

**PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to Finance and Performance Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer Ardiana Gjini, Executive Director of Public Health James Severs, Director of Allied Health Professionals and Health Sciences Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

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

Er Sicrwydd/For Assurance

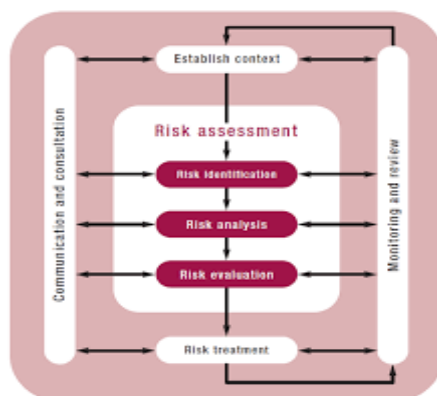
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Committee is asked to request assurance from the risk owners that the operational risks in the attached report are being managed effectively.

Cefndir / Background

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



(Risk Management Process, ISO 31000)

Operational risks must be managed within Clinical Care Groups (CCGs) and Executive Functions (collectively referred to as 'Functions') under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements,

formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

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

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

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

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

Relevant discussion should be reflected in the Strategy and Planning Committee (SPC) Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels and any other risks, as appropriate.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, to achieve its objectives. The previous approach as agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource.

Once the TRS is achieved, if the risk continues to exist, it should then be tolerated or accepted unless further actions are identified or made possible (for example, additional resources). If achieving the TRS is deemed unacceptable (for example if the TRS is too high), further

discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the current risk score to the TRS.

Risks will be ‘treated’ until a discussion to ‘tolerate’ a risk is triggered – this would be when the Executive Risk Owner for operational risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

The process for risk reporting and monitoring within the Health Board is outlined at **Appendix 1**.

Asesiad / Assessment

The FPC Terms of Reference state that:

- 3.1.20 *Seek assurance that the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board’s risk appetite/tolerance, recommend acceptance of risks to the Board.*
- 3.1.21 *Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board’s activities (including for hosted services and through partnerships and Joint Committees as appropriate)*

Following the implementation of new Board Committee structure on 1 April 2025, operational risks have been re-aligned appropriately to these Committees, with this paper being the first report of operational risks assigned to FPC.

Following the Committee restructure from 1 April 2025, 15 risks have been aligned 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.

*From April 2025 service level risks (previously unreported) and directorate level risks have been amalgamated and are now referred to as operational level risks, as agreed at Board in March 2025. This has resulted in previously unreported risks now meeting the criteria for reporting.

Changes Since Risks last reportable to Board level Committee

Total Number of Open Risks	15	See note 1
New Risks since last reportable to Board level Committee (including risks previously at service level)	6	

De-escalated/Closed Risks since last reportable to Board level Committee	1	See note 2
Increase in Risk Score since last reportable to Board level Committee ↑	2	See note 3
Decrease in Risk Score since last reportable to Board level Committee ↓	0	
No Change in Risk Score since last reportable to Board level Committee →	7	See note 4
EXTREME (RED) Risks (based on 'Current Risk Score')	7	
HIGH (AMBER) Risks (based on 'Current Risk Score')	8	

Note 1 – New Risks added since last reportable to Board level Committee (including risks previously at service level)

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1488 - Risk of major service disruption if decontamination equipment fails at BGH due to age (Cancer & Scheduled Care) Previously service level risk	26/09/22	Chief Operating Officer	4x4=16 (Reviewed 14/05/25)	Impact on service remains high risk as interruption in provision impacts on Urgent Suspected Cancer Pathway and emergency patients. Likelihood is often impacting for a 24-hour period but potentially could result in loss of service for a longer period if engineers are unable to attend or unable to source parts for repair in short timescale.	2x4=8
1084 - Risk of unsustainable surgical rota in PPH due to reliance on locum doctors (Cancer & Scheduled Care) Previously service level risk	13/07/20	Chief Operating Officer	4x3=12 (Reviewed 10/06/25)	The risk score has increased to reflect the pressure being felt by the Glangwili Hospital (GGH) Specialty and Associate Specialist (SAS) level doctors and the difficulty in sustaining the GGH and Prince Philip Hospital (PPH) rotas by the service team and locum consultant. If cover is not sourced, there is a risk to surgery being cancelled for Unscheduled Care (USC) patients. The risk rating reflects the financial implications surrounding recruiting into these posts as they are not	1x3=3

				<p>within the service budget. It also reflects the need to sustain this service at PPH. This service is mainly used to treat patients on the cancer pathway. Moving the service back to GGH will put patients at significant risk of cancellation due to unscheduled care pressures.</p> <p>The service is currently assessing its options regarding the impact and resourcing challenges identified as part of their delivery of this year's plan.</p>	
1951 - Risk of overspend against Specialist Palliative Care budget due to potential withdrawal of funding for permanent posts <i>(Carmarthenshire Integrated System) Previously service level risk</i>	31/03/24	Chief Operating Officer	3x4=12 <i>(Reviewed 28/05/25)</i>	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.	1x4=4
2080 - There is a risk of Stroke ESD reduction due to loss of funded capacity Carms Community <i>(Allied Health Professions and Health Sciences) New risk</i>	23/05/25	Chief Operating Officer	4x3=12 <i>(Reviewed 23/05/25)</i>	Physiotherapy assessment will be provided at the earliest opportunity, and interdisciplinary working will ensure the patients will receive a basic intervention in the absence of a physiotherapist in the community. Whilst clinical risks are mitigated the Health Board clinical services plan heavily relies on the community workforce to support flow across the stroke pathway.	2x3=6

<p>2065 - Risk of not achieving the Welsh Government (WG) performance measure for Carbon Monoxide (CO) validated quit attempts due to capacity and accessibility challenges <i>(Public Health)</i> <i>New risk</i></p>	<p>15/01/25</p>	<p>Executive Director of Public Health</p>	<p>3x4=12 <i>(Reviewed 09/05/25)</i></p>	<p>There is still a possible likelihood of not achieving targets. Target risk score of 8 due to likelihood score of 2 (unlikely) due to the uptake national target being 40%.</p>	<p>2x4=8</p>
<p>2002 - Risk of overspend against allocated funding for Oncology Drugs <i>(Cancer & Scheduled Care)</i> <i>New risk</i></p>	<p>25/11/24</p>	<p>Chief Operating Officer</p>	<p>3x3=9 <i>(Reviewed 30/05/25)</i></p>	<p>Activity growth which has been noted nationally, and resulting excess drug costs against allocated budget, additionally new drugs approved by NICE have a 60-day implementation directive from Welsh Government in order to secure access to the High Cost Drug Fund.</p> <p>The impact of this financial risk is the inability to meet savings targets, the likelihood of which is currently very high.</p> <p>As of May 2025, the risk rating has been reduced because additional budget has been provided to cover the growth in costs this year and the growth currently is not as significant as initially predicted, unless there is a large change in costs and volumes. The average growth in costs is 10%.</p>	<p>3x3=9</p>

Note 2- Closed Risks since last reportable to Board level Committee

Risk Reference & Title	Date risk identified	Lead Director	Rationale
1528 - Risk of overspend against site budget due to increasing operational pressures and costs (<i>Carmarthenshire Integrated System</i>)).	01/08/22	Chief Operating Officer	Risk relates to financial year 2024/2025. New risk to be added to the register for 2025/2026 as risk remains for savings target.

Note 3 - Increase in Risk Score since last reportable to Board level Committee

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
971 - Risk of failure to remain within allocated budget over the medium term due to financial constraints (<i>MH&LD</i>).	01/05/20	Chief Operating Officer	3x4=12	4x4=16 (Reviewed 04/06/25)	As at June 2025, the Clinical Care Group are only able to provide a work in progress figure for the end of year forecast as Finance Colleagues are in the process of finalising this by 5th June 2025. Presently, this is estimated to be a £487,000 overspend. The Clinical Care Group will endeavour to work towards a break-even position whilst also looking at further non recurrent/ recurrent saving opportunities.	1x4=4
1876 - Risk of being unable to identify recurrent savings required due	01/04/24	Chief Operating Officer	3x3=9	4x3=12 (Reviewed 18/02/25)	Improved financial forecast in Month 6 - 111k under end of year (EOY)	2x2=4

to spend on ad-hoc variable pay and need for wider HB engagement (<i>Children, Women & Family Health</i>)					agreement that 5% savings is highly unachievable in the absence of significant service change. Continue to explore opportunities Focus on wider service change for 2025/26	
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Note 4 - No Change in Risk Score since last reportable to Board level Committee

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1854 - Risk to the ability to meet financial saving targets due to operational challenges (<i>Cancer & Scheduled Care</i>)	04/06/24	Chief Operating Officer	4x5=20 (Reviewed 14/02/25)	The financial position indicates that the directorate is not on target to meet the required saving. The saving target is £6.2 million. The Directorate has achieved in part the savings required for this financial year (c£2m), however the savings target will increase for financial year 2025/26, with the service looking at options on how to achieve these.	3x5=15
975 - Risk of failure to remain within allocated budget due to financial constraints (<i>Estates & Facilities</i>).	01/05/20	Director of Allied Health Professionals and Health Sciences	4x5=20 (Reviewed 04/06/25)	Key drivers include Reinforced Autoclaved Aerated Concrete (RAAC), maintenance overspend and provision cost increases. Maintenance overspend will be the focus of the Monthly establishments reviews going forward. The Clinical Service Group, Finance Business Partners and other supporting functions will enhance cost analysis cost review process and put controls into place to better	1x5=5

				<p>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>	
1906 - Risk of not achieving savings targets within our annual plan due to ongoing service demand (<i>Pembrokeshire Integrated System</i>)	16/08/25	Chief Operating Officer	4x4=16 (Reviewed 07/05/25)	<p>Risk has been reduced slightly due to holding own currently. Medical recruitment continues to be challenging as there is a need to reduce reliance on locums. Also, usage of high-cost biologic drugs and blood products continues to increase month on month. While the controls noted above are in place, due to current demands on the site their effectiveness is limited.</p> <p>Service pressures particularly at A&E is driving nursing agency overspend. Locums are still being used to fill medical gaps particularly consultant roles. Drug expenditure continues to be overspending against budget due to high cost biologic spend for gastro related conditions. As of May 2025, awaiting financial update due to new CCG structure.</p>	3x4=12
1892 - Risk of not achieving savings targets due to continued expenditure without mitigating	26/07/24	Chief Operating Officer	4x4=16 (Reviewed 10/04/25)	<p>Recurrent and non-recurrent savings were identified; however these did not achieve the 5% expected. The budget position at month 12 2024-25 for Radiology was £92k underspent (provisional figure) with savings of £669k achieved.</p>	4x3=12

savings plans (AHP&HS: Radiology)				<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 2025-26, of this £873k is the opening savings target for Radiology.</p>	
1631 - Risk of failure to achieve financial management objectives due to staff shortages and fragility of agency provision (Allied Health Professions and Health Sciences)	28/03/23	Chief Operating Officer	4x3=12 (Reviewed 13/05/25)	While the controls are in place, due to current and additional demands upon therapy services and supporting patient flow, exacerbated by workforce absence, vacancies and expiry of fixed term funding, their effectiveness is limited.	3x2=6
1793- Risk of Finance team resources reaching critical levels due to staff turnover, high levels of sickness and pause in recruitment (Finance)	01/12/23	Director of Finance	2x4=8 (Reviewed 20/05/25)	<p>The Finance function has a budgeted staffing level of 95.6WTE within the core finance team. Vacancies, long term sickness and maternity absences amount to 11WTE (November 2024), which equates to a 12% reduction against a fully resourced team. This has improved from a 21% gap from December 2023 when the risk was created.</p> <p>The Directorate is currently able to prioritise activities to fulfil mandatory tasks such as external reporting obligations, financial payment runs and statutory financial accounting activities, and the majority</p>	1x4=4

				<p>of cover across directorate level budget holders.</p> <p>The risk has been minimised with the successful recruitment to core accounting and reporting roles. The remaining vacancies are presented in the Business Control and Partnering teams linked to the change associated with implementing the organisation change process (OCP) within finance, and the OCP within operations where a mirror support structure is needing to be defined prior to full implementation.</p>	
<p>1646 - Risk of overspending against funding allocated for external test service level agreements (SLAs) due to increased workload/ costs (AHP&HS: Pathology)</p>	24/01/23	Chief Operating Officer	<p>4x2=8 (Reviewed 23/05/25)</p>	<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 identified as opportunities to either reduce unwarranted testing or may have benefits to other areas.</p> <p>The service is also working closely with Swansea Bay University Health Board</p>	<p>4x2=8</p>

				(SBUHB) as part of the Regional Pathology Programme at opportunities to repatriate tests to the region so they can be performed at reduced cost.	
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The Risk Register, attached as **Appendix 2**, details the responses to each risk, for example, the Risk Action Plan.

The heatmap below has been obtained from the Risk Performance dashboard. The information reflects the risk information extracted from Datix of the one risk included in this report:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5				1854 (→) 975 (→)	
MAJOR 4		1793 (→)	1951 (NEW) 2065 (NEW)	1488 (NEW), 1084 (NEW) 1906 (→) 1892 (→), 971 (↑)	
MODERATE 3			2002 (NEW)	2080 (NEW), 1876 (↑) 1631 (→)	
MINOR 2				1646 (→)	
NEGLIGIBLE 1					

The table below details when the Operational level risks assigned to the FPC (16 in total, including those below the threshold for reporting to committee) were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly
- High Risks – Bi-monthly
- Moderate Risks – Six-monthly
- Low Risks – Annually

Risk numbers presented in red text denote those where a review of the risk is overdue, based on the data as of 2 June 2025.

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
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Extreme	1084 1906 1488 971	1892	1854 975	
High	2080 2065 1951 1631 2002 1793	1646	1876	
Moderate		1530		

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

The Finance risk theme is currently aligned to FPC. Finance themed risks are shared with senior finance team members on a quarterly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risks, and develop/improve organisational control, i.e., policies, procedures, systems, processes to reduce the risk to the Health Board.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **SEEK ASSURANCE** that all identified controls are in place and working effectively;
- **SEEK ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises;
- **CHALLENGE** where assurances are inadequate

This will enable FPC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.19 Seek assurance that the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the body of the report.
Parthau Ansawdd:	7. All apply

Domains of Quality Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

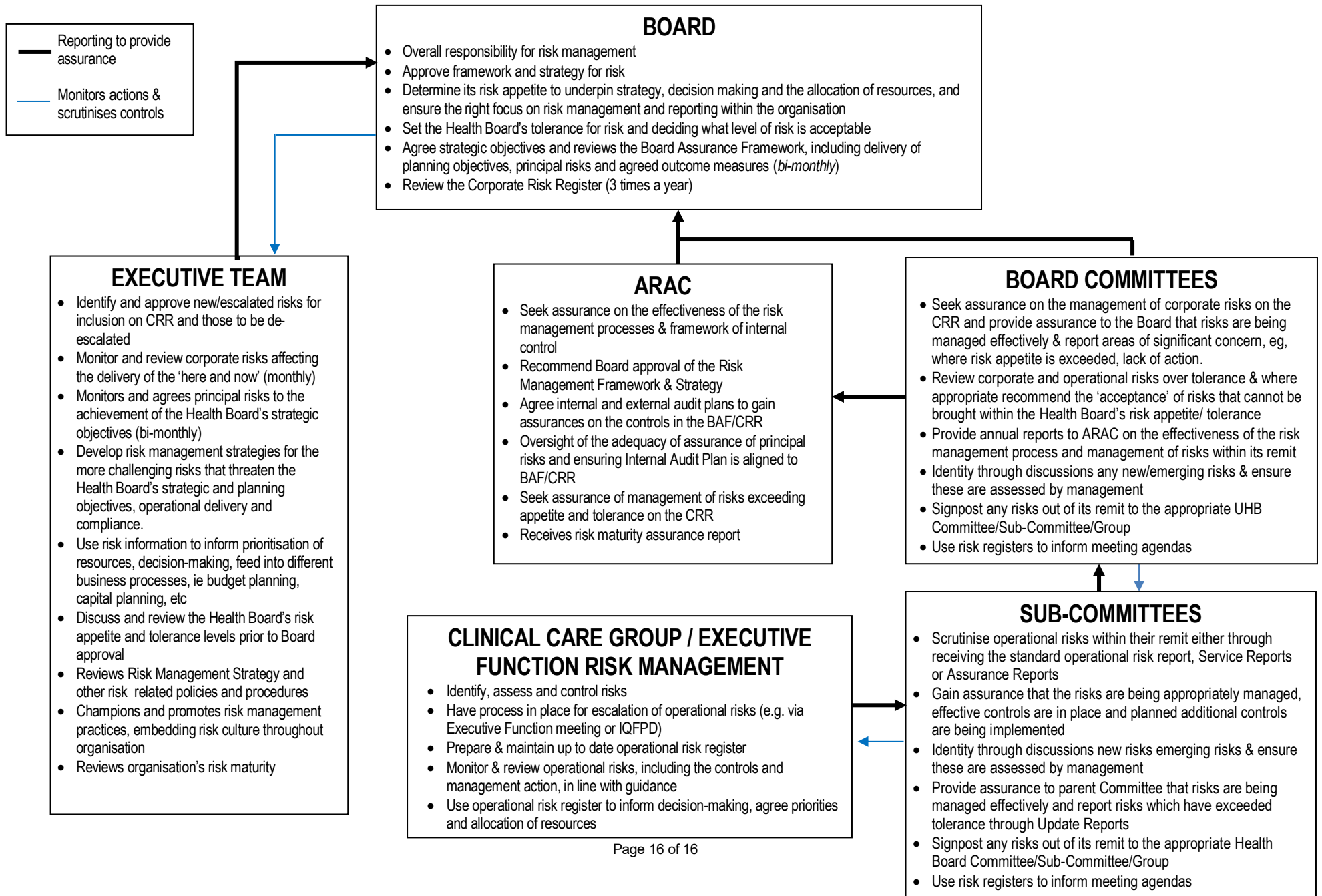
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place. Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Relevant Executive Directors.

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.

Risg: Risk:	No direct impacts from report however impacts of each risk are outlined in risk description.
Cyfreithiol: Legal:	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts from report.
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure



Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date				
1854	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Humphrey, Lisa	04-Jun-24	<p>There is a risk of that the scheduled care directorate will be unable to achieve the financial target saving of £6,168,788.</p> <p>This is caused by increasing demand for scheduled care services; WG targets relating to RTT; operational challenges to running services from multiple sites; aging equipment and resources; recruitment challenges into required highly skilled posts.</p> <p>This will lead to an impact/affect on service delivery, RTT compliance and patient experience.</p> <p>Risk location, Health Board wide.</p>	<p>Health Board's Internal Escalation Framework, scrutinised on a monthly basis</p> <p>Prioritisation of roles that go to FCSG</p> <p>100 day cycle critical care</p> <p>Directorate weekly financial control meetings</p> <p>Daily scrutiny meetings attended by Head of Nursing, with focus on variable pay</p> <p>Weekly administrative variable pay review meeting, chaired by General Manager and attended by the FBP and team</p>	Finance inc. claims	4	5	20	<p>The financial position indicates that the directorate is not on target to meet the required saving.</p> <p>The saving target is £6.2 million. The Directorate has achieved in part the savings required for this financial year (c£2m), however the savings target will increase for financial year 2025/26, with the service looking at options on how to achieve these.</p>	<p>The directorate hold weekly finance meetings with the SDMs, SNMs and FBPs.</p> <p>The directorate engage in monthly escalation meeting as part of targeted intervention. The financial position and improvement target are closely monitored via this platform</p> <p>Vacant posts are all submitted to and discussed via FCG as part of the financial monitoring and improvement target.</p>	Hire, Stephanie	Completed	Meetings arranged weekly	Finance and Performance Committee	3	5	15							14-Feb-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	Detailed Risk Decision	Review date
975	Director of Allied Health Professions & Health Sciences	Estates & Facilities	E&F: Directorate Team	Severs, James	Chiffi, Simon	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.</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>	<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</p>	Chiffi, Simon	31/08/2024-30/11/2024-31/03/2025-30/09/2025	<p>This is a key focus as part of new care group establishments.</p>	Finance and Performance Committee	1	5	5		Treat	04-Jun-25

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1892	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	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>	<p>1. Monthly meetings with Head of Radiology, Site Leads and Finance Business Partner to oversee progress on saving plan workstreams</p> <p>2. 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.</p> <p>3. Scrutiny of individual budgets by finance and Head of Radiology to capture any erroneous spend</p> <p>4. 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.</p> <p>5. 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.</p>	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	04/04/2025-31/03/2026	<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	4	3	12		Treat	10-Apr-25

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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>								
															<p>Recruit a fourth locum Radiologist to enact the proposed level of savings from reduction in outsourcing</p>	Roberts-Davies, Gail	Completed	Action complete								

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															Explore opportunities for income from dental practices referring for OPT examinations	Roberts-Davies, Gail	04/04/2025-31/03/2026	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	30/05/2025	New action								

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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. <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, 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>Risk has been reduced slightly due to holding own currently. Medical recruitment continues to be challenging as there is a need to reduce reliance on locums. Also usage of high cost biologic drugs and blood products continues to increase month on month.</p> <p>While the controls noted above are in place, due to current demands on the site their effectiveness is limited.</p> <p>Current risk rating is extreme due to forecast for Month 4 is £1m deficit.</p> <p>Oct: Forecast is now £800K We have achieved our 5% reduction end of year. There has been some issues in nursing recruitment which has put a pause on trajectory meaning risk can not be reduced currently. Ambulance handover delays has improved, but more work required for 4 and 12hr performance.</p> <p>Nov: Month 7 Forecast is now £816K, main driver of overspend is Drug spend, £501K Works ongoing with Meds management on bio similar switches. Pressures within ED requiring additional agency nursing.</p> <p>Dec: Winter pressures are still driving the requirement of additional staffing.</p> <p>Jan: No changes to add.</p> <p>Feb: Winter pressures are still driving the</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>Andrews, Bethan</p> <p>Andrews, Bethan</p> <p>Thomas, Carol</p>	<p>30/09/2024-31/10/24-11/11/24-19/12/24-31/01/25-31/03/25-30/04/25-30/06/25</p> <p>Completed</p> <p>Completed</p>	<p>ongoing, on plan for the savings.</p> <p>completed</p> <p>ongoing Recruitment continues were required.</p>	Finance and Performance Committee	3	4	12															

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															requirement of additional staffing in A&E and high use of locums and agency. Drug spend is gradually increasing. Service pressures particularly at A&E is driving nursing agency overspend. Locums are still being used to fill medical gaps particularly consultant roles. Drug expenditure continues to be overspending against budget due to high cost biologic spend for gastro related conditions. May: waiting on update due to new structure.	Recruitment of medical staffing to reduce reliance on locums.	Andrews, Bethan	30/09/2024-31/10/24-11/11/24-19/12/24-31/01/25-31/03/25-30/04/25-30/06/25	recruitment continues as required to reduce reliance. Recruitment continues																

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1488	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: Endoscopy	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Edwards, Sara	26-Sep-22	<p>There is a risk of frequent decontamination equipment failure within the endoscopy unit, causing delays in the return of decontaminated endoscopes to front facing patients services requiring the use of flexible endos</p> <p>This is caused by One endoscope washer disinfecter and drying cabinet were originally installed and commissioned in 2009, and are now 13 years in service and therefore 4 years beyond the recommended life cycle of 8 years. A second endoscope washer disinfecter was added to augment capacity issues at Bronglais Hospital in 2014 and is nearing its 8 year recommended life cycle.</p> <p>This will lead to an impact/affect on The majority of endoscope decontamination equipment at Bronglais Hospital is now 4 years beyond its recommended life cycle of 8 years and fail on a not infrequent basis, causing delays in the return of decontaminated endoscopes to front facing patient services requiring the use of flexible endoscopes. As the equipment becomes older, it will become more problematic, and will inevitably present more significant impacts, which will have an effect on Referral to Treatment Time Performance. These equipment failures causes avoidable delays in the supply of decontaminated flexible endoscopes to</p>	<ol style="list-style-type: none"> 1. Regular servicing of current decontamination equipment. 2. Decontamination trained estate staff supporting daily with breakdowns and maintenance of decontamination equipment 3. Contract in place for current decontamination equipment inclusive of breakdown cover and engineer can attend hours within 48 hours 	Service/Business interruption/disruption	4	4	16	<p>Impact on service remains high risk as interruption in provision impacts on Urgent Suspected Cancer Pathway and emergency patients. Likelihood is often impacting for a 24-hour period but potentially could result in loss of service for a longer period if engineers are unable to attend or unable to source parts for repair in short timescale.</p> <p>Reviewed and risk updated.</p>	<p>Develop feasibility case for transfer of decontamination facility from the endoscopy unit to central HSDU within Bronglais. The proposed centralisation project will ensure the replacement of aging decontamination equipment to provide a more efficient turnaround of endoscopes, improving the provision of this service to endoscopy. This will ensure lists are running efficiently and ensure the patient pathway is improved. One endoscope washer disinfecter and drying cabinet were originally installed and commissioned in 2009, and are now 13 years in service and therefore 4 years beyond the recommended life cycle of 8 years. A second endoscope washer disinfecter was added to augment capacity issues at Bronglais Hospital in 2014 and is nearing its 8 year recommended life cycle.</p>	Edwards, Sara	Completed	Feasibility case has been developed and presented to Gareth Rees and Keith Jones. Further actions to be progressed - including development of a PID document to be sent to the Board.	Finance and Performance Committee	2	4	8		Treat	14-May-25
															Monthly meetings with BGH HSDU to support current arrangements whilst feasibility case is being developed.	Edwards, Sara	Completed	Monthly meetings in place.								
															SDM to get an update from HSDU service re. the outcome of the feasibility case.	Edwards, Sara	Completed	Capital bid submitted to National Decontamination Group								

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									<p>endoscopy, theatres, outpatient departments, cardiology and intensive care units, and therefore create operational difficulties for patient endoscope procedures</p> <p>Due to the use of Peracetic Acid within the decontamination process, there is often a strong smell of peracetic acid within the current endoscopy unit, which on occasions can be intrusive. The current air handling unit is insufficient in removing this odour. JAG accreditation was originally deferred due to this concern until actions were put in place to eliminate this smell. Should the endoscope decontamination equipment remain within the endoscopy department there is a possibility that JAG accreditation could be withdrawn. This would have an impact on junior doctors training as all endoscopy units must be JAG accredited for training. Furthermore compliance with Welsh Government recommendations would also be of concern as it is now recommended that endoscope decontamination units are centralised into HSDU departments and managed by decontamination staff.</p> <p>Risk location, Bronglais General Hospital.</p>										<p>Endoscopy subject to CSP programme. Await options developments and decisions re. endoscopy pathway.</p> <p>Await decision from National Decontamination Group re: funding to transfer decontamination from the endoscopy unit to HSDU</p>	<p>Edwards, Sara</p> <p>Flear, Philip</p>	<p>31/07/2026</p> <p>30/03/2027</p>	<p>CSP programme</p> <p>Funding approved via National Decontamination Team - Awaiting next steps from John Prendergast</p>							

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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 attending weekly/monthly meeting to progress plans (MHLD Integrated Quality Financial Performance Delivery Sub Group).</p> <p>Directorate also attend Health Boards Integrated Quality Financial Performance Delivery Group (IQFPDG).</p>	Finance inc. claims	4	4	16	<p>As at June 2025, the Clinical Care Group are only able to provide a work in progress figure for the end of year forecast as Finance Colleagues are in the process of finalising this by 5th June 2025. Presently, this is estimated to be a £487,000 overspend. The Clinical Care Group will endeavour to work towards a break even position whilst also looking at 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>	Popham, Leon	Completed	<p>Review undertaken as part of ongoing budget processes. While action unresolved, this will be picked up as part of the new action noted for the risk in September 2023.</p> <p>CHC overspend neutralised for 2024/25 allocation through £1.9M uplift relating to 2022/23 and operational driver funding remaining pressure.</p> <p>Directorate have undertaken to identify £2.6M of non-recurrent savings for 2024/25 for underspend in pay position, with a view of identifying recurrent saving 2025/26.</p>	Finance and Performance Committee	1	4	4		Treat	04-Jun-25

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															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.	Carroll, Mrs Liz	29/03/2024-30/06/2024 31/12/2024-31/03/2025	The Directorate are continuing to work with Corporate services to strengthen the Nurse Bank capacity and eliminate spend. Further options being explored through international recruitment, for Medical staff. Directorate recently joined across Wales trip to India interviews will now take place, dates to be confirmed. 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. Active Agency reduction plan in place which incorporates review of inpatient establishments. Working weekly/monthly with our Finance colleagues with monitoring Agency spend, in month 7 a decrease of £85K of Bank and Agency for both nurses and HCSW. MHLD are in escalation process, last meeting took place on 31st October.									
															Work to identify recurrent savings for 25-26 underway. First phase to be transacted by end of February 2025.	Carroll, Mrs Liz	Completed	Completed									

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2065	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Ardiana	Dainton, Joanna	Hughes, Lisa	Hughes, Lisa	15-Jan-25	<p>There is a risk of Hywel Dda University Health Board will not achieve the NHS Wales performance measure of 40% of adult smokers who make a quit attempt being CO validated</p> <p>This is caused by</p> <ul style="list-style-type: none"> •Service delivery model changes following Covid which resulted in a move to telephone support •Loss of dedicated rooms and venues for locality teams on the hospital sites •A need to train new staff commencing work after the service delivery model changes •Delay in purchase and distribution of monitors and consumables •Issues with on site storage of monitors and consumables •Increase in patients choosing telephone support over face to face meetings •Rurality issues including venue provision for low numbers and travel costs <p>This will lead to an impact/affect on</p> <ul style="list-style-type: none"> •Reduced Productivity: Increasing face-to-face support 	<ul style="list-style-type: none"> - Secured an increase in venues across the 3 counties - CO monitors supply to other HB professionals with access to vulnerable clients eg. Oxygen assessment nurses, mental health professionals, maternity and respiratory nurses - input into a national pharmacy service level agreement to enable local pharmacies to co validate with patients. All local pharmacists have been provided with CO monitors and have a dedicated practitioner to support and train as appropriate - Trained admin to encourage assessments to be booked into face to face venues rather than telephone support. Hybrid model of working 	Quality/Complaints/Audit	3	4	12	There is still a possible likelihood of not achieving targets.	Scoping further community and outpatient clinics to maximise CO validating sessions	Hughes, Lisa	17/07/2025	New action	Finance and Performance Committee	2	4	8	Target risk score of 8 due to likelihood score of 2 (unlikely) due to the uptake national target being 40%	Treat	09-May-25

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									<p>will reduce practitioner productivity, leading to longer waiting times for appointments.</p> <ul style="list-style-type: none"> •Decreased Treated Smoker Numbers: Shifting staff capacity to face-to-face CO validation and travel will reduce the number of treated smokers. •Higher Costs and Admin Time: Ensuring accessible venues across a large geographical area will increase costs and require significant administrative time for sourcing, booking, organizing payment, and covering staff sickness. •Lower Productivity at Venues: Staff at venues are less productive, and appointments are more prone to no-shows and cancellations. Weekly sessions need to be booked, leading to higher dropout rates compared to telephone support. •Additional Costs: There will be increased costs associated with room hire, travel, consumables, and additional CO monitors for staff. •Patient Choice: Vulnerable patients or those with caring responsibilities or chronic diseases may face challenges if telephone support is reduced. <p>Risk location, Health Board wide.</p>																		

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2080	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	23-May-25	<p>There is a risk of Increased length of stay and delayed community physiotherapy assessment and follow up rehabilitation for stroke patients being discharged from PPH and GGH</p> <p>This is caused by The reduction in registrant capacity by 50% (band 7 x 1wte, band 5 x1wte) for stroke ESD as a direct result of permanent loss of RIF funding from 25-26</p> <p>This will lead to an impact/affect on Reduction in hospital flow Delay in Patients receiving a full physiotherapy assessment. rehabilitation and detailed care planning in community Potential increase in length of stay deterioration in SSNAP targets</p> <p>Risk location, Carmarthenshire.</p>	<p>The remaining physiotherapy team members will provide a restricted service based on the capacity of 2 registrants and 5 HCSW staff. Ward based staff will provide clinical and therapeutic advice to patients on discharge to bridge the gap between community visit.</p> <p>Other MDT members (Occupational therapy and dietetics) can be the first point of community contact whilst patients are waiting for physiotherapy</p>	Safety - Patient, Staff or Public	4	3	12	<p>Physiotherapy assessment will be provided at the earliest opportunity, and interdisciplinary working will ensure the patients will receive a basic intervention in the absence of a physiotherapist in the community. Whilst clinical risks are mitigated the Health Board clinical services plan heavily relies on the community workforce to support flow across the stroke pathway.</p>	<p>SBAR to be submitted to the CCG and the SDM for Stroke:</p>	Griffith, Susan	Completed	John Davies to present SBAR in the next PPP care group meeting	Finance and Performance Committee	2	3	6	The current team even when fully staffed falls short of the national staffing levels for stroke.	Treat	23-May-25
															CSP physiotherapy workforce requirements to be submitted	Griffith, Susan	Completed	information submitted								

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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 overspend within the Therapy Directorate current year budget and / or failure to achieve expenditure control target</p> <p>This is caused by -shortage of registered and unregistered staff against funded establishment and quality standard workforce levels - reduction in availability of workforce to take up fixed term and additional hours resulting in increased use of agency - fragility of agency provision and increased locum cost cover versus established staffing -rising costs relating to non pay costs - failure to identify recurring cost efficiencies</p> <p>This will lead to an impact/affect on the quality of the service provided to service users, the required level of service provision and the inability to balance the reduction in overspend/savings in order to provide safe and effective therapy provision, increasing the likelihood of unmet needs, poor outcomes and unmet service user experience standards</p> <p>Risk location, Health Board wide.</p>	<p>minimum of monthly finance meetings to review financial outturns and projected financial requirements with the finance business partners and senior managers, operational teams, heads of service and clinical director</p> <p>monthly finance meetings to review financial outturns and projected financial requirements with the finance business partners and senior clinicians / heads of service</p> <p>sessional escalation and targeted intervention meetings with executive colleagues to scrutinise current and future needs</p> <p>vacancy, agency and additional hours approval process involving HOS, FBP and Clinical Director and Financial Control Group</p> <p>Use of Agency and vacancy approval process only approved at CD level prior to FCG submission</p>	Finance inc. claims	4	3	12	<p>While the controls noted above are in place, due to current and additional demands upon therapy services and supporting patient flow, exacerbated by workforce absence, vacancies and expiry of fixed term funding, their effectiveness is limited.</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>Reed, Lance</p> <p>Reed, Lance</p> <p>Bradburn, Jo</p> <p>Quarrie, Sara</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>13/07/2025</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>	Finance and Performance Committee	3	2	6		Treat	13-May-25

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1876	Planned & Specialist Care	Children, Women & Family Health	Children, Women and Family Health	Carruthers, Andrew	Goode, Paula	Goode, Paula	Goode, Paula	01-Apr-24	<p>There is a risk of that</p> <ol style="list-style-type: none"> the Women & Childrens Directorate will be unable to identify the level of recurrent savings in-year required (£2.8m i.e. 5% of budget). further risk of Directorate 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> <ol style="list-style-type: none"> fragile services and workforce pressures driving spend on ad-hoc variable pay. <p>This will lead to an impact/affect on 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 Directorate, with weekly meetings in place with Directorate 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 Directorate 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	4	3	12	<p>Improved financial forecast in Month 6 - 111k under EOY Agreement that 5% saving in highly unachievable in the absence of significant service change. Continue to explore opportunities Focus on wider service change for 25/26</p>	<p>Full directorate review of drug spend in collaboration with medicines management to identify opportunities for more cost effective alternatives</p> <p>Melatonin highest cost drug for directorate £237,000 pa, explore ceasing repeat prescriptions and its associated saving and impact</p> <p>Explore impact of ceasing HCSW bank on maternity in terms of saving and impact</p> <p>changing BGH acute IP model to a 24/7 hr PACU</p> <p>Develop options for wider service model change at BGH Obs, Gynaecology and Peads</p> <p>Explore cost / benefit/ action of reducing beds from 24 - 20 on Cilgerran Ward and increasing PACU capacity by 4 to support wider system</p> <p>Explore cost saving/ benefit and impact of reducing IP beds on Picton Ward from 10 to 6 - and creating a 4 bedded 12 hr 5 day a week ambulatory area</p>	<p>Humphrey, Lisa</p> <p>Completed</p> <p>humble, Tracey</p> <p>Completed</p> <p>Llewellyn, Cerian</p> <p>Completed</p> <p>Davies, Nick</p> <p>Completed</p> <p>Humphrey, Lisa</p> <p>12/02/2024</p> <p>Davies, Nick</p> <p>Completed</p> <p>Freeman, Lyndon</p> <p>30-09-2025 31/12/2024</p>	<p>80K saving identified</p> <p>Initial assessment saving 60K however further work required re repeat prescriptions</p> <p>staffing model changed to mitigate against spend to start with immediate effect</p> <p>Board approved pacu plus 24/7 model</p> <p>Options in development supported by VBHC team - QIA being developed</p> <p>Costs/benefits explored not achievable and no identified savings benefit</p> <p>Further work required linked into 100 day cycle Carmarthenshire system</p>	Finance and Performance Committee	2	2	4		Treat	18-Feb-25	

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															Explore cost saving/benefit/impact of removing Picton ward as a gynaecology ward and providing the elective work in a general surgical area - and providing a 4 bedded ambulatory 12 hr 5 day a week model	Freeman, Lyndon	Completed	Unachievable this financial year								
															Explore priding EPAU on one site only - 7 day a week model and close EPAU at WGH and BGH	Freeman, Lyndon	Completed	unachievable								
															Full directorate review on consumable in collaboration with procurement to identify opportunities for savings	Humphrey, Lisa	Completed	Complete								
															Remodel Paediatric medical rotas at consultant and SAS levels to reduce variable pay	Davies, Nick	31/03/2025	Work in progress, required in readiness for allocate medical rostering								
															Serve notice on antenatal SLA with SBUHB	Llewellyn, Cerian	Completed	SBAR being reviewed Cost of LTA opportunities being calculated Engagement with SBUHB on going Notice being served end of september								

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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	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.	To submit the business case and an SBAR outlining our work with the Trustees for Executive Team approval.	Jenkins, Angharad	31/4/2024 05/08/2025	We meeting with the trustees on 9th June to have a full review and agree next steps.	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.	Treat	28-May-25

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1084	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: General Surgery	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Lewis, Caroline	13-Jul-20	<p>There is a risk of to the sustainability of the surgical out of hours rota in PPH.</p> <p>This is caused by The elective service for USC pathway patients being moved to PPH during covid. There was no additional funding provided to support an additional on-call resident doctor and SAS Level rota at PPH. This is a cost pressure on the General Surgery cost code 0009 budget.</p> <p>This will lead to an impact/affect on the protected delivery of the quality elective service provided at PPH for breast, colorectal and urology patients. with a post-operative facility of an Enhanced Care Unit (ECU). This service needs to remain at PPH, due unscheduled care and theatre staffing pressures at GGH.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>The service manager along with support from a locum consultant manages the rota to ensure that there is sufficient cover.</p> <p>The rota cover at PPH entails the below: F1 resident doctors, 8am-4pm Monday to Friday - Covered as part of the GGH F1 rota, this costs the service travelling, taxi and accommodation at PPH. Locum cover is also sourced during sickness and annual leave as is required for daily ward cover. F2/CT resident doctors, 8am-4pm Saturday, Sunday and bank holidays - Covered entirely by medical bank locums at the standard bank rate. SAS Level 8am-5pm Monday to Friday, for ward rounds and assist in theatres. This allocated as part of the GGH SAS rota this costs the service travelling, taxi and accommodation at PPH. Locum cover is also sourced during sickness and annual leave as is required for daily ward cover. SAS Level out of hours cover 5pm - 8am, Monday to Friday and 24 hrs cover at weekends and bank holidays. Covered entirely by medical bank locums at the standard bank rate.</p> <p>Consultant cover is provided by the GGH Surgical consultant on call.</p>	Workforce/OD	4	3	12	<p>The risk score has increased to reflect the pressure being felt by the GGH SAS level doctors and the difficulty in sustaining the GGH and PPH rotas by the service team and locum consultant. If cover is not sourced, there is a risk to surgery being cancelled for USC patients.</p> <p>The risk rating reflects the financial implications to recruiting to these posts as they are not in the service budget. It also reflects the need to sustain this service at PPH. This service is mainly used to treat patients on the cancer pathway. Moving the service back to GGH will put patients at significant risk of cancellation due to unscheduled care pressures.</p> <p>The service are assessing options on the impact and resourcing challenge identified as part of their delivery of this years plan.</p>	<p>Request agreement for 3 RMO posts to be advertised for PPH. Seek funding to make the posts permanent to ensure a sustainable elective pathway at PPH.</p> <p>Service under CSP programme for long term service provision. Await outcome of CSP programme.</p> <p>Service team and finance business partner to establish the current locum cost to consider conversion into posts. Small task and finish group to be set up to meet and discuss what a new rota to cover both sites would look like.</p>	Lewis, Caroline	Completed	<p>There is currently one clinical fellow in post, on a 12 month fixed term contract. This is a cost pressure on the service. This is because there is no longer a Covid cost code. The rest of the cover is provided by medical bank doctors at the locum rate as per rate card. The whole rota is a cost pressure on the service. Action completed as no escalated to exec and no funding to recruit.</p> <p>Await CSP developments</p> <p>Meeting to be arranged before the end of June.</p>	Finance and Performance Committee	1	3	3	The target risk score will be achieved when the workforce has been sufficiently increased and funded, to provide a safe and sustainable SAS Level cover for both PPH and GGH. The alternative is to return the service as it stands in PPH, to GGH. The target risk score would only be achieved with sufficient theatre capacity and protected elective beds at GGH.	Treat	10-Jun-25

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2002	Planned & Specialist Care	Cancer & Scheduled Care	Oncology	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Wisdom, Ceri	25-Nov-24	<p>There is a risk of of overspending against funding allocated for Oncology drugs.</p> <p>This is caused by activity growth which has been noted nationally, and resulting excess drug costs against allocated budget, additionally new drugs approved by NICE have a 60 day implementation directive from Welsh Government in order to secure access to the High Cost Drug Fund.</p> <p>This will lead to an impact/affect on an impact/effect on Financial forecasting estimates an overspend for Oncology for the year 24/25 of £0.7m, based on SACT activity in year growth of 5% and cost 17% due to price increases.</p> <p>Risk location, Health Board wide.</p>	<p>Designated business partner and monthly financial forecast are monitored</p> <p>Activity and spend monitored monthly.</p> <p>Homecare options are monitored regularly.</p> <p>Drug regimes are scrutinised to ensure value for money is obtained and optimal use of resource.</p> <p>Horizon scanning for alternative drug options.</p>	Finance inc. claims	3	3	9	<p>Activity growth which has been noted nationally, and resulting excess drug costs against allocated budget, additionally new drugs approved by NICE have a 60 day implementation directive from Welsh Government in order to secure access to the High Cost Drug Fund.</p> <p>The impact of this financial risk is the inability to meet savings targets, the likelihood of which is currently very high.</p> <p>May 25 - the risk rating has been reduced because additional budget has been provided to cover the growth in costs this year and the growth currently isn't as big as initially predicted unless there us a large swing in costs and volumes. The average growth in costs is 10%.</p>	<p>Establish a process for approving newly approved NICE drugs following FAD with support from Medicines Management.</p>	Humphrey, Lisa	31/07/2025	Meeting with new Meds Management service lead to be scheduled	Finance and Performance Committee	3	3	9	May 25 - the risk rating has been reduced because additional budget has been provided to cover the growth in costs this year and the growth currently isn't as big as initially predicted unless there us a large swing in costs and volumes. The average growth in costs is 10%		30-May-25

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1646	Operational Allied Health Professions & Health Sciences	AHP&HS: Pathology	AHP&HS: Pathology	Carruthers, Andrew	Quarrie, Sara	Jones*, Dylan	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"> 1. Regular SLA meetings to review spend 2. Reviewed external testing sites 3. Clinical Scientist test vetting 4. 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 identified as opportunities to either reduce unwarranted testing or may have benefits to other areas.</p> <p>The service is also working closely with Swansea Bay University Health Board (SBU) as part of the Regional Pathology Programme at opportunities to repatriate tests to the region so they can be performed at reduced cost.</p>	<p>Regional collaboration providing opportunities to repatriate tests.</p> <p>Review main SLAs to look at repatriating service</p> <p>Standardising clinical haematology processes, reducing send away tests</p>	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> <p>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.</p> <p>Continually reviewing opportunities to standardise processes. Looking at subspecialising the service in the future. 30/1/24 - reviewed send away tests. haemoglobinopathy being reviewed to bring house 5.4.24 - new managed service now in place</p>	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>	Treat	23-Apr-25

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1793	Director of Finance	Finance - Finance	Finance	Thomas, Huw - Spratt, Andrew	Spratt, Andrew	Spratt, Andrew	Spratt, Andrew	01-Dec-23	<p>There is a risk of that staffing issues constrain the provision of internal operational financial activities, at a time when the organisation has a corporate finance risk with the highest risk rating.</p> <p>This is caused by a combination of staff turnover, long-term sickness and supporting an organisational pause on recruitment. During this period of constraint, even when special case recruitment has been sought and approved, when then following the Health Boards recruitment processes, results overall have remained poor, in both number and standard of applicants.</p> <p>This will lead to an impact/affect on reduced capacity for value-add professional support to internal stakeholders that offers insightful input and influence as we respond to growing challenges where financial savings and cost containment are required. In addition, there is an impact on staff morale within the Finance directorate due to</p>	<p>Twice monthly vacancy review and updates from management team, with resource re-directed where required</p> <p>Active recruitment into critical roles being undertaken</p> <p>Long term sickness review meetings</p> <p>Business continuity plans in place to ensure continuation of external obligations, financial payment runs and statutory financial accounting activities.</p> <p>Review undertaken to identify improvements in structures and roles to enhance a career development pathway through multiple teams within the function.</p> <p>Overarching management and resource prioritisation through existing management team structures.</p>	Workforce/OD	2	4	8	<p>The Finance function has a budgeted staffing level of 95.6WTE within the core finance team. Vacancies, long term sickness and maternity absences amount to 11WTE (November 2024), which equates to a 12% reduction against a fully resourced team. This has improved from a 21% gap from December 2023 when the risk was created.</p> <p>The Directorate is currently able to prioritise activities to fulfil mandatory tasks such as external reporting obligations, financial payment runs and statutory financial accounting activities, and the majority of cover across directorate level budget holders.</p> <p>The risk has been minimised with the</p>	<p>Establish VBHC Steering Group to review demand optimisation opportunities within Pathology.</p> <p>Review Public Health Wales SLA CMR data. To look at test costs and volumes.</p>	<p>Jones*, Dylan</p> <p>Williams, Mike</p> <p>Jenkins, Sian</p>	<p>Completed</p> <p>Completed</p> <p>04/03/2024 30/06/2025</p>	<p>Steering group established and workstreams identified to progress demand optimisation work. 5.4.24 - ongoing.</p> <p>SLAs being scrutinised to check they deliver value for HB etc. Several tests have been challenged.</p> <p>June 2024 - consultation has concluded, with a three phase plan communicated for implementation. Phase 1, movement of the management accounting team under the business partnering team - completed in May 2024. Phase 2, movement of the Contracting and Commissioning team to Core Processing Team, planned for September implementation. Phase 3, demarcation lines to be implemented for business controlling and business partnering, planned for Q3/4 FY2025. July 2024 - Project group have developed a plan for implementing the next phase (Contracting and Commissioning team) on track, by September 2024. Engagement continues with the team members impacted, and task lists are being worked through to gain full detail. January 2025 - slotting of</p>	Finance and Performance Committee	1	4	4		Treat	20-May-25

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									<p>the current resourcing pressures being experienced and the changes the team are being asked to accommodate.</p> <p>Risk location, Health Board wide.</p>					successful recruitment to core accounting and reporting roles. The remaining vacancy's are presented in the Business Control and Partnering teams linked to the change associated with implementing the organisation change process (OCP) within finance, and the OCP within operations where a mirror support structure is needing to be defined prior to full implementation.			<p>individuals continue through the OCP process, with confirmation of role changes to be completed by March 2025. Likely further implications to be managed around specific resource gaps within the new model, and a link similar portfolio challenges experienced through the Operational OCP changes that this model will mirror and support.</p> <p>February 2025 - Allocation of portfolios has commenced, Head of Business Control and Business Partner roles now confirmed. Enabled by vacancies, the structure has also shifted to include the new 8B Business Control roles, both appointed to. Aligned to the configuration of the new Operational Management structure, the allocation of portfolios for the Business Control team (8A/ 7/ 5) commenced 17/02/25, dependent on Expression of Interest outcomes.</p>									

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																		aiming to complete by w/c March 17th. Detail of handover arrangements, division of Business Partner and Business Control being worked through. Challenge will be ensuring delivery of M12 and M01, closing the position for 24/25 and opening the new year, which are inevitably demanding times whilst maintaining a level of business continuity. Aim is to switch portfolios as soon as practical, within Q1 25/26. The handover period will span beyond the specific 'go live' date as colleagues support on another in getting up to speed on new areas, working with new service teams etc. Plus we foresee further change in operational roles linked to ongoing OCP. In respect of vacancies, Assistant Finance Director interviews February 18th & 19th, 8A and band 7 Business Control								

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																		vacancies will be advertised once the associated portfolios are known - aiming for adverts by the end of March. May 2025 - full implementation complete, with all roles confirmed and successfully undertaken the Month 1 reporting cycle. Alignment communicated to the budget holder OCP changes also.								

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															Targeted recruitment campaign for finance professional roles identified through the Arcus organisational change process and the re-designed career pathway.	Owen, Sally	Completed	<p>June 2024 - finance recruitment and information event is planned for 10th July, targeted at Band 4-5 levels. Ongoing 'head hunter' approach being supported for hard to fill senior role, with a advert closing date for 30th June 2024. Current number of registered attendees of the event are showing positive signs being c.15, with a social media advertising campaign.</p> <p>July 2024 - recruitment campaign was run on 10th July 2024. 87 attendees registered interest, with 43 physically attending the event. It was a success as it identified a cohort of applicants that have not been seen in previous Trac adverts. Interviews are concluding on 25th July 2024, and the impact will then be known for how successful appointments have been, and the impact on the overall risk.</p> <p>Jan 2025 - recruitment support continued through ADOF campaign. Complete action, with other recruitment to continue as part of BAU.</p>								

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															Develop and finalise a functional development plan to proactively build on an engaging, equitable and dynamic working environment.	Owen, Sally	Completed	Jun 2024 - Organisation Development team have facilitated a team wide finance workshop to generate a co-created development plan, which is looking to be summarised and launch in a further team session in August 2024. Jul 2024 - Full team face to face session help with OD team facilitating a self identification plan on 17th June 2024. Sep 2024 - The OD team are continuing to review the findings and presented to the DMT in September 2024, in readiness for the full team roll out on 21st October 2024. Nov 24 - team brief completed on 21st Oct, with a People and Well-Being Group being formed to take forward the agreed plan and embed within the environment.										

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															Implement a Finance apprenticeship 'grow your own' pipeline by targeting local colleagues for A-Level leavers.	John, Timothy	Completed	<p>June 2024 - apprenticeship campaign has been developed fully, with a view of recruiting candidates for the September in take. The plan is still aligned to launch and run by the end of July 2024.</p> <p>July 2024 - engagement and planning complete with HR team. Adverts to be launched having gained FCSG approval in July 2024. Interview process and appointments to be made in August 2024 for a September 2024 start.</p> <p>24/08/2024 - Completed. Successfully create, run and recruited into two finance apprenticeships both enrolled with College Sir Gar for AAT and start dates of September confirmed.</p> <p>25.09.24 - confirm that the 2 apprentices started in post and commenced their AAT studies at the beginning of the month</p>										

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															Move to modern, high performing property assets that allow for collaboration and team-working, and act as an attractive workplace whilst supporting agile working. Rationalise estate and dispose of low-performing, high cost accommodations.	Hughes, Sharon	31/07/2024 - 30/06/2026	<p>May 2024 - Phase 1 - Corporate Hwb, Picton Tce - Business case submitted to WGov January 2024.</p> <p>Jun 2024 - discussions are now progressing with two plans - the original plan to move to Picton Terrace is dependant on further discussions with WG. And extending the current building.</p> <p>Jul 2024 - WG discussions are continuing, with no agreement yet reached on Picton Terrace.</p> <p>Sep 2024 - Picton terrace in principle agreement with WG for moving in spring/summer 2026. Ty Gorwel extension confirmed and work is ongoing with a steering group to implement the health boards agile hot desk environment and integrate other corporate functions.</p> <p>Feb 2025 - Picton Tce detailed designs complete, tender specification for refurb underway to be completed by 3/3/25.</p>									

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1530	Community & Integrated Medicine	Carmarthenshire Integrated System	Prince Philip Hospital: PPH	Carruthers, Andrew	Skitt, Peter	Perry, Sarah	Perry, Sarah	01-Aug-22	<p>There is a risk of That the directorate will overspend against its delegated budget in 2024-25.</p> <p>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 - Rising drugs costs - Requirement to comply with NICE guidance. Agency Staffing for MIU when medical patients overnight.</p> <p>This will lead to an impact/affect on The inability to reduce overspend leading to the inability in remaining within Statutory Financial Duty in year and the inability to de-escalate from WG Target Intervention status.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Monthly Financial Dashboard for Directorate and overall Health Board financial position</p> <p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend</p> <p>Finance agenda item on Hospital Committee meetings to focus on cost reduction / mitigating actions and further opportunities / risks</p> <p>Due to health board financial position and escalation into targeted interventions currently developing the annual plan for 5% reduction in costs in revenue.</p>	Finance inc. claims	3	2	6	<p>While the controls noted above are in place, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited. At Month 7 overspent by £0.3m. Actively implementing savings plans. Savings plans for 2025/6 continuously being worked on including compendium of variation opportunities</p> <p>Confirmation of Budget for 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.</p> <p>Homecare drugs review of best value for money from the service.</p>	<p>Workforce review for MIU completed recruiting to band 4 roles.</p> <p>TUEC workstreams to avoid admissions and reduce LOS for frailty patients.</p> <p>Development of the annual plan, for 2024/2025 and impact analysis across multiple Directorates.</p> <p>Closer analysis and scrutiny of insulin pumps the CPAP prescriptions and home care drugs.</p>	Morgan, Owen	Completed	action closed	Finance and Performance Committee	3	5	15		Treat	16-Apr-25