handover stage from DS to podiatry team.</p>	Finance and Performance Committee	3	5	15	<p>Finance - Non-delivery of key objective/ Loss of >1 per cent of budget (5).</p> <p>Likelihood / Probability - 25-75% (3)</p>	31-Mar-26	Treat	29-Sep-25

FPC Operational Risk Register

Date: October 2025

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															M5 saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	11/07 - New action 29/08 - Due to A/I of service director this month the focus was on Pathology savings plans and Finance saving tracker validation which was completed by Finance and DJ head of pathology									
															M6 saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	29/08 - new action 29.09.2025 - M6 savings meetings continued as planned									
															Demand and Capacity review - Paed OT - New to follow-up ratio and expected d/c each week to be reviewed and work to increase to 13 new patients and 13 discharges each week.	Adams, Jon	31/10/2025	29.09.2025 - new action									
															M7 saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	31/10/2025	29/9 - new action									
															Demand and capacity - Hands and Rhum	Adams, Jon	31/10/2025	29.09.2025 - new action									
															Demand and Capacity - Adult SLT	Thomas, Alison	28/11/2025	29/09 - new action 29/09 - meetings in place with David Sheppard. Have provided info for general community, to work up capacity for voice clinics. Currently showing that we require 14 new patient slots to keep up with demand.									
															Service review - Podiatry	Mulroy, Mike	28/11/2025	29/09 - new action									

FPC Operational Risk Register

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Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
2131	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	01-Jul-25	<p>There is a risk of Overspend from the cost pressures of requirement to use everlight radiology.</p> <p>This is caused by Reliance on outsourcing of reporting to provide emergency 24/7 CT and MRI.</p> <p>This will lead to an impact/affect on Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring: Impact: 5 Non-delivery of key objective/Loss of >1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) >£1 million</p> <p>Likelihood/probability = 4</p> <p>Risk location, Health Board wide.</p>	<p>Use of locum radiologists to provide partial out of hours service</p> <p>Stabilisation fund - two consultant posts are being advertised in September</p>	Finance inc. claims	4	5	20	<p>Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring: Impact: 5 Non-delivery of key objective/Loss of >1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) >£1 million</p> <p>Likelihood/probability = 4</p>	<p>Analysis of future demand and quantification of expected overspend. Support being provided by Shaun Ayres</p> <p>Forecast based on current demand of financial impact</p>	Procter, Sarah	31/10/2025	started	Finance and Performance Committee	3	5	15	<p>Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring: Impact: 5 Non-delivery of key objective/Loss of >1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) >£1 million</p> <p>Likelihood/probability = 3</p>	31-Mar-26		25-Sep-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
2110	Community & Integrated Medicine	Carmarthenshire Integrated System	Carmarthenshire Integrated System	Carruthers, Andrew	Skitt, Peter	Perry, Sarah	Perry, Sarah	10-Jul-25	<p>There is a risk of of Carmarthenshire Integrated System will be unable to achieve the financial target savings for 25/26.</p> <p>This is caused by being unable to identify the full savings as a result of requiring significant, strategic change required across the whole Clinical Care Groups.</p> <p>This will lead to an impact/affect on the Health Board's overall financial position and ability to adhere to our financial plan. Health Board remaining in Targeted Intervention (TI).</p> <p>Risk location, Carmarthenshire.</p>	<p>Finance team 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>Clinical Care Group Financial Control Group in place which scrutinises all new and replacement posts.</p> <p>Monthly Business and Performance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Controller, focusing on mitigating actions and consequence to reduce spend.</p> <p>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly financial scrutiny meetings with senior nurses in order to gain assurance over budget management and scrutinise variable pay.</p> <p>Variable Pay weekly scrutiny meetings and monthly Variable Pay analysis meeting chaired by the Hospital Director.</p>	Finance inc. claims	4	5	20	<p>Risk remains extreme due to continued use of variable pay, locum and agency use due to workforce gaps, medical recruitment and continued surge and overcrowding in some key clinical areas such as Emergency Dept (ED). The system requires time to realise and deliver the savings due to strategic, high-level decisions to be made.</p> <p>The HEIW GGH June 2025 report highlighted additional doctors required to manage the workload and linked to risk to 2089 (risk of losing deanery doctors). Action plan response has been submitted to HEIW.</p>	<p>Annual plan to be revised with external scrutiny to the CCG.</p> <p>Communication of newly agreed rate card for Junior Doctors</p> <p>Complete action plan response raised from the HEIW GGH June 2025 report.</p>	<p>Perry, Sarah</p> <p>Perry, Sarah</p> <p>Bancroft, Stuart</p>	<p>31/10/2025</p> <p>31/10/2025</p> <p>Completed</p>	<p>In progress</p> <p>In progress</p> <p>Completed.</p>	Finance and Performance Committee	4	4	16	<p>The system requires time to realise and deliver the savings due to strategic, high-level decisions to be made. Whilst the system is required to realise savings it must balance this with patient safety and quality of services, and other requirements of TI.</p> <p>Target date of October 2025 aligned with the next Executive Improving Together Sessions (EITS).</p>	31-Oct-25	Treat	25-Sep-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
2107	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	09-Jul-25	<p>There is a risk of physiotherapy budget overspend. This is estimated to be £100,000 per year which constitutes on call availability payments, hours worked, travel claims.</p> <p>This is caused by the unfunded service delivery of four Emergency respiratory on call services at all 4 DGH sites.</p> <p>This will lead to an impact/affect on insufficient financial recovery or if no funding is sourced. There is likely to be adverse impact waiting times recovery in planned care MSK, paediatrics, lymphoedema and community services, if Mon- Fri core budget is utilised to fund out of hours emergency services.</p> <p>Risk location, Health Board wide.</p>	<p>on call costs are minimised through the development of highly skilled staff second on call rotas are only implemented when workload is exceptional and this is approved by senior physiotherapy managers. on call claims are scrutinised by respiratory and service leads. trends in inappropriate call outs are identified and wards / individuals are educated on appropriate inclusion criteria for the service. twilight shifts are in place in GGH to reduce call out rates as staff are on site in the early evening. work undertaken is now only urgent respiratory work that cannot be left until the next working day. work is underway to explore merging rotas in Carmarthenshire which may reduce costs slightly.</p>	Finance inc. claims	4	4	16	<p>Physiotherapy is currently overspent with an predicted end of year overspend if funding is not received to deliver on 4 on call rotas.</p> <p>Absorbing these costs within the budget will result in further risks to unscheduled and planned care capacity</p> <p>It is not clinically viable to withdraw on call services as this service maintains life.</p>	Draft SBAR for CCG to inform financial challenge and feed into Annual planning process for 2025/26	Griffith, Susan	31/10/2025	11/09/25. Initial draft of SBAR complete. requires stakeholder review prior to final submission to CCG. (Working draft shared with CCG, through PPP forum)	Finance and Performance Committee	2	1	2	There will be no financial / clinical or quality risks for the physiotherapy service if the on-call rotas are fully funded.	31-Mar-26	Treat	11-Sep-25

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971	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Carroll, Mrs Liz	01-May-20	<p>There is a risk of the MH&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&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> <p>MHLD is in Escalation for Finance due to the lack of a 6.5% recurrent savings plan. Directorate are meeting weekly to progress plans.</p> <p>Directorate also attend Health Boards Integrated Quality Financial Performance Delivery Group (IQFPDG).</p>	Finance inc. claims	4	4	16	<p>As at September 2025, the Clinical Care Group are estimated to remain within budget in terms of the end of year forecast. Presently, this is estimated to be a £163,000 underspend, however continuing pressures resulting in the potential use of private beds are noted and need to be factored into end of year trajectory. The Clinical Care Group continue to identify further non recurrent/recurrent saving opportunities.</p>	<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> <p>Work to identify recurrent savings for 25-26 underway. First phase to be transacted by end of February 2025.</p>	<p>Popham, Leon</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<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 CCG continue to work with Corporate services to strengthen Nurse Bank capacity/eliminate spend. Further options being explored through international recruitment for Medical staff. Directorate joined Wales trip to India. Medical staff have reduced overspend in month 7 by £32K, No Ceredigion medical staff, Justification was sort from FCG who signed off Agency medical staff until March 2025, so remains a risk. Additional funding of £2.4m has been allocated with an associated recruitment plan.</p>	Finance and Performance Committee	1	3	3	Working towards a position where 6.5% savings are identified and to remain within budget.	31-Mar-26	Treat	18-Sep-25

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1892	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	26-Jul-24	<p>There is a risk of that Radiology will not achieve projected savings targets.</p> <p>This is caused by unidentified savings plans to reduce expenditure in the directorate.</p> <p>This will lead to an impact/affect on the Health Board's overall financial position and ability to adhere to our financial plan.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> Monthly meetings with Head of Radiology, Site Leads and Finance Business Partner to oversee progress on saving plan workstreams Introduction of 5/5 locum consultants to undertake reporting and emergency duty sessions to reduce outsourcing, via a graded approach of most costly elements of outsourcing, including out of hrs rotas to cover busiest times. Scrutiny of individual budgets by finance and Head of Radiology to capture any erroneous spend All vacancy proposed by sites to be approved by Head of Radiology prior to finance Trac sign off or application for FCG approval as appropriate. Other cost avoidance measures, e.g. increased additional reporting sessions for HB consultants utilised in place of outsourcing at higher cost to maintain and improve quality and performance. 	Finance inc. claims	4	4	16	<p>Recurrent and non-recurrent savings were identified, however these did not achieve the 5% expected. The budget position at M12 24-25 for Radiology was £92k underspent (provisional figure)with savings of £669k achieved.</p> <p>As of 09/04/2025 Radiology investment in workforce has been agreed and is currently subject to case scrutiny by the Executive Team.</p> <p>The Allied Health Professions and Health Sciences CCG has an opening savings position of £3.744m to be achieved in 25-26, of this £873k is the opening savings target for Radiology.</p>	To review historic charges for Powys patients attending Hywel Dda with a view to arranging an SLA and understand LTA arrangements.	Roberts-Davies, Gail	01/04/2025-31/03/2026	<p>Due to staff availability this has not progressed at the pace intended and will now be completed by March-25. VBHC team are still working on a pricing structure which aligns with that done at other Health Boards across Wales. The VBHC team advised on the 23/12/2024 that they are awaiting information from informatics to progress the work. Informatics are making progress, however the requested information would not be available until the new year.</p> <p>Update from VBHC team as of 11/02/2025: We're currently working with Chris James from Data Development to move this piece of work forward, using the template from AB as a guide as theirs is tried and tested. What we have discovered is that there are some inconsistencies in the data that we hold and in what AB hold. Chris is going to make contact with Sarah Procter as he thinks that with her help, they will be able to clear up the inconsistencies so that we can move this forward.</p> <p>This action will form part of the savings opportunity for the 25/26 financial year and will be progressed via the new CCG structure, therefore timeline extended.</p>	Finance and Performance Committee	3	4	12	Likelihood reduce therefore reduce in score	31-Mar-26	Treat	25-Sep-25

FPC Operational Risk Register

Date: October 2025

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															<p>To scope the feasibility of and any potential savings from changing the current on-call arrangements for Radiographers to a shift system across the four main sites.</p>	Roberts-Davies, Gail	Completed	<p>This is progressing but is very complex so will take longer to deliver. In line with the annual plan, the first step will be to increase the numbers of MRI and CT Radiographers and reporting Radiologists via investment to extend the working day and week to increase capacity and reduce variable pay and improve VFM. Shift systems in these areas is not possible at this time due to the low numbers of existing staff.</p> <p>This action is to be closed as the workforce investment opportunity work supersedes this action which was not able to be progressed due to low staffing numbers. Shift system feasibility is described as part of the 2024/25 annual plan which has been set over a 3 year context</p>													
															Recruit a fourth locum Radiologist to enact the proposed level of savings from reduction in outsourcing	Roberts-Davies, Gail	Completed	Action complete													

FPC Operational Risk Register

Date: October 2025

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															Explore opportunities for income from dental practices referring for OPT examinations	Roberts-Davies, Gail	01/01/2025-31/03/2025	Discussed at TI meeting August 2024 and responded to the collective submission for permission from WG on 21/1/2024. Awaiting feedback following this. Feb 2025 update- GRD has received queries from SN- due to discuss on 26/02/2025. This will be taken forward to the 25/26 financial year and progressed via the new CCG structure.									
															Review charges which constitute the historic SLA with SBUHB for Medical Physics Services to ascertain potential opportunities.	Roberts-Davies, Gail	Completed	The review ascertained that historically Radiology have been charged for Medical Physics Support to Theatre and Community Dental Services. This has been since separated out and costs past on to the respective services.									
															To review cardiac catheter consumables and ascertain if less expensive alternatives can be purchased.	Roberts-Davies, Gail	Completed	Action complete									
															Provide mitigating actions for the projected EOY overspend at Month 3 of £39.5K	Roberts-Davies, Gail	Completed	Mitigating Action was provided to the Monthly Radiology Escalation Meeting									
															To formulate savings scheme plans for the 25/26 financial year	Roberts-Davies, Gail	Completed	Savings plan have been reviewed in September 2025									

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1906	Community & Integrated Medicine	Pembrokeshire Integrated System	Withybush General Hospital: WGH	Carruthers, Andrew	Skitt, Peter	Andrews, Bethan	Johns, Helen	16-Aug-24	<p>There is a risk of that the Directorate will overspend against its delegated budget and declared savings plans.</p> <p>This is caused by Multiple factors including:</p> <ul style="list-style-type: none"> - Demand exceeding capacity on site, resulting in reliance on nursing agency to staff surge beds - Inability to decrease the numbers in Emergency Department leading to increased Registered Nursing roster filled by agency shifts - High cost Locum cover filling vacant Medical roles - Rising drugs costs, particularly biologics usage. - high CHC spend due to complexity of individuals needing support <p>This will lead to an impact/affect on remaining within Statutory Financial Duty in year and the inability to de-escalate from Welsh Government's Target Intervention status.</p> <p>Risk location, Pembrokeshire, Withybush General Hospital.</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>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>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly financial scrutiny meetings with senior nurses in order to gain assurance over budget management and scrutinise variable pay.</p> <p>Whilst plans are in place to remove more beds (Puffin ward in August) and integrate Internationally Educated Nurses (IENs) and Newly Qualified Nurses (NQN) into the Withybush General Hospital workforce, these will not come into effect until September 2024 with the full effect in the next financial year reducing all ward nursing variable pay.</p>	Finance inc. claims	4	4	16	<p>June 25: Advised by finance to keep risk the same currently.</p> <p>July: Risk remains extreme due to continued use of variable pay, locum and agency use due to workforce gaps, medical recruitment and continued surge and overcrowding in some key clinical areas such as Emergency Dept (ED). The system requires time to realise and deliver the savings due to strategic, high level decisions to be made.</p>	<p>5% reduction in costs of revenue within annual plan.</p> <p>reduction of in patient beds by 25 since pre RAAC. Puffin ward now closed</p> <p>Recruitment of newly qualified nurses and international nurses.</p> <p>Recruitment of medical staffing to reduce reliance on locums.</p>	<p>Andrews, Bethan</p> <p>Andrews, Bethan</p> <p>Thomas, Carol</p> <p>Andrews, Bethan</p>	<p>30/09/2024 31/10/2025</p> <p>Completed</p> <p>Completed</p> <p>30/09/2024 31/10/2025</p>	<p>ongoing, on plan for the savings.</p> <p>completed</p> <p>ongoing Recruitment continues were required.</p> <p>recruitment continues as required to reduce reliance. Recruitment continues</p>	Finance and Performance Committee	3	4	12	<p>The system requires time to realise and deliver the savings due to strategic, high-level decisions to be made. Whilst the system is required to realise savings must balance this with patient safety and quality of services and other requirements of TI.</p> <p>Target date of October 2025 aligned with the next Executive Improving Together Sessions (EITS)</p>	31-Mar-26		24-Sep-25

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2040	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Evans, Nick	24-Mar-25	<p>There is a risk of of cessation of funding for the FCP service. This has been rolled out across a number of years using Cluster finding. The GP Clusters have now stated their intent to service notice on the contracts that are in date, and to not sign up to those that have rolled out of contract. This will effect 9.4 clinical staff (Band 7 and Band 8a) plus 0.5 Band 8a Service Lead that is funded on income from a small management fee.</p> <p>This is caused by the fact that cluster funding should only be used for short periods to prove the worth of an initiative. In this case, FCP has been proven to be a more cost effective and timely way of managing musculoskeletal conditions in the community, releasing capacity through moving some of the MSK caseload to the Physiotherapists, allowing GP's to complete other tasks, and reducing onwads referrals into secondary care (investigations and interventions)</p> <p>This will lead to an impact/affect on an increased staffing of >£675,000 added to the Physiotherapy budget without any funding to cover this.</p> <p>Risk location, Health Board wide.</p>	<p>Cluster funding has been continued each year, with Primary care building the case for a permanent funding solution</p> <p>Positive conversations with Primary care RE: continuation</p> <p>Issues escalated through CCG.</p> <p>Escalation meetings being held with Executive Support</p>	Finance inc. claims	3	5	15	<p>Until now, the cluster funding has been considered as beneficial to the clusters in terms of increasing their capacity in Primary care. The clusters initially were confirmed on exiting the finding with only a few months notice. However, the conversations have changed in tone recently and the Physiotherapy department and Primary Care are still in discussion regarding whether this will be continued</p>	<p>24/03/25-Assist in development of SBAR with Primary Care</p> <p>24/03/25-SBAR under development for presentation to CCG</p> <p>12/06/25 - Development of CCG Business Case within 25-26 financial year for mainstream funding of FCP service</p>	<p>Evans, Nick</p> <p>Evans, Nick</p> <p>Evans, Nick</p>	<p>Completed</p> <p>Completed</p> <p>31/03/2026</p>	<p>24/03/25-Links made and access to SBAR granted by Jackson Reynolds</p> <p>24/03/25-SBAR under development. John Davies, Nick Evans and Susie Launders contributing. 23/04/25 - SBAR completed. Pending presentation 15/05/25-SBAR rewritten as situation has changed. Pending presentation 12/06/25 - Funding secured until March 2026, need to develop business plan for mainstream funding for delivery of FCP service built into the 26-27 CCG business plan.</p> <p>12/06/25 - New Action 11/09/25 - Plans currently under development ready for Annual planning Workshop</p>	Finance and Performance Committee	2	2	4	<p>Mainstream funding meets several local and national requirements, including right person, right place, right time, prudent healthcare, the fundamental principle of "shift left" and benefits to Primary Care capacity (allowing greater access to GP's, Practice Nurses and other Health Care professionals with lower MSK skills, but higher skills in other arenas) and reduced onwads referrals to Secondary care.</p> <p>Service to assign expected date to reach TRS (date below added during administrative update by Assurance and Risk Team to save risk)</p>	Not known	Treat	11-Sep-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date		
1951	Community & Integrated Medicine	Carmarthenshire Integrated System	Carmarthenshire County	Carruthers, Andrew	Skitt, Peter	Perry, Sarah	Jenkins, Angharad	31-Mar-24	<p>There is a risk of overspend against the Specialist Palliative Care budget.</p> <p>This is caused by the potential withdrawal of funding from Ty Bryn Gwyn Trustees for permanent posts. Historically a decision was made that staff would be appointed 'at risk', given permanent contracts with these permanent posts being funded by Ty Bryn Gwyn Trustees (year on year funding). The posts are: 1 Specialty Doctor and 0.5 Clinical Nurse Specialist Palliative Care.</p> <p>This will lead to an impact/affect on the stability of the budget within specialist palliative care. It will also impact on recruitment into the team as the service will need to balance the books and this will have a negative effect upon service delivery.</p> <p>Risk location, Carmarthenshire.</p>	<p>Regular meetings are held with the Trustees to discuss what their priorities are and to inform them of the Health Board's position.</p> <p>Recent recruitment has converted permanent posts into fixed term in order to minimise the impact on the budget.</p>	Finance inc. claims	3	4	12	<p>The risk remains high because the decision-making remains with the Trustees - the Health Board has no control over this and therefore there is no assurance that funding will be secured in the future (year on year funding). As staff leave we are recruiting into temporary positions rather than permanent to reduce the risk.</p>	<p>To submit the business case and an SBAR outlining our work with the Trustees for Executive Team approval.</p> <p>Awaiting full report from finance business partner regarding current status of posts (including fixed term/secondments) so that recommendations can be made to the HoN and System GM.</p>	Jenkins, Angharad	Completed	<p>Closed completed.</p> <p>New action</p>	Finance and Performance Committee	1	4	4	Business case cycle now in process with the trustees to review and agree funding streams and priorities on an annual basis.	29-Aug-25	Treat	29-Aug-25

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2124	Planned & Specialist Care	Children, Women & Family Health	Carruthers, Andrew	Goode, Paula	Owen, Tracy	01-Apr-25	<p>There is a risk of that</p> <ol style="list-style-type: none"> the Children, Women and Family Health Clinical Service Group will be unable to identify the level of recurrent savings in-year required (£3.6m) which includes under delivery of savings in 24/25. further risk of CSG being overspent as due to ad-hoc variable pay. <p>This is caused by 1. fragile services requiring service planning and wider Health Board engagement to enact service change within the financial year.</p> <p>2. fragile services and workforce pressures driving spend on ad-hoc variable pay.</p> <p>This will lead to an impact/affect on a worsening of the overall financial position of the Health Board.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> Finance Business Partner assigned to the Clinical Service Group, with weekly meetings in place with Clinical Service Group management, and ad hoc meetings as and when required Weekly review of nursing and medical staff rotas Regular job planning reviews Weekly Operational team meetings Monthly Clinical Service Group Business meetings Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend We are reducing the O&G spend and working with Medical Sustainability project Scrutiny of budget/Savings schemes via TI escalation meetings 	Finance inc. claims	3	4	12	<p>CIP tracker in place and monitored monthly for progress and shared with Clinical Care Group at the Business Planning and Performance monthly meetings. Monthly meeting take place with the Commissioning team are monitoring progress of SLA reviews.</p> <p>Remodel Paediatric medical rotas at consultant and SAS levels to reduce variable pay</p> <p>Continue to progress CIP schemes identified with CW&FH</p>	Davies, Nick	31/12/2025	<p>Work in progress, required in readiness for allocate medical rostering</p> <p>in progress</p>	Finance and Performance Committee	2	2	4	<p>If all schemes are achieved then the risk will reduce however if partial schemes achieved it will improve the financial position however the full savings target will not be met for 25/26.</p>	31-Mar-26	Treat	02-Oct-25	
1646	Operational Allied Health Professions & Health Sciences	AHP&HS: Pathology	Carruthers, Andrew	Quarrie, Sara	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.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> Regular SLA meetings to review spend Reviewed external testing sites Clinical Scientist test vetting Demand management in place to prevent sending duplicate samples. 	Finance inc. claims	4	2	8	<p>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. Currently we have 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</p> <p>Regional collaboration providing opportunities to repatriate tests.</p>	Peters, Lee	Completed	<p>On going and linked to the ARCH Regional Solution. discussions ongoing. 05/06/2024 - update, exploring opportunities with SBU in laboratory medicine workstream. ongoing 31/05/25 - teicoplanin being reviewed to bring in house as a regional test. this is now being discussed in SBU CIG with both HD and SBU representatives</p>	Finance and Performance Committee	4	2	8	<p>The risk has been mitigated a far as it can within the means of the Pathology service. There are no further actions possible at this time. Monthly SLA reviews are no in place and the service is now challenging areas where there is potential overspend.</p> <p>It has been proposed that this risk remains open, but with a tolerated score of 8.</p>	23-Apr-25	Treat	24-Jul-25	

FPC Operational Risk Register

Date: October 2025

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1530	Community & Integrated Medicine	Carmarthenshire Integrated System	Prince Philip Hospital: PPH	Carruthers, Andrew Skitt, Peter	Perry, Sarah	Perry, Sarah	Perry, Sarah	01-Aug-22	There is a risk of That the directorate will overspend against its delegated budget in 2024-25. This is caused by Multiple factors including: - 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	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	Finance inc. claims	3	2	6	identified as opportunities to either reduce unwarranted testing or may have benefits to other areas. The service is also working closely with Swansea Bay University Health Board (SBU) as part of the Regional Pathology Programme at opportunities to repatriate tests to the region so they can be performed at reduced cost.	Review main SLAs to look at repatriating service Standardising clinical haematology processes, reducing send away tests Establish VBHC Steering Group to review demand optimisation opportunities within Pathology. Review Public Health Wales SLA CMR data. To look at test costs and volumes.	Peters, Lee Peters, Lee Jones*, Dylan Williams, Mike	Completed Completed Completed Completed	FIT, MPO and PR3 testing being considered for repatriation 5.4.24 - linked to ARCH regional solution 31/1/25 - these tests are now being discussed in CIG meetings by HD and SBU representatives. 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 Steering group established and workstreams identified to progress demand optimisation work. 5.4.24 - ongoing. SLAs being scrutinised to check they deliver value for HB etc. Several tests have been challenged.	Finance and Performance Committee	3	5	15		Not known	Treat	16-Apr-25

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									- Rising drugs costs - Requirement to comply with NICE guidance. Agency Staffing for MIU when medical patients overnight. 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.	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.					insulin pumps 2024/25 funding matched for 2025/26 plus additional budget allocated for predicted increase in demand. Also additional staffing budget allocated for psychology, nursing and dietician for the service. Homecare drugs review of best value for money from the service.	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. Closer analysis and scrutiny of insulin pumps the CPAP prescriptions and home care drugs.	Perry, Sarah Completed	Completed	The workstream is still ongoing. No longer happening.									