

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Assurance and Risk Report

Finance and Performance Committee – 27th October 2026

Situation

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

The Committee is asked to seek assurance from the Lead Executive Directors that principal risks are being managed effectively, and that there are processes in place to oversee operational risks to ensure these are being managed effectively, and that WHCs are being implemented by the Health Board.

Corporate risks, audit and inspections recommendations and Ministerial Directions are reported at alternate meetings, and due to be presented to FPC at its next meeting in December 2026.

Principal Risks:	Operational Risks	Welsh Health Circulars
1	24	2

Risk Management - Overview

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

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

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

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

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

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



Principal Risks assigned to FPC

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5					1199 →
Major 4					
Moderate 3					
Minor 2					
Negligible 1					

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

Principal risks have been aligned to the most appropriate Board level Committee.

These risks have been identified by individual Directors and associated with the achievement of the Health Board's strategic objectives. The Health Board has updated the planning objectives, principal risks and outcome measures which support the four strategic objectives as part of the Strategy Refresh.

There is 1 principal risk currently aligned to Finance and Performance Committee (out of the 12 that are on the PRR as of 17 September 2026).

The following slides provide a summary of the reportable corporate risks aligned to FPC. The Risk Register attached at **Appendix 1,** provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, an expected date to achieve the noted Target Risk Score, and sources of assurance.

Principal risks aligned to FPC

The principal risk aligned to the Committee highlight that the Health Board faces challenges in:

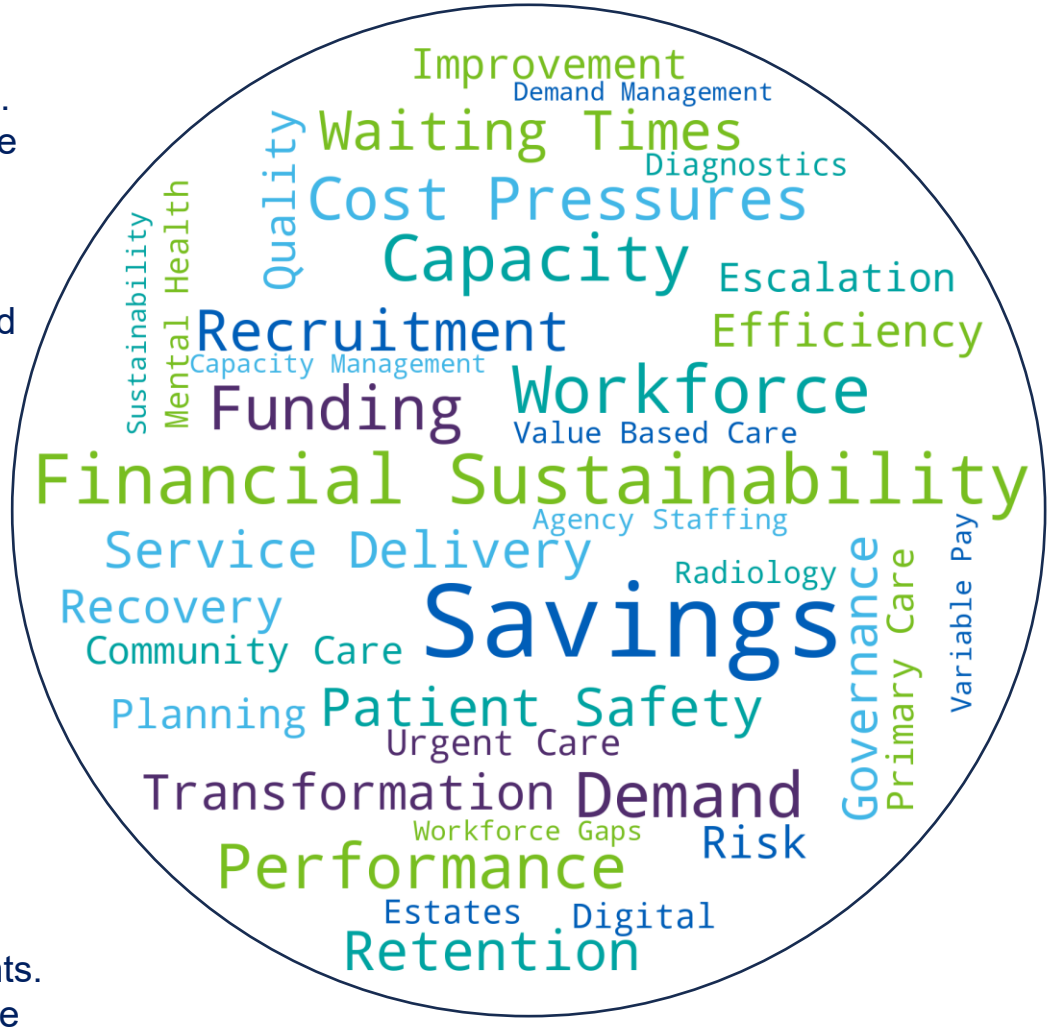
- Delivering long-term financial sustainability, achieving a balanced financial position, planned savings and transformation programmes to address the recurrent funding gap.
- Aligning workforce, capacity, demand and financial plans to support sustainable service delivery.
- Managing increasing service demand while progressing service, digital and estate transformation programmes.
- Improving urgent and emergency care performance, patient flow and community-based care models.

The potential impacts of the risk include:

- Failure to achieve financial recovery and statutory financial duties.
- Reduced organisational resilience and ability to deliver strategic objectives.
- Adverse effects on workforce morale, recruitment and retention.
- Negative impacts on patient experience and service accessibility.
- Reduced stakeholder confidence and reputational damage.

Actions noted across the risk demonstrate the need to:

- Strengthen workforce planning, recruitment, retention and staff development.
- Deliver service redesign and transformation programmes to improve sustainability and efficiency.
- Enhance operational oversight, performance management and escalation arrangements.
- Embed value-based healthcare approaches and improve resource utilisation across the organisation.



Principal Risks assigned to FPC

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Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1199 – Strengthening Long-Term Financial Sustainability	Finance	Director of Finance	**25**	**25** → (Reviewed 13/10/26)	**8**	31/03/2028

Rationale for Current Risk Score (CRS)

Operational teams have matured over the last year, yet engagement has remained challenging on planning and finance. The underlying deficit is understood and articulated, with budget-holder decisions tracked where delegated limits are exceeded. The recurrent delivery gap persists, and underlying gaps in demand vs capacity place at risk our financial sustainability. There are clear signals from Welsh Government for the current financial year that neither the revenue nor the cash implications can be fully supported; and analysis by the Institute of Fiscal Studies (March 2026) confirms this assessment for the medium term. The organisation was escalated into Targeted Intervention in October 2022 on planning and finance grounds, and escalated across the whole organisation in January 2024, and remains as such as at October 2026. The confirmed recurrent funding settlement leaves a material gap against current plans.

Rationale for Target Risk Score (CRS)

Three year financial balance is a statutory duty and a standing expectation of Board and Welsh Government. Integrated planning is inherently complex: demand, capacity, workforce and finance are challenging to align. Given the scale of savings required and the timeline to deliver them, the target score exceeds the Board's tolerable risk

Operational Risks assigned to FPC

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24 operational risks on Datix have been aligned to FPC, all of which have been reviewed within the required timescales. They have been identified as reportable to FPC based on the following criteria:

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

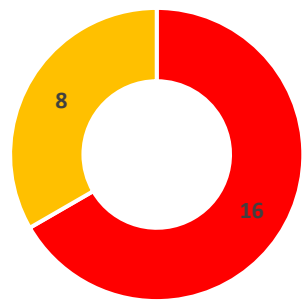
The following slide summarises the reportable operational risks aligned to FPC. The Risk Register attached at **Appendix 2,** provides full detail of reportable risks.

The following slides summarise the operational risks aligned to FPC at 8 October 2026.

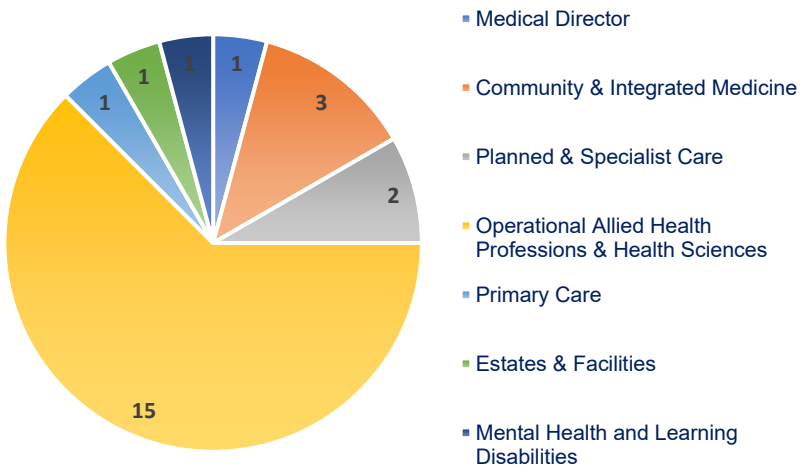
**Risks currently aligned to Estates and Facilities are being realigned to reflect the new structures and portfolio split effective from 5 October 2026, with the revised position to be reported in the next Assurance and Risk paper.*

Total Number of Open Risks meeting criteria for reporting	24
New Risks since last reported to FPC	2
Closed Risks since last reported to FPC	0
Increase in Risk Score since last reported to FPC	1
Decrease in Risk Score since last reported to FPC	4
No Change in Risk Score since last reported to FPC	17
EXTREME (RED) Risks (based on 'Current Risk Score')	16
HIGH (AMBER) Risks (based on 'Current Risk Score')	8

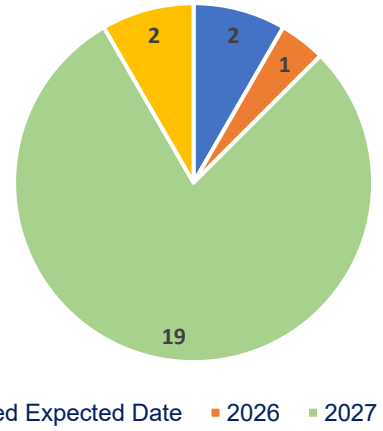
Current Level of Risk assigned to FPC



Risks split per Clinical Care Group/Executive Function



Risks by Target Risk Score Expected Date (Year)



Operational risks aligned to FPC

The operational risks aligned to the Committee highlight that the Health Board faces challenges in:

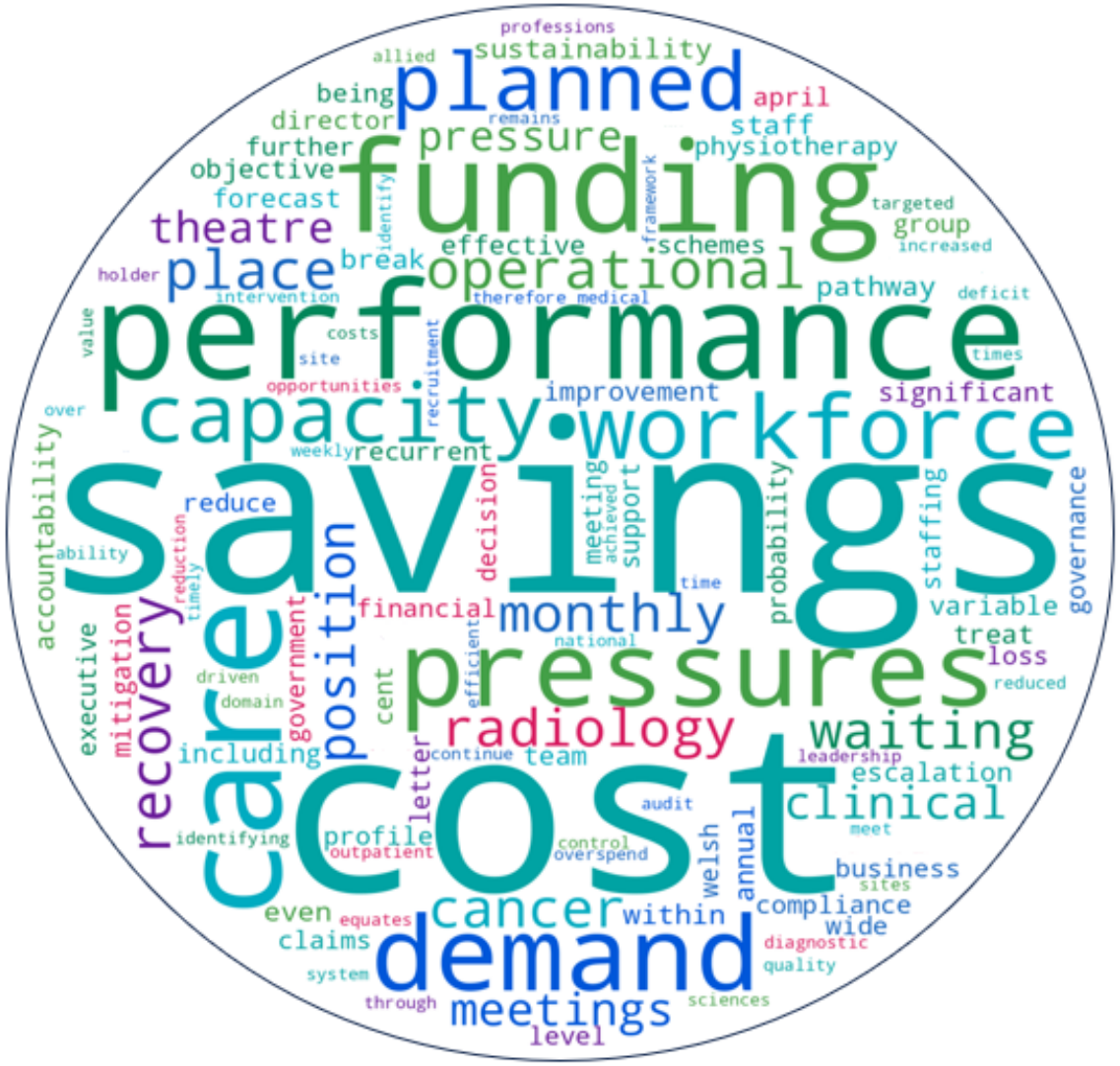
- Delivering financial sustainability and achieving savings targets.
- Managing workforce shortages and reducing reliance on agency, locum and outsourced services.
- Addressing capacity and demand pressures across services.
- Securing sustainable funding for key services and transformation programmes.

The potential impacts of the risks include:

- Financial deterioration and failure to meet savings requirements.
- Reduced service capacity, increased waiting times and performance challenges.
- Adverse impacts on patient safety, quality of care and patient outcomes.
- Workforce burnout, recruitment difficulties and reputational damage.

Common actions noted across the risks demonstrate the need to:

- Strengthen financial controls, monitoring and savings delivery.
- Improve workforce recruitment, retention and sustainability.
- Secure recurrent funding and address underlying cost pressures.
- Progress service redesign, demand management and efficiency improvements.



New risks added since last report

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2408 - Risk of not achieving savings targets for 2026/27 due to significant, strategic change required across whole CCG	Community & Integrated Medicine	Chief Operating Officer	25	16	31/03/2027	18/09/2026
2424 - Risk of Medication loss due to ongoing failure of the Comark fridge monitoring alerting system.	Medical	Medical Director	20	4	31/03/2027	30/09/2026

Risks with increased Current Risk Score (CRS)

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2193 - Risk to the on-going timely delivery of endoscopy procedures due to insufficient baseline capacity to meet demand growth.	Planned and Specialist Care	Chief Operating Officer	**4**	**12**	**4**	01/04/2027	09/09/2026
Rationale for Current Risk Score (CRS)							
Current core capacity insufficient to meet demand for 8-week - capacity gap of 3 lists per week (equating to 18 patients per week). Funding for the additional activity ceased in August 2026 and presents a risk to delivery from September 2026 to March 2027.							

Risks with decreased Current Risk Score (CRS) (Slide 1 of 4)

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2167 - Risk of increased service fragility due to overspend absorption into service workforce budget.	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25	15	5	30/06/2027	30/09/2026

Rationale for Current Risk Score (CRS)

The Domain of the risk is set as "Quality" based on the risk Impact i.e. sub-standard service. The Inherent Likelihood score has been set as 25 as without appropriate funding, the likelihood of service fragility leading to sub-standard care may increase. Currently, control measures are ensuring minimal impact on patients, however, further restrictions on budget would present some difficult financial challenges and further increase the likelihood of service fragility. The most recent 2 Orthotics contracts have been re-negotiated which have helped to reduce spend marginally. However, other products are continuing to increase in price. As an ongoing control measure this will be monitored regularly. An SBAR is being submitted in line with annual planning requirement to articulate options to fully mitigate cost pressure, and reduce likelihood of service fragility. This will ensure that patients will continue receive the appropriate level of service from Podiatry & Orthotics in the future. Decision required from the SBAR as to whether the forecasted financial consumables overspend of £150,000 will be approved. The current impact score is 5, as there is evidence that the most catastrophic consequences for patients (e.g amputation rate) are currently increasing. The current likelihood score is 3 due to the possibility of harm to patients. However, should annual planning proposal be unsuccessful the likelihood will increase due to service fragility.

Risks with decreased Current Risk Score (CRS) (Slide 2 of 4)

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2148 - Risk of significant impact on 2027/28 Primary Care OT budget due to withdrawal of RIF funding.	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	15	5	30/06/2027	30/09/2026
Rationale for Current Risk Score (CRS)							
Some control measures in place but risk remains due to no allocated budget for staff currently funded through Regional Integration Fund (RIF). As at June 2026, it was calculated that the cost pressure on next year's Occupational Therapy Budget is approximately £700K. The probability that this will occur has reduced following a letter from Welsh Government on 25 September 2026 confirming that funding for integrated care will continue for another 5 year cycle. However, it is possible that Primary Care will not meet the criteria for this funding, therefore risk remains high currently. A separate risk is being drafted for other RIF projects. Primary Care is a higher risk project and therefore has its own risk entry.							

Risks with decreased Current Risk Score (CRS) (Slide 3 of 4)

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2184 - Risk of financial and service sustainability pressures due to unfunded 3Ps Prehabilitation workforce	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	16	12	6	31/03/2027	30/09/2026

Rationale for Current Risk Score (CRS)

There is currently no identified funding for the budget shortfall from April 2026 in cost code 1962 (staff who deliver prehab to patients awaiting orthopaedic waiting list). The annual cost of these staff (who were substantively recruited into these posts) is £272K. The recurring budget for the service is £110K, therefore there is a deficit of £144K. The action plan for mitigating this risk is aimed at minimising or preventing the financial risk that will come into effect in April 2026, which is currently imminent (Likelihood score is 5) due to lack of funding. Should any indication of funding become apparent, this Likelihood score will be reviewed. Potential plans for exploring future funding options are underway (e.g. a meeting is to be scheduled with the Planned Care team to discuss alternative funding arrangements).

Risks with decreased Current Risk Score (CRS) (Slide 3 of 3)

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2040 - Risk of decommissioning of current First Contact Physiotherapy (FCP) Primary care service due to funding uncertainty from April 2026.	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	15	8	4	31/03/2027	30/09/2026

Rationale for Current Risk Score (CRS)
Funding for the service is currently supported by budgets under control of the Chief Operating Officer. Whilst there is still no substantive funding stream, there is not a direct cost pressure to physiotherapy services. The service is not able to replace vacant posts as workforce turnover occurs due to funding uncertainty.

Risks with no change in CRS (Slide 1 of 2)

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS	Date of last risk review
2132 - Risk of overspend due to cost pressures related to variable pay	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25	15	31/03/2027	28/092026
2131 - Risk of overspend due to cost pressures related to Everlight radiology	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25	15	31/03/2027	28/09/2026
2242 – Risk of budget cost pressures of £100k due to unfunded weekend physiotherapy services	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	4	~~31/03/2027~~ 31/03/2028	21/09/2026
1631 - Risk that delegation of budget manager responsibilities will not be met due to inadequate budget and increasing cost pressures	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	15	30/04/2027	29/09/2026
2107 - Budget cost pressure of £100k due to unfunded respiratory on call services.	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	4	31/03/2027	21/09/2026
2294 - Risk of reduced quality of care and patient safety for those requiring community dietetic treatment and support	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	8	01/02/2027	23/09/2026

Risks with no change in CRS (Slide 2 of 3)

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS	Date of last risk review
975 - Risk of inability to achieve the financial target savings set for 2026/2027 due to aged estate and infrastructure	Estates and Facilities*	Director of Allied Health Professions and Health Sciences	20	10	31/03/2027	15/09/2026
1906 - Risk of not achieving savings targets within our annual plan due to ongoing service demand	Community & Integrated Medicine	Chief Operating Officer	16	12	31/03/2027	21/09/2026
1892 - Risk of not achieving savings targets due to continued expenditure without mitigating savings plans	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	16	12	31/03/2027	28/09/2026
971 - Risk of failure to remain within allocated budget over the medium term due to financial constraints (MH&LD)	Mental Health and Learning Disabilities	Chief Operating Officer	16	3	31/03/2027	24/09/2026
2175 - Risk to sustainability of pelvic health physio service due to RIF funding ending in March 2027	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	16	4	31/03/2027	21/09/2026
2174 - Risk to sustainability of intermediate care physio services due to potential of RIF funding ending in March 2027	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	16	4	31/03/2027	21/09/2026

Risks aligned to Estates and Facilities are being realigned to reflect the new structures and portfolio split effective from 5 October 2026, with the revised position to be reported in the next Assurance and Risk paper.

Risks with no change in CRS (Slide 3 of 3)

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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS	Date of last risk review
1951 - Risk of overspend against Specialist Palliative Care budget due to potential withdrawal of funding for permanent posts	Community & Integrated Medicine	Chief Operating Officer	12	4	~~30/06/2026~~ 30/11/2026	06/08/2026
2202 - Risk to overspend and reduced performance due to the Outpatient Insourcing contract	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	12	6	31/08/2026	28/09/2026
1869 - Risk of NHS Dental Services not achieving Patient Charge Revenue Income targets due to lower activity/income at practices	Primary Care	Chief Operating Officer	12	8	31/03/2027	15/09/2026
2316 - Risk of being unable to identify recurrent savings required due to ad-hoc pay and non-pay	Planned & Specialist Care	Chief Operating Officer	12	8	31/03/2028	24/09/2026
1646 - Risk of cost pressure (external test service level agreements PHW) due to increased workload/costs	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	8	8	23/04/2025	27/07/2026

Risk themes

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. Risks are allocated to a committee based on their main impact on reporting. Risk themes are assigned based on any additional impacts or contributory factors, with each theme aligned to the appropriate committee for oversight. 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.



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

The following theme is currently aligned to FPC as of September 2026:

Theme	Definition	Number of risks	Date themed Risk Register last shared
Finance	Risks associated with the possibility of financial loss and uncertainty	106	19/08/2026

Implementation of Welsh Health Circulars

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All WHCs are managed via the Audit Management and Tracking system (AMaT), which gives leads direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Each Welsh Health Circular (WHC) is assigned a status category. The table below outlines the definition of each category, the number of WHCs assigned to each as of 17 September 2026, and the number completed since the previous report.

Status Category	Definition	Number of WHCs
Overdue	The WHC is behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.	0
Unable to Complete	The WHC cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The WHC is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the WHC is overdue or not whilst decision pending.	0
In Progress	The WHC is currently in progress, and within the agreed original timeframe for implementation.	0
Reliant on External Factors	The WHC is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
Complete Pending Formal Approval	The Service / Function have completed the WHC and are currently awaiting formal approval to close.	1
Complete	The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	1

Oversight of the delivery of WHCs has been included in Clinical Care Group (CCG) Terms of Reference, with the requirement to escalate appropriately instances of non-compliance.

The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances of non-compliance.

WHCs – Complete Pending Formal Approval For Closure

Welsh Health Circular	Clinical Care Group/Executive Function	Lead Executive	UHB Implementation Date
008-26: NHS Research and Development Finance Policy 2026 **Issued March 2026**	Finance	Director of Finance	Jun-26

WHCs – Complete and Approved



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Welsh Health Circular	Clinical Care Group/Executive Function	Lead Executive (and CCG Director for those aligned to Chief Operating Officer)	UHB Implementation Date	Date WHC completed (i.e. exec approval received).
022-26: 2026/27 NHS Wales Financial Monitoring Return Guidance **Issued April 2026**	Finance	Director of Finance	Jun-26	Jun-26

Recommendations

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

Risk Management

- **RECEIVE ASSURANCE** that principal risks have identified controls in place which are working effectively, and that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.
- **RECEIVE ASSURANCE** that there are processes in place to oversee operational risks to ensure these are being managed effectively.

Welsh Health Circulars

- **RECEIVE ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.



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SAFE | SUSTAINABLE | ACCESSIBLE | KIND

FPC PRINCIPAL RISK REGISTER SUMMARY SEPTEMBER 2026

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Sep-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1199	Strengthening Long Term Financial Sustainability	Thomas, Huw -	Finance inc. claims	5×5=25	5×5=25	→	2×4=8	31/03/2028	6

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
		Corporate Risk Description:			
Likelihood	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	**This will probably never happen/recur (except in very exceptional circumstances).**	**Do not expect it to happen/recur but it is possible that it may do so.**	**It might happen or recur occasionally.**	**It might happen or recur occasionally.**	**It will undoubtedly happen/recur, possibly frequently.**
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	**(0-5%*)**	**(5-25%*)**	**(25-75%*)**	**(75-95%*)**	**(>95%*)**
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	**Minimal injury requiring no/minimal intervention or treatment.**	**Minor injury or illness, requiring minor intervention.**	**Moderate injury requiring professional intervention.**	**Major injury leading to long-term incapacity/disability.**	**Incident leading to death.**
	No time off work.	**Requiring time off work for >3 days**	**Requiring time off work for 4-14 days.**	**Requiring time off work for >14 days.**	**Multiple permanent injuries or irreversible health effects.**
		Increase in length of hospital stay by 1-3 days.	**Increase in length of hospital stay by 4-15 days.**	**Increase in length of hospital stay by >15 days.**	**An event which impacts on a large number of patients.**
			Agency reportable incident.	**Mismanagement of patient care with long-term effects.**	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	**Peripheral element of treatment or service suboptimal.**	**Overall treatment or service suboptimal.**	**Treatment or service has significantly reduced effectiveness.**	**Non-compliance with national standards with significant risk to patients if unresolved.**	**Totally unacceptable level or quality of treatment/service.**
	Informal complaint/inquiry.	**Formal complaint.**	**Formal complaint -**	**Multiple complaints/ independent review.**	**Gross failure of patient safety if findings not acted on.**
		Local resolution.	**Escalation.**	**Low achievement of performance/delivery requirements.**	**Inquest/ombudsman inquiry.**
		Single failure to meet internal standards.	**Repeated failure to meet internal standards.**	**Critical report.**	**Gross failure to meet national standards/performance requirements.**
		Minor implications for patient safety if unresolved.	**Major patient safety implications if findings are not acted on.**		
		Reduced performance if unresolved.			

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage
					Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

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

Key - Assurance Required	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

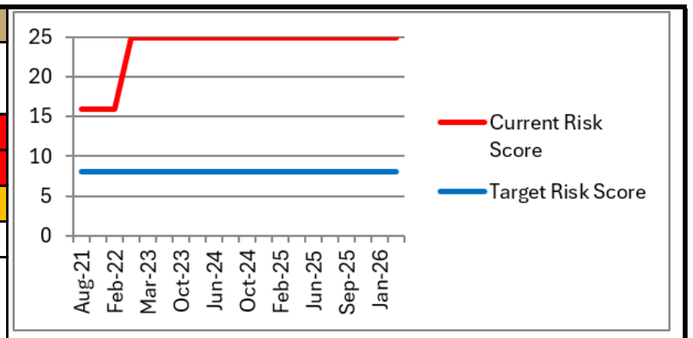
NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

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

Date Risk Identified:	Jun-21	**Executive Director Owner:**	Thomas, Huw -	**Date of Review:**	Jun-26
Strategic Objective:	4. Positive Futures	**Lead Committee:**	Finance and Performance Committee	**Date of Next Review:**	Jul-26

Risk ID:	**1199**	**Principal Risk Description:**	There is a risk that the Health Board does not deliver a credible plan for financial sustainability. This is caused by savings opportunities not being converted into deliverable schemes; agreed schemes not being delivered; change programmes being underâ€'resourced or insufficiently managed; and service changes that absorb unmet demand rather than releasing cost, compounded by the Health Board remaining in Targeted Intervention for planning and finance. This could lead to an impact/affect on organisational reputation, workforce retention and morale, patient experience, stakeholder confidence, and a drift away from delivering system value.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	5×5=25
Target Risk Score (L x I):	2×4=8
Expected Date To Achieve TRS:	31/03/2028
Trend:	⟷



Rationale for CURRENT Risk Score:
Operational teams have matured over the last year, yet engagement has remained challenging on planning and finance. The underlying deficit is understood and articulated, with budget-holder decisions tracked where delegated limits are exceeded. The recurrent delivery gap persists, and underlying gaps in demand vs capacity place at risk our financial sustainability. There are clear signals from Welsh Government for the current financial year that neither the revenue nor the cash implications can be fully supported; and analysis by the Institute of Fiscal Studies (March 2026) confirms this assessment for the medium term. The organisation was escalated into Targeted Intervention in October 2022 on planning and finance grounds, and escalated across the whole organisation in January 2024, and remains as such as at October 2026. The confirmed recurrent funding settlement leaves a material gap against current plans.

Rationale for TARGET Risk Score:
Three-year financial balance is a statutory duty and a standing expectation of Board and Welsh Government. Integrated planning is inherently complex: demand, capacity, workforce and finance are challenging to align. Given the scale of savings required and the timeline to deliver them, the target score exceeds the Board's tolerable risk.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Business intelligence comparing our spend to the rest of Wales at service, site and condition level, used to identify where resources could move. Long term financial model in place, and a three year financial plan was presented to Board in March 2026 for the first time. Executive led grip on specific pressures, including agency spend and urgent and emergency care. Executive governance through Value and Sustainability, A Healthier Mid and West Wales. Value Based Health and Care Group steering VBHC deployment and the intended shift of resource over time.	Recovery of planned care activity, alongside rising acuity and service demand, is pulling focus away from living within available financial and staffing resource. Conversion of the Opportunities, Savings and Value for Money Frameworks into recurrent deliverable schemes is not yet consistent. TI focus sits on in year recovery. A longer strategic horizon would help move from recovery to design. Two TI actions remain in progress, flagged by WG as organisational challenges around clarity of plans, delivery mechanisms and monitoring, set against the balance with safety and quality.	To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives. 1.Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation, removing the need for regular and planned variable pay and agency resource. 2. Delivery of a targeted Recruitment Plan which will reduce reliance on high cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan. 3. Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation. 4.Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression.	Gostling, Lisa	~~31/03/2026~~ 31/03/2027	Progress to be provided at next risk review
	To oversee financial recovery and periodically update a three-year financial route map, through ever annual planning cycle, and interim periods between as agreed.		Thomas, Huw -	~~31/03/2026~~ 31/03/2027	On track as per highlight report presented to FPC in February 2026. Next update will be provided in February 2027, as a minimum.

Urgent and Emergency Care (UEC) Programme - UEC / Implement the Six Goals To develop and implement a plan to by March 2027 to deliver Ministerial priorities by 2028. 1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability. 2. Implementation of Same Day Emergency Care services /direct access pathways. 3. Improving patient flow through the acute sites. 4. Develop a strategy for our Alternative Care Provision to support care closer to home. 5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care. 6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges.	Carruthers, Andrew	~~31/03/2026~~ 31/03/2027	Progress to be provided at next risk review
Mental Health and Learning Disabilities service improvement though: 1. Mental Health Recovery Programme Optimisation 2. Section 136 3. Redesign the End-to-End Inpatient and Community Pathway.	Carruthers, Andrew	~~31/03/2026~~ 31/01/2027	Progress to be provided at next risk review
To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network.	Davies, Lee	~~31/03/2026~~ 31/10/2026	Progress to be provided at next risk review
Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services	Carruthers, Andrew	~~31/03/2026~~ ~~30/09/2026~~ 31/03/2027	Progress to be provided at next risk review

Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation.	Davies, Lee	~~31/03/2026~~ ~~31/08/2026~~ 28/02/2027	Progress to be provided at next risk review
Implement the Digital Strategic Plan A. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. B. To build a business case for a Patient Relationship Management System.	Thomas, Huw -	~~31/03/2026~~ ~~30/06/2026~~ 31/12/2026	On track.
Development of a revised VBHC strategy for the Health Board, recognising the Health Board's ambition to become a value managed system.	Phillips, Leighton	~~30/06/2026~~ 30/10/2026	On track.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on the BAF Dashboard Operational agreement to underlying deficit assessment. Welsh Government accept and approve an	Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work	1st			Financial Report to every Board and FPC. Escalation Oversight and Highlight Reports to every FPC Annual Plan 2026/27 - Board (Mar26)	Operational governance arrangements are being updated Internal escalation framework is being refreshed to include appropriate and timely impactful	Operational oversight and control will be consistently embedded following the review and implementation of Phase 2 of the Operational Organisations Change Process, providing clear, timely and specific escalation interventions for all Clinical Care Groups that are not delivering their targeted financial savings.	Carruthers, Andrew	30/06/2026	OCP changes are being prepared for update to Executive Team in May 2026.

Integrated Medium Term Plan (IMTP). A long-term financial plan in place, highlighting sufficient opportunities for the Health Board to achieve financial sustainability. High level financial assessment of A Healthier Mid and West Wales in place.	Financial Reporting to Finance and Performance Committee	2nd			3 Year Financial Plan 2026-29 - FPC (Feb26 and Aug26) and Board (Sep26) Savings Identification 2026/27 for Operational Teams - FPC (throughout 2026) Financial Plan Update 2026/27 - F&PC (Dec25)	actions from those who enter level 4 escalation	Articulate the criteria, and response, that will be implemented should a function be escalated to level 4.	Thomas, Huw -	30/06/2026	Proposals drafted and being reviewed with the CEO and Executive Team for finalisation.
	Ways of Working to be implemented across Clinical Care Group structures (reporting to Executive Team), to oversee in-year delivery of financial performance and savings delivery	2nd								
	Internal escalation framework across seven domains updating on a monthly basis and overseen by Executive Team and Financial and Performance Committee	2nd								
	Value and Sustainability Group (reporting to Executive Team) oversees opportunities which inform medium term financial roadmap	2nd								
	Planning Goal (Safe, timely, high quality care) overseen by Finance and Performance Committee	2nd								
	WG scrutiny through Monthly Monitoring Returns and NHS Exec Financial Planning and Delivery team	3rd								
	Structured Assessment 2025	3rd								

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2131	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Procter, Sarah	01-Jul-25	There is a risk of Overspend from the cost pressures of requirement to use everlight radiology. This is caused by Reliance on outsourcing of reporting to provide emergency 24/7 CT and MRI. This will lead to an impact/affect on The cost pressure for Everlight is circa £1 million to provide emergency reporting out of core hours. This 3% of the radiology budget. This cost pressure has been constant over the past 2 years despite the introduction of locums to reduce outsourcing out of hours as demand for scanning is also increasing as is price per report. Risk location, Health Board wide.	Use of locum radiologists to provide partial out of hours service Stabilisation fund - two consultant posts are being advertised in September.	Finance inc. claims	5	5	25	Impact: 5 overspend of 3% of budget Probability - unless demand is reduced at source then overspend will happen. Reduction of demand may result in poorer patient outcomes.	Analysis of future demand and quantification of expected overspend. Support being provided by Shaun Ayres	Procter, Sarah	**Completed**	completed	Finance and Performance Committee	3	5	15	Impact - risk of overspend of 3% of budget Likelihood/probability = 3 - increases in demand and costs of outsourcing may change.	Treat	28-Sep-26
																Forecast based on current demand of financial impact	Procter, Sarah	**Completed**	not included in annual plan - cost pressure identified							
																Work with hospital director to try and reduce demand by clear pathways and restriction of referral rights for lower grades of staff. Meetings ongoing.	Roberts-Davies, Gail	~~30/05/2026~~ 31/10/2026	initial meetings have taken place ToR drafted awaiting approval prior to start of formal Radiology Referral Management Group							
																Undertake a cost analysis of options relating to staffing of emergency rotas.	Quarrie, Sara	30/11/2026	Action being taken forward and paper being written as of 26 Aug 2026							
2132	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Procter, Sarah	01-Jul-25	There is a risk of Overspend from the cost pressures of requirement to provide imaging using variable pay This is caused by Staffing establishment not sufficient to meet the working hours of the service 24/7 This will lead to an impact/affect on The overspend is 3% of the 29.8 million radiology budget. Reliance on call and overtime to provide radiology OOH results in poorer quality, mistakes, burnout. It also causes retention and recruitment to be difficult. Risk location, Health Board wide.	Radiology Stabilisation plan Annual Planning Clinical service Plan	Finance inc. claims	5	5	25	Impact - The overspend is 3% of the 29.8 million radiology budget. Probability- The overspend happens each year as it funds the radiology out of hours service on all sites which has become busier.	2025/16 annual plan - £3.4m Stabilisation Plan implementation	Procter, Sarah	**Completed**	recruitment of staff is ongoing. Recovery of backlog is on target which will release funding for staff in 26/27	Finance and Performance Committee	3	5	15	Impact - The overspend is 33% of the 29.8 million radiology budget. Probability- The overspend happens each year as it funds the radiology out of hours service on all sites which has become busier.	Treat	28-Sep-26
																Annual planning submission - £5.1m (as of April 2025) gap in demand vs capacity remains as per agreement in 2025/26 Annual Planning	Procter, Sarah	**Completed**	Annual plan funding confirmed for 2026/27							
																receive funding for annual plan and split into individual site cost codes. then risk can be closed	Procter, Sarah	**Completed**	Awaiting funding to be split into cost codes.							

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																Annual plan submission 27/28 a gap of 5.1 m remains to stabilise radiology.	Procter, Sarah	31/03/2027	new action							
2408	Community & Integrated Medicine	Carmarthenshire Integrated System	Carmarthenshire Integrated System	Carruthers, Andrew	Skitt, Peter	Skitt, Peter	Skitt, Peter	01-Jan-26	There is a risk of of Carmarthenshire Integrated System will be unable to achieve the financial target savings for 26/27. This is caused by being unable to identify the full savings as a result of requiring significant, strategic change required across the whole Clinical Care Groups. This will lead to an impact/affect on the Health Board's overall financial position and ability to adhere to our financial plan. Health Board remaining in Targeted Intervention (TI). Risk location, Carmarthenshire.	Finance team work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions. Clinical Care Group, Financial Control Group and weekly Carmarthenshire system meeting in place which scrutinises all new and replacement posts. Monthly Business and Performance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Controller, focusing on mitigating actions and consequence to reduce spend. Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified. Monthly financial scrutiny meetings with senior nurses in order to gain assurance over budget management and scrutinise variable pay. Variable Pay weekly scrutiny meetings and monthly Variable Pay analysis meeting chaired by the Assistant General Manager. Monthly review of all underspends and release as savings in order to flag what the true overspends are.	Finance inc. claims	5	5	25	Carmarthenshire Integrated System has been tasked with identification of Â£8.5m (of which Â£6m carried over from 25/26) savings to meet with Welsh Government planned outturn for 2026/27. As of May 2026, Â£1.3m savings have been transacted as green savings (i.e. they have been taken out of their financial position) with a further Â£500k as blue or red schemes (i.e. these are currently considerations). As of June 2026, the risk remains extreme, driven by continued use of variable pay, locum and agency use due to workforce gaps, medical recruitment and continued surge and overcrowding in some key clinical areas such as Emergency Dept (ED) and across acute inpatient areas. The system requires time to realise and deliver the savings due to strategic, high-level decisions to be made.	Implement variable pay reduction for nursing and medical.	Evans, Iona	31/01/2027	Nursing element should be completed by November 2026, with medical element end of January 2026.	Finance and Performance Committee	4	4	16	As of June 2026, Executives have put further measures in place via the Underspend Savings Conversion, however due to the pressures on the system as a result of variable pay, etc. the reality of meeting the savings is currently an extreme risk.	Treat	18-Sep-26
																Review interim care bed capacity in the community with view of reduction in bed in acute sites.	Evans, Iona	31/10/2026	New action.							
																Provide assurance within sickness absence management across all workforce.	Evans, Iona	31/10/2026	New action.							

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2424	Medical Director	Medicines Management	Medicines Management	Henwood, Mr Mark	Khandhia, Dilesh	Khandhia, Dilesh	Robson, Donna	03-Aug-26	There is a risk of pharmacy is/will not be alerted if the refrigerator's go out of range. This is caused by The alerting system not advising the out of hours pharmacist on-call there is an issue with the fridges, so if there is an issue there will be a significant delay in managing the situation and reduced ability to mitigate against losses. This will lead to an impact/affect on Considerable financial impact as a medication is likely to be discarded or have a reduced expiry if not stored correctly. The likelihood of this occurring increases with the increasing time of the excursion. Also, clinical impact as medication may not be available at the point of need. Risk location, Bronglais General Hospital.	Comark system is intermittently working. Department is manually checking fridge temperatures upon opening in the morning to ensure no deviations overnight and at the end of working day. A hard wired alarm to switch will be in place within 2 weeks. Also looking to have a bank of UPS batteries for all fridges/freezer to mitigate aginst tripped fuses etc.	Finance inc. claims	5	4	20	From realising there is a fault with the system the unit has failed to monitor consistently. Unable to reboot for 3 consecutive days and when the system was working it has since failed but currently working. Currently awaiting quote for update comark monitoring system. The hardwired alarm system will cost approx Â£1810 and the UPS back up will be approx Â£16,500.	Upgrade the Comark system to the newer cloud based system and install the 12 sensors required for the new system to work	Robson, Donna	31/03/2027	Costing to be confirmed once quote has been obtained. Quote requested on 07/08/26 for BGH site only, however we will obtain a HB wide quote as well to compare costings.	Finance and Performance Committee	2	2	4	The updated version that is required to replace the current unsupported outdate version is cloud based, so IT capabilities could impact. The newer vision would mitigate against hardware failure.	Treat	30-Sep-26
																Hard wired system to be installed as a back up in case of system failure.	Robson, Donna	31/10/2026	Update at next review							
																Procure back up UPS batteries for the fridges and freezers - draft and submit capital bid	Robson, Donna	31/03/2027	Update at next review							

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2242	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	28-Nov-25	There is a risk of of budget overspend amounting to the cost of approximately £100k This is caused by No budget for enhanced weekend working costs for contractual 7 day service ICT front of House Withybush General Hospital. No budget for variable pay overtime costs for voluntary 7 day weekend orthopaedic service Withybush General hospital. This will lead to an impact/affect on Inability to manage physiotherapy services within budget and ensure compliance with financial governance standards. Reduction in the range of 7 day physiotherapy services to ensure service costs are within budget. Alternatively reduction in core 5 day service models to fund weekend working. This could potentially impact recovery waiting times and quality outcome measures Risk location, Withybush General Hospital.	Monitoring of variable pay costs for weekend working Monitoring of vacancy rates in core staffing monitoring of bank staff/ locums within core services Monday to Friday Engagement in RIF gateway review process for next steps funding stream Monthly meetings with finance business partners Monthly review of Qliksense system Engagement in Clinical Services Plan orthopaedic service review engagement in annual planning process	Finance inc. claims	5	4	20	There is currently no new budget available to fund additional services. There is currently no decision to withdraw 7 day services. 100k cost pressure equates to 0.83% of the budget Justification against Risk Framework: * Finance and claims - 4 Loss of 0.5â€“1.0 per cent of budget * Likelihood/probability - 5, 95% +	SBAR to be presented to CCG IG to inform financial challenge (and options to mitigate further) Re draft QIA (in new format) for TOCALs cost mitigation SBAR. Review with Angela Bell and submit to corporate QIA panel.	Davies, John Davies, John	Completed 30/06/2026 30/10/2026	New action 30/03/26-SBAR completed and presented to CCG (TOCALS, w end ortho services) . No additional funding available. Question now is whether to withdraw service as it is unfunded. Options appraisal has been presented to CCG. Pending decision. QIA, EQIA completed and submitted to corporate diversity and inclusion team 11th June 2026. Further information provided to this team on the 30th June 2026. Pending further feedback. chaser emails sent	Finance and Performance Committee	1	4	4	Funding for service is required or decision to withdraw service therefore mitigating the likelihood of the risk. This was not decided in the 2025-26 annual planning process, so put forward to the 2026-27 annual planning process. If a decision is taken to decommission the service, custom and practice principles will apply for 12 months. The date to achieve target risk score is set with that latter point in mind.	Treat	21-Sep-26

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2107	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	09-Jul-25	There is a risk of of physiotherapy budget overspend. This is estimated to be £100,000 per year which constitutes on call availability payments , hours worked, travel claims. This is caused by the unfunded service delivery of four Emergency respiratory on call services at all 4 DGH sites. This will lead to an impact/affect on insufficient financial recovery or if no funding is sourced. There is likely to be adverse impact waiting times recovery in planned care MSK, paediatrics, lymphoedema and community services, if Mon- Fri core budget is utilised to fund out of hours emergency services. Risk location, Health Board wide.	on call costs are minimised through the development of highly skilled staff second on call rotas are only implemented when workload is exceptional and this is approved by senior physiotherapy managers. on call claims are scrutinised by respiratory and service leads. trends in inappropriate call outs are identified and wards / individuals are educated on appropriate inclusion criteria for the service. twilight shifts are in place in GGH to reduce call out rates as staff are on site in the early evening. work undertaken is now only urgent respiratory work that cannot be left until the next working day.	Finance inc. claims	5	4	20	There is no allocated budget for 4 on call activity. Therefore, the service has a forecast overspend of 100k (equates to 0.83% of the budget). The physiotherapy budget for core Mon-Fri services is now consistently fully spent due to successful recruitment and the use of bank staff to ensure maximum service capacity (within budget) to support service demand. Absorbing these costs within the budget will result in further risks to unscheduled and planned care capacity It is not clinically viable to withdraw on call services as this service maintains life.	SBAR to be presented to CCG IG to inform financial challenge (and options to mitigate further)	Griffith, Susan	Completed	08/05/26 Cost mitigation paper re on call services submitted to CCG in April 2026. Feedback received. Post review amendments to paper required. paper complete and shared with county directors and Peter Skitt CCG	Finance and Performance Committee	1	4	4	There will be no financial / clinical or quality risks for the physiotherapy service if the on-call rotas are fully funded. This was not decided in the 2025-26 annual planning process, so put forward to the 2026-27 annual planning process.	Treat	21-Sep-26
																Contribute to the development of National position statement on behalf of the All Wales Physio Leaders Advisory Group in relation to the delivery of on call services.	Griffith, Susan	Completed	Comments contributed to national work. Anticipated final draft by end of July 2026.							
																Explore merging rotas in Carmarthenshire which may reduce costs slightly.	Griffith, Susan	31/03/2027	New action							

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2294	Operational Allied Health Professions & Health Sciences	AHP&HS: Dietetics & Nutrition	AHP&HS: Dietetics and Nutrition	Carruthers, Andrew	Quarrie, Sara	Roberts, Sarah	Eduful, Ernestina	19-Feb-26	There is a risk of of increased patient waits and reduced capacity to offer timely community dietetic care causing risk to patient health and safety This is caused by Extreme fragility across the whole of community dietetic service particularly Pembrokeshire and Ceregidion with future staff leaving and decision not to approve recruitment into essential vacant dietetic posts resulting in contingency measures being in place to protect current workforce and prioritise patient safety This will lead to an impact/affect on This will reduce community clinic capacity , reduce ability to provide dietetic oversight and treatment within community hospitals, care and nursing homes and reduce capacity to offer home visits for those unable to attend clinics and reduce reviews of patients on nutritional support in the community. increasing risk of deconditioning , frailty and poor nutritional status resulting in increased morbidity and need for hospital admissions. Risk location, Health Board wide.	4.0 wte junior dietitians were employed to work in the community as part of a workforce stabilisation plan June 2025, this has enabled increased capacity for clinics and dietetic in reach to nursing homes , care homes and patients homes also enabling the limited more experienced dietetic resource in community to focus on more complex caseload improving quality of care for those patients service lead for community has been recruited Clinical lead in community has been recruited into Revised triage and clinic process will help streamline and more equitable service across HB and increased virtual clinics. contingency plans in place and prioritisation guide	Quality/Complaints/Audit	5	4	20	There is currently still an impact as the community dietetic service is under resourced and if members of team on leave or unwell clinics and visits have to be paused/ The likelihood is increased despite controls in place June 2026- clinical lead role in pembs vacant , Clinical lead and clinical lead in Ceredigion on secondment. No permission to recruit into upcoming vacancies and fragility in acute service which impacts on increased DBS and DBR referrals	to escalate risk and ask finance if any scope for additional 0.2wte funding to increase role to 1.0wte to improve appeal for this clinical lead post and ensure this provides adequate management and supervision across the service	Roberts, Sarah	Completed	Advert for 1.0wte clinical lead role is not out to advert closing date 12th May 2026	Finance and Performance Committee	2	4	8	although there is always risk of fragility in service provision the impact would aim to be moderate and likelihood negligible if measures in place to support adequate staffing within community dietetic service along side clinical leadership to operationally oversee and ensure service development in line with HB strategic plans		23-Sep-26
																To escalate need for improved opportunities in Band 6 positions across community as currently there are 2.0wte Band 6 positions in 3 roles across the whole community dietetic service health board wide, which impacts on patients requiring more complex care and also to enable adequate supervision for junior staff	Roberts, Sarah	Completed	Awaiting decision on recruitment to band 5 vacancies - this has been delayed at exec board level potential development role for current band 6 to Band 7 in discussion to enable Band 5 role development to reduce staff turnover. no decision to recruit therefore close action							

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975	Estates & Facilities	Estates & Facilities	E&F: Directorate Team	Severs, James	Severs, James	Chiffi, Simon	Chiffi, Simon	01-May-20	There is a risk of There is a risk that the CCG is unable to deliver sustainable recurrent savings and effectively manage in-year cost pressures due to limitations in age & condition of estate & no reduction in HB space This is caused by 1.Limited capacity to identify sustainable, realistic & recurrent savings plans. 2.Non-delivery of recurrent savings requirements, resulting in adverse impact on the underlying position. 3.Limited identification and implementation of opportunities that deliver sustainable financial benefits and support recovery and improvement trajectories without adverse safety consequen 4.Emerging cost pressures affecting the Directorate's in-year financial position, including those associated with the ageing estate, enhanced cleaning standards, and additional revenue pressures arising from RAAC-related issues. 5.External inflationary pressures impacting non-pay and pay budgets.	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. Monthly Monthly establishments reviews within the service to ensure pay position is understood and actions are taking promptly, supported by Finance colleagues where appropriate. Monthly. Care Group meetings now established where all service leads attend to ensure more scrutiny on financial positions and discuss potential savings strategies. The establishment of the care groups with greater emphasis on financial scrutiny will help to support financial stability over time. April 2026 next session. New Facilities Managers in post focussing on budget control. Rota reviews in Facilities teams to be implemented. Significant focus on variable pay controls. Additional savings schemes being	Finance inc. claims	5	4	20	Score driven by significant & escalating financial pressured within estates, including ongoing RAAC works, maintenance overspends due to insufficient budget and rising materials and procurement costs. Frequent dynamic failures across an aged estate continue to generate unforeseen non pay expenditure while increased statutory requirements further elevate cost pressures. Overall financial position is exacerbated by long term underinvestment, deterioration of estate backlog and repeated rejection of investment proposals to right size budget, including unresolved pay overspends and unfunded staffing approvals from 2019. Furthermore clinical and overall space requirements have	Budget holders to work closely with finance Business Control colleagues to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions	Chiffi, Simon	**Completed**	This is a key focus as part of new care group establishments.	Finance and Performance Committee	2	5	10	Discussed at EIGG August 2026 - SC to consider and update at next review. SC has reviewed and submitted investment proposals to right size previously agreed pay decisions and increase estate size and cost of materials. Both proposals have been rejected. Until HB Clinical space requirements are reduced there is limited scope to reduce operational budgets. Property Rationalisation opportunities paper also presented to consider for Exec and CCG Directors. Pending firm decision	Treat	15-Sep-26

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									6.Ongoing workforce & resource pressures within Facilities. 7.Escalating Health Board-wide financial pressures. 8.Misalignment of the Estates Operations pay budget, reflecting previously approved recruitment to GAP analysis posts (2019) that were not funded, requiring resolution through investment proposals This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability and service deliverability and assurance around a safe estate. Risk location, Health Board wide.	worked through to move from red to amber/green in agreement with Exec leads					grown 25% in 10 years with no revenue to cover increased space. Overall size of the estate is unmanageable to maintain compliance and achieve savings target. Team has presented suite of estate rationalisation opportunities that have not been approved or decided upon											

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1631	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Quarrie, Sara	Quarrie, Sara	28-Mar-23	There is a risk of that the obligations of the Delegation of budget manager responsibilities for the financial year will not be achieved This is caused by Inadequate budget to meet organisational demands and increasing unit cost prices / SLA costs M12 2025/26 position: £10.77m cost pressures 2026/27 budget break even + £4.88m saving target 2026/27 M1 2026/27 position: £13.1m cost pressures 2026/27 budget break even + £4.88m savings target 2026/27 M2 2026/27 position: £12.9m cost pressure to 2026/27 budget break even + $4.88m savings target 2026/27 This will lead to an impact/affect on Clinical Governance - Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints/ independent review. Low achievement of performance/delivery requirements. Critical report. Workforce - Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training. Finance - Non-delivery of key objective/ Loss of >1 per cent of budget Reputational Risk location, Health Board wide.	Budget holder 1-1 meetings with finance team (monthly) Forecast meetings monthly with CCG leadership and Finance CCG led finance meeting with finance team and each budget holder (monthly) CCG FCG weekly (vacancy control admin and new roles includes Finance as standing member to highlight overall budget position) Formally clarifying and escalation of cost pressures to executives via governance routes and Executive Recovery meetings. Annual planning 2026/27 and planned 2027/28 engagement and submissions Accountability letter returned by HoS and Service Director identifying significant risks to break even and savings target + summarised CCG risk profile.	Finance inc. claims	4	5	20	See audit trail for previous months updates. Monthly 1-1s with HOS continue, allocation of underspend to savings will limit ability to mitigate cost pressures September 2026- 138K overspend, month 5 position, forecast EOY improved from Â£2.1 M to 1.6M, improvement driven by Pathology drugs underspend. Ongoing cost pressures remain in N&D, OT, Pathology and Radiology. Current 1.6M forecast overspend largely reflects the impact of non-recurrent savings targets, without these, the CCG would broadly be breaking even at this point in the year. August 2026 - Forecast deterioration to Â£2.14 deficit (driven by Â£1.6m non-recurrent savings, Â£1.4m clinical haem staffing cost pressure and Â£1.8m cost pressure OoH Everlight driven by ED and Inpatient demand - discussion with clinical medical leadership and require full clinical audit to understand demand to support any decision making. Accountability letter returned by HoS and Service Director identifying significant risks to break even and savings target + summarised CCG risk profile.	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	Reed, Lance	Completed	Process established at Therapy Operational Group 18.04.23. Introduction of Financial control total process within departments and therapy operational group following Financial Control Total letter from CEO	Finance and Performance Committee	3	5	15	If the CCG is able to identify and implement cost pressure mitigation schemes and savings schemes. The target scoring: Finance domain. Impact - 5: Non-delivery of key objective (non-compliance with accountability letter) / Loss of >1 per cent of budget (M12 2025/26 forecast Â£7.6m gap equates to 8% of Â£90m budget) Likelihood / Probability - 3: 25-75% (reduced Â£ gap to Â£0 through successful mitigation of cost pressures/savings) Target risk score aligned to new financial year and new financial risk profile.	Treat	29-Sep-26
																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	Reed, Lance	Completed	All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated							
																Risk of delivering our financial control total and required savings plans	Bradburn, Jo	Completed	Draft financial savings plan in place, predicated upon budget holders delivering cash releasing recurring efficiencies against existing budgets, primarily via workforce redesign							
																Risk to be redrafted with guidance from FBP to align with new CCG structure.	Quarrie, Sara	Completed	Meeting to be scheduled to redraft new risk. Updated risk.							
																M4 saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	04/07/2025 - New action 11.07.2025 - M4 meetings completed.							
																Demand and capacity service review Podiatry	Mulroy, Mike	Completed	11/07/2025 - New action 29.09.2025 - D&C work progressing to handover stage from DS to podiatry team.							

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															Therefore scoring remains unchanged as: Finance domain. Impact - 5: Non-delivery of key objective (non-compliance with accountability letter) / Loss of >1 per cent of budget (Â£7.6m gap equates to 8% of Â£90m budget). Likelihood / Probability - 4: 75-95% probability (as Â£7.6m gap in mitigation of cost pressures / savings as of April 2026)	M5 saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	11/07 - New action 29/08 - Due to A/l of service director this month the focus was on Pathology savings plans and Finance saving tracker validation which was completed by Finance and DJ head of pathology 30/9 M5 savings meetings took place on 07.09.26							
																M6 saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	29/08 - new action 29.09.2025 - M6 savings meetings continued as planned							
																Demand and Capacity review - Paed OT - New to follow-up ratio and expected d/c each week to be reviewed and work to increase to 13 new patients and 13 discharges each week.	Adams, Jon	Completed	29/09/2025 - new action 29.10.2025 - HoS reporting conversation underway with Team regarding this new to follow-up ratio. Extended due date to 31.12.2025. Dec 2025 - Discussions with Service lead continue and ask for alternative solutions (to be generated by Service Lead) after three months of discussions. Extedned 31.01.2026 Feb 2026 - We are projecting an incremental improvement at Feb month end and this will continue. They are sourcing a venue (various options on the table) for a number of workshops which will see significant improvement in breach position in the next 4 months.							

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																M7 saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	29/9 - new action 29.10.2025 - shortened meetings took place with key services due to A/L in CCG leadership team. Action complete.							
																Demand and capacity - Hands and Rhum	Adams, Jon	Completed	29.09.2025 - new action 29.10 - D&C work underway not yet completed further work required. Date extended to Nov 2025. 28/11/25 - Action complete and D&C handed over to OT service to continue.							
																Demand and Capacity - Adult SLT and Child SLT new patient D&C analysis and tool implementation	Thomas, Alison	Completed	See audit trail for previous updates. 27.04.2026 - Performance team (DS) update... Initial scoping complete (Adults, Child excluded as ways of working do not include OPD clinics as per model). Aim to finalise and h/o plans with automated data feed and instructions by end of April 2026. Therefore date extended to end of May to give time to present to CCG IG. June 2026 - D&C update from David Shepard - New patient demand and capacity tools signed off and handed over to services 5th June 2026. Tools completed							

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																Service review - Podiatry	Mulroy, Mike	Completed	29/09 - new action 28/11/2025 - Service review underway extended deadline until Jan 2026 due to new process and team working through data sets. 30/03/2026 - pending final drafting, being chased by CCG leadership, extension of date to align. 27.04.2026 - Draft received at CCG IG April 2026. Feedback given and expected return in May CCG IG. Therefore date extended. 29.06.2026 - Feedback from HoS rescheduled to July 2026 CCG - therefore date extended. Aug 2026 - submitted to CCG IG for Sept 2026 meeting, can close.							
																M7 saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	29/10 - new action 28/11/2025 - meetings took place to continue to work to mitigate cost pressures and identify savings.							

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																M8 (Dec 2025) saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	29/12/2025 - meetings took place as scheduled and top cost pressures and mitigations collated and submitted to Director of Finance on 24.12.2025 as per deadline given. M8 (in Dec 25) deep dive into cost pressures and mitigations indicates end of year forecast of £295k overspent: * £224k cost pressure from FCP service funding withdrawal, pending 2026/27 Annual Planning outcome (mitigation = Agreement July 2025 that this would be off set by wider operations budgets * 71k cost pressures (mitigation = being developed) Work underway across services to take further mitigating actions.							
																Demand and capacity - Service review Occupational Therapy	Adams, Jon	~~31/01/2026~~ 30/10/2026	see audit trail for historic updates. June 2026 - Update from service, due to cost pressure mitigations schemes needing to take priority this has been delayed. Date extended accordingly. Aug 2026 - extended due date due to competing pressures. Draft service review for acute OT services tabled at CCG Governance on 22/09/26							

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																Annual Planning - AH and HS CCG submission to workshop 21/11/2025. The care group has two re-occurring risk themes across the risk profile: * Right sizing budgets (aka unmitigable cost pressures circa £1 731 332) * Capacity vs Demand (circa £1 200 000)	Quarrie, Sara	**Completed**	To meet baseline and due to the extent of the financial gap in year one (2026/27) risks that only score 25, as per the organisations risk matrix, have been prioritised. his methodology leaves significant (risks scoring 20) that will need to be tolerated by the organisation including: a decision to decommission FCP Physiotherapy (as risk score 15) future stabilisation funding for demand and capacity imbalance across the CCG (that will adversely affect ability to meet WG targets - circa £9m cost).							
																Demand and Capacity - Service review SLT	Slaney-Jones, Emma	**Completed**	29/12/2025 - New action 30/03/2026 - Service review is being completed at a national level for Paeds SLT therefore action places pending national timelines for review.							

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																M9 (Jan 2026) saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	M 09 (Jan 26) review of financial position and preparation for escalation slides indicates forecast EOY of 172k, identified mitigation via enacting budgetary transfer in relation to FCP. Mitigations for forecast cost pressures 26-27 identified in CCG IG meeting held 17.01.26, service leads progressing the articulation of mitigations and impact to inform decision making.							
																M10 (Feb 2026) saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	Feb '26 - end of year forecast of £33k overspent (mitigation via enacting budgetary transfer in relation to FCP). Presented to Director of Finance, COO and Director of Strategy and Planning (09/02/2026 Contingent Finance Touchpoint - Allied Health and Health Sciences) 2026/27 cost pressure to break even £10.77m. Mitigation strategies "highly probable" of £4m, gap to mitigate £6.77m. 20.02.2026 Cost pressure mitigation schemes of £6.2m submitted to Director of Finance and COO for decision to progress. Further schemes being developed gap of £4.5m.							
																M11 (March 2026) saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	Completed	New action 30/03/2026 - meeting took place 09/03/2026 as scheduled							

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																2026/27 Cost pressure (£10.77m) mitigation schemes to be shared with Director of Finance and Chief Operating Officer	Quarrie, Sara	Completed	Cost pressure mitigation schemes of £6.2m submitted to Director of Finance and COO for decision to progress. Further schemes being developed gap of £4.5m.							
																Cost pressure mitigation scheme (£4.5m gap as of 23/02/2026) submission to Director of Finance and Chief Operating Officer	Quarrie, Sara	Completed	20.02.2026 Cost pressure mitigation schemes of £6.2m submitted, Gap of £4.5m remains							
																Paeds OT 14 week breech - clinic and workshop implementation (13 new patients 13 d/c per week D&C target) projecting an incremental improvement at Feb month end and this will continue and see significant improvement in breach position in the next 4 months.	Adams, Jon	Completed	Feb 2026 - Clinic and workshop implementation commenced. June 2026 - improved trajectories noted with capacity increases improving flow.							
																Demand and Capacity - Physiotherapy new patient D&C analysis and tool implementation	Davies, John	~~30/04/2026~~ 31/10/2026	D and C analysis completed as part of SBAR submitted to CCG in May 2026 relating to shifting demand on CMATs due to changes to community health pathway and radiology pathway changes. Detail in appendix. Additional D and C work to be undertaken with DS in relation to new CCG D and C methodology. Next meeting planned for 10/09/26. Target for C and D analysis by 15/10/26							

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																Demand and Capacity - N&D new patient D&C analysis and tool implementation	Roberts, Sarah	~~30/04/2026~~ 30/10/2026	See audit trail for prev updates. August 2026 - Paused due to capacity needed to support urgent Radiology data issue, date extended accordingly.							
																M12 (April 2026) saving meetings with each HoS to identify further mitigation for cost pressures and savings.	Quarrie, Sara	**Completed**	30/03/2026 - new action Apr 26 - Executive recovery meeting completed (16.04), reporting £11.6m breakeven deficit (Cost pressure mitigation schemes: likely £5.7m, probable £2.3m and unlikely £5.7m) + unmet savings target £4.1m (£0.8m schemes identified for £4.9m target). Accountability letter returned by HoS and Service Director identifying significant risks to break even and savings target + summarised CCG risk profile.							
																M1 (May 2026) saving meetings with each HoS to identify further mitigation for cost pressures and savings	Quarrie, Sara	**Completed**	April 2026 - New action May 2026 - meetings took place in May.							
																Unlikely cost mitigation scheme - Radiology - OoH Everlight reporting TAT reduction from 1hr to 4hrs releasing £400k. Initial discussion with CIC Service director.	Quarrie, Sara	**Completed**	Initial discussions with CIC Service Director held 24.04.2026. Agreement sensible cost pressure mitigation scheme. Next steps to scope risk profile for CIC and add to draft SBAR.							

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																Unlikely cost mitigation scheme - Physiotherapy/FCP - meeting 09/04/2026 AC, JD and SQ. Next steps - confirmation of funding/commissioning arrangements communication to CCG from AC.	Quarrie, Sara	Completed	In email FCP, Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer) explains that the First Contact Practitioner service has not released secondary care capacity and remains an unfunded cost pressure to the COO budget not PT. While demand justifies the model, funding is unclear. He proposes a wholeâ€‘system MSK pathway review, aligned to national guidance, progressed through Care by Design.							
																Unlikely cost mitigation scheme - Physiotherapy/FCP - Arrange FCP budget transfer to COO direct budget lines (with HoS (JD) remaining day to day budget management).	Quarrie, Sara	Completed	April 2026 - Requested Finance Controller (SN) request budget movement from AH and HS CCG to COO budget hierarchy. June 2026 - Finance meeting in June 2026 confirm budget transfer complete.							
																Cost pressure and Savings mitigations - SBAR submission - Agree whether to progress appraisal of options to address the Allied Health and Health Sciences Clinical Care Group's FY26/27 forecast £7.7m underlying recurrent deficit and savings gap, informing deliverability, risk, impact and de-risking of the Health Board financial plan.	Quarrie, Sara	Completed	SBAR submitted to COO office as per deadline.							

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																Unlikely cost mitigation scheme - Physiotherapy - Reduce Variable Pay - Stop unfunded weekend Ortho / unsocial intermediate care / Tocals work releasing £100k. Initial discussion with CIC Service director.	Quarrie, Sara	Completed	Initial discussions with CIC Service Director held 24.04.2026. Agreement sensible cost pressure mitigation scheme. Next steps to scope risk profile for CIC and add to draft SBAR.							
																Unlikely cost mitigation scheme - Physiotherapy - Reduce Variable Pay - Stop unfunded on-call acute work releasing £80k. Initial discussion with CIC Service director.	Quarrie, Sara	Completed	Initial discussions with CIC Service Director held 24.04.2026. Agreement sensible cost pressure mitigation scheme. Next steps to scope risk profile for CIC and add to draft SBAR.							
																Unlikely cost mitigation scheme - Stop unfunded Service Gap (Heart Failure Triage test for Cardiology) releasing £85k. Initial discussion with CIC Service director.	Quarrie, Sara	Completed	Initial discussions with CIC Service Director held 24.04.2026. Agreement sensible cost pressure mitigation scheme. Next steps to scope risk profile for CIC and add to draft SBAR.							
																Unlikely cost mitigation scheme - Occupational Therapy - Withdraw unfunded stroke w/e provision releasing £3k. Initial discussion with CIC Service director.	Quarrie, Sara	Completed	Initial discussions with CIC Service Director held 24.04.2026. Agreement sensible cost pressure mitigation scheme. Next steps to scope risk profile for CIC and add to draft SBAR.							
																M2 (June 2026) saving meetings with each HoS to identify further mitigation for cost pressures and savings	Quarrie, Sara	Completed	June 2026 - completed finance meetings							

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																M3 (July 2026) saving meetings with each HoS to identify further mitigation for cost pressures and savings	Quarrie, Sara	Completed	June 2026 - New action July 2026 - Savings meetings took place forecast has detiorated: £844,794 overspend in end of year position (£219k vacancy lag and income overperformance moved to savings from supporting budget breakevem)								
																M4 (August 2026) saving meetings with each HoS to identify further mitigation for cost pressures and savings	Quarrie, Sara	Completed	Meetings took place as scheduled. Forecast for end of year deteiroated due to £1.6m non recurrent savings increase from prediected vacancy lag and income over performance + £1.8m Everlight OoH overspend and £1.4m Medical Agency overspend clinical haem. In month position (£90k overspent) driven by £160k move from vacancy lag and income overperformance to savings + cost pressures OoH Everlight, Medical Agency clinical Haem.								
																M5 (Sept 2026) saving meetings with each HoS to identify further mitigation for cost pressures and savings	Quarrie, Sara	30/09/2026	Aug - new action								

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																SBAR escalation - Allied Health and Health Sciences Clinical Care Group has identified £5.022m of Month 4 cost pressures that cannot be mitigated through budget virement within existing delegated limits. In line with Standing Financial Instructions, this paper seeks Chief Executive approval for those cost pressures, advised by the Executive Director of Finance.	Quarrie, Sara	**Completed**	SBAR approved at CCG IG (18.08.2026). Submitted to Delivery Review meeting scheduled 28.08.2026. 30/9 - SBAR tabled at finance recovery meeting 10.09.26, ensuring Executive Director of finance is aware							
																Cost pressure mitigation SBAR escalation - The current orthopaedic weekend physiotherapy service operates through unfunded overtime and voluntary arrangements. While it supports patient flow, and compliance with national hip fracture standards, it presents ongoing financial, workforce, and quality risks.	Davies, John	~~30/09/2026~~ 30/10/2026	Aug - Paper has been shared and feedback gained from County GMs. JD to submit updated SBAR to CCG Ig Sept 2026. 30/9 SBAR not tabled at Sept CCG, due to Service Director absence reschedule for Oct							
																Cost pressure mitigation SBAR escalation - The physiotherapy respiratory on-call service provides essential out-of-hours support for high-risk acute patients across all hospital sites, but has no recurrent funding. Reliance on vacancy lag creates a forecast £81.5k-£95k cost pressure for 2026/27, reducing core physiotherapy capacity and increasing patient safety, workforce, performance.	Davies, John	~~30/09/2026~~ 31/10/2026	Aug - Paper has been shared and feedback gained from County GMs. JD to submit updated SBAR to CCG Ig Sept 2026. 30/9 - SAVR not tabled at Sept CCG due to Service Director absence, reschedule for Oct							

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																Cost pressure SBAR -The TOCALS therapy element at Glangwili General Hospital supports admission avoidance, patient flow and early discharge. However, current delivery includes unfunded elements, including a vacant Band 6 physiotherapy post and voluntary weekend cover. A sustainable delivery model is required to align service provision with available funding and manage associated patient flow risks	Davies, John	30/10/2026	CCG IG discussion and support for discussion with CIC CCG re funding or accept risk as funding terminated.							
																Cost pressure mitigation - Everlight OoH cost pressure discussion with Clinical Leadership	Quarrie, Sara	**Completed**	Meeting took place: Thank you for the meeting today. Summary: Following discussion on out-of-hours (OoH) imaging, MRI activity was reviewed and found to be largely driven by ED and emergency spinal cases. Auditing against Health Board guidelines could reduce inappropriate scans, although potential savings (£30k) were not considered a priority. Greater value is likely achievable through reducing OoH CT demand via pathway redesign and specialty-led review (including clinical audit of demand to validate the risk)							

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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	There is a risk of the MH&LD Directorate failing to remain within their allocated budget over the medium term. This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans. Manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement. Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved. This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability. Risk location, Health Board wide.	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. 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. 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. Mechanism in place to draw down funding to service cost codes inline with original bids. Weekly key performance meetings in place for areas working outside of	Finance inc. claims	4	4	16	As at July 2025, the Clinical Care Group are Â£342,000 overspent. This position is driven by use of private beds, medical staffing and CHC costs. The Clinical Care Group continue to identify further non recurrent/recurrent saving opportunities. There have been different approaches adopted by finance colleagues to the forecasting for the commissioning full year spend. This has resulted in the end of year forecast now being predicated at Â£1.6m overspend.	Leon Popham to review impact of CHC uplift reserve on position and determine treatment and risk level on an ongoing basis. To provide an update for Executive Team to clarify the budget setting process and allocation for FY 2024/25.	Popham, Leon Carroll, Mrs Liz	**Completed** **Completed**	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. CHC overspend neutralised for 2024/25 allocation through £1.9M uplift relating to 2022/23 and operational driver funding remaining pressure. 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.	Finance and Performance Committee	1	3	3	Working towards a position where 6.5% savings are identified and to remain within budget.	Treat	24-Sep-26

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										allocated budgets in collaboration with Senior Finance Business Partner. MHLD is in Escalation for Finance due to the lack of a 6.5% recurrent savings plan. Directorate are meeting weekly to progress plans. Directorate also attend Health Boards Integrated Quality Financial Performance Delivery Group (IQFPDG).						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~~ ~~30/09/2024~~ ~~31/12/2024~~ ~~31/03/2025~~ ~~31/07/2025~~ ~~31/03/2026~~ ~~31/06/2026~~ 30/09/2026	CCG continues to work with Corporate services to strengthen Nurse Bank capacity/eliminate spend. Update on inpatient recruitment is being collated for each ward. Further options being explored through international recruitment for Medical staff. Additional funding of £2.4m has been allocated with an associated recruitment plan. Additional establishment in place and majority of posts now appointed to. Additional fixed term posts to deliver S136 suite in progress. Fixed term nature given uncertainty regarding final location of S136 suite.							
																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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2174	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Griffith, Susan	10-Sep-25	There is a risk of that Intermediate Care (IC) physiotherapy services are not sustainable due to RIF funding ending in March 2027. Any reduction on service provision will lead to poorer outcomes for patients and is likely to result in opportunities for avoidable admissions to be missed. This is caused by £885K of IC workforce is currently funded by RIF and the funding is due to end in March 2027. There is significant uncertainty around future funding opportunities. Physiotherapy services do not have sufficient budget or capacity to absorb the cost. This will lead to an impact/affect on poorer outcomes for patients who are either admitted to hospital or who have longer length of stay, resulting in	Funding is currently in place until March 2027. The physiotherapy service is engaged in 'future funding workshop process' The physiotherapy service is engaged in integrated forums. Current RIF funded services appear to be valued and outcome reports to WAG show positive impacts.	Safety - Patient, Staff or Public	4	4	16	Whilst services are currently funded until March 2027, there is currently no sustainability or exit strategy. Recognising the lead in time for annual planning processes, the risk impact has been scored as 4. This is to ensure that the risk is visible to the organisation in sufficient time to inform decision making.	Set up Physiotherapy workstream/ forum with key stakeholders to review the evidence for current service model and agree metrics to inform business case development for RIF 'future funding' process.	Davies, John	**Completed**	Data collated in Physio service / finance MS team to support SBAR development	Finance and Performance Committee	1	4	4	The future funding process is in its early stages. There is not an imminent risk to decommissioning of RIF funded services.	Treat	21-Sep-26

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									deconditioning. Adverse impact on flow through acute and community system. Delays in unscheduled care. Increased avoidable admissions to hospital. Poorer quality discharge with increased risk of re admission. Withdrawal of entire community falls service and entire pelvic health service in Ceredigion. Withdrawal of entire Intermediate Care Service and A&E service in Pembrokeshire. Entire withdrawal of Front of House services in both acute sites as well as further impact on stroke services in Carmarthenshire. Reduction of activity in Carmarthenshire community hospitals by at least 50% Risk location, Health Board wide.								develop SBAR and submit to CCG, that outlines exit strategy if comisioning for RIF funded services does not continue from April 2027	John Davies,	Completed	Initial draft of paper to be submitted to CCG IG forum for May 2026							

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2175	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Griffith, Susan	10-Sep-25	There is a risk of that the pelvic health service in Ceredigion will not be sustainable when RIF funding ends in March 2027. This is caused by Feedback from Regional Partnership Board has been that the project does not meet eligibility criteria for future funding from March 2027 This will lead to an impact/affect on poor outcomes for patients with pelvic health conditions with increased risk of developing chronic conditions. It could also lead to increased avoidable referral into secondary care consultant led services. Risk location, Ceredigion.	Funding is currently in place until March 2027. A pelvic health service is currently being delivered for patients in Ceredigion.	Safety - Patient, Staff or Public	4	4	16	Whilst services are currently funded until March 2027, there is currently no sustainability or exist strategy. Recognising the lead in time for annual planning and implementation processes, the risk likelihood has been scored as 4. This is to ensure that the risk is visible to the organisation in sufficient time to evaluation and decision making regarding future funding options. The impact is scored at 4 as decommissioning would lead to in equitable care for patients and poorer outcomes.	Development of SBAR / business case to inform discussions as part of annual planning and 'RIF future funding' process	Griffith, Susan	~~30/11/2025~~ 30/10/2026	29/09/25- SBAR in development 30/10/25-SBAR in progress for presentation. Sue has highlighted upcoming RIF meetings to ensure AHP representation. 18/11/25 SBAR in development. 29/12/25-RIF future funding meetings continue. 30/03/26-SBAR in progress. No other updates. Requirement for paper flagged in physio PPP governance meeting 7/05/26. Deadline extended due to other service pressures/ priorities. 01/07/26. Update on timeline for draft SBAR requested AP/SG. 21/9/26 first draft of paper to be circulated to Pelvic health SDM By end of Sept	Finance and Performance Committee	4	1	4	A key action is the development of a business case to be considered through annual planning processes. If this is successful then the target score could be realised. It is difficult at this stage to gauge the likelihood of success in this process.	Treat	21-Sep-26

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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	There is a risk of that Radiology will not achieve projected savings targets. This is caused by unidentified savings plans to reduce expenditure in the directorate. This will lead to an impact/affect on the Health Board's overall financial position and ability to adhere to our financial plan. Risk location, Health Board wide.	1. Monthly meetings with Head of Radiology, Site Leads and Finance Business Partner to oversee progress on saving plan workstreams 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. 3. Scrutiny of individual budgets by finance and Head of Radiology to capture any erroneous spend 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. 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.	Finance inc. claims	4	4	16	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 Â£92k underspent (provisional figure)with savings of Â£669k achieved. As of 09/04/2025 Radiology investment in workforce has been agreed and is currently subject to case scrutiny by the Executive Team. The Allied Health Professions and Health Sciences CCG has an opening savings position of Â£3.744m to be achieved in 25-26, of this Â£873k is the opening savings target for Radiology.	To review historic charges for Powys patients attending Hywel Dda with a view to arranging an SLA and understand LTA arrangements. 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.	Roberts-Davies, Gail Roberts-Davies, Gail	~~01/01/2025~~ ~~31/03/2025~~ 31/03/2026 ~~31.5.26~~ 31/03/2027 **Completed**	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. Still ongoing. As of August 2026 work is progressing in this space and service is due to meet with RJ (assistant Finance Director) in early Sept 2026 to discuss next steps 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. 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	Finance and Performance Committee	3	4	12	Likelihood reduce therefore reduce in score	Treat	28-Sep-26

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																Recruit a fourth locum Radiologist to enact the proposed level of savings from reduction in outsourcing	Roberts-Davies, Gail	**Completed**	Action complete							
																Explore opportunities for income from dental practices referring for OPT examinations	Roberts-Davies, Gail	~~01/01/2025~~ ~~31/03/2025~~ ~~31/03/2026~~ ~~30/06/2026~~ ~~30/09/2026~~ 30/10/2026	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							

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																To formulate savings scheme plans for the 25/26 financial year	Roberts-Davies, Gail	Completed	Savings plan have been reviewed in September 2025							
1906	Community & Integrated Medicine	Pembrokeshire Integrated System	Withybush General Hospital: WGH	Carruthers, Andrew	Skitt, Peter	Svetz, Jess	Matthews, Joseph	16-Aug-24	There is a risk of that the Directorate will overspend against its delegated budget and declared savings plans. This is caused by Delivery of savings and adherence to delegated budgets is constrained by maintaining fragile services and lack of a clear roadmap to shift care left. OCP2 changes may further impact financial grip and accountability. Short-term cost actions risk driving inefficiencies and higher downstream costs, affecting sustainability. 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. Risk location, Pembrokeshire, Withybush General Hospital.	Finance Business Controllers work closely with budget holders to support informed decision-making, ensuring clear visibility of financial implications arising from operational pressures and proposed mitigations. Robust governance is in place through monthly finance meetings to review outturn, agree and sign off year-end forecasts, and scrutinise delivery with the Deputy Head of Business Control, with a clear focus on mitigating actions and consequence management to reduce spend. Monthly financial scrutiny meetings with senior nursing leaders provide additional assurance on budget management, with particular focus on variable pay controls. A weekly control group reviews all vacancies and new cost pressures to ensure appropriate challenge, prioritisation, and affordability. The Finance Business Partner Opportunities Framework has been refreshed to identify alternative models of working that support cost reduction and enable the development of formal savings schemes. This is complemented by engagement in value-based projects aimed at reducing low-value activity and improving productivity. Targeted controls are in place to reduce premium costs, including defined exit strategies for variable pay, implementation and monitoring of rate card compliance, and strengthened oversight of agency and bank usage. In addition, a pipeline of cost improvement has been established, including eight cost-saving PIDs currently in development/delivery to support financial recovery and sustainability.	Finance inc. claims	4	4	16	The operational pressures, fragility of the medical workforce in medicine and emergency department and the complexity management of patients is creating cost pressures due to reliance on agency, bank and security. CHC is an ongoing cost pressure. Continuing to run current services on the site is making it unrealistic to delivery the savings needed without major service configuration and workforce redesign.	5% reduction in costs of revenue within annual plan.	Andrews, Bethan	Completed	We have achieved non recurrent savings due to vacancies, however, this is not a sustainable position.	Finance and Performance Committee	3	4	12	The system requires time to realise and deliver the savings due to strategic, high-level decisions to be made. Whilst the system is required to realise savings must balance this with patient safety and quality of services and other requirements of TI.	Treat	21-Sep-26
																reduction of in patient beds by 25 since pre RAAC. Puffin ward now closed	Andrews, Bethan	Completed	completed							
																Recruitment of newly qualified nurses and international nurses.	Thomas, Carol	Completed	ongoing Recruitment continues were required.							
																Recruitment of medical staffing to reduce reliance on locums.	Andrews, Bethan	Completed	recruitment continues as required to reduce reliance. Recruitment continues but due to the fragility of workforce and no prospective cover for ED doctors, we rely on agency.							
																Review of compendium of variation to identify additional savings	Svetz, Jess	Completed	Meeting to be arranged							
																Develop a 90 day plan for cost savings	Svetz, Jess	Completed	Developing a draft to share with my senior team							
																Development of PIDs and QIAs for identified areas of opportunities	Svetz, Jess	Completed	Identified a number of cost saving opportunities with agreed SROs and working through the PIDs and QIAs.							

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																Review scheme of delegation and all cost centre to ensure alignment at the appropriate level	Svetz, Jess	**Completed**	Reviewed and now moving towards implementation							
																Pipeline Cost saving schemes are being worked through to move from red to amber/green	Svetz, Jess	**Completed**	PIDs developed and meetings taking place with each PID owner							
																Ongoing risks being added to the register to evidence fragility of services and have actions to mitigate the safety and financial impact	Svetz, Jess	**Completed**	Added Respiratory pathway, Emergency Medicine, ED Consultant and Medicine Consultant risk							
																Workshop to be held to explore further opportunities which will be organised by Peter Skitt and Andrew Lewis	Skitt, Peter	~~30/09/2026~~ 31/10/2026	Following our weekly financial escalation meeting, it was a proposed a workshop is organised to explore what services we would need to de-commission and work through invest to save business cases							
																Self assessment framework of grip and control to be completed with improvement plan	Riggs, Joanne	**Completed**	Completed the first version of the self assessment. Submit to CCG FCG 28th July for sign off. Improvement plan 11th August							
																Variable pay spend conversion to substantive funding business case	Svetz, Jess	~~31/08/2026~~ ~~30/09/26~~ 31/10/26	Successfully agreed an additional 1 WTE ED Consultant. Working with Medical Directorate on Tier 1, Tier 2 and Medical Consultant Business case. Work still progressing. Still waiting for the substantive funding business case							

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2167	Operational Allied Health Professions & Health Sciences	AHP&HS: Podiatry & Surgical Appliances	AHP&HS: Podiatry and Surgical Appliances	Carruthers, Andrew	Quarrie, Sara	Evans-Bundy, Katie	Evans-Bundy, Katie	02-Jul-22	There is a risk of of service fragility and substandard patient care within the Podiatry & Orthotics services. This is caused by unavoidable increase in consumables which has resulted in overspend to non-pay budget. Approximately £150,000, based on end of year financial forecast. This overspend was identified in 2023, and has continued to increase. This is primarily due to a 33% increase for contract Orthotic products unit price as a result of inflationary pressures. Increase of 20% with particular companies due to Iran war. This will lead to an impact/affect on patient care and safety staff burnout due to inability to recruit reduction to service delivery reputational damage to the health board which will cause future recruitment challenge uncertainty to delivery of key objectives for the service increased complaints, litigation and patient safety incidents (with associated risk of administrative burden) decrease of flow of patients through the health care system increasing waiting times withdrawal or reduction of support to SDEC, MIU and other non-core pathways more stress on other services inability to safeguard people with disabilities Withdrawal or reduction of support to SDEC, MIU and other non-core pathways Risk location, Health Board wide.	Shared Services benchmarking has shown that even with these increases NHS Wales is still receiving best price when compared to what NHS England and Scotland are paying. Orthotics contracts currently being renegotiated could potentially result in reduction of spend. Patients are continuously triaged and robust measures taken to assess whether patients are meeting strict eligibility criteria to receive products and interventions. Patients are signposted to purchase products commercially if they are available. Effective triaging reduces spend by employing strict eligibility criteria. Effective financial management in service has resulted in consistent overspend from year to year, with a focus on cost-effective solutions for patients.	Quality/Complaints/Audit	3	5	15	The Domain of the risk is set as "Quality" based on the risk Impact i.e. sub-standard service. The Inherent Likelihood score has been set as 25 as without appropriate funding, the likelihood of service fragility leading to sub-standard care may increase. Currently, control measures are ensuring minimal impact on patients, however, further restrictions on budget would present some difficult financial challenges and further increase the likelihood of service fragility. The most recent 2 Orthotics contracts have been re-negotiated which have helped to reduce spend marginally. However, other products are continuing to increase in price. As an ongoing control measure this will be monitored regularly. An SBAR is being submitted in line with annual planning requirement to articulate options to fully mitigate cost pressure, and reduce likelihood of service fragility. This will ensure that patients will continue receive the appropriate level of service from Podiatry & Orthotics in the future. Decision required from the SBAR as to whether the forecasted financial consumables overspend of	Ensure submission to 2026/27 Annual Planning cycle for uplift of Orthotics budget by £200k.	Mulroy, Mike	Completed	Awaiting outcome of previous action. 17.02.26 update- Annual planning template to request funding was submitted by CCG directors 12.01.26, in line with organisational process	Finance and Performance Committee	1	5	5	An increase in Podiatry & Orthotics budget to offset the overspend and allow a buffer for further cost increases and reflect the annual costs of the service would reduce the likelihood of noted risks that would be caused by further overspend. There is always the possibility of future cost increases, however in the case of this risk, the jump in cost was unprecedented and may require some steer on how best to deal with the financial challenges this poses to the service and the impact this is having on patient care. TRS date has been further extended to June `27 to account for annual planning process. Should the annual planning proposal be successful the likelihood will become negligible i.e. target likelihood score of 1 as patients are unlikely to receive a substandard service as a result of this risk and the risk will be mitigated.	Treat	17-Sep-26
																Risk to be escalated via CCG to Executive risk meeting for steer on financial challenges	Mulroy, Mike	Completed	SBAR updated and resubmitted on 27/11/25 by request to CCG meeting 17/12/25. To confirm whether with CCG Director whether this has been escalated to IQFPD. 25/3/26 - SBAR presented in CCG 3Ps on 17/3/26. Await decision. 17/02/26.Updating SBAR in line with annual planning requirement to articulate options to fully mitigate cost pressure from 01.04.26. Due to be submitted to CCG 17th Feb, to align with HB timeline submission to EDF by 21.02.26. decision needed by by mid-March/next risk review date							

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															Â£150,000 will be approved. The current impact score is 5, as there is evidence that the most catastrophic consequences for patients (e.g amputation rate) are currently increasing. The current likelihood score is 3 due to the possibility of harm to patients. However, should annual planning proposal be unsuccessful the likelihood will increase due to service fragility.	SBAR submitted to exec for Annual planning submission- deferred to 2027 for review	Mulroy, Mike	**Completed**	Decision needed to continue with service or restrict new products. Submitted to CCG IG - decision that options are not viable. Will escalate as per SFI guidance issued June 2026 for CEO approval of overspend in 2026/27.							
																Funding - Escalate SBAR on 2026/27 overspend for CEO decision (£130,000.00 required).	Quarrie, Sara	~~31/08/2026~~ 30/10/2026	Risk forms part of annual planning process.							
																Contract management - Eureka contract negotiations underway in July 2026 (may increase cost pressure)	Evans-Bundy, Katie	~~31/07/2026~~ 30/10/2026	Awaiting update on new contract prices							
																HB review of product formulary	Mulroy, Mike	**Completed**	Orthotics review team to further update catalogues and product formulary							

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2148	Operational Allied Health Professions & Health Sciences	AHP&HS: Occupational Therapy	AHP&HS: Occupational Therapy	Carruthers, Andrew	Quarrie, Sara	Adams, Jon	Adams, Jon	15-Aug-25	There is a risk of to the Primary Care OT budget for 2027/28 which will have a significant affect on the service's delivery model and ongoing sustainability of the service. This is caused by mainstreaming of Regional Integration Fund (RIF) from March 2027 (withdrawal of funding has been confirmed). This will lead to an impact/affect on significant cost pressures within the Occupational Therapy Budget from March 2027. This will inevitably have a large impact on service delivery if we need to pause or stop some services that don't meet WG criteria. The PCOT roles will likely need to be absorbed into core funding to address emerging RIF cost pressures. The risk is that this transition will impact our ability to deliver the service in its current form as there will be increased pressure to maintain core Health Board delivery, resulting in a potential loss of capacity to work proactively and preventatively in the ICN.â€‹ Risk location, Pembrokeshire.	Regular (monthly) meetings with finance partners to review budgets. Meetings with RIF project team to review project outcomes Reviewing any vacant posts funded through RIF to consider options Exit strategies reviewed and presented to CCG in September	Finance inc. claims	3	5	15	Some control measures in place but risk remains due to no allocated budget for staff currently funded through RIF. As at June 2026, it was calculated that the cost pressure on next year's Occupational Therapy Budget is approx. Â£700K. Risk framework justification: * Impact = Loss of >1 per cent of budget * Probability = 3 (75-95)% The probability that this will occur has reduced following a letter from WG on 25/09/26 confirming that funding for integrated care will continue for another 5 year cycle. However, it is possible that Primary Care will not meet the criteria for this funding, therefore risk remains high currently. A separate risk is being drafted for other RIF projects. Primary Care is a higher risk project and therefore has its own risk entry.	Head of Occupational Therapy attend regular RIF Finance Review meetings	Adams, Jon	**Completed**	Ongoing (closed as meetings now attended)	Finance and Performance Committee	2	5	10	Permanent funding will have been identified for the majority / all staff . By way of mitigation , we will consider the opportunity to bring Community services closer to Primary care, however, constraints on our budget will restrict recruitment to Core Service for a number of years, which will have continued impact on other areas of service provision and lessen impact.		06-Oct-26
																Service Leads attend RIF workshops discussing future funding - Dates available 10th, 15th September Pembrokeshire Meeting	Adams, Jon	**Completed**	Meetings arranged with RIF team. Meetings attended.								
																Meet with system leaders in Pembrokeshire to discuss the RIF funding issues and impact on wider Pembs system and ICN.	Davies, Sharon	~~31/07/2026~~ ~~31/10/26~~ 30/11/26	Meeting held April 2026 and further meeting with Primary Care / Cluster leads to be established. Due to colleagues availability this has been extended. Once meeting has been held, new actions to be added to risk.								
																RIF SBAR was presented to CCG on 22/09/26 outlining risk to the occupational therapy service and mitigation plan for OCP process to be instigated later in the year if no funding identifed.	Adams, Jon	**Completed**	SBAR presented and discussed in CCG Governance on 22/09/26								
																SBAR specific to Primary Care OT RIF funding to be drafted outlining options appraisal for absorption of staff into core funding	Davies, Sharon	31/12/2026	New action								

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2193	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: Endoscopy	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Edwards, Sara	16-Oct-25	There is a risk of the on-going timely delivery of endoscopy procedures This is caused by a lack of adequate baseline capacity to meet projected demand growth This will lead to an impact/affect on the on-going delivery of ministerial targets (USC, 8-week diagnostic and RTT, surveillance) plus the planned delivery of the surveillance recovery plan. Risk location, Health Board wide.	The service is currently meeting the USC and 8-week diagnostic target through the use of additional activity. This is due to a 5% growth in elective demand and 30% growth in inpatient/emergency demand - which requires increased service capacity of a further 3 procedure lists/week from April 2026/27. Funding for this ceases in August 2026 and presents a risk to delivery September 2026-March 2027.	Safety - Patient, Staff or Public	4	3	12	Current core capacity insufficient to meet demand for 8-week - capacity gap of 3 lists per week (equating to 18 patients per week). Funding for the additional activity currently ceases in August 2026 and presents a risk to delivery September 2026-March 2027.	The service is currently working in collaboration with the Urology team on the development of two proposals to expand endoscopy service capacity.	Edwards, Sara	31/08/2026	Awaiting annual planning decision.	Finance and Performance Committee	2	2	4	This is an upcoming risk from April 2026/27 (based on projected D&C modelling) - aim is to maintain delivery of USC/8-week ministerial targets (as current). Target risk score updated - annual plan funding not allocated in FY 26/27 to support mitigation plan.		09-Sep-26

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1951	Community & Integrated Medicine	Carmarthenshire Integrated System	Carmarthenshire County	Carruthers, Andrew	Skitt, Peter	Skitt, Peter	Jenkins, Angharad	31-Mar-24	There is a risk of overspend against the Specialist Palliative Care budget. 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). 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. Risk location, Carmarthenshire.	Regular meetings are held with the Trustees to discuss what their priorities are and to inform them of the Health Board's position. Recent recruitment has converted permanent posts into fixed term in order to minimise the impact on the budget.	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. The posts are: 1 x 0.9 WTE Specialty Doctor now substantive and 1.7 Clinical Nurse Band 7 Specialist Palliative Care, 0.8 Band 6 Bereavement Councillor(Secondment) and admin support. The admin support isn't being utilised as we secured core funding. We are currently reviewing the current WTE with finance business partners to confirm the current position. Situation is still ongoing, SDM and HoN to review finances, therefore no change to score.	To submit the business case and an SBAR outlining our work with the Trustees for Executive Team approval.	Jenkins, Angharad	**Completed**	Closed completed.	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. Expected date to achieve TRS extended to 31/03/2026 to allow report from finance business partner. Based on slow progress target risk score has been moved to end of Q1 FY26/27. Target risk score to change to end of Sept pending further discussions. 06/08/26 - Risk needs to be reviewed in-line with new risk 2397 with a view to closing as the risk is potentially duplicating.	Treat	08-Oct-26
																Awaiting full report from finance business partner regarding current status of posts (including fixed term/secondments) so that recommendations can be made to the HoN and System GM.	Jenkins, Angharad	**Completed**	Review of action undertaken, agreed in risk meeting to extend timeline to the end of the financial year. Awaiting data from finance so SDM and HoN can undertake review. Data provided and review completed - ok to close.							
																Meeting to consider whether fragile posts can be funded via core, and any potentially within the medical budget to look at additionality within the team. Results of meeting to be fed back to System GM and Consultant lead for SPC.	Jenkins, Angharad	**Completed**	This is being address via the SPC Fragility Risk ref 2397							
																To have further discussions regarding the draft SBAR re whether there is any potential to bring any of these permanent posts into core funding.	Jenkins, Angharad	30/11/2026	SBAR written and sent.							

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2202	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Procter, Sarah	01-Oct-25	There is a risk of That the introduction of insourcing will mean that performance trajectories towards zero breaches will be impacted and that this will cause an overspend. This is caused by The increase in referrals for diagnostic referrals from the increase in outpatient appointments This will lead to an impact/affect on This may cause a financial overspend and mean that trajectories for planned care breaches will not be met. Risk location, Health Board wide.	Monitoring of performance there is some funding available but it does not meet the cost of outsourcing the examination and report.	Finance inc. claims	3	4	12	Impact 4- Uncertain delivery of key objective/Loss of 0.5â€“1.0 per cent of budget Uncertain delivery of key objective/service due to lack of staff. Low achievement of performance/delivery requirements Likelihood 3- Probability (25-75%*)	Deputy COO discussing with WG that the tariff doesn't meet the cost of outsourcing examinations.	Jones, Keith -	**Completed**	assurance by deputy COO that if funding doesn't meet tariff cost then the actual cost will be paid	Finance and Performance Committee	2	3	6	Impact 3 -An event which impacts on a small number of patients. Loss of 0.25â€“0.5 per cent of budget. Likelihood 2 - Probability 5-25%	Treat	28-Sep-26
																Issues with tracking insourcing OP requests due to new RIS subsystem	Procter, Sarah	**Completed**	Able to track again							
																Capacity and demand to establish increase in waiting list due to OPD insourcing.	Procter, Sarah	30/04/2026 31/10/2026	awaiting final patients who are still progressing through the service. patients still in system.							

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2184	Operational Allied Health Professions & Health Sciences	AHP&HS: Occupational Therapy	AHP&HS: Occupational Therapy	Carruthers, Andrew	Quarrie, Sara	Adams, Jon	Adams, Jon	03-Apr-25	There is a risk of There is a risk of a recurring £142k budget deficit from April 2026 due to cessation of Welsh Government funding and no identified replacement funding for substantive 3Ps workforce posts. This is caused by The temporary Welsh Government funding used to establish substantive workforce posts within the 3Ps Prehabilitation and Optimisation Service has come to an end, with no confirmed replacement funding identified. The annual staffing cost is £258,462 against a recurring budget allocation of £116,759, resulting in a recurring annual funding gap of approximately £142,000. This will lead to an impact/affect on Failure to secure recurrent funding may result in an ongoing budget deficit, impacting the Health Board's ability to achieve financial recovery objectives and maintain a balanced budget. Whilst the substantive staff within the service are not currently at risk, the continued financial pressure may reduce organisational flexibility to invest in workforce growth, manage vacancies, deliver savings targets and sustain service development. In the longer term, this could adversely affect service capacity, patient access, waiting time performance and the timely delivery of prehabilitation support to patients awaiting orthopaedic intervention. Risk location, Health Board wide.	Monthly budget monitoring and financial performance reviews with Finance Business Partners, including forecast outturn reporting, identification of cost pressures and horizon planning for future financial years. Ongoing exploration of recurrent and non-recurrent funding opportunities to address the funding gap, including engagement with Planned Care colleagues and incorporation of funding requests into relevant annual planning and recovery processes. Regular review of workforce establishment, expenditure and service activity to inform financial planning and support the development of sustainable funding solutions.	Finance inc. claims	3	4	12	There is currently no identified funding for the budget shortfall from April 2026 in cost code 1962 (staff who deliver prehab to patients awaiting orthopaedic waiting list). The annual cost of these staff (who were substantively recruited into these posts) is Â£272K. The recurring budget for the service is Â£110K, therefore there is a deficit of Â£144K. The action plan for mitigating this risk is aimed at minimising or preventing the financial risk that will come into effect in April 2026, which is currently imminent (Likelihood score is 5) due to lack of funding. Should any indication of funding become apparent, this Likelihood score will be reviewed. Potential plans for exploring future funding options are underway (e.g. a meeting is to be scheduled with the Planned Care team to discuss alternative funding arrangements).	Develop an action plan with finance business partners to explore funding options and monitor service budget. 30/09/26 Confirmation of Tranche 2 funding approx £180K working with colleagues to clarify detail and allocation for 3Ps service. to be closed and new action added.	Adams, Jon	Completed	New action - action to be updated further as we approach next round of annual planning.	Finance and Performance Committee	2	3	6	Should permanent funding be agreed to cover the current establishment under this budget code, the financial risk is mitigated as all of the impacts associated with these cost pressures will be addressed and averted (Likelihood = 1).	Treat	30-Sep-26
																Meeting with planned care colleagues to discuss future funding arrangements. MP to raise with QSIG group 28/04/26. JA to follow up with MP on 12/05/26. 12/08/26 Update from MP - funding request included in planned care recovery plan	Adams, Jon	Completed	Meeting to be scheduled. MP to raise with QSIG group 28/04/26. JA to follow up with MP on 12/05/26. Meeting scheduled 03/09/26. Meeting with MP & LH & JA on 03/09/26 awaiting update from Tranche 2 funding application. Tranche 1 funding received by HB nut not included funding for 3Ps. 21/09/26 Tranche 2 funding received approx £180K awating confirmation from finance on allocations for 3Ps service.							
																Confirmation of Tranche 2 funding approx £180K. Working with colleagues to clarify detail and allocation for 3Ps service and escalate any shortfall.	Adams, Jon	31/12/2026	meeting with finance on 30/09/26. Finance going to speak with planned care colleagues.							

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1869	Primary Care	Primary Care	PC,CS,LTC: Dental	Carruthers, Andrew	Jones, Keith -	Bond, Rhian	Mickiewicz, Marie	20-May-24	There is a risk of of General Dental Services not achieving the Dental Patient Revenue Income Charge target set by Welsh Government. This is caused by Multiple contributing factors including Dental Contract Reform impacting the throughput of patients resulting in reducing income. Reduced access to NHS dental services across the Health Board area The current economic climate contributing to an increase in patients who are exempt from charges. This will lead to an impact/affect on our ability to invest in dental services and cause capacity and cost pressures in other services such as GPs, Pharmacy and A&E. If the risk is not addressed this could lead to a permanent reduction in investment in NHS dental contracts. Lack of investment will significantly reduce the pace of improvement to NHS General Dental Services Risk location, Health Board wide.	Procurement to replace lost contracts NHS Business Services Authority monitoring of income trends and patient exemption data. The Health Board will endeavour to replace handed back contracts within 9 months of the contracts being handed back. Ongoing monitoring of the impact of newly awarded contracts on patient revenue charges. Welsh Government increase to patient charges from April 2024.	Finance inc. claims	3	4	12	The allocated Dental budget is Â£20M, with Â£17M collected from WG directly and the other Â£3M expected to be collected from patient charge revenue. If we do not meet this target, the Health Board would need to consider reducing allocated funding however this in turn will reduce further patient charge revenue In 2024/25, the Health Board collected Â£1.8M in patient charge revenue, leaving a gap of Â£1.2M. Data suggests that the situation will not improve during 2025/26 - the projected shortfall is estimated at Â£1.5 million (6.5% of the overall dental allocation). The replacement contracts procured are unlikely to generate enough income to close the gap. Please see risk 1823 for impact on patient care. Previously, the debt has only been offset by terminated contracts, however this cannot continue indefinitely and those contracts must be replaced to increase levels of access.	The Health Board will work with the NHSBSA to monitor evidence of a growing patient exempt evidence base. Currently, we are running at an increase of 3% growth in exempt patients compared to pre COVID.	Owens, Mary	Completed	New action	Finance and Performance Committee	2	4	8	It will take time for the new contract to embed and therefore it may be at least 12 months before reportable and comparable data is available in order to inform further changes in risk score. It is expected that the throughput of patients will decrease based on the metrics for the 2026/27 contract amendments and therefore income from patient charge-related income will drop to a new normal. Target score to be revisited at the end of the financial year, when we may know more about Welsh Government's decisions around contract reform.	Treat	15-Sep-26
																Decision from Finance to progress the Dental Investment Plan and improve access to services	Spratt, Andrew	Completed	Dental Investment plan has been approved							
																Consider procurement / direct delivery of additional GDS services. Paper to be submitted to Execs.	Mickiewicz, Marie	~~31/07/2026~~ 30/09/26 - 30/11/26	Decision expected 16/09/26							

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2316	Planned & Specialist Care	Children, Women & Family Health	Children, Women and Family Health	Carruthers, Andrew	Goode, Paula	Davies, Nick	Davies, Nick	27-Mar-26	There is a risk of that 1. the Children, Women and Family Health Clinical Service Group will be unable to identify the level of recurrent savings in-year required (£3.7m) which includes under delivery of savings in 25/26. 2. further risk of CSG being overspent due to ad-hoc variable pay (current run rate £2.2m in this financial year with). This is caused by 1. fragile services requiring workforce planning and wider Health Board engagement to enact service change within the financial year. 2. fragile services and workforce pressures driving spend on ad-hoc variable pay. This will lead to an impact/affect on a worsening of the overall financial position of the CSG. Risk location, Health Board wide.	1. Finance Business Partner assigned to the Clinical Service Group, with meetings in place with Clinical Service Group management, and ad hoc meetings as and when required 2. Weekly review of nursing and medical staff rotas 3. Regular job planning reviews 4. Weekly Operational team meetings 5. Monthly Clinical Service Group Business meetings 6. Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend 6. Reduction in the O&G and Paediatric spend and working with Medical Sustainability project 7. Scrutiny of budget/Savings schemes via TI escalation meetings 8. Re-assessment of streamlining and education commissioning for Nursing and Midwifery services 9. Workstream future-proof Withybush Creche '	Finance inc. claims	3	4	12	Sept 26- additional opportunities continue to be explored, including r/v non-pay budgets, medication and equipment costs. There is concern that budgets are not yet sufficiently aligned with actual service activity; further Finance review is therefore needed to establish the underlying position. Releasing further underspends is likely to create unseen additional financial, operational, performance or quality risks	Continue to progress CIP schemes identified with CW&FH	Davies, Nick	~~30/09/2026~~ 31.03.2027	Sept 26 - all CIP schemes and cost drivers tracked at CCG level and reviewed monthly by executive teams	Finance and Performance Committee	2	4	8	If all schemes are achieved then the risk will reduce. If partial schemes achieved it will improve the financial position however the full savings target will not be met for 26/27.	Treat	24-Sep-26
																Work to resolve the Medical HR issues across the CSG	Davies, Nick	~~30/09/2026~~ 31.03.2027	Sept 2026 All cases tracked and monitored monthly. CCG tracker created and associated cost pressures identified. Workforce processes revisited with workforce partners. All other procedures and sickness monitoring continued.							
																Review of WGH Creches sustainability	Davies, Nick	~~31/03/2027~~ 31.12.2026	Sept 2026. Creche temp closed as supported by Executive Team until 31.10.26. Staff temp redeployed with workforce guidance applied. OCP procedures now being initiated with a view to full termination of creche services and redevelopment of staff.							
																Review Midwifery staffing in line with corporate nursing position	Llewellyn, Cerian	~~30/09/2026~~ 31.12.2026	Additional temp staffing requirements (10wte, 7 months B6) identified and subject to internal approvals (Sept 2026) BR+ cycle now under way.							

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2040	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Evans, Nick	24-Mar-25	There is a risk of of cessation of funding for the FCP service. This has been rolled out across a number of years using Cluster finding. The GP Clusters have now stated their intent to service notice on the contracts that are in date, and to not sign up to those that have rolled out of contract. This will effect 9.4 clinical staff (Band 7 and Band 8a) plus 0.5 Band 8a Service Lead that is funded on income from a small management fee. This is caused by the fact that cluster funding should only be used for short periods to prove the worth of an initiative. In this case, FCP has been proven to be a more cost effective and timely way of managing musculoskeletal conditions in the community, releasing capacity through moving some of the MSK caseload to the Physiotherapists, allowing GP's to complete other tasks, and reducing onwards referrals into secondary care (investigations and interventions) This will lead to an impact/affect on an increased staffing of >£675,000 added to the Physiotherapy budget without any funding to cover this. Risk location, Health Board wide.	FCP service now sitting directly with DCOO. Physiotherapy continues with operational management. This is a cost pressure for the Op's directorate and has no solution.	Finance inc. claims	2	4	8	Funding for the service is currently supported by budgets under control of the Chief Operating Officer. Whilst there is still no substantive funding stream, there is not a direct cost pressure to physio services. The service is not able to replace vacant posts as workforce turnover occurs due to funding uncertainty.	12/06/25 - Development of CCG Business Case within 25-26 financial year for mainstream funding of FCP service	Evans, Nick	Completed	12/06/25-New Action 11/09/25-Plans currently under development ready for Annual planning Workshop 24/10/25-Inital plans supplied and under review as part of annual planning process	Finance and Performance Committee	2	2	4	Whilst the risk to the Physiotherapy service has been mitigated, this is now a risk sitting with the DCOO and without a mainstream funding solution.	Treat	30-Sep-26
																Await outcome of Annual planning (2026/27) process	Evans, Nick	Completed	New action. Annual Plan funding requests submitted. Pending outcome. 30/03/26-No update. 01/05/26-Funding extended until March 2027. Pending decision on permanent funding in next round of annual planning. Close this action and create new 2027/28 Annual Planning cycle.							
																Funding - FCP budget move to Chief Operating Officer budget centre to reduce pressures on Physiotherapy Budget lines.	Quarrie, Sara	Completed	Budget virement confirmed 11.05.2026 in savings meeting with finance (SN)							
																Funding - Engage in HB system work to resolve FCP service risks	Evans, Nick	31/03/2027	29.06.2026 - New action 10/08/26 - FCP now sits with DCOO. Still escalating that this service requires mainstream funding.							

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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	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. This is caused by increased workload sent for testing and changes in test repertoire resulting in higher costs. This will lead to an impact/affect on financial overspend. Risk location, Health Board wide.	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	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. 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.	Regional collaboration providing opportunities to repatriate tests.	Peters, Lee	**Completed**	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	Finance and Performance Committee	4	2	8	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. It has been proposed that this risk remains open, but with a tolerated score of 8.	Tolerate	27-Jul-26
																Review main SLAs to look at repatriating service	Peters, Lee	**Completed**	FIT, MPO and PR3 testing being considered for repatriation 5.4.24 - linked to ARCH regional solution 31/1/25 - these tests are now being discussed in CIG meetings by HD and SBU representatives.							
																Standardising clinical haematology processes, reducing send away tests	Peters, Lee	**Completed**	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							
																Establish VBHC Steering Group to review demand optimisation opportunities within Pathology.	Jones*, Dylan	**Completed**	Steering group established and workstreams identified to progress demand optimisation work. 5.4.24 - ongoing.							

FPC Operational Risk Register

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																Review Public Health Wales SLA CMR data. To look at test costs and volumes.	Williams, Mike	Completed	SLAs being scrutinised to check they deliver value for HB etc. Several tests have been challenged.							