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Assurance and Risk Report

People, Organisational Development & Culture Committee - 17 February 2026

Situation



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This report provides the People, Organisational Development & Culture Committee (PODCC) with the current status of the risks, audits and inspections recommendations, Welsh Health Circulars (WHCs) and Ministerial Directions (MDs) within its remit. The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that recommendations from audit and inspections, WHCs and MDs are being implemented by the Health Board.



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.

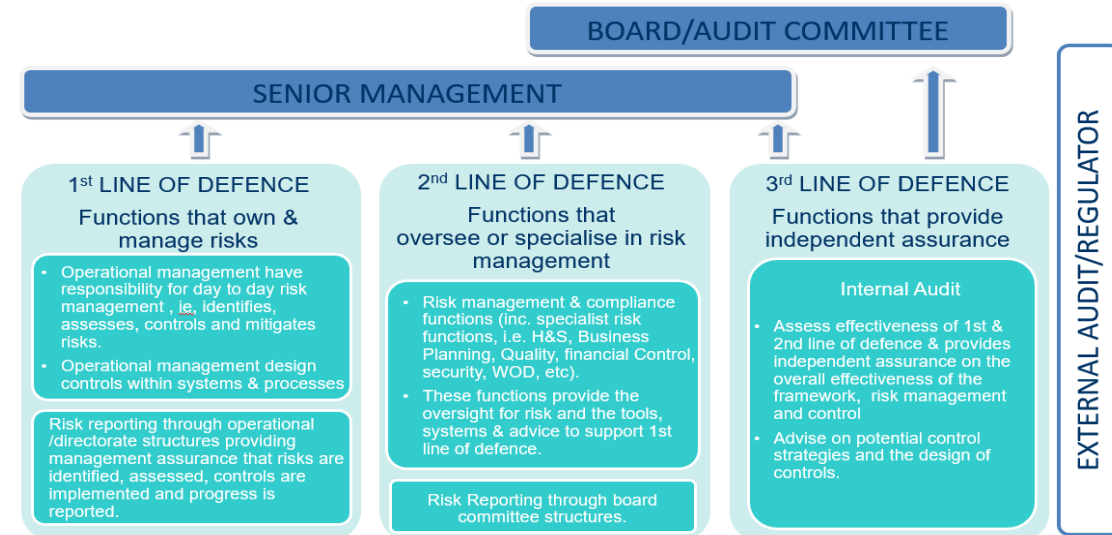
The Health Board's risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval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



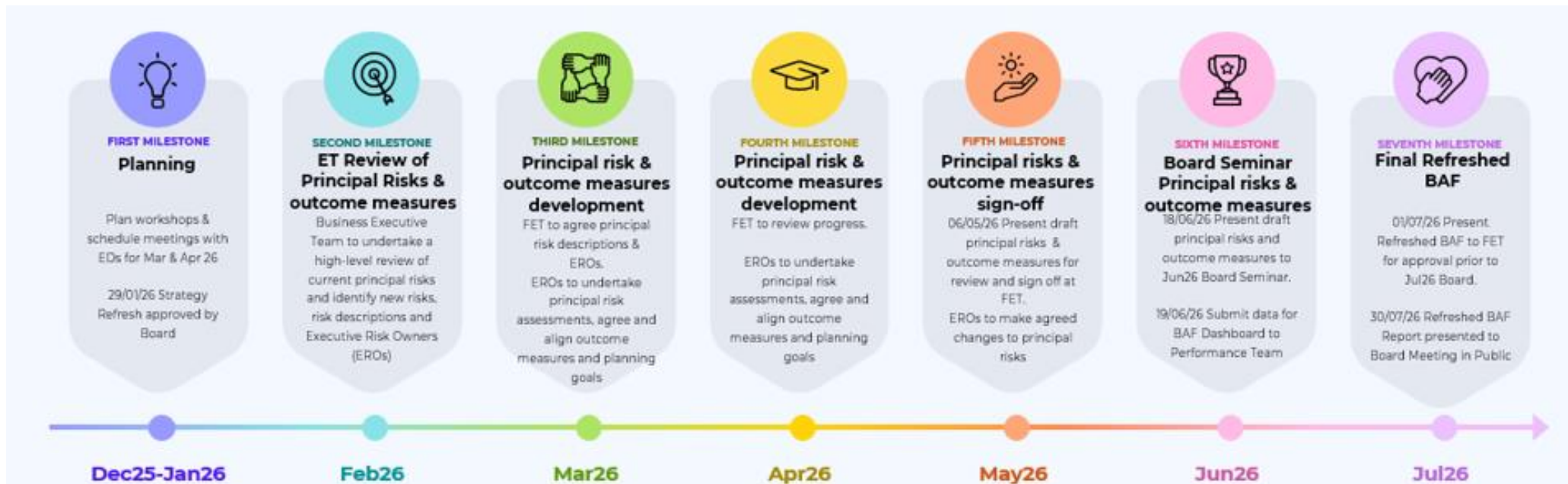
Principal Risks



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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 will be undertaken as part of the BAF refresh, in addition to the supporting planning goals and outcome measures per the timeline below.



Refreshed principal risks will be discussed at Board seminar in June 2026 ahead of presentation 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.

Corporate Risks assigned to PODCC



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IMPACT	LIKELIHOOD				
	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	Yellow	Orange	Red	Red	Red
MAJOR 4	Yellow	Orange	Yellow	Red 1978	Red
MODERATE 3	Green	Yellow	Orange	Yellow 1821	Red
MINOR 2	Green	Yellow	Yellow	Orange	Orange
NEGLECTIBLE 1	Green	Green	Green	Yellow	Yellow

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

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

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

There are 2 corporate risks currently aligned to PODCC (out of the 23 that are on the CRR at 21 January 2026).

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

Corporate Risks assigned to PODCC

- 1 of 2



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market	Director of Workforce & OD (Organisational Development)/Deputy Chief Executive Officer	16 → (Reviewed 06/01/26)	12	31/03/2027
Rationale for Current Risk Score (CRS)				
<p>Staff sickness rates are fluctuating (reducing and increasing in different spaces) and our establishment levels are increasing. The use of contingent workforce is also fluctuating and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professions and Health Care Support Workers) to comprehend the level of risk by each group. It is hoped, as further action is taken through stabilisation programmes, the Clinical Services Plan (operational and strategic workforce planning) and Improving Together, we will be able to reduce the risk score during 2026/27.</p>				
Rationale for Target Risk Score (TRS)				
<p>The TRS reflects a reduction in the likelihood and impact of the risk occurring. Other intelligence leads the Health Board to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. There could be concerns for the specific services and/or the annual risk based on season variation when at full capacity for recovery/ministerial priorities as we have a "finite" resource in our people that can only be stretched so far without causing detriment. Therefore, the probability sits between 75-90% when taking account of these factors. We hope we will be able to take mitigated actions through our interventions under the Regeneration Framework in the short term and, for the medium term begin to realign available workforce to new service design and models of care. This risk is wider than a 12-month period as actions taken or not taken today will have a long-term legacy on our available future workforce and capacity/capability to manage the associated challenges of service and workforce redesign. Taking account of our rurality, demographics and population health, a score of 12 is achievable within constraints identified.</p>				

Corporate Risks assigned to PODCC

- 2 of 2



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1821 – Risk to the welfare of Health Board staff due to current demands	Director of Workforce & OD (Organisational Development)/Deputy Chief Executive Officer	12 → (Reviewed 10/12/25)	6	31/03/2026
Rationale for Current Risk Score (CRS)				
The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target risk score.				
Rationale for Target Risk Score (TRS)				
The TRS is based on assessment of the work ongoing across the Health Board within the management and executive tiers to ensure clarity and focus of work programmes. Reviewing and streamlining where appropriate. The actions below are across all staff groups and focus on specific actions that are within the gift of the Workforce and OD function to drive and support with managers.				

The risk is currently under review to reflect the risk to staff wellbeing and experience, which is being driven by the context within the Health Board is currently working within. The revised risk is scheduled to be presented to Formal Executive Team in March and will be reported via the Assurance and Risk Report due to be presented to PODCC in May 2026.

Operational Risks assigned to PODCC



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4 operational risks on Datix have been aligned to PODCC which are all within review date. They have been identified as reportable to PODCC based on the following criteria:

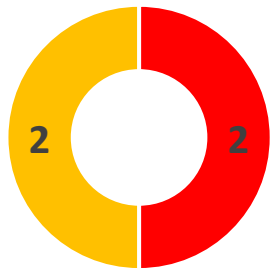
- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

The Workforce themed risk register is sent to subject matter experts on a bi-monthly basis.

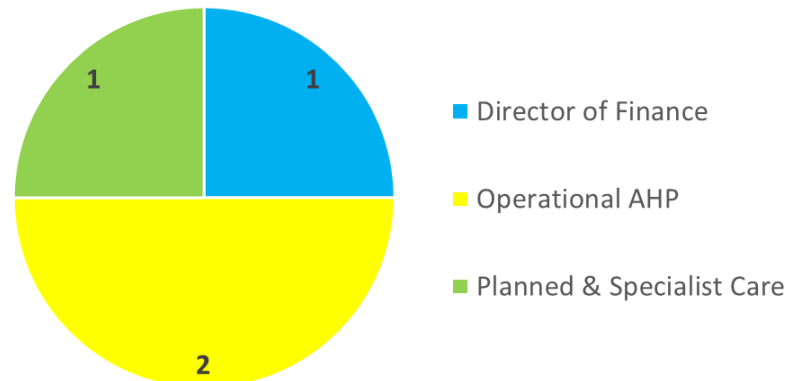
The following slide summarises the operational risks aligned to PODCC, with full details of reportable risks included in **Appendix 2**.

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

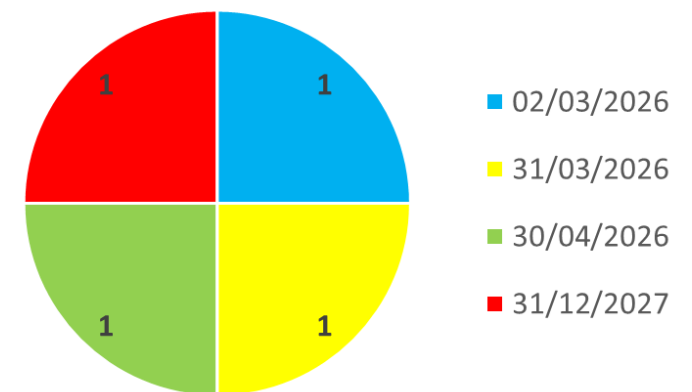
Risk Level



Risks by Clinical Care Group/Executive Function



Expected Date to Achieve Target Risk Score



■ Extreme Risks ■ High Risks

New Operational Risks reportable to PODCC

Since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2169 – Risk to staff wellbeing in weight management service due to unrealistic expectations with associated unreasonable behaviour	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	25 (NEW)	12	30/01/2026	29/12/2025
2253 – Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses.	Planned & Specialist Care	Chief Operating Officer	16 (NEW)	8	31/12/2027	16/12/2025

Closed Operational Risks reportable to PODCC

Since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale	Date Risk Closed
1409 - Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	Closed, with risk 2253 superseding (<i>Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses</i>).	16/12/2025

Operational Risks no longer reportable to PODCC

Since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale	Date Risk Re-Aligned
2102 - The risk of radiology service delivery due to leadership fragility	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	Risk re-aligned to QSEC due to the impacts on quality if risk materialises	21/10/2025
1580 - Risk to endoscopy service provision due to challenges in recruiting consultant gastro / endoscopists	Planned & Specialist Care	Chief Operating Officer	Risk re-aligned to QSEC due to the impacts on quality if risk materialises	21/10/2025

Decrease in Operational Risk Score

Since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score*	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
2088 – Risk that staff will have a poor experience whilst at work due to clinical pressures, financial challenges and change processes.	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20	12	6	31/03/2026	29/12/2025

Rationale for Current Risk Score

System pressures are consistent despite wellbeing interventions. Gains in wellbeing may be adversely impacted when returning to environments that can have an impact on wellbeing.

No Change in Operational Risk Score

Since previous report



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	Director of Finance	Director of Finance	12	6	02/03/2026	02/10/2025

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. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The risk theme “Workforce” is currently aligned to PODCC. This ‘theme’ is included on Datix and shared with Workforce Planning on a bi-monthly basis to improve the ‘oversight’ of risks by specialist areas and functions within the Health Board, to provide guidance to those responsible for managing risk and develop/improve organisational controls, i.e., policies, procedures, systems, processes, to reduce the risk to the Health Board. On review of the risk registers, Workforce Planning identify any risks which may require further support, and the relevant risk owner and/or service is then contacted for further discussion when required.

The Committee’s role in respect of these themed risks is to receive assurance in terms of the management oversight of these, i.e., that advice has been provided to the management lead where appropriate on the management of the risk, as well assuring that any themes/trends have been picked up and addressed e.g., form part of work plans, training, etc.

It has been recognised that the theme of ‘Workforce’ is broad and may not be helpful in effectively capturing thematic risks across the Health Board, nor in the analysis of data. A paper with proposed revised themes for each sector of ‘Workforce and Operational Development’, including draft definitions (for risk assignment purposes) is being presented to the Workforce & Operational Development Business & Performance Group in January 2026, following which the newly revised workforce themes will be added to Datix and risks re-aligned accordingly.



Audits and Inspections - Overview



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The Health Board remains in Level 4 status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Leadership and Governance' from Level 3 to Level 1, the Health Board must meet the revised criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of GIRFT and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, CIN optimisation programmes and related national improvement recommendations;
- Financial controls at the health board that are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews, or other control reviews; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrating progress and implementation, and any barriers to completion clearly noted.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Status Category	Definition
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.
Unable to Complete (NEW)	The recommendation 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.
Pending Decision (NEW)	The recommendation 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 recommendation is overdue or not whilst decision pending.
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.
Reliant on External Factors	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.
Complete Pending Formal Approval (NEW)	The Service / Function have completed the recommendation and currently awaiting formal approval to close.
Complete	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.

Audits and Inspection Reports assigned to PODCC



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There are currently 3 open reports assigned to PODCC, 1 of which is pending approval to close (HEIW: Education & Training Targeted Visit Report General Surgery, WGH). Full details are included in **Appendix 3**.

Date of report	Report Issued By	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Overdue	In progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma and Orthopaedics Glangwili Hospital March 2024	Community & Integrated Medicine	Chief Operating Officer	Aug-24	Aug-24 Mar-25 Aug-26	8	0	0	7	1	0	0	0	No barriers noted.
Apr-25	Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical Director	Interim Medical Director	Aug-25	Aug-25 N/K	12	0	0	12	0	0	0	0	No barriers noted.
Jul-25	Internal Audit	Sickness Management Final Internal Audit Report 2025/26	Director of Workforce	Director of Workforce & Organisation Development	Sep-25	Sep-25 Nov-25 N/K	2	0	0	1	1	0	0	0	No barriers noted.

Implementation of Welsh Health Circulars (WHCs)



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There is 1 open WHC aligned to PODCC as at January 2026.

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 January 2026, and the number completed since the previous report. To provide a more accurate reflection of WHC progress, three new status categories have been introduced since the last Committee report. Definitions for these new categories are included in the table below.

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

Oversight of the delivery of WHCs has been included in new 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.

Welsh Health Circulars assigned to PODCC



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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Progress Update
<u>038-25</u> : All-Wales NHS Accessible Communication and Information Standards	22/09/2025	Workforce and Organisational Development	Director of Workforce & OD / Deputy Chief Executive Officer	22/09/2027	In Progress	<p>There are three distinct parts to this WHC: -</p> <ul style="list-style-type: none"> - Accessible communication and information standards in healthcare. - Accessible information standard for GP practices. - Standard Operating Procedure: commissioning interpretation and translation services in primary and emergency healthcare. <p>Leads for each element of the WHC are in the process of being identified.</p>



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



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APPENDIX 2 PODCC CORPORATE RISK REGISTER JANUARY 2026

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jan-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1978	Risk of insufficiently skilled workforce to deliver services due to limited labour market	Gostling, Lisa	Workforce/OD	4×4=16	4×4=16	→	3×4=12	31/03/2026	6
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	4×3=12	4×3=12	→	2×3=6	31/03/2026	13

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

APPENDIX 2 PODCC CORPORATE RISK REGISTER JANUARY 2026

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

RISK MATRIX

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




RISK ASSESSMENT - FREQUENCY OF REVIEW

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

Assurance Key:

6
13

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

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

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

Date Risk Identified:	Apr-24
Strategic Objective:	1. Thriving Teams and 3. Great Care

Executive Director Owner:	Gostling, Lisa	Date of Review:	Jan-26
6	People, Organisational Development and Culture Committee	Date of Next Review:	Feb-26

Risk ID:	1978	Corporate Risk Description:	There is a risk there will be insufficient skilled workforce within each of our professional groups (Nursing, Medical, Allied Health Professionals AHP, HCS, Pharmacists and Dental). This is caused by the scarce supply of healthcare professionals and a shrinking labour market, which is further exacerbated by the Health Board's current vacancy rates. This could lead to an impact/affect on the quality of care provided to patients, delays in care and poorer patient outcomes and experience. In addition, this may lead to the inability to meet statutory and professional requirements in terms of safe staffing levels that are needed to deliver quality patient care.
Does this risk link to any Directorate (operational) risks?			1186

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4x4=16
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	3x4=12
Expected Date To Achieve TRS:	31/03/2027
Trend:	

Dec-24	16
Feb-25	16
May-25	12
Jul-25	16
Sep-25	16
Nov-25	16

Rationale for CURRENT Risk Score:

Staff sickness rate are fluctuating (reducing and increasing in different spaces) and our establishment levels are increasing. The use of contingent workforce is fluctuating and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professions and Health Care Support Workers) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation programmes & Clinical Services Plan (operational & strategic workforce planning) and Improving Together, we will be able to reduce the risk score during 2026/27.

Rationale for TARGET Risk Score:

The TRS reflects a reduction in the likelihood & impact of the risk occurring. Other intelligence leads the Health Board to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. There could be concerns for the specific services and/or the annual risk based on season variation when at full capacity for recovery/ministerial priorities as we have a "finite" resource in our people that can only be stretched so far without causing detriment. Therefore, the probability sits between 75-90% when taking account of these factors. We hope we will be able to take mitigated actions through our interventions under the Regeneration Framework in the short term and, for the medium term begin to realign available workforce to new service design and models of care. This risk is wider than a 12-month period as actions taken or not taken today will have a long-term legacy on our available future workforce and capacity/capability to manage the associated challenges of service and workforce redesign. Taking account of our rurality, demographics and population health, a score of 12 is achievable within constraints identified. ☒

APPENDIX 2 PODCC CORPORATE RISK REGISTER JANUARY 2026

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Organisational Governance Structure Improving Together approach to be align to People Planning approach supported by People Planning Team to create an organisational wide approach to in year service challenges Organisational Gap Analysis based on a 10 year profile developed and annual assessment strategic & operational review of workforce (including Education Commissioning Assessment) Inter-People and Corporate Team & Planning Objectives Establishment Control Agency usage Bank Utilisation & ongoing onboarding of supply Efficient Rostering practice Roll out of new rostering system Overview of organisation and service wide risks (assessment of each service area based on workforce availability) Continuous process of assessment of services to be stood down and	To mature and develop focus underpinning SPPEG and alignment to new Clinical Care Group structure to ensure that service workforce establishments have the correct skill mix/skills mix etc Digital infrastructure currently not in place to support the short, medium and long term analysis and modelling for workforce and triangulation of data sources to develop coherent scenario plans based on available evidence.	Workforce Plan in Place for Each Professional Group identified to address concerns above & monitored through relevant fora i.e. SPPEG, MDT Forum and PODCC Each Professional Workforce Plan in place with an implementation action plan developed within 25/26. (This will be maintained as an iterative plan with ongoing monitoring and review by relevant fora i.e. SPPEG, MDT Forum and PODCC. The Professional groups relate to each "Staff Group" identified under ESR i.e. Estates and Ancillary, Admin and Clerical (although service level plans may need specific tailoring), Nursing and Midwifery, Medical and Dental, Healthcare Science, Allied Health Professionals, and Additional Professional and Technical.	Walmsley, Tracy Walmsley, Tracy	31/03/2025 30/03/2026 31/05/2025 30/03/2026	Built into medical stabilisation and reports to V&S; Refreshed as part of annual planning cycle; continuous review. Challenge in consolidating 70+ operational plans aligned to professional identify and strategic direction. Requires "Forum" for dialogue and design. Planning Coordination Group acting in interim capacity. Draft Plans completed - final versions will be in place by March 26 (Revised action) Plans in train for September 2025 with review by groups i.e. SPPEG by February 2026 (due to agenda moved from December 2025)

<p>deployment options based on service needs (CDG)</p> <p>Targeted prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery (People & OD Strategic Group)</p> <p>Temporary People Utilisation reports shared regularly to monitor levels of supply</p> <p>Align and iterate to implementation groups i.e. Medical Workforce Planning and related subgroups i.e. Medical retention, MAPS etc</p> <p>Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans</p> <p>Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach.</p> <p>Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans</p> <p>SPPEG (Strategic People Planning & Education Group)</p> <p>From April 2025, new operational governance structure implemented allowing clinical care groups to escalate concerns to IQFPDG.</p>
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<p>Design an approach to primary and community workforce model for 25/26 against agreed priorities for Primary Workforce Planner and Annual Planning Objectives (NB Requires alignment to UEC, Primary Care and Community Programmes of work)</p>	<p>Walmsley, Tracy</p>	<p>31/05/2025 30/12/2025 31/03/2026</p>	<p>Ongoing, requires "Forum" to align Service, Programmes and Strategy discussion for Workforce to develop integrated approach to link with Workforce Planning Forum and Professional Group Plans. Primary Care Workforce Planner in post from March 2025. Challenges with engagement acknowledged. A summary report developed compiling challenges and opportunities has been developed. Meetings held with PC; revised approach determined. Paper intended for SPEGG Dec 2025 from Primary Care Academy but deferred to Feb 2026. Extra ordinary meeting took place 6th January 2026 and paper to follow.</p>
<p>Create task and finish group to analyse establishment control and develop tool to accurately reflect staffing requirements in partnership with Finance to ensure effective alignment to workforce changes and future profiling to include Education and Commissioning (3 year forward workforce "shape & spend" profile)</p>	<p>Walmsley, Tracy</p>	<p>30/06/2025 30/12/2025 31/03/2026</p>	<p>May need to align to National group. National Group meeting took place in July 2025. Consensus on value achieved; on mechanics more challenging discussions. No further actions coming from National Group. Establishment Control Tool and Regeneration Framework in place along with national minimum data set which is reviewed annually. As part of Annual Planning Cycle (March 2026) ensure financial profiling is aligned. Requires support from Finance colleagues.</p>
<p>Ensure effective methods of workforce utilisation across each professional group in place: Nursing, Medical, AHP and HCS. Critically assess and design plan for work that can be implemented by end of March 2026.</p>	<p>Walmsley, Tracy</p>	<p>31/03/2026 31/03/2026</p>	<p>Roll out of Job Planning & Allocate across professional groups; plans required to a) strengthen current approach and b) develop for new professional groups as prioritised against resources. Workshop with Allocate Held. Business Plan to be developed for AHP/HCS. Medical progressing with challenges. OOH service progressing with challenges.</p>

Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at January 2025 submission to Welsh Government.	Walmsley, Tracy	Completed	Completed. Signed off by Execs.
Recruitment plan aligned to each professional group (priority for medical for 25/26)	Walmsley, Tracy	Completed	Business as usual in most cases with the exception for international recruitment for medical. Developed and implemented up to August 2026. New plan being developed for 2nd International Cohort by 30 September 2025. No posts put forward to date for International Recruitment. Monies to be returned to WG - Finalising with Medical Directorate. Annual cycle now started to re-assess all professional group position.
Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Glanville, Amanda	31/03/2025-30/11/2026	Analysis in train, based on in year and projections. To be tested by 30 September 2025; work capacity to be assessed. Further work needed to put training plans in place based on TNA. Actions for study leave/higher wards part of BAU
Retention Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Davies, Christine	Completed	Update paper on Staff Retention presented to PODCC to provide assurance in February 2025
Evaluation of effectiveness of plans 24/25 & Lessons Learnt. (to 24/25 and reframed for 25/26)	Walmsley, Tracy	Completed	Built into medical stabilisation and reports to V&S
A robust framework of competency based people planning and related training to underpin the Team around the Patient initiatives and new model development of care. Essential and necessary reliance on educational frameworks rather than new role development, which is an evolutionary aspiration. Practical next steps will be assessed linking into skills gaps within the workforce and the educational infrastructure to support.	Walmsley, Tracy	31/03/2026	Competency based workforce planning was undertaken in 2022/23 with support from HEIW. Refresh of training needed prior to delivery. Delivery may need to commence from March 2026 due to team levels.

					Machanisms & Process for International Recruitment to be devised to enable transparency and engagement	Walmsley, Tracy	Completed	Engagement with NWSSP/Medical Director to clarify WG position. Meet with HEIW. Design process from local to national in line with partners. Owned by Medical Workforce Planning Group, linked to revision of establishments and ongoing plans led by Medical Directorate with support from Workforce Planning.
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Monitoring of workforce SIP and gaps in establishment control	1st				Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Maturity Matrix developed 31 June 2024 a) ongoing assessment & testing b) locally, c)regionally, d)nationally The intention over the next 12 months to achieve output a) and b) by March 2025, output c) by September 2025 and d) by December 2025 with any refinements of process/mechanics/content	Walmsley, Tracy	Completed	External stakeholder engagement ongoing i.e. other SWP colleagues and HEIW. Shared with HEIW, Strategic Workforce Planning Institute. Discussed with HEIW in November 2024 as part of Strategic Engagement. Meeting with regional colleagues separately to link in as part of regional work programmes. Shared in November 2024 meeting of Regional Network - scheduled for review in workshop January 2025. Discussed with Strategic Workforce Planning Leads at HEIW and other Health Boards, agreement to pilot

APPENDIX 2 PODCC CORPORATE RISK REGISTER JANUARY 2026

Risk management approach to Workforce themed Risks	1st					Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/25 to link to Annual Planning cycles (identified in Audit Wales (AW) initial draft report) Refresh of Strategy to be aligned. In draft.	Walmsley, Tracy	31/03/2025 30/03/2026	Workforce Plan will take account of the needs to address the actions in the Wales Audit Office Report. Assessment of work by Service, Professional and People Pillar to develop a costed plan for P&OD and HB. Meeting With AW Auditor to agree "close off" based on evidence available. For example, current Workforce plan, MDS and People Plans. The issue is related to the 10 Year Strategy and Implementation Plan for Workforce. The Clinical Services Plan (CSP) work is critical here. Completion Date revised to 30 April 2026 to account for CSP. Met with WAO lead. Draft Paper to be
Strategic People Planning & Education Group	1st					Value & Sustainability Group to receive updates on variable pay and temporary staffing usage	Walmsley, Tracy	Completed	Business as usual. Completed.
Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd					Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	31/12/2025 31/03/2026	New Action. Refreshing matrix based on All Wales Feedback. Meeting July 2025/26 of subgroup to agree process for pilot process. Being fed into AWOD for SWFP. Sub Group has met (October 2025) provisional engagement from DCHW, Cwm Taf, WAST and Cardiff & Vale to support revision of framework being undertaken to be presented at future AWOD Strategic Workforce Planning and supported by HEIW.
PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd								
Workforce Planning Internal Audit (Substantial Assurance) April 2022	3rd								
Wales Audit Office review of Workforce Planning (report - Summer 2023)	3rd								

Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans	1st										
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Date Risk Identified:	Oct-23
Strategic Objective:	1. Thriving Teams and 3. Great Care

Executive Director Owner:	Gostling, Lisa	Date of Review:	Jan-26
6	People, Organisational Development and Culture Committee	Date of Next Review:	Mar-26

Risk ID:	1821	Corporate Risk Description:	<p>There is a risk that staff will have a poor experience while at work. This is caused by the inability of leaders to lead compassionately due the current climate within which the Health Board is operating within and competing demands.</p> <p>This could lead to an impact/affect on the work life balance, morale and satisfaction of staff at work, and negatively impact the culture which staff experience at work. This could cause detriment to staff wellbeing and create a negative cycle which could lead to increased employee relations issues, team dysfunction, increased sickness absence and a higher number of staff choosing to leave the organisation with a negative effect on staff engagement, productivity and performance.</p>
Does this risk link to any Directorate (operational) risks?		Workforce themed risk register	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x3=12
Target Risk Score (L x I):	2x3=6
Expected Date To Achieve TRS:	31/03/2026

Trend:	↔
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Rationale for CURRENT Risk Score:
 The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target risk score.

Rationale for TARGET Risk Score:
 The target risk score is based on assessment of the work ongoing across the Health Board within the management and executive tiers to ensure clarity and focus of work programmes. Reviewing and streamlining where appropriate. The actions below are across all staff groups and focus on specific actions that are within the gift of the Workforce and OD function to drive and support with managers.

Key CONTROLS Currently in Place:
 (The existing controls and processes in place to manage the risk)





Policies and procedures, which are readily available to staff via the Health Board intranet and the Wellbeing Single Portal. This provides guidance and resources for managers and staff.

Forums in place with Executive oversight to review performance against objectives - Core Delivery Group, Directorate Improving Together Sessions, Clinical Services Plan.

Formal governance arrangements via Board and its sub-committees by Executives and Independent Members - People, Organisational Development and Culture Committee, Strategic Development and Operational Delivery Committee.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Delivery of the WOD Planning Objective relating to the delivering a positive workplace culture.	Increase the Health Board response rate to national NHS Staff Survey in 2025.	Davies, Christine	31/03/2026	Plans are in the early stages of a Communications phase to support staff engagement in the 2025 NHS Staff survey due in October 2025. An update on action will be provided at the end of December 2025.
	Develop and implement a new recognition and appreciation framework for staff.	Davies, Christine	31/12/2025	Plan is in the initial stages of development. A further update on this new action will be provided by October 2025.

<p>Operational Delivery Committee</p> <p>Performance dashboards to monitor sickness, vacancies, grievances</p> <p>Structure of Workforce and Organisational Development Directorate encompasses a number of pillars with a focus on supporting staff, promoting healthy working cultures, and providing support and resources.</p>	Implementation of Stabilisation Programmes.	Walmsley, Tracy	31/03/2026	Nursing and Medical Stabilisation Plans are in place with new developments being identified to address on a weekly basis.
	Progress the work of the EDI Task force building an inclusive and respectful organisational culture.	Bird, Anna	31/03/2026	<p>The EDI Taskforce has met on two occasions and a core group met on 13th August 2025 and an overview and recommendations for priority areas of focus were presented to Board Seminar on 21st August 2025. An update will also be on the agenda for public Board in September 2025. Three key workstreams have been agreed and will be taken forward over the next six months:</p> <ol style="list-style-type: none"> 1. Board Allyship 2. Engagement and co-production 3. Data and intelligence <p>The EDI Taskforce has scheduled an online "Big Conversation" event which will take place on 6th Nov. A further update will be provided in March 2026</p>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance Dashboards	Wales Audit - Workforce Planning - External Audit	3rd			Cultural Progression Report to PODCC meeting in May 2025 NHS Staff Survey Report to PODCC meeting in May 2025					
	Core Delivery Group	1st								

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Directorate/Executive Improving Together Sessions	1st			2025 Workforce Metrics on sickness absence monitored monthly via Escalation processes Culture Overview Report presented to PODCC meeting in August 2025 Speak Up, Make Meaningful Change update report presented to PODCC meeting in				
Workforce & OD Leadership Team Meetings (Risk led)	2nd							
PODCC	3rd							
Executive Team meetings (Risk led)	1st							
Escalation Framework Meetings	1st							
TI and JET assurance meetings	3rd							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function	Clinical Service Sub-Group / Executive Function	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead / Executive Function	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
2169	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Dietetics and Nutrition	Carruthers, Andrew	Quarrie, Sara	Paul-Gough, Zoe	22-Sep-25	<p>There is a risk of to staff wellbeing and associated rates of sickness absence and staff retention</p> <p>This is caused by unprecedented demand on weight management service since availability of GLP-1 inhibitors. This has resulted in long waiting times and inability to meet patient expectations resulting in unreasonable expectations and at times patient aggression.</p> <p>This will lead to an impact/affect on service continuity</p> <p>Risk location, Health Board wide.</p>	<ul style="list-style-type: none"> - Working with comms hub / PALS supporting identification of FAQ / common complaints to manage (draft responses provided) which will reduce need for team having to pick up (reducing exposure) - WLSS supporting Pt queries (signposting info provided) - Information regarding service including 'no guarantee' of access to medications and requirement to engage in lifestyle interventions (as per evidence) /communicating long waits due to new demand at point of referral provided to service users. - Session provided to team re de-escalation of anger - V&A advice sought, expectations re behaviour added to communications / posters displayed in clinical areas. Date tbc for V&A training planned. - Work commenced with Validation team to support communication to those on the Waiting list to manage expectations - Staff signposted to Staff psychological wellbeing service - Advice sought from OD team - Communication provided to referrers - Process introduced whereby call / query handlers escalate concerns to HoS / project support not team (not sustainable) Dec 2025 Service lead cover in place and awaiting sign off for scripts to be used and comms team to take on complaints and queries on behalf of WM team . Job advert to go out to recruit into newly vacant positions due to staff leaving 	Workforce/OD	5	5	25	<p>impact score of 5 criteria met:</p> <p>"Loss of several key staff" (3 staff members on long term sick, one of whom had sited work related stress when handing in notice, "Non-delivery of key objective/service due to lack of staff" (single handed prescriber is raising concern re workload demand, (as per linked risk ID 2151), key objective of service cannot be delivered without a prescriber.</p> <p>Likelihood score of 5 until actions to mitigate the current gaps in current control are complete.</p> <p>Liaise with communication and engagement team to agree a UHB-wide Communication to public to manage service user expectations</p> <p>seek funding for short-term sessional medical support for fragile single handed prescriber, whilst developing longer term plan.</p> <p>Expedite commencement of the communication hub to field calls and emails (which will include managed escalation of queries) to protect weight management service staff.</p>	<p>Expedite communication hub fielding calls / emails with managed escalation of queries to protect staff asap</p> <p>Communication urgently required to public to manage service user expectations</p> <p>Consider pausing non-urgent new assessments to support focus on those have open Duty of Care and improve efficiency (internal waits following assessment meaning delayed interventions and increased DNA). This will be support staff wellbeing by reducing pressure to undertake new assessments (giving capacity for interventions for those already in service), improve quality (intervention more timely as currently long wait from assessment to intervention), and improve efficiency as due to long waits, assessments may need repeating and DNA rates have increased.</p> <p>WHC 2025/043 released</p>	Paul-Gough, Zoe	31/03/2026	<p>Trial is complete. Comms hub have had some delays and have agreed to pick up in Feb 2026.</p> <p>Current mitigations not working, require a UHB communication to the public. Tabled for discussion at HWOOG (governance group for obesity). An internet page has been agreed however comms to public still to be agreed.</p> <p>QIA approved at CCG Jan 2026. Communication to Executive director planned in advance of submission to QIA panel. Meeting om 29.1.26 to explore if service meets Fragile Service criteria. Agreement to go live with Comms hub middle of Feb 2026. V&A training scheduled for Feb 2026. Submitted to Annual HB planning process.</p> <p>Task and Finish group established under the Health Weight Oversight Group to deliver on WHC recommendations.</p>	People, Organisational Development and Culture Committee	3	4	12	<p>The target for staff well-being is reflected in staffing levels and sickness rates. This will ensure the impact on service continuity is minimised.</p> <p>Current planned mitigations if successful will support in the short-term. Long term resolution will likely require resource. Longer term service planning will be required across system / pathway and has been highlighted for the Healthy Weight Oversight Group and in National HWHW group.</p> <p>The TRS date has been amended from Jan to April 2026 to reflect progress of action plan.</p>	Treat	28-Jan-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 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							
															Consider pausing non-urgent new assessments to support focus on those have open Duty of Care to and improve efficiency (reduce time between assessment and intervention). WHC 2025/043 released October 2025, has specified priority areas to target prescribing, which will aid service prioritisation.	Seek funding for short-term sessional medical support for fragile single handed prescriber, whilst developing longer term plan.	Paul-Gough, Zoe	31/12/2025 30/04/2026	Met with GM with responsibility for Diabetes. Explored opportunities within budget. Identified interested parties. Agreed current provider will support training / supervision etc critical to support service continuity / succession planning.														
															Communication to Primary and Secondary Care Teams to advise regarding ongoing fragility and plan in place to strengthen.	Paul-Gough, Zoe	30/04/2026	New action															
															Multidisciplinary Service review planned to incorporate the availability of new medications	Paul-Gough, Zoe	30/04/2026	New action															

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 / Executive Function	Clinical Service Sub-Group Lead / Executive Function	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
2253	Planned & Specialist Care	Children, Women & Family Health	CW&FH: School Nursing	Carruthers, Andrew	Goode, Paula	Owen, Tracy	Morgan, Barbara	20-Jun-22	<p>There is a risk of to the health and wellbeing outcomes and high level of safeguarding concerns for Children and Young People (CYP) within the Health Board due to a shortage of Specialist School Nurses.</p> <p>This is caused by 1. Difficulty in recruiting SCPHN School Nurses throughout the HB but particularly in Ceredigion. 2. There are not enough registered nurses opting to attend the SCPHN (Specialist Community Public Health Nurse)training for school nursing. 3.Location of the training, which is based in Swansea University, this is not always popular with staff from Ceredigion or Pembrokeshire due to the distance they have to travel. 4. The School Nursing service is unable to complete other aspects of its Public Health Role as the service is seen as providing an Immunisation Service. 5. There may be a negative perception by Registered Nurses on what the School Nursing Role actually entails. 6. There has been an impact to the service due to long term sickness in all three Counties.</p> <p>This will lead to an impact/affect on</p>	<p>1. Priority is given to Safeguarding and Immunisation programmes. 2. In regards to increases in Safeguarding issues, supervision is available from the Safeguarding Team and support from Team Leaders or Senior Nurse Manager. 3. Skill mix model has been adopted where the service has appointed Band 5 Registered Nurses to fill the deficit and enable them to become SCPHNs as part of the grow your own model. 4. Some of the work of the Band 6 Nurses are being delegated to Band 5 staff to help with caseloads. 5. Continue to work with Culture team to improve the culture of the service with the aim of improving staff retention.</p>	Workforce/OD	4	4	16	<p>The service has an ongoing recruitment campaign with involvement from Workforce which identified the impact of a reduced number of Welsh Language speakers currently in the service.</p> <p>To date, the we have been unsuccessful in our recruitment campaign which has had an effect on staff morale due to the increase in workload as they must cover caseloads.</p> <p>The Welsh language department have lowered the requirements for Welsh language posts to "level 3" which may encourage people who can speak Welsh (but not necessarily write, type, think in Welsh) to apply. Service have made a local decision (supported by CCG) to make recruitment more attractive to advertise Welsh language as "desirable".</p>	Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload	Morgan, Barbara	31/03/2026	Supportive model was piloted during Autumn 2022 programme with mixed feedback due to HBs competing priorities of vulnerable groups. It is hoped that further discussions can be established with Public Health team ahead of Autumn 2024. This is ongoing. Recent discussions have identified limited support however further discussions are required for future planning of the School Age Immunisation Programme.	People, Organisational Development and Culture Committee	2	4	8	The Service continues to face challenges in recruiting SCPHN Nurses. This is reflected in the TRS. Whilst a recruitment drive will help mitigate the risk, the biggest challenge is recruiting in Ceredigion. There remains a shortage of SCPHN nurses across Wales.	Treat	27-Jan-26

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									<p>1. Reduced input by the service on CYP's Health and Emotional Wellbeing due to lack of staff and increased demands in other areas of the service.</p> <p>2. Limited capacity of staff to deal with increased Safeguarding and Domestic Abuse disclosure.</p> <p>3.Reduction in the amount of Public Health key health messages provided by the school nurses. i.e sexual health and appropriate relationships sessions, internet safety, growing up talks in both primary and secondary schools.</p> <p>4. Ongoing effects on staff wellbeing and morale due to staff shortages within the service.</p> <p>5. There is no uplift within the School Nursing service should member of staff go off due to sickness/maternity leave. This also applies to staff who are on training courses.</p> <p>Risk location, Carmarthenshire, Ceredigion, Health Board wide.</p>							<p>The ageing workforce, in particular in Pembrokeshire and the senior management team, along with the challenges the service are facing with succession planning, make School Nursing a fragile service.</p> <p>The service is currently facing high levels of sickness across the three counties which then puts added pressure on existing staff.</p> <p>There is currently only 1 student on the course as another student has dropped out.</p>	Workforce support to broaden our scope of recruitment to include Social Media etc.	Morgan, Barbara	31/03/2026	To be updated on next review										

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737	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Brain, Sarah	Brain, Sarah	01-May-18	<p>There is a risk of that the staff working on the switchboards within the Health Board are not able to comply with the European Working Time Directive (EWTD).</p> <p>This is caused by the inability to cover single handed shifts at night, weekend and bank holidays at 3 out of the 4 hospital sites.</p> <p>This will lead to an impact/affect on the European Working Time Directive (EWTD) is an EU initiative designed to prevent employers requiring their workforce to work excessively long hours (specifically the right to a rest break if the working day is longer than six hours), with implications for health and safety, increased levels of sickness and potentially more time off work. Consequently this could have a direct impact on patient care.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital.</p>	<p>Each switchboard has a lockable door. There is now a supervisor now on call for support. Ring-rounds are carried out to check on well-being of switchboard staff (carried out by the staff themselves) - buddying system.</p> <p>Health Board successful for an Invest to Save bid from Welsh Government and a replacement and modernised programme for the switchboard is now in place. The project is up and running.</p> <p>Call recording is allowed on new system if issues are raised.</p> <p>Post-implementation review of system was carried out on 19th January 2023. Digital side of system is operable.</p>	Statutory duty/inspections	4	3	12	<p>We are not able to facilitate the required compliance without significant investment with additional staff and support from the site management. However, the night staff will have to undertake significant switchboard training to ensure that they are able to respond to the emergency calls.</p> <p>No complaints have been received from staff to date and concerns in the teams are minimal.</p> <p>Risk score was reviewed following review of system which occurred in January 2023.</p> <p>Risk remains the same until changes as part of the OCP are implemented.</p>	<p>Review physical alarm systems in GGH and WGH switchboards</p> <p>No update from estates - highlighted in Health and Safety report</p> <p>regular workstream established with Estates to review the alarms on all sites and to progress to remote monitoring</p> <p>Review physical alarm systems in BGH and PPH switchboards</p> <p>Alarms highlighted in Health and Safety meetings and included in reports no update from estates</p> <p>Health and Safety review of all sites to be carried out in May 2023 (inspecting physical environments and support mechanisms for staff)</p> <p>All Health and Safety Reviews have been carried out some actions already done clearing of areas, awaiting completed reports.</p> <p>Develop work plan to enable switching between sites</p> <p>OCP to be followed, merging of GGH and PPH teams, and merging of BGH and WGH out of hours to remove lone working and comply with EWTD</p>	<p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p> <p>Brain, Sarah</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>30/09/2025</p>	<p>following recent meeting with estates on 8/11/23 switchboard will need to decant for RAAC plank, revised to February 2024 highlighted issues during meeting to Estates that remote monitoring of alarms is now essential</p> <p>meeting held with Estates to discuss alarms across all sites, currently project and work in place to try and develop ways to manage alarms remotely.</p> <p>Health and Safety advisor booked in to carry out review. Update Action at next review.</p> <p>Work plan to be developed once review of alarms and Health and Safety inspection carried out.</p> <p>OCP currently in process</p>	People, Organisational Development and Culture Committee	2	3	6		Treat	02-Oct-25

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2088	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John Davies, John	09-Jun-25	<p>There is a risk of There is a risk of staff have a poor experience at work. This can contribute to burnout in clinical, administration and managerial staff, resulting in emotional, physical, psychological impacts.</p> <p>This is caused by Sustained and prolonged work-related pressure and chronic stress. This is also due to multiple factors which may include high workloads, working in isolation, lack of control or autonomy, insufficient recognition, miss match in values, unfairness in work distribution and reward and negative work life balances. Moral and ethical distress also adds to the risk of negative impacts on wellbeing.</p> <p>This will lead to an impact/affect on Wellbeing, attendance at work, poor cognitive decision making, loss of clinical capacity/ efficiency, poor recruitment and retention of staff, patient safety. Team functioning and work and home relationships are often effected. Feelings of uselessness, cynicism, compassion fatigue.</p> <p>Risk location, Health Board wide.</p>	<p>Staff directed to HB staff psychological wellbeing services and tools on the website</p> <p>Staff directed to NHS counselling service (Canopy) Health board 1:1 support service</p> <p>Prevention of burnout resources available on line to all staff</p> <p>Individual stress risk assessment completed, and action plans made</p> <p>Individual referral to occupational health when triggers met</p> <p>Individual Job planning template completed</p> <p>Staff to book regular annual leave and managers to monitor</p> <p>Service and team leads to monitor overtime / TOIL</p> <p>Operational managers are supported to attend Health and Safely training that includes workplace stress risk assessment.</p>	Safety - Patient, Staff or Public	3	4	12	System pressures are consistent despite wellbeing interventions. Gains in wellbeing may be adversely impacted when returning to environments that can have an impact on wellbeing.	<p>Staff to be made aware of all resources available to support wellbeing</p> <p>SG to link with psychology lead Suzanne Tarrant to confirm the most relevant resources available for staff and managers on burnout</p> <p>SG to link with Workforce and OD to see what support is available to clinical and managerial teams</p> <p>JD to link with Sara Quarrie and Jo Bradburn regarding staffing level benchmarking exercise.</p>	Griffith, Susan Griffith, Susan Griffith, Susan Davies, John	Completed Completed Completed 30/06/2025 31/01/2026	<p>links to staff resources distributed throughout the service through the service leader communication infrastructure.</p> <p>Meeting undertake with Suzanne Tarrant on 5/6/25 up to date resources confirmed and the service is advised that Suzanne is raising the concept of burnout at board level and the need for organisational workstreams.</p> <p>Susan Jarvis is undertaking targeted work with Teams 22/06/25 - Date to be arranged . Colours workshop undertaken with senior staff July 25 with further cascade to the wider team planned through in service training programme.</p> <p>JD to raise with the care group meeting infrastructure 11/07/25. CCG is piloting capacity demand modelling in podiatry. There is no specific time line for roll out in physio yet. CCG will advise later in the year. 30/10/25-No update on roll out of CCG C&D modelling - Anticipate this to have occurred by end of 2025 29/12/25-No update.</p>	People, Organisational Development and Culture Committee	3	2	6	Despite the current controls, staff engagement sessions highlight that many staff continue to have a poor experience while at work, that carries the risk of impacting wellbeing, and higher levels of sickness absence.	Treat	29-Dec-25

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															Develop SMART action plan to incrementally updated training for operational managers and clinical leaders in Health and Safety, including stress risk assessment processes. (Link with Tim Harrison and Adam Springthorpe)	Davies, John	31/01/2026	11/09/25. Initial scoping of training availability for 'H and S induction training for managers' provided by Adam Springthorpe. 30/10/25-"Managers Health and Safety Induction Training" - Available through ESR - 4 day courses. (start dates - 13/11/25, 22/01/26, 16/04/26, 16/06/26, 16/09/26). To circulate to relevant staff. 28/11/25 training information circulated to service leads. 29/12/25-Staff have begun to book onto H&S course detailed above.											
															Ongoing recruitment of staff to available vacancies	Davies, John	04/01/2026	New action											
															Within budget only use of Bank Band 4 / 5 / 6 clinical staff to maintain capacity during periods of vacancy	Davies, John	04/01/2026	New action											
															Use of within budget funding to recruit Locum staff with CCG and AG1 approval until the end of the financial year	Davies, John	04/01/2026	New action											
															Development for SBAR for recovery funding to achieve a zero breach position completed and submitted for consideration for additional WAG funding	Davies, John	04/01/2026	New action											

Inspection Title	Recommendation	Action	Person Responsible	Original Due Date	Progress Status	Barriers	Comments/Updates
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R1. The Health Board must ensure that the departmental induction adequately prepares trainees for their roles in the department.	Review current departmental induction arrangements to ensure that sufficient information is provided to prepare the trainees.	Mr Owain Ennis	31/08/2024	Fully complete (Approved)		Departmental handbooks have been reviewed and amended appropriately. Information and processes for departmental induction has been sought from those departments where the system is effective. This will inform the review of the T&O departmental induction for August 2024. A QI project has been instituted to improve the induction programme using QI measures, this project will be led by the junior doctors themselves to be sure we can achieve what they really require. Plan is to have PDSA cycles in August and October. Update June 2024 – Handbooks have been updated ready for the August induction. Departmental induction dates and times for the August changeover are in the process of being confirmed. First PDSA cycle will commence in August. Update Oct 2024 - The induction is now split into 2 parts, first part delivered by the Clinical Lead and the second part is delivered by Specialty Nurses and 2 experienced junior doctors, who are now also acting as informal mentors for day-to-day advice and support. Pre-prepared induction videos are in the process of being created and induction information is also included on the EOLAS app which all new doctors are given access to when they start. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 29.05.2025 - Evidence has now been uploaded.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R2. The Health Board must ensure that Educational and Named Clinical Supervisors and trainees have timely and effective interactions to ensure support for education and curriculum delivery	A programme of meetings is to be scheduled in to Educational and Clinical Supervisor calendars so that the appointments are organised well in advance. Dates to be communicated with trainees when they start in the department.	Mr Owain Ennis	31/08/2024	Fully complete (Approved)		All juniors have an ES and CS clearly identified. Pre-arranged dates are often challenging to organise due to clinical commitments and leave from both trainee and trainers perspective, however the suggested system will be put in place from August 2024. Update June 2024 – Mutually convenient dates and times will be confirmed when the new trainees start in August. Update Oct 2024 - All juniors have an ES and CS clearly identified. Pre-arranged dates are often challenging to organise due to clinical commitments and leave from both trainee and trainers perspective and some trainees will require more meetings than others but trainers are confident that timely and effective interactions will take place with trainees. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 21/10/2025 - Evidence now attached.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R3. The Health Board must ensure that there are effective handovers.	Establish clinical lead for cross-cover induction	Mr Owain Ennis	30/06/2024	Fully complete (Approved)		An SOP was created (Jan 2024) outlining the new format for cross-cover handover. This was introduced with the April rotation and will continue to be delivered as part of cross-cover induction going forward (i.e. Aug, Dec and Apr rotations plus GPST/CT rotation in Feb). Attendees are required to sign a declaration confirming this. Attendance at handover is recorded. Preliminary audits (2 cycles) have been completed (July 2023, Jan 2024). Further PDSA cycles to be conducted to monitor adherence following introduction of SOP. Update June 2024 – Clinical lead for cross-cover induction has been identified. This action can now be closed. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 29/05/2025 - evidence attached.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R3. The Health Board must ensure that there are effective handovers.	Continue PDSA cycles to monitor adherence to SOP	Mr Owain Ennis	31/05/2024	Fully complete (Approved)		Update June 2024 – Next PDSA cycle to be initiated in August 2024 post induction. Update Oct 2024 - An SOP was created (Jan 2024) outlining the new format for cross-cover handover. This was introduced with the April rotation and will continue to be delivered as part of cross-cover induction going forward (i.e. Aug, Dec and Apr rotations plus GPST/CT rotation in Feb). Attendees are required to sign a declaration confirming this. Attendance at handover is recorded. Preliminary audits (2 cycles) have been completed (July 2023, Jan 2024). Further PDSA cycles to be conducted to monitor adherence following introduction of SOP and the new doctor changeover which will take place in August. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 21/10/2025 - Evidence now uploaded. Audit summary for the August -Dec rotation will be drafted mid November so that any further improvements can be implemented before the next rotation. These audit cycles will take place mid way throughout each 4 monthly rotation.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R4. The Health Board must ensure that trainees are able to access training opportunities including theatre time.	Timetable detailing clinical activity to be provided to the trainees so that they know what is available, when and who to contact to attend.	Mr Owain Ennis	31/08/2024	Fully complete (Approved)		This is already scheduled for trainees with agreed sessional allocation already agreed with trainees and can be amended following further discussions. Current allocation provides 3x elective theatre sessions, 1x trauma theatre session and 1x fracture clinic session per week. Update June 2024 – New trainees will be provided with a copy of the clinical activity timetable when they start in August and will be kept abreast of any changes. Update Oct 2024 - This is already scheduled for trainees with agreed sessional allocation already agreed with trainees and can be amended following further discussions. Current allocation provides 3x elective theatre sessions, 1x trauma theatre session and 1x fracture clinic session per week. 19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT. 21/10/2025 - Due to varying interests, details of regular department activity has been included as part of the induction handbook so that it is easily accessible. Evidence attached.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R5. The Health Board must ensure that the rota continues to be delivered in its current format with twilight shifts and additional weekend cover, which will require further permanent roles to achieve that.	This will need financial support for long term rota change and this will need to be approved at Executive Level.	Mr Owain Ennis	30/06/2024	Fully complete (Approved)	Financial support required for long-term plan	Directorate to review its current resource allocation and proposals for reprioritisation to address this recommendation and (if applicable) Executive approval. The favoured option is a 1 in 16 covering both GGH and PPH sites. This would address not only the additional shifts at GGH, but also remove reliance on expensive locum shifts at PPH and enhance training opportunities for both elective and acute T+O on both sites, with allocation of an SHO level doctor to elective theatre Mon-Friday at PPH. In addition to this, the dept has also proposed recruitment of a 3rd trauma specialist ANP. Update June 2024 – The additional shifts continue to be filled by locums and are rarely vacant. A new 1 in 16 rota that is EWTD compliant and F+F compliant has been created and discussions are ongoing at a senior level to support its introduction and subsequent appointment of additional substantive staff to ensure that the rota is sustainable. Revised date = Sept 2025 Update July 2025 - Please see emails attached which relates to the SBAR around additional junior doctors which was taken in September 2024 but declined as it required exec sign off. The SBAR was subsequently submitted as part of Orthopaedic's Annual Plan for 25/26 which has been accepted so we plan to re-submit this via FCSG over the coming weeks.
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R6. The Health Board must ensure there are effective means for staff to speak up safely if exposed to inappropriate behaviours, including misogyny. There also need to be effective mechanisms to address it.	Educational film to be created which sets out scenarios which include unprofessional behaviours and will include misogyny. The film will include a signposting section and will provide information on speaking up safely.	Mrs Helen Thomas	31/08/2024	Fully complete (Approved)		Scenarios have been collated, format for the film has been agreed and filming will start in June. Update June 2024 – Filming will cover 2 days and starts on Thursday the 20th June. Update Oct 2024 - English version of the film has been recorded and awaiting dates for filming of the Welsh version, to be confirmed. Update Nov 2024 - Welsh version is being filmed on Friday the 22nd Nov and the film will be ready by the end of December Update April 2025 - Film is now complete. It is too large to upload as evidence but is available via secure share portal if required. Revised completion date: 31/12/2024

HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R6. The Health Board must ensure there are effective means for staff to speak up safely if exposed to inappropriate behaviours, including misogyny. There also need to be effective mechanisms to address it.	Ensure that the Speaking up Safely page on the intranet is included as part of the new doctor induction	Mrs Helen Thomas	31/08/2024	Fully complete (Approved)		<p>There is a wealth of information on the Health Boards intranet/Sharepoint pages which relate to Speaking Up Safely and so we need to raise awareness of it.</p> <p>Update June 2024 – August Induction packs have been updated to include this information and HEIW are also in the process of creating a toolkit to support staff to speak up.</p> <p>Update Oct 2024 - Meetings with the trainees followed the last targeted visit and further information was obtained as part of these (summary of discussion attached). This feedback was shared with the T&O team by the Clinical Lead, and specific individuals who had demonstrated inappropriate behaviours linked to their communication and manner, were spoken to independently.</p> <p>Scenarios have been collated, format for the film has been agreed and filming will start in June. English language film has been created and we have confirmed a date in September for filming the Welsh version.</p> <p>There is a wealth of information on the Health Boards intranet/Sharepoint pages which relate to Speaking Up Safely and wellbeing. We have incorporated this information into the new doctor induction sessions.</p> <p>Update April 2025 - The work in confidence platform information is now shared with doctors as part of induction, as part of the initial discussions when they start. The information is shared by the Faculty Lead who provides a welcome presentation. We have also created an anonymous form which we have shared links and QR codes to.</p> <p>19/03/2025 - Action reverted to "partially complete". Evidence to be uploaded to AMaT.</p>
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R7. The Health Board must ensure there this adequate support for trainers to enable them to effectively deliver their roles.	Appropriate time to be allocated in job plans in accordance with job plan activity tariffs.	Mr Owain Ennis	30/06/2024	Fully complete (Approved)		<p>A number of doctors within the department have time allocated for the Trainer role but a number of job plans require review. Service Delivery Manager position is currently vacant awaiting completion of the recruitment process.</p> <p>Update June 2024 – New service delivery manager has recently been appointed and job plan reviews meetings are in the process of being arranged.</p> <p>Update Oct 2024 - Most of those clinicians within the department who hold the Trainer role have an up to date job plan in place however, there are 2 job plans which need review. Service Delivery Manager position was vacant for some time but now this role has been filled and outstanding job plan reviews have been arranged to take place in October and November.</p> <p>Update May 2025 - Job plan compliance has now risen to 94% which exceeds the 90% target. Evidence attached.</p>
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R7. The Health Board must ensure there this adequate support for trainers to enable them to effectively deliver their roles.	Ensure that doctors have an up to date job plan.	Mr Owain Ennis	30/06/2024	Fully complete (Approved)		<p>Update June 2024 – New service delivery manager has recently been appointed and job plan reviews meetings are in the process of being arranged.</p> <p>Update Oct 2024 - Most of those clinicians within the department who hold the Trainer role have an up to date job plan in place however, there are 2 job plans which need review. Service Delivery Manager position was vacant for some time but now this role has been filled and outstanding job plan reviews have been arranged to take place in October and November.</p> <p>Update May 2025 - Job plan compliance in the department has now increased to 94% which exceeds the 90% target. Evidence attached.</p>
HEIW - Trauma and Orthopaedics Glangwili Hospital March 2024	R8. The Health Board should consider how to amalgamate patients onto fewer wards.	The Glangwili Hospital Management Team is currently leading a review of the overall bed model for the site, which includes provision of appropriate bed capacity for Orthopaedic Trauma patients along with other specialities requirements. A target date for implementation is currently being assessed.	Mrs Bethan Andrews	30/06/2024	Fully complete (Awaiting approval)	<p>Update received from the hospital management team on 21/10/2025:- This recommendation is not achievable at this time. The bed base is what it is and whilst we have an empty ward template (Y Lofa) this is going to be used for the fire precaution works (2 year plan) as a decant ward. What we have done is utilise community beds (AVH and Llandovery) for post op orthopaedic patients who require rehabilitation. As a hospital not only is the bed occupancy at 100% capacity we also have surge beds in use also patients being managed in non bed space areas. We are looking at TUEC plans with a view to reducing bed occupancy but this is a longer term plan (across the HB) but will require significant financial investment.</p>	<p>Update June 2024 – Review ongoing.</p> <p>Update Oct 2024 - The Glangwili Hospital Management Team is currently leading a review of the overall bed model for the site, which includes provision of appropriate bed capacity for Orthopaedic Trauma patients along with other specialities requirements.</p> <p>The Clinical Lead has escalated the issue to the Deputy Medical Director and Hospital Director for GGH on more than one occasion and raised at CSP meetings for wider HB discussion. As of yet, we are unaware of any specific action being taken.</p> <p>Update Oct 2025 - Please see response from hospital management team which has been included as a barrier to completion. It should be noted that this is a recommendation put forward by HEIW rather than a requirement and while every effort can be made to implement it is not a HEIW requirement for medical training.</p> <p>02/02/2026- additional orthopaedic beds cannot be created in GGH. There is a lack of orthogeriatric cover which does affect the LOS of patients. We have a transfer to pathway for patients to go to community hospitals for rehabilitation. Evidence to be uploaded onto AMaT to allow this action to be fully closed.</p>
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R1. The Health Board must ensure that: Inappropriate behaviours, including bullying, discrimination, misogyny, and undermining must be eliminated from the workplace.	The clinical lead for general surgery will send an email to all senior clinicians within the general surgery department, health board wide. The email will be a reminder that inappropriate behaviour is not acceptable and that it must be eliminated from the workplace in line with the health board values.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)		<p>Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The clinical lead and management team has verbally addressed the concerns regarding inappropriate behaviour with the team and ensured that it must be eliminated from the workplace. There was agreement to this and an agreement for the clinical lead to share the message with the wider team across the health board.</p> <p>14/07/2025 - Email from clinical lead has been sent to the team, Induction handbook has been updated to include the pathway for reporting concerns regarding inappropriate behaviour. Pathway is stated as below:</p> <ol style="list-style-type: none"> 1. To own consultant 2. Mr Andrew Burns – Clinical Director, WGH hospital 3. Service Management Team 4. Mr Andrew Deans – Clinical Lead for Surgery HB Wide, GGH 5. Dr June Picton – Associate Medical Director for Professional Standards 6. Dr Christopher James – Faculty Lead, WGH 7. Dr Sarah Davidson – Faculty Lead, WGH
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R2. The Health Board must ensure that: Robust monitoring must be implemented, with an appropriate response to transgression and feedback provided to the reporter.	Monitoring will be undertaken locally by consultants and in the wider department by the clinical lead and management team. Appropriate will be taken and fed back to the reporter.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)		<p>Pathways for reporting concerns were agreed and it was agreed that these will be included in the departmental induction handbook and shared verbally during departmental induction.</p> <p>14/07/2025 - Email from clinical lead has been sent to the team, Induction handbook has been updated to include the pathway for reporting concerns regarding inappropriate behaviour. Pathway is stated as below:</p> <ol style="list-style-type: none"> 1. To own consultant 2. Mr Andrew Burns – Clinical Director, WGH hospital 3. Service Management Team 4. Mr Andrew Deans – Clinical Lead for Surgery HB Wide, GGH 5. Dr June Picton – Associate Medical Director for Professional Standards 6. Dr Christopher James – Faculty Lead, WGH 7. Dr Sarah Davidson – Faculty Lead, WGH

HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board must ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Pathways for reporting inappropriate behaviours will be formalised and encouraged. These will be included in the email from the clinical lead and the departmental induction handbook.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)	14/07/2025 - Email from clinical lead has been sent to the team, induction handbook has been updated to include the pathway for reporting concerns regarding inappropriate behaviour. Pathway is stated as below: 1. To own consultant 2. Mr Andrew Burns – Clinical Director, WGH hospital 3. Service Management Team 4. Mr Andrew Deans – Clinical Lead for Surgery HB Wide, GGH 5. Dr June Picton – Associate Medical Director for Professional Standards 6. Dr Christopher James – Faculty Lead, WGH 7. Dr Sarah Davidson – Faculty Lead, WGH
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board must ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	The service has ensured that there are a number of methods of reporting inappropriate behaviours within the department, some of which are not on the site that they work on to ensure there is confidence that they will be dealt with impartially. Methods of reporting within the department: Assigned educational supervisor – on site Another consultant – on site Clinical lead – from another site Management team – health board wide	Dr Andrew Deans	30/06/2025	Fully complete (Approved)	Handbook has been updated in readiness of the August changeover. 14/07/2025 - Email from clinical lead has been sent to the team, induction handbook has been updated to include the pathway for reporting concerns regarding inappropriate behaviour. Pathway is stated as below: 1. To own consultant 2. Mr Andrew Burns – Clinical Director, WGH hospital 3. Service Management Team 4. Mr Andrew Deans – Clinical Lead for Surgery HB Wide, GGH 5. Dr June Picton – Associate Medical Director for Professional Standards 6. Dr Christopher James – Faculty Lead, WGH 7. Dr Sarah Davidson – Faculty Lead, WGH The timescale of dealing with reports of inappropriate behaviour will vary, depending on the case. Some incidents will require a fact finding exercise. All reports will be dealt with as quickly as possible with all parties involved being supported throughout.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board must ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Wider Health Board Microsoft Teams Link to be sent to trainees for the anonymous escalation of unprofessional behaviours	Mrs Helen Thomas	30/06/2025	Fully complete (Approved)	Teams link created and shared with trainees:- https://forms.office.com/e/50evZGi2P6 Trainees have submitted concerns via the form and this has led to further action being taken in accordance with the professional standards processes. The teams link was created prior to the visit and shared with trainees. This action is complete.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board must ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Professionalism, active bystander and speaking up workshop to be mandated for all trainers in the department.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)	Half day educational workshop is in the process of being put together incorporating an introduction to professionalism and unprofessional behaviours, active bystander training and speaking up training, this will start to be piloted from the end of August 2025 and will start in the Withybush Surgery Department.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board must ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Professionalism in providing feedback to be included as part of the Trainer Development Day agenda (20/06/2025)	Mrs Helen Thomas	30/06/2025	Fully complete (Approved)	Trainer development day agenda includes professionalism in providing feedback – taking place on the 20th June 2025. Event took place. Professionalism and feedback included as part of the afternoon session. Well received. Action complete.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R3. The Health Board must ensure that: Pathways for reporting inappropriate behaviours should be promoted and encouraged, to ensure that any such behaviours are reported and challenged promptly.	Well-being support to be offered to those trainees who have been subject to/witnessed unprofessional behaviour. This will be taken forward by medical education.	Mrs Helen Thomas	30/06/2025	Fully complete (Approved)	Trainees have been sign posted to the Health Board's wellbeing services as well as the PSU. This was done in a face to face meeting with trainees.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R4. The Health Board must review the workload of Foundation Year 1 residents to ensure that they are able to complete their work requirements before the end of their workday. Furthermore, the tasks undertaken by other clinical staff within the department should be monitored to ensure an equitable distribution of the team workload.	The rota will be updated to move away from the F1, F2 and clinical fellows being under a named consultant, resident doctors will be clearly allocated duties on the rota and the team will be split into: On call team Post take team Ward team During the ward team week, trainees will be given the opportunity to attend theatre, clinics and MDT as part of their learning. There will be a designated specialty doctor responsible for co-ordinating the rota and monitoring the equitable distribution of duties alongside the management team.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The arrangements were agreed at all levels and it was agreed that Mr Mathias, Mr Elmorsy and David Lewis would work on the rota in readiness for the August rotation of trainees. The SAS level doctors were reminded about the importance of providing support and supervision during the working day. They were also reminded that, whilst undertaking the on-call between the hours of 5pm-9pm Monday to Friday and 9am-5pm weekends, they are resident on-call and are expected to be in the hospital. This detail is recorded on the rota and in each SAS Level doctor's job plan. 09/07/2025 - Clinical lead and management team met with the clinical fellow and F2 level doctors to discuss the action plan, updated rota arrangements and the importance of providing support and supervision to resident and trainee doctors during the working day. 23/07/2025 - A meeting has been arranged with David Lewis, Mr Mathias and Mr Elmorsy to allocate the above duties to the surgical resident doctor's rotas, in readiness for the August rotation. This will be a rolling rota which will be reviewed before each rotation of doctors. Mr Elmorsy will take the lead on ensuring that all areas are covered during times of sickness and annual leave and will be a point of contact for the doctors on the rota, in addition to the rota coordinator and service management team. 10/10/2025 - New due date required of 31/10/2025. The above arrangement has been in place since 11/08/2025. Following feedback that there have been issues with the new system, the clinical lead and management team met with the SAS level doctors and resident doctors on 08/10/2025, the consultants were not available. During the meeting discussions were held about the best way forward with the rota and allocation of duties and a new model was worked up with the help of the resident doctors. A new rota has been shared with the team. Communication will be made with the surgical ward regarding how duties are distributed amongst the surgical team and the plan is to implement the new rota on 24/10/2025. This will be monitored closely by the consultants and service management team. The new rota has been attached to this action.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R4. The Health Board must review the workload of Foundation Year 1 residents to ensure that they are able to complete their work requirements before the end of their workday. Furthermore, the tasks undertaken by other clinical staff within the department should be monitored to ensure an equitable distribution of the team workload.	The resident doctors are verbally fully informed of how to escalate clinical information and ask for advice from senior colleagues when on call. The formalised escalation procedure will be written and shared.	Dr Andrew Deans	31/07/2025	Fully complete (Approved)	14/07/2025 - The formalised escalation procedure is included in the updated surgical induction handbook.

HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R5. The Health Board must ensure that a minimum of one teaching ward round takes place per week within the General Surgery department.	Whilst daily ward round take place and there is an opportunity for teaching, the Wednesday and Thursday ward round by the on-call consultant will become a formalised teaching ward round. The actions undertaken in point 2 will allow the resident doctors to attend teaching ward rounds under multiple consultants. Daily handover takes place in the registrars room and this is also a teaching opportunity and an opportunity for resident doctors to present cases. This will be reiterated in the induction handbook. Resident doctors will be informed that they should complete a WBA on each of their on-call weeks. 1 with a consultant and 1 with an SAS level doctor. This will be included in the induction handbook.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The arrangements were agreed at all levels. The first formal teaching ward round will take place on 18/06/2025, during Mr Umughele's on-call. 14/07/2025 - This information has now been added to the surgical induction handbook, in readiness for the August rotation. Surgical Teaching: This is organised by Mr Gayan Nanayakkara and a rota will be available on induction. You will be expected to present topics which are already chosen for you during your stay. If you are unable to do your presentation on a specific day, please swap this with your colleagues in the department in advance. There are 2 slots for this teaching: •Friday 08:30 in post-grad room 3 after hand over. •Monday 1-2pm in the surgical doctors room/ Lecture theatre There are formalised teaching ward rounds on Wednesday's and Thursday's, led by the on-call consultant of the week. Other opportunities for ward based teaching will be utilised as and when they arise. Resident doctors should complete a work based assessment (WBA) on each of their on-call weeks, one with a consultant and one with an SAS Level doctor.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R6. The Health Board and the Directorate must ensure that clinicians new to the Health Board, particularly International Medical Graduates, are provided with adequate information to be able to undertake their clinical duties, before starting their roles. This process should not be overly reliant upon Foundation doctors.	From a general surgery perspective, the service will be prepared for clinicians that are new to the health board and international medical graduates, by ensuring that rotas are adequately covered for a sufficient shadowing period, an educational supervisor is in place to offer support and that the new recruit is released to attend supportive training sessions available within the health board. These arrangements will be discussed and put in place on the day that the candidate accepts the post rather than when they start in the health board. A named person within the department will be responsible for sharing the induction handbook with all newly recruited doctors on their first day. It has been reiterated that it is the responsibility of the consultants and SAS level doctors to support and guide newly recruited international clinical staff.	Mrs Helen Thomas	31/08/2025	Fully complete (Approved)	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. It was agreed that the responsibility of supporting of international medical graduates falls on the consultants and SAS level doctors and not the foundation doctors. Discussions regarding what support is available from the wider health board and an agreement for the management team to take this forward.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R7. The Health Board must make sure that feedback provided to residents about their management of patients is constructive and beneficial to learning.	The clinical lead will be sending an email to all consultants and SAS Level doctors across general surgery, health board wide. Formal feedback should be given during WBA's, Good practice shared during teaching ward rounds. Remediation should be done privately and delivered constructively, examples can be used to generate points of teaching.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. A detailed discussion took place regarding providing constructive feedback to resident doctors. The clinical lead agreed to send out an email to senior clinicians within general surgery, across the health board. 14/07/2025 - Email from clinical lead has been sent to the team.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R8. The Health Board should ensure there is clarification on the roles and responsibilities of 'Senior House Officers' (SHOs). The workload of SHO's should be monitored to ensure patient care is optimised.	The SAS level doctors have been informed that they are responsible for the supervision of SHO's and that the SHO's are responsible for the supervision of foundation doctors. Any concerns should be escalated to the consultants or management team.	Dr Andrew Deans	30/06/2025	Fully complete (Approved)	Completed – SAS Level 09/07/2025 - Clinical lead and management team met with the clinical fellow and F2 level doctors to discuss the action plan, updated rota arrangements and the importance of providing support and supervision to resident and trainee doctors during the working day and a formalised escalation plan is included in the surgical departmental induction handbook.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R8. The Health Board should ensure there is clarification on the roles and responsibilities of 'Senior House Officers' (SHOs). The workload of SHO's should be monitored to ensure patient care is optimised.	SHO's to be reminded about time keeping and the management of the bleep whilst on-call. They will also be reminded of their supervisory responsibilities towards the resident doctors.	Dr Andrew Deans	31/07/2025	Fully complete (Approved)	09/07/2025 - Clinical lead and management team met with the clinical fellow and F2 level doctors to discuss the action plan, updated rota arrangements and the importance of providing support and supervision to resident and trainee doctors during the working day. They were also reminded of their responsibilities towards the patients and the trainee doctors, and about time keeping and the management of the bleep whilst on-call.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R8. The Health Board should ensure there is clarification on the roles and responsibilities of 'Senior House Officers' (SHOs). The workload of SHO's should be monitored to ensure patient care is optimised.	The resident doctors are verbally fully informed of how to escalate clinical information and ask for advice from senior colleagues when on call. The formalised escalation procedure will be written and shared.	Dr Andrew Deans	31/07/2025	Fully complete (Approved)	14/07/2025 - A formalised escalation procedure is now included in the surgical departmental induction handbook.

HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R9. The Health Board should review the deployment of medical staff throughout the General Surgery team to help ensure a fair division of departmental workload.	The rota will be updated to move away from the F1, F2 and clinical fellows being under a named consultant, resident doctors will be clearly allocated duties on the rota and the team will be split into: On call team Post take team Ward team During the ward team week, trainees will be given the opportunity to attend theatre, clinics and MDT as part of their learning. There will be a designated specialty doctor responsible for co-ordinating the rota and monitoring the equitable distribution of duties alongside the management team.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The arrangements were agreed at all levels and it was agreed that Mr Mathias, Mr Elmorsy and David Lewis would work on the rota in readiness for the August rotation of trainees. 23/07/2025 - A meeting has been arranged with David Lewis, Mr Mathias and Mr Elmorsy to allocate the above duties to the surgical resident doctor's rotas, in readiness for the August rotation. This will be a rolling rota which will be reviewed before each rotation of doctors. Mr Elmorsy will take the lead on ensuring that all areas are covered during times of sickness and annual leave and will be a point of contact for the doctors on the rota, in addition to the rota coordinator and service management team. 10/10/2025 - New due date required of 31/10/2025. The above arrangement has been in place since 11/08/2025. Following feedback that there have been issues with the new system, the clinical lead and management team met with the SAS level doctors and resident doctors on 08/10/2025, the consultants were not available. During the meeting discussions were held about the best way forward with the rota and allocation of duties and a new model was worked up with the help of the resident doctors. A new rota has been shared with the team. Communication will be made with the surgical ward regarding how duties are distributed amongst the surgical team and the plan is to implement the new rota on 24/10/2025. This will be monitored closely by the consultants and service management team. The aim of the rota and allocation of duties continues to be a fair distribution of the duties of resident doctors. The new rota has been attached to this action.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R10. The Health Board should ensure that escalation protocols for deteriorating patients under the care of the General Surgery Team are clearly and widely communicated, to ensure patients are appropriately managed by the surgical team prior to external team involvement. This approach should be monitored.	The resident doctors are verbally fully informed of how to escalate clinical information and ask for advice from senior colleagues when on call. The formalised escalation procedure will be written and shared.	Dr Andrew Deans	31/07/2025	Fully complete (Approved)	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. Escalation procedure was agreed and it was agreed for the management team to formally write it and share with the team. 14/07/2025 - A formalised escalation procedure has been added to the surgical departmental induction handbook.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R11. The Health Board should update the departmental information handbook provided to residents during induction.	Departmental handbook to be updated and reviewed regularly to ensure it's relevant and accurate for new starters.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. The departmental induction handbook has been updated in May 2025, there are additional pieces of information to be added following the discussion. It was agreed that this would be updated in readiness for the August 2025 intake of resident doctors. 14/07/2025 - The surgical departmental induction handbook has been updated with all of the agreed information. It is in draft and has been sent to the consultants and clinical lead for approval before sharing. This induction handbook will be reviewed by the surgical consultants, service management team and medical education annually, before the August rotation of doctors. Should any additional information or amendments be required during the year, this will be completed.
HEIW - Education and Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2025	R12. The Health Board should ensure that all Foundation Year 1 residents are able to achieve two consultant led Workplace Based Assessments per rotation.	Resident doctors will be informed that they should complete a WBA on each of their on-call weeks. 1 with a consultant and 1 with an SAS level doctor. This will be included in the induction handbook.	Dr Andrew Deans	31/08/2025	Fully complete (Approved)	Clinical lead and management team met with consultants, SAS level doctors and resident doctors on 11/06/2025. Arrangements regarding WBA's were discussed and agreed by the consultants and SAS Level doctors. The management team will update the induction handbook in readiness for the August 2025 intake of resident doctors. 14/07/2025 - This has now been added to the surgical induction handbook.
Internal Audit - Sickness Management Final Internal Audit Report 2025/26 (Limited)	R1. Absence Management Sample testing identified widespread non-compliance with the key requirements of the NHS Wales Managing Attendance at Work Policy, including: • Absence of any documentation in support of some episodes • Failure to undertake Return to Work interviews, or significant delays in completion • Absence of sufficient self-certificates and/or fit notes covering the whole of the absence • Failure to identify and act on review prompts	Development of a planned programme of sickness absence reviews, led by service managers with appropriate support from Workforce, to assess compliance with policy requirements and understand and address the root causes of non-compliance. Heads of service will be held accountable for non-compliance. Outcomes of the reviews will be reported via the CCG governance structures to provide assurance over the effectiveness of sickness management arrangements.	Heather Hinkin	30/09/2025	Fully complete (Approved)	The responsible person for the action does not attend CCGs nor is responsible for implementation of the action at a directorate level. Ensuring completion is therefore outside their control. The action to upload each CCG/directorate plan and the findings would be better served if a separate action for each CCG which can then be tracked and managed at a CCG level within AMAT. 15.8.25 - Email sent to all CCGs - the email included a copy of the audit and asked them to submit a programme of planned reviews of sickness absence management and documentation to me before 30.9.25. Copy of email attached. 18.8.25 - 1 CCG added this item to their IGG agenda for 2.9.25 20.8.25 - 1 CCG confirmed that it had been shared with their General Managers for action. A request was made for a template to submit their programmes. 22.8.25 - AD of People Mgt drafted a template to capture the plans and this was issued to all CCGs for completion 22.8.25 - copy of audit and template issued to Exec Directors for cascade to their services not covered by a CCG with completion date for submission being before 30.9.25 2.9.25 - MH&LD CCG Added the audit requirements to their IGG agenda for 2.9.25 19.9.25 - People Management submitted its planned programme to the WOD Business Unit - this will be added into the consolidated WOD return. 23.9.25 - The WOD Business Unit will be issuing a reminder to CCGs and Corporate Leads to submit their programme of audits by 30.9.25 to the WOD Business Support generic email address due to action owner now being on leave until 2 October 2025. Copy to be uploaded once issued. 30/09/2025: Revised date of 30/11/25 to allow time for it to pass through the CCG governance structures. 20/10/2025: WOD Business Manager has uploaded evidence to support that this recommendation has been initiated and followed up. 24.10.25 - Sickness Review Plans received have been uploaded.
Internal Audit - Sickness Management Final Internal Audit Report 2025/26 (Limited)	R2. Two areas visited did not recall having undertaken any training in sickness absence management. Training is not mandatory and due to the delivery methods monitoring of uptake is not feasible, emphasising the importance of ongoing promotion of available training and reliance on Workforce Advisors to identify training needs within their respective service areas.	Workforce & OD will strengthen the promotion of available sickness absence management training through Viva Engage and Workforce Advisors/Managers, who will work with their respective service areas to identify and address training needs.	Heather Hinkin	30/09/2025	Fully complete (Approved)	19.9.25 - Update from Heather Hinkin: Comms went out to all staff via Viva Engage to promote the bitesize training available and the full online training available under the All-Wales Managing Absence at Work Policy. Each time a new bitesize session is rolled out similar comms will follow as business as usual(BAU) promotions. Copy of viva engage post uploaded. 23.9.25 - Operational Workforce already regularly discuss sickness absence position with each CCG and line managers and remind them of the training available as part of BAU activities and this is included in Updates to local partnership forums as well. Sample in attached report. 20.10.25 - second sample report attached covering Pembrokeshire and these updates regularly feature in local PF meeting reports and also during 1 to 1 catchups with managers on absence. 20.10.25 - Unable to put any specific action in for the two areas mentioned in the audit report as they have not been named however training needs result in signposting to the same online sickness absence package and bespoke offerings are available on demand via our HR Advisor but capacity is limited as they are only 0.4 WTE. Other bitesize training opportunities are in the process of being developed but they too require significant resource and we can only take forward one at a time as it requires support from other pillar functions who have a range of bitesize training requests they are prioritising across the organisation via a queueing system. We may be in a better position to assess further once the outputs of each CCG programme of sickness absence reviews have been completed and this would feature in the follow up audit arranged for 2026/27.
Internal Audit - Sickness Management Final Internal Audit Report 2025/26 (Limited)	R2. Two areas visited did not recall having undertaken any training in sickness absence management. Training is not mandatory and due to the delivery methods monitoring of uptake is not feasible, emphasising the importance of ongoing promotion of available training and reliance on Workforce Advisors to identify training needs within their respective service areas.	The Learning and Development Manager will explore the feasibility of recognising completed training as contributing towards Continuing Professional Development (CPD), to encourage uptake.	Mrs Tracy Walmsley	30/09/2025	Fully complete (Awaiting approval)	30/09/2025: Revised completion date of 31/10/2025 (advised by Alison Thomas, Business Support Manager). 06/01/2026: There is a wealth of information available on our Inform pages under Learning and Development on SharePoint (evidence attached) but we will continue to develop more bespoke training to support with this.

Inspection code	Inspection title	Inspection origins
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Recommendation description

Recommendation reference number

Reference numbers	Action description	Service type	Divisions
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Business units	Specialities	Sites	Responsible person	Date raised from
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Date raised to	Action ratings	Progress statuses	Priority types
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Approval boards

Risks

Barriers

View my actions only