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

Assurance and Risk Report

Finance and Performance Committee, 30 June 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 the principal risks are being refreshed and will be reported to the Board in July, and that there are processes in place to oversee operational risks to ensure these are being managed effectively, and that recommendations from audits and inspections 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 August 2026.

Principal Risks:
1
Under Review

Operational Risks
22
21 Reportable Risks

Welsh Health Circulars
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

As a result of the Strategy Refresh, presented to Board in January 2026, the plan is to present a refreshed Board Assurance Framework (BAF) to Board in July 2026. A review of principal risks is being undertaken as part of the BAF refresh, in addition to the supporting planning goals and outcome measures per the timeline below.

Principal risks and outcome measures have been reviewed and discussed at FET in May, with final amendments being made by Executive Risk Owners ahead of presentation at Board seminar in June 2026, and to the Board in July 2026.

Each principal risk will be aligned to a Board committee, and will be reported via the Assurance and Risk Report to ensure that they are being managed appropriately, taking in to account gaps in control, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Operational Risks assigned to FPC

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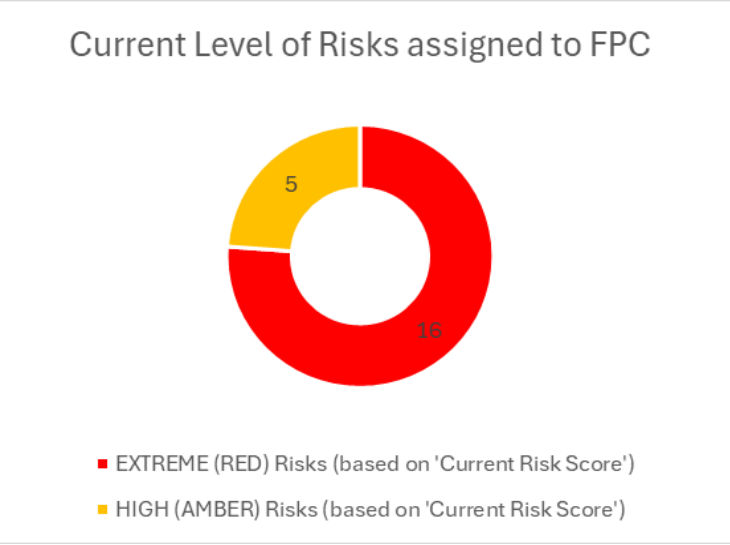
21 operational risks on Datix have been aligned to FPC, all of which have been reviewed within the required timescales. They have been identified as reportable to FPC based on the following criteria:

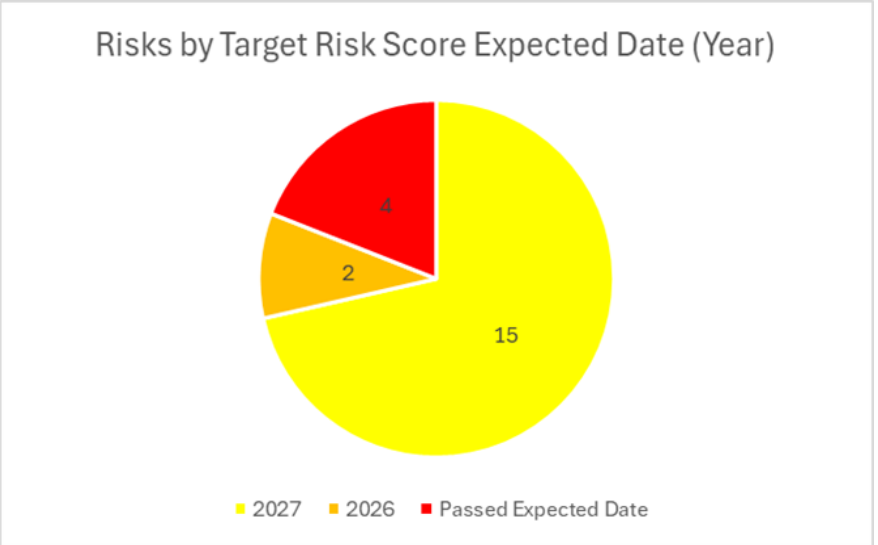
- FPC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

The following slide summarises the reportable operational risks aligned to FPC. The Risk Register attached at **Appendix 1,** provides full detail of reportable risks.

The following slides summarise the operational risks aligned to FPC at 27 May 2026.

Total Number of Open Risks meeting criteria for reporting	21
New Risks since last reported to FPC	4
Closed Risks since last reported to FPC	2
Increase in Risk Score since last reported to FPC	2
Decrease in Risk Score since last reported to FPC	0
No Change in Risk Score since last reported to FPC	15
EXTREME (RED) Risks (based on 'Current Risk Score')	16
HIGH (AMBER) Risks (based on 'Current Risk Score')	5





New Risks Added Since Last Report

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Risk Reference and Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2294 - Risk of inability to provide community based dietetic services closer to home due to increasing service fragility	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	3	01/02/2027	21/05/2026
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	08/05/2026
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	08/05/2026
2316 - Risk of being unable to identify recurrent savings required due to ad-hoc pay and non-pay	Planned and Specialist Care	Chief Operating Officer	12	8	04/04/2027	28/05/2026

** Risk 2175 realigned from Quality, Safety & Experience Committee*
*** Risk 2174 realigned from Strategy & Planning Committee*

Risks Closed Since Last Report

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Risk Reference and Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale for risk closure	Date Risk Closed
2110 – Risk of not achieving savings targets for 25/26 due to significant, strategic change required across whole CCGs	Community & Integrated Medicine	Chief Operating Officer	Risk closed as related to 2025/26. Risk relating to 2026/27 financial year savings targets being considered.	21/05/2026
2124 – Risk of being unable to identify recurrent savings required due to spend on ad-hoc pay and non-pay	Planned & Specialist Care	Chief Operating Officer	Risk has been closed and superseded by new risk 2316 (summarised on previous slide).	27/03/2026

Risks With Increased Current Risk Score

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Risk Reference and Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2131 - Risk of overspend due to cost pressures related to Everlight radiology	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	**25 ↑ (Previous Risk Score 20)**	**15**	31/03/2027	27/04/2026
975 - Risk of inability to achieve the financial target savings set for 2026/2027 due to aged estate and infrastructure	Estates & Facilities	Executive Director of Allied Health Professions & Health Sciences (AHP&HS)	**20 ↑ (Previous Risk Score 16)**	**10**	31/03/2027	28/05/2026

Risks With No Change in CRS (Slide 1 of 2)

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Risk Reference and Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS	Date of last risk review
2167 - Risk of increased service fragility and non-pay cost pressures in Podiatry due to overspending as a result of inflation	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25	5	30/06/2027	01/06/2026
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	27/04/2026
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	08/05/2026
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	27/04/2026
2148 -Risk of significant financial pressures impacting on service delivery due to reliance on RIF funding for key clinical roles	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	10	31/03/2027	29/04/2026
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	08/05/2026
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	05/05/2026

Risks With No Change in CRS (Slide 2 of 2)

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Risk Reference and Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve TRS	Date of last risk review
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	27/04/2026
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	02/06/2026
2184 - Risk that budget code 1962 will have a cost pressure of £144K from April 2026	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	16	6	31/03/2027	29/04/2026
2040 - Risk of decommissioning of current FCP Physio Primary care service due to funding uncertainty from April 2026	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	15	4	31/03/2026	01/05/2026
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	09/04/2026
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	27/04/2026
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	22/05/2026
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	13/05/2026

Risk Themes

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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 May 2026:

Theme	Definition	Number of risks	Date themed Risk Register last shared
Finance	Risks associated with the possibility of financial loss and uncertainty	90	08/05/2026

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 27 May 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.	1
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.	1
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.	0
Complete	The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.	2

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.

Overdue Welsh Health Circulars

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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Next steps
008-26: NHS Research and Development Finance Policy 2026	10/03/26	Director of Finance	Director of Finance	30/04/2026	**Overdue**	The localised policy is being presented at the next Research and Innovation Sub Committee, scheduled for June 2026.

Welsh Health Circulars In Progress

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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Progress Update
022-26: 2026/27 NHS Wales Financial Monitoring Return Guidance	30/04/26	Director of Finance	Director of Finance	31/03/2027	**In Progress**	The Corporate Reporting Team coordinate the monthly MMR submission on behalf of the function as an output from the month end reporting cycle. The WHC will be noted as complete following upload of evidence to AMaT.

Complete Welsh Health Circulars

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Since the previous report to the Committee, the following WHCs have been confirmed as implemented and formally approved as closed (**Complete**):

WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status
045-25: Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee	28/10/2025	Corporate Governance	Director of Corporate Governance	31/12/2025	Complete
055-25: 2026-27 Health Board allocation	22/12/2025	Director of Finance	Director of Finance	March 2026	Complete

Recommendations

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

RISK MANAGEMENT

- **RECEIVE ASSURANCE** that the principal risks are being refreshed and will be reported to the Board in July; and
- **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 Welsh Health Circulars within their area of responsibility, particularly in respect of understanding when the Welsh Health Circulars will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2167	Operational Allied Health Professions & Health Sciences	AHP&HS: Podiatry & Surgical Appliances	AHP&HS: Podiatry and Surgical Appliances	Carruthers, Andrew	Quarrie, Sara	Mulroy, Mike	Mulroy, Mike	02-Jul-22	There is a risk of of increased service fragility and increasing non pay cost pressures. This is caused by the Podiatry/Orthotics non-pay budget becoming approximately £200,000 overspent since 2023. This is primarily due to a 33% increase for contract Orthotic products unit price as a result of inflationary pressures. This will lead to an impact/affect on being able to purchase Orthotic products and appliances, provide interventions and timely treatments for patients leading to increased morbidity and a decline in patient well-being if the service is no longer able to continue overspending. This could lead to increased complaints, litigation, patient safety incidents, decrease of flow of patients through the health care system, increasing waiting times, knock-on effects for other services, potential reputational damage and inability to safeguard people with disabilities.	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.	Finance inc. claims	5	5	25	The overspend of £200,000 is consistent across year. As at October 2025, there are currently 2 Orthotics contracts being negotiated which could reduce spend marginally, but at best this will only prevent further overspend. Further restrictions on budget would present some difficult financial challenges to the service. If the Podiatry service were no longer permitted to overspend, the impact to the quality of service offered and the knock-on effect on patient care could be very high. If the service are required to reduce this overspend it could be catastrophic (Inherent impact = 5). Finance inc. claims = 5 (Finance inc. claims = (Impact - Loss of >1 per	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	The best possible outcome for this risk would be an increase in Podiatry of Â£200K in year to offset the overspend and reflect the annual costs of the service. This 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. 17.02.26: TRS date extended from 31.03.26 to 30.06.26 to allow for decision from Annual plan funding submission 26-27.	Treat	01-Jun-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
									Increased pressure on staff, workforce challenges (e.g. complexity of patients has increased as lower complexity patients are not being referred into the Health Board), having to deal with an increasing level of complaints and litigations and increased amputation rates, increased workload for administrative staff and loss of key staff to private practices (with less stressful working environment), future recruitment challenges. If further overspend is not permitted, the risk will become further exacerbated which will affect the Podiatry service from providing the necessary quality of care, with difficult decisions having to be made about which cohorts of patients will be prioritised for treatment (emergency patients vs those with long-standing disabilities, younger vs older patients etc). Finance inc. claims = 5 (Impact - Loss of >1 per cent of budget) Likelihood = 5 (It will undoubtedly happen/recur, possibly frequently) Risk location, Health Board wide.						cent of budget) Probability = 5 (95% +)	Risk to be escalated via CCG to Executive risk meeting for steer on financial challenges	Mulroy, Mike	~~28/11/2025~~ ~~31/01/2026~~ ~~31/03/2026~~ 30/06/2026	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							
																SBAR to be presented to OpAH CCG	Mulroy, Mike	Completed	Included on agenda at October 2025 CCG 2/12/25 - SBAR updated and resubmitted on 27/11/25 by request. Next CCG meeting 17/12/25.							
																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.							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
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	29-May-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 31/07/2026	initial meetings have taken place ToR drafted awaiting approval prior to start of formal Radiology Referral Management Group							
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	29-May-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	30/04/2026 31/05/2026 30/06/2026	Awaiting funding to be split into cost codes.							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2294	Operational Allied Health Professions & Health Sciences	AHP&HS: Dietetics & Nutrition	AHP&HS: Dietetics and Nutrition	Carruthers, Andrew	Quarrie, Sara	Paul-Gough, Zoe	Roberts, Sarah	19-Feb-26	There is a risk of of reduced efficiency and effectiveness in community dietetic service across the health board . Inability to deliver services closer to home , increase waiting times for patients referred for routine dietetic assessment and intervention This is caused by fragility in the Community dietetic service with 8 wte qualified dietetic staff working in this service able to provide 5.0wte direct clinical time across the whole health board. This is threatened to be reduced to 4wte qualified with 2.5wte provision for direct clinical care due to workforce stability posts over core establishment reducing ability to recruit into vacant positions over then next financial year 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. potentially 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 start date 5th May. Revised triage and clinic process will help streamline and more equitable service across HB and increased virtual clinics.	Safety - Patient, Staff or Public	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 April 2026- clinical lead role in pembs vacant , Clinical lead in Carmarthenshire on long term sickness absence and clinical lead in Ceredigion on secondment , Service lead not inpost until may 2026 extreme low management and high caseload demand	SBAR developed to express the risk and what is required to mitigate this	Roberts, Sarah	~~14/04/2026~~ ~~17/05/2026~~ 30/06/2026	SBAR drafted needs to be shared in SL meeting May 2026 for comments and sign off May 2026 comments made for SBAR approval and need to meet with Finance and HR in June	Finance and Performance Committee	1	3	3	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		21-May-26
																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							
																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	22/06/2026	new action							

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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 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 buisness partners Monthly review of qlickview 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	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 development in progress	Finance and Performance Committee	1	4	4	Funding for service 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.	Treat	27-May-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 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. work is underway to explore merging rotas in Carmarthenshire which may reduce costs slightly.	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. Risk framework justification: * Impact = Loss of 0.5â€“1.0 per cent of budget * Likelihood/Probability = 5 (95% + as cost pressure is occurring)	SBAR to be presented to CCG IG to inform financial challenge (and options to mitigate further)	Griffith, Susan	31/10/2025 01/06/2026	08/05/26 Cost mitigation paper re on call services submitted to CCG in April 2026. Feedback recieved. Post review amendments to paper required.	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	28-May-26

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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 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.	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 E&F CCG January 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	Treat	01-Jun-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.						grown 25% in 10 years with no revenue to cover increased space.											

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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 non-delivery of key objective/ Loss of >1 per cent of budget. Failure to meet specification/ slippage Claim(s) >£1 million. Primary Care OT RIF funding will end 31/03/27 This is caused by mainstreaming of RIF Welsh Government Mainstreaming funding post March 2027, will impact on the availability of funds for any subsequent grant schemes. Activities categorised as mainstreaming will be eligible for Welsh Government funding, with a minimum of 50% match funding required in the first year of mainstreaming This will lead to an impact/affect on cost pressure within the Occupational Therapy Budget of approx. £700K from March 2027 Impact on service delivery if we need to pause or stop some services that do not meet WG criteria Risk location, .	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	Finance inc. claims	4	5	20	Some control measures in place but risk remains due to no allocated budget for staff currently funded through RIF Risk framework justification: * Impact = Loss of >1 per cent of budget * Probability = 4 (75-95)%	Head of Occupational Therapy attend regular RIF Finance Review meetings	Adams, Jon	31/03/2026 31/03/27-, 30/08/26	Ongoing	Finance and Performance Committee	2	5	10	Permanent funding will have been identified for the majority / all staff he Primary Care Occupational Therapy (PCOT) model is advised that RIF funding will end in March 2027. The PCOT roles will likely need to be absorbed into core funding to address these 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€‹ 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.		28-May-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	Meeting help April 2026 and further meeting with Primary Care / Cluster leads to be established.							

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1631	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	Allied Health Professions and Health Sciences	Carruthers, Andrew	Quarrie, Sara	Quarrie, Sara	Quarrie, Sara	28-Mar-23	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 (£10.77m cost pressures 2026/27 budget break even + £4.88m saving 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) Formally clarifying and escalation of cost pressures to executives via iQFPDG and Executive Recovery meetings Annual planning 2026/27 and planned 2027/28 engagement and submissions	Finance inc. claims	4	5	20	See audit trail for previous months updates. May 26- ERM completed 18.05.26, Cost pressure mitigating actions resulting in forecast reduction to 1.6M, in addition the gap in remains at 4.1M (0.7 in progress). ERM action to progress in progress mitigating cost pressures at pace/ by 1st week in June: AMDs and county leads re OOO Everlight reporting TAT; and unfunded weekend physio services. Risk score remains unchanged. Apr 26 - Executive recovery meeting completed (16.04), reporting Â£11.6m breakeven deficit (Cost pressure mitigation schemes: likely Â£5.7m, probable Â£2.3m and unlikely Â£5.7m) + unmet savings target Â£4.1m (Â£0.8m schemes identified for Â£4.9m target). Accountability letter returned by HoS and Service Director identifying significant risks to break even and savings target + summarised CCG risk profile. 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	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 (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	28-May-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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															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							
																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.							
																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.							

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																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	~~28/11/2025~~ ~~30/12/2025~~ ~~31/01/2026~~ ~~30/03/2026~~ 30/05/2026	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.								
																Service review - Podiatry	Mulroy, Mike	~~28/11/2025~~ ~~30/01/2026~~ ~~30/04/2026~~ 30/05/2026	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.								

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																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.							
																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.							

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																Demand and capacity - Service review Occupational Therapy	Adams, Jon	~~31/01/2026~~ ~~28/02/2026~~ ~~29/04/2026~~ 30/05/2026	28/11/2025 - Service review commenced in Q3 (updated from HoS due to study leave unable to present to CCG IG in Jan therefore date extended to Feb 2026) Feb 2026 - Delay due to capacity required for winter pressure escalation and annual planning/cost pressure mitigation schemes. Deadline updated to April 2026 April 2026 - due to the amount of time the Stroke CSP work has taken over the last 4 weeks unfortunately this has been delayed and I would like to postpone to May. Extended to end of May 2026.							
																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).							

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																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.								
																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.								

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																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							
																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 decision from Chief Operating Officer - OoH Everlight reporting TAT (SBAR V1.0)	Carruthers, Andrew	Completed	20.02.2026 - Submitted scheme to COO and Director of Finance							

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																Cost pressure mitigation scheme decision from Chief Operating Officer - Agency reduction - Convert non pay budget to pay budget (recruit specialist posts and decrease reliance on agency) (SBAR V1.0)	Carruthers, Andrew	Completed	20.02.2026 - Submitted scheme to COO and Director of Finance							
																Cost pressure mitigation scheme decision from Chief Operating Officer - Stop unfunded Service (cell path) (SBAR V1.0)	Carruthers, Andrew	Completed	20.02.2026 - Submitted scheme to COO and Director of Finance							
																Cost pressure mitigation scheme decision from Chief Operating Officer -Stop unfunded WLI workload (SBAR V1.0)	Carruthers, Andrew	Completed	20.02.2026 - Submitted scheme to COO and Director of Finance							
																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	30/06/2026	Feb 2026 - Clinic and workshop implementation commenced.							

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																Demand and Capacity - Physiotherapy new patient D&C analysis and tool implementation	Davies, John	30/04/2026 30/05/2026	Feb 2026 - David Sheppard (performance team) update: Work commenced Jan 2026. Service to review capacity and further meetings to be arranged in Feb 2026. Apr 2026 - 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.							
																Demand and Capacity - N&D new patient D&C analysis and tool implementation	Paul-Gough, Zoe	30/04/2026 30/05/2026	Feb 2026 - David Sheppard (performance team) update: Work commenced Jan 2026. Service to review capacity and further meetings to be arranged in Feb 2026. Apr 2026 - 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.							

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																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	31/05/2026	April 2026 - New action							
																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	29/05/2026	April 2026 - Requested Finance Controller (SN) request budget movement from AH and HS CCG to COO budget hierarchy.							
																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.							
																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.							

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																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.							

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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 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).	Finance inc. claims	4	4	16	As at September 2025, the Clinical Care Group are estimated to remain within budget in terms of the end of year forecast. Presently, this is estimated to be a Â£163,000 underspend, however continuing pressures resulting in the potential use of private beds are noted and need to be factored into end of year trajectory. The Clinical Care Group continue to identify further non recurrent/recurrent saving opportunities. As of April 2026 we are awaiting the end of month 1 position.	Leon Popham to review impact of CHC uplift reserve on position and determine treatment and risk level on an ongoing basis.	Popham, Leon	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.	Finance and Performance Committee	1	3	3	Working towards a position where 6.5% savings are identified and to remain within budget.	Treat	02-Jun-26
																To provide an update for Executive Team to clarify the budget setting process and allocation for FY 2024/25.	Carroll, Mrs Liz	Completed	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.							
																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	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.							
																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 Poor outcomes for patients who are either admitted to hospital or who have longer length of stay, resulting in 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. Risk location, Health Board wide.	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	4	1	4	The future funding process is in its early stages. There is not an imminent risk to decommissioning of RIF funded services.	Treat	08-May-26
																develop SBAR and submit to CCG, that outlines exit strategy if comisioning for RIF funded services does not continue from April 2027	Davies, John	31/05/2026	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 30/06/2026	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 presures/ priorities.	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	08-May-26

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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 of a loss of >1 per cent of budget from April 2026. This is caused by the temporary funding of substantive posts in 3Ps Prehab and Optimisation Service several year ago by Welsh Government (with agreement to recruit into permanent posts) coming to an end. Staff recruited into these posts cost £289K. The recurring budget for the service is £110K, therefore there is a deficit of £180K. This will lead to an impact/affect on not achieving a balanced budget and potentially putting the service at risk due to financial instability. The staff recruited into these posts (who are responsible for providing prehab to patients awaiting orthopaedic waiting list) are not currently at risk as these positions are contracted, therefore the impact of this risk is purely on the budget of the service. The consequences of running the service with a high budgetary deficit include: overall risk to quality of service, ability to treat patients in a timely manner, ability to recruit into vacant posts and inability to achieve savings targets. Risk location, Health Board wide.	Monthly meetings with finance business partners to review budget and horizon planning for next financial year. Scoping other funding sources (see action below to meet with Planned Care to explore options).	Finance inc. claims	4	4	16	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	Adams, Jon	31/03/2026 30/04/26, 30/06/26	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	28-May-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	Adams, Jon	31/03/2026 30/04/26, 30/06/26	Meeting to be scheduled. MP to raise with QSIG group 28/04/26. JA to follow up with MP on 12/05/26							
																Escalate risk via CCG management meetings	Adams, Jon	Completed	Discussed in CCG meeting							
																JA to write SBAR for AHP & HS Governance meeting with recommendations. To be tabled at CCG Governance May 2026	Adams, Jon	Completed	SBAR Draft in progress							

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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.	Roberts-Davies, Gail	~~01/01/2025~~ 31/03/2026 ~~31/5/26~~ 31/03/2027	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	Finance and Performance Committee	3	4	12	Likelihood reduce therefore reduce in score	Treat	29-May-26
																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	**Completed**	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							
																Recruit a fourth locum Radiologist to enact the proposed level of savings from reduction in outsourcing	Roberts-Davies, Gail	**Completed**	Action complete							

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																Explore opportunities for income from dental practices referring for OPT examinations	Roberts-Davies, Gail	~~01/012025~~ 31/03/2025 ~~31/03/2026~~ 30/06/2026	Discussed at TI meeting August 2024 and responded to the collective submission for permission from WG on 21/1/2024. Awaiting feedback following this. Feb 2025 update- GRD has received queries from SN- due to discuss on 26/02/2025. This will be taken forward to the 25/26 financial year and progressed via the new CCG structure.								
																Review charges which constitute the historic SLA with SBUHB for Medical Physics Services to ascertain potential opportunities.	Roberts-Davies, Gail	**Completed**	The review ascertained that historically Radiology have been charged for Medical Physics Support to Theatre and Community Dental Services. This has been since separated out and costs past on to the respective services.								
																To review cardiac catheter consumables and ascertain if less expensive alternatives can be purchased.	Roberts-Davies, Gail	**Completed**	Action complete								
																Provide mitigating actions for the projected EOY overspend at Month 3 of £39.5K	Roberts-Davies, Gail	**Completed**	Mitigating Action was provided to the Monthly Radiology Escalation Meeting								
																To formulate savings scheme plans for the 25/26 financial year	Roberts-Davies, Gail	**Completed**	Savings plan have been reviewed in September 2025								

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1906	Community & Integrated Medicine	Pembrokeshire Integrated System	Withybush General Hospital: WGH	Carruthers, Andrew	Skitt, Peter	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	05-May-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.							
																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	29/05/2026	PIDs developed and meetings taking place with each PID owner							

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																Ongoing risks being added to the register to evidence fragility of services and have actions to mitigate the safety and financial impact	Svetz, Jess	31/07/2026	Added Respiratory pathway, Emergency Medicine, ED Consultant and Medicine Consultant risk							
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.	Cluster funding has been continued each year, with Primary care building the case for a permanent funding solution Positive conversations with Primary care RE: continuation Issues escalated through CCG. Escalation meetings being held with Executive Support Funding request submitted to CCG Annual Planning process Funding now extended until March 2027	Finance inc. claims	3	5	15	Until now, the cluster funding has been considered as beneficial to the clusters in terms of increasing their capacity in Primary care. The clusters initially were confirmed on exiting the finding with only a few months notice. However, the conversations have changed in tone recently and the Physiotherapy department and Primary Care are still in discussion regarding whether this will be continued	24/03/25-Assist in development of SBAR with Primary Care	Evans, Nick	**Completed**	24/03/25-Links made and access to SBAR granted by Jackson Reynolds	Finance and Performance Committee	2	2	4	Mainstream funding meets several local and national requirements, including right person, right place, right time, prudent healthcare, the fundamental principle of "shift left" and benefits to Primary Care capacity (allowing greater access to GP's, Practice Nurses and other Health Care professionals with lower MSK skills, but higher skills in other arenas) and reduced onwards referrals to Secondary care. Service to assign expected date to reach TRS (date below added during administrative update by Assurance and Risk Team to save risk)	Treat	01-May-26
																24/03/25-SBAR under development for presentation to CCG	Evans, Nick	**Completed**	24/03/25-SBAR under development. John Davies, Nick Evans and Susie Launders contributing. 23/04/25 - SBAR completed. Pending presentation 15/05/25-SBAR rewritten as situation has changed. Pending presentation 12/06/25 - Funding secured until March 2026, need to develop business plan for mainstream funding for delivery of FCP service built into the 26-27 CCG business plan.							
																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							
																Await outcome of Annual planning process	Evans, Nick	~~01/04/2026~~ 01/04/2027	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.							

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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 0.8 WTE Specialty Doctor (70k) now substantive and 1.7 Clinical Nurse Band 7 Specialist Palliative Care (80K), 0.8 Band 6 Bereavement Councillor (57k) (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. 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 Jenkins, Angharad	Completed 30/09/2025 09/04/2026 30/06/2026	Closed 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.	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.	Treat	09-Apr-26

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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 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. Issues with tracking insourcing OP requests due to new RIS subsystem Capacity and demand to establish increase in waiting list due to OPD insourcing.	Jones, Keith - Procter, Sarah Procter, Sarah	Completed Completed 30/04/2026 31/07/2026	assurance by deputy COO that if funding doesn't met tariff cost then the actual cost will be paid Able to track again awaiting final patients who are still progressing through the service	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	27-Apr-26

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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.	Monitor on a monthly basis until 31st March 2025 for improvement and in particular, when the Health Board has been successful in replacing handed back contracts.	Owens, Mary	Completed	Year-end process now underway (figures will be available in June 2025) Year end data will be analysed by 31/08/25 Year end figures show that £1.8million was collected in Patient Revenue Charges which is only 53% of the £3.4million target	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	22-May-26
																The Health Board will endeavour to replace handed back contracts within 9 months of the contracts being handed back.	Owens, Mary	Completed	New action							
																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							
																To monitor the impact of newly awarded contracts on patient revenue charges.	Owens, Mary	Completed	Ongoing action (moved to Control Measures)							
																Decision from Finance to progress the Dental Investment Plan and improve access to services	Spratt, Andrew	Completed	Dental Investment plan has been approved							
																Revisit Target Risk score end of financial year. Update based on available information.	Mickiewicz, Marie	Completed	Completed at meeting 22/05/26							
																Consider procurement / direct delivery of additional GDS services. Paper to be submitted to Execs.	Mickiewicz, Marie	31/07/2026	New Action							

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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	CIP tracker in place and monitored monthly for progress and shared with Clinical Care Group at the Business Planning and Performance monthly meetings and monthly Value For Money sessions with the CCG director. Services Leads working with the Commissioning team to review SLAs.	Continue to progress CIP schemes identified with CW&FH	Davies, Nick	30/09/2026	28.5.26. 2 schemes currently identified on tracker- Creation of Gynaecology SDEC and implementation of hysteroscopy under sedation. Both "Blue" at present with SDM progressing as owner. Creche services currently subject to executive escalation to identify opportunity/ next steps- outcome of ET is likely to inform Tracker entry- currently in "red" status. Business partner team have generated non-pay ledgers and shared with all SDMs to enable a deep dive of their portfolios to identify all opportunities.	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	28-May-26
																Work to resolve the Medical HR issues across the CSG	Davies, Nick	30/09/2026	28/5/26 All cases reviewed by GM and SDM in weekly 1:1s Although timelines to resolution have not been able to be secured in most cases, all are subject to a variety of workforce processes- all of which are fully implemented and subject to workforce oversight and in some cases, legal and risk input. Where required, occupational health reviews have been secured.							

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																Review of WGH Creches sustainability	Davies, Nick	31/03/2027	28/5/26- An options paper designed to support decision making in relation to the provision of the creche service at WGH is currently subject to executive escalation to secure decisions/ identifying opportunity/ next steps- outcome of ET will inform Tracker entry and associated timelines- currently in "red" status.								
																Review Midwifery staffing in line with corporate nursing position	Llewellyn, Cerian	30/09/2026	To be reviewed at next update								

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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	13-May-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.								
																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.								