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

Assurance and Risk Report

People, Organisational Development & Culture Committee - 18 August 2026

Situation

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.

Principal Risks: 1	Corporate Risks: 2	Operational Risks 12
Audit and Inspection Reports 6	Welsh Health Circulars 1	Ministerial Directions 0

Risk Management - Overview

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 allocate 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 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 areas of significant concern are reported (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, recommending the ‘acceptance’ of risks that cannot be brought within risk appetite.

Principal Risks assigned to PODCC

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5					
Major 4				**1186 (→)**	
Moderate 3					
Minor 2					
Negligible 1					

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

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

These risks have been identified by individual Directors and associated with the achievement of the Health Board's strategic objectives.
There is 1 principal risk currently aligned to PODCC (out of the 12 that are on the PRR as of 3rd August 2026).

The following slide provides a summary of the reportable principal risk 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.

Principal Risks assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1186 – Building a Sustainable and Skilled Workforce	Workforce & Organisational Development (OD)	Director of Workforce & OD/Deputy Chief Executive Officer	16	16 (Reviewed 01/06/2026)	8	31/03/2028

Rationale for Current Risk Score (CRS)

There are a number of elements to our rationale, including:

1. how we prepare our current workforce to have the knowledge and skills to meet current and future demands, e.g., digital literacy and use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors.
2. Linked to current demand, there is a daily occurrence where staff are unable to be released for training, vacancies exist and despite agency usage, deficits remain in some critical areas on a daily basis. This impacts on our reputation as an organisation that values, cares and develops its staff.
3. If we do not enable capacity for learning or develop alternative methods to create easier access to learning, people will not be able to have the skills to meet future demands, this in turn impacts on our ability to attract, retain and develop staff.
4. To design and deliver the workforce of the future, skills development and the capacity to learn (space time support) are essential. This is linked to service design and future delivery of services as without research, innovation and learning we will not keep pace with external and internal demands placed on us by societal change and technology.

The score of 16 reflects that we are unable to consistently create time to enable learning. The impact means that we do not create the right culture and infrastructure to support our learning; our service models of the near and long-term future will not be able to deliver the workforce we need.

Rationale for Target Risk Score (TRS)

We foresee that population demographics mean that we will have an increase in demand on our services due to an aging population and co-morbidities, alongside this we will also see a reduction in those entering the labour market as there is a reduction in those joining the working age population. This means that we will need to be continually appraising our service delivery models to align to our demands and capacity to respond to those through our workforce which between now and 2040 will be likely to follow the profile described above. Therefore, our cultural development is an essential and continuous process of development, interwoven with people planning and development. Therefore, it is unlikely that we will be completely stable across all professions and services to enable us to achieve a target impact score of 4/5. Our ambition would always be for a likelihood of 1 however we acknowledge that we realistically may face periods of lower staffing levels and therefore 2 feels more appropriate. Agency, locum and bank usage is utilised as needed.

Corporate Risks assigned to PODCC

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5				**2305** (NEW)	
Major 4				**1978** (→)	
Moderate 3					
Minor 2					
Negligible 1					

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 26 that are on the CRR as of 13th July 2026).

The following slides provide a summary of the reportable corporate risks aligned to PODCC. The risk register attached at **Appendix 2,** 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 aligned to PODCC

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

- maintaining staff wellbeing and resilience during periods of significant organisational change;
- financial pressures and increased scrutiny;
- securing and sustaining a sufficiently skilled workforce across key professional group;
- demand exceeding capacity; and
- ensuring workforce capacity is aligned to current and future service models.

The potential impacts of the risks include:

- reduced staff wellbeing, morale and psychological safety;
- increased burnout, sickness absence, turnover and employee relations pressures;
- deterioration in organisational culture, productivity and performance;
- quality, timeliness and safety of patient care resulting in delays, poorer patient outcomes and experience, and difficulties in meeting statutory requirements.

Common actions noted across the risks demonstrate the need to:

- Strengthen workforce planning, governance and oversight;
- Improve workforce modelling, establishment control and data-informed decision making;
- Build leadership capability to manage change effectively;
- Improve workforce supply and utilisation through professional workforce plans, recruitment, job planning and alignment with the Clinical Services Plan and annual planning processes.

Corporate Risks assigned to PODCC
- 1 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
2305 – Risk to staff wellness due to pace and breadth of organisational change	Workforce & Organisational Development (OD)	Director of Workforce & OD/Deputy Chief Executive Officer	**N/A – new risk**	**20** (NEW) Reviewed 10/07/26)	**12**	31/03/2030	**N/A – new risk**

Rationale for Current Risk Score (CRS)

Balancing financial pressures with the need to protect patient safety and deliver efficiency savings has placed significant strain on our workforce over the past year. This has been intensified by major organisational change across our Operations function, which has created uncertainty around job security, roles and future career paths. The prolonged implementation of Organisational Change Programmes (OCPs) is also generating growing unrest among staff directly and indirectly affected. Workforce & Organisational Development (W&OD) colleagues are increasingly hearing personal accounts from staff describing the emotional and professional impact of these changes. Trade Union partners have echoed these concerns, highlighting rising anxiety and declining wellbeing. The 2025 NHS Wales Staff Survey findings suggest staff burnout, presenteeism and unpaid hours are indicators of capacity strain needing operational response, rather than organisation-wide wellbeing initiatives alone.

Rationale for Target Risk Score (TRS)

The organisation may need to consider that during periods of significant and impactful change, we will see, to some greater or lesser degree, this risk being exhibited by our staff. Therefore, this may impact on levels of risk tolerance in the short to medium term. Changes to escalation status, governance arrangements for monitoring activity changes and clarity around financial plan will bring stability to the workplace and reduce the likelihood and impact on staff working in the organisation. Therefore, for a sustainable change to be maintained, reduction in the risk score will be seen in incremental decreases year on year to 2030, as we address issues systemically. The 2026-27 financial year, and beyond, will see the organisation facing a number of challenges which are complex in nature and serve to impede the rate at which progression can be made. The current pace and scale of transformation, from fundamental restructuring to more subtle shifts in service delivery, are testing our teams' resilience. We will need to address each of the actions identified, being alert to the risk that new scenarios may impede progress.

Corporate Risks assigned to PODCC
- 2 of 2

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market	Workforce & OD	Director of Workforce & OD/Deputy Chief Executive Officer	**16**	**16** (→) (Reviewed 23/06/26)	**12**	31/03/2027	**Yes**

Rationale for Current Risk Score (CRS)

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.

Rationale for Target Risk Score (TRS)

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.

Operational Risks assigned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

12 operational risks on Datix have been aligned to PODCC, 1 of which has passed its review date of June 2026. They have been identified as reportable to PODCC based on the following criteria:

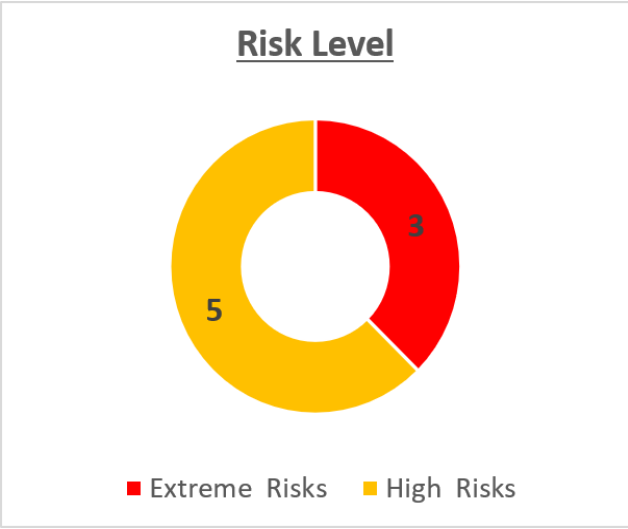
- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

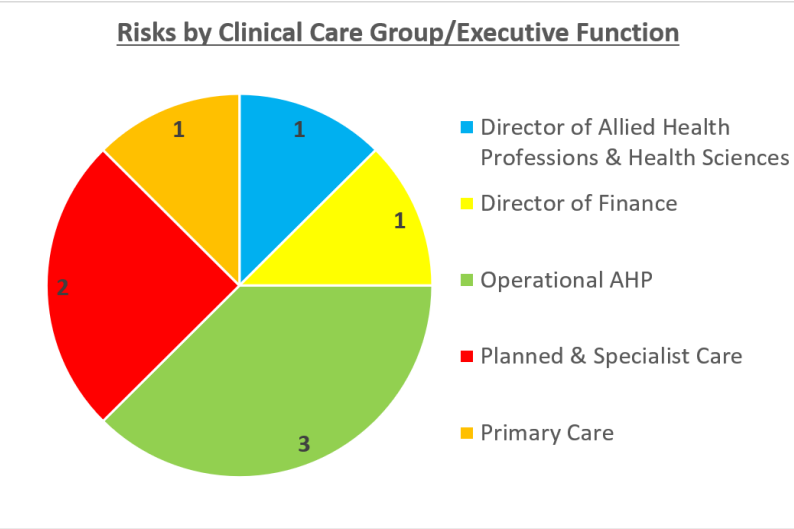
The Workforce themed risk register is sent to subject matter experts on a bi-monthly basis.

The following slide summarises the reportable operational risks aligned to PODCC. The Risk Register attached at **Appendix 3,** provides full detail of reportable risks.

Due to their sensitive nature, 4 new risks are being reported to in-committee to provide discussion and assurance. The graphs below reflect those risks reportable in the public domain.

Total Number of Open Risks meeting criteria for reporting	**12**
New Risks since last reported to PODCC	6
Closed Risks since last reported to PODCC	0
Risks no longer reportable to PODCC	0
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	5
EXTREME (RED) Risks (based on 'Current Risk Score')	6
HIGH (AMBER) Risks (based on 'Current Risk Score')	6





Operational risks aligned to PODCC

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

- Maintaining a sustainable workforce in services experiencing significant operational pressures, particularly where demand has increased rapidly;
- Ensuring workforce wellbeing, retention and resilience due to increasing workloads, patient expectations, service fragility and staffing shortages; and
- Maintaining effective systems and processes that support the delivery of safe services

The potential impact of the risks include:

- Reduced service continuity and resilience due to staff absence, turnover, recruitment challenges and workforce fragility;
- Adverse impact on staff wellbeing, morale and retentions with increased risk of stress, burnout and sickness absence;
- Disruption to patient services through rota gaps, delays in diagnosis and treatment, reduced capacity and on the quality and timeliness of care; and
- Financial, compliance and reputational consequences arising from payroll inaccuracies, increased administrative burden, service disruption and complaints.

Common actions noted across the risks demonstrate the need to:

- Strengthen workforce and capacity and resilience via recruitment, succession planning and securing additional resources;
- Improve communication and engagement with staff, service users and stakeholders to better manage demand, expectations and operational pressures; and
- Develop sustainable long-term solutions that reduce reliance on fragile arrangements and support more resilient service delivery

New Operational Risks reportable to PODCC
(1 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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
2356 - Risk of failing to deliver safe, sustainable and equitable care due to succession gaps and recruitment challenges	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	**15 (NEW)**	**6**	31/03/2029	11/06/2026

Rationale for Current Risk Score

Staff morale remains low with low staffing levels in some areas and staff struggling to meet PADR and Mandatory training Key Performance Indicators, along with historic high levels of sickness absence and maternity leave. The service has historic long waits, in excess of two years which are being reported to Welsh Government. The specialist service is at risk of losing experienced staff to other services/organisations where there are current vacancies. Due to a recognition of limited capacity compared to increasing complexity/volume of demand, the service was allocated additional staff between 2022 and 2025. However, as a budget was not provided to support this due to financial constraints, these posts have since been lost.
An exercise on staffing within the available budget is required prior to going out to recruit to existing vacancies (1 whole time equivalent (WTE) permanent Band 6 and 1.4 WTE temporary Band 6, in addition to 1 WTE Band 4). There are currently opportunities both within the Health Board, and external to it which experienced staff members have expressed interest in.

Rationale for Target Risk Score

Short-term mitigation focusses on looking after the current team, increasing level of support and team morale and reducing the pressure on existing team members. This will reduce the likelihood of losing further team members. Risk score may be reduced if short-term mitigation is achieved.
Long-term mitigation of this risk is reliant on:
- Correct allocation of existing resources
- Development of plan to correctly resource the service
- Securing sustainable service for future

The TRS date is based on outcomes of next annual planning cycle and successful allocation of staff, resources and budget.

New Operational Risks reportable to PODCC
(2 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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
2328 - Risk of failure to identify staff with lapsed statutory registration of the Health & Care Professions Council (HCPC) due to limitations in the current system and process	Director of Allied Health Professions & Health Sciences	Director of Allied Health Professions and Health Sciences	**9 (NEW)**	**4**	30/06/2026	23/04/2026

Rationale for Current Risk Score

The current risk score reflects the risk that exists because of the Electronic Staff Record(ESR) / Health & Care Professions Council (HCPC) automated audit not aligning to HCPC renewal dates.

Once assurance is provided from each service area, the current risk can be reduced to 6. However, the risk will remain as the only way currently to mitigate the risk is manual verification and this poses both challenges to workforce capacity and accuracy.

Rationale for Target Risk Score

The target risk score reflects the risk score once assurance has been provided from professional leads on manual processes in place to monitor compliance with HCPC renewal. However, a further target risk score of 2 x 2 = 4 will be required once it is understood how to align automated audit with HCPC renewal dates.

Operational risks with decreased Current Risk Score

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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
2312 - Risk of being unable to maintain safe and timely anaesthetic cover due to workforce fragility and rota gaps	Planned & Specialist Care	Chief Operating Officer	16	12 ↓	2	~~30/09/2026~~ 31/03/2027	17/07/2026
Rationale for Current Risk Score							
The control measures that have been applied are not sustainable or affordable and relies on insourcing anaesthetic staff from ID medical at an escalated cost. This also relies on the consultant workforce stepping down from their job planned activity to cover OOH and emergency pathways which is not sustainable. The SBAR relating to medical staff stabilisation was submitted in June 2026.							
Rationale for Target Risk Score							
Sustainable workforce provision will avoid service interruptions, cancelation of activity, maintain safety & quality via emergency pathways and deliver on organisational targets. Expected date to achieve TRS amended to 30/03/2027 as the risk will not be mitigated by 30/09/2026 based on the current position.							

Operational Risks with no change in Current Risk Score
- Since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 →	12	01/09/2026	09/07/2026
2288 - Risk of inadequate service provision and financial inaccuracies due to data quality issues in the Allocate system	Primary Care	Chief Operating Officer	16 →	4	31/12/2026	10/07/2026
2253 – Risk of reduced workforce due to difficulty recruiting qualified specialist school nurses.	Planned & Specialist Care	Chief Operating Officer	12 →	8	31/12/2027	26/05/2026
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	12 →	6	31/03/2027	01/07/2026
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	Finance	Director of Finance	12 →	6	11/05/2027	15/07/2026

Risk Themes

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence.

Risks are allocated to a committee based on their main impact on reporting. Risk themes are assigned based on any additional impacts or contributory factors, with each theme aligned to the appropriate committee for oversight. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

Risk themes are 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.

Since the previous report, the previous 'Workforce' theme has been retired on Datix, with new themes added to strengthen alignment with the Workforce & OD Directorate Pillars. All risks having been re-aligned to the new themes, enabling more meaningful information to be captured from the data, to provide better insight. Detail on the themes are included on the next slide.

Risk Themes aligned to PODCC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The following themes are currently aligned to PODCC as of July 2026: -

Theme	Definition	Number of risks	Date themed Risk Register last shared
Recruitment	A risk which relates to the inability to recruit into an approved vacancy via the Trac system despite meaningful attempts to do so on at least two occasions within the last twelve months	48	14/07/2026
Leadership	A risk which relates to the absence or ineffectiveness of leadership capability, and/or lack of visible, supportive leadership qualities and behaviours	1	14/07/2026
Culture	A risk where behaviours or systems weaken the desired culture by creating a gap between our values and everyday practice, leading to reduced trust, morale, and service quality	10	14/07/2026
Diversity and Inclusion	A risk which relates to an inability to provide inclusive services to staff / patients or visitors with a protected characteristic or vulnerability, or where a risk of discrimination is identified	1	14/07/2026
People Development	A risk which relates to an inability to source or access the required training and / or development opportunities, inclusive of maintenance of the required skill set	3	14/07/2026
Clinical Education	A risk which relates to an inability to source or access clinical training (or training that relates to patient care) and / or development opportunity	7	14/07/2026
People Planning	A risk which relates to the absence of appropriate levels of planning around service design and the associated staffing models	128	14/07/2026
Medical Workforce	A risk which relates to employee terms and conditions for medical staff, including salary related issues, performance management and job planning	16	14/07/2026
Operational Workforce	A risk which relates to the management of Employee Relations matters and organisational change processes, or employee terms and conditions for Agenda for Change staff	20	14/07/2026

Audits and Inspections - Overview

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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; 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 (1 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The following reports have been assigned to PODCC to enable them to undertake the following responsibility set out in their Terms of Reference:

- *2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.*

There are currently 6 open reports assigned to PODCC.

Date of report	Report Issued By	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommend-ations 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	Service has confirmed completion of all actions. Report is pending formal approval for closure*
Nov-25	Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush	Medical Director	Medical Director	Jul-26	Jul-26	10	10	0	0	0	0	0	0	Original implementation dates lapsed – no barriers noted. Revisit undertaken with management responses being developed.
Dec-25	Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen	Medical Director	Medical Director	Aug-26	Aug-26	10	10	0	0	0	0	0	0	Original implementation dates lapsed - no barriers noted. Revisit undertaken with management responses being developed.

Audits and Inspection Reports assigned to PODCC (2 of 2)

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Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Date of report	Report Issued By	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommend-ations in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion
Apr-26	Health Education and Improvement Wales (HEIW)	HEIW Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board April 2026	Medical Director	Medical Director	Aug-26	Aug-26	4	0	4	0	0	0	0	0	None noted – report progressing within original timescales
Apr-26	Internal Audit	Sickness Management (Follow Up) Final Internal Audit Report 2025/26	Director of Workforce	Director of Workforce & Organisation Development	Sep-25	~~Sep-25~~ ~~Nov-25~~ N/K*	2	1	0	0	1	0	0	0	Awaiting advice from Internal Audit for overdue action to be re-assigned
Jun-26	Internal Audit	Medical Workforce Stabilisation (Variable Pay) Final Internal Audit Report 2025/26	Medical Director	Medical Director	Oct-26	Oct-26	1	0	1	0	0	0	0	0	None noted – report progressing within original timescales

Implementation of Welsh Health Circulars (WHCs)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

There is 1 open WHC aligned to PODCC as of July 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 April 2026, and the number completed since the previous report:

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

WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Progress Update
038-25: 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	The Health Board has made early, tangible progress towards meeting the requirements of the WHC. Key foundations are now in place to support future biannual collection and reporting of the measures and indicators within the Accessible Communication and Information Standards (ACIS). Formal biannual reporting against the new measures has not yet commenced, which is consistent with the national implementation timetable. However, activity during 2025–26 demonstrates clear organisational readiness and alignment with the Circular. The Health Board remains on track to meet the requirements of this WHC within the stated timescales.

Recommendations

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

Risk Management

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

Audits, Inspections and Regulatory Reports

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Welsh Health Circulars

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

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1186	Attract, retain and develop staff with the right skills	Gostling, Lisa	Workforce/OD	4×4=16	4×4=16	→	2×4=8	3/31/2028	6

RISK SCORING MATRIX

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

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

RISK MATRIX

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

RISK ASSESSMENT - FREQUENCY OF REVIEW

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

Assurance Key:

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

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

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

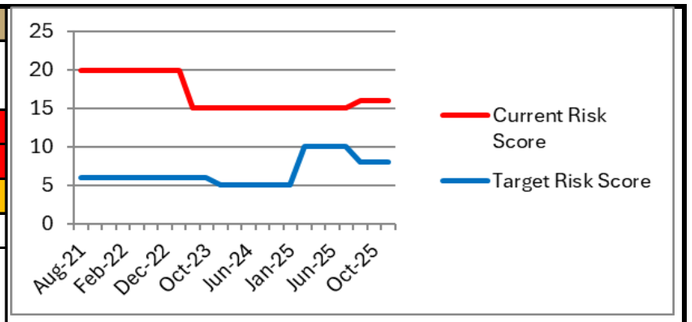
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective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

Date Risk Identified:	Apr-21		
Strategic Objective:	1. Thriving Teams		

Executive Director Owner:	Gostling, Lisa	**Date of Review:**	Jun-26
Lead Committee:	People, Organisational Development and Culture Committee	**Date of Next Review:**	Jul-26

Risk ID:	**1186**	**Principal Risk Description:**	There is a risk that the Health Board will not be able to create the right culture to attract, retain and develop staff with the right skills to enable it to deliver our strategic vision to improve the overall health and experience of patients and staff within Hywel Dda. This is caused by the lack of critical workforce with the right skills and values in the market not being able to offer staff the best experience at work, and the space, time and support to develop. This could lead to an impact/affect on our ability to retain a highly skilled workforce which supports staff to learn, undertake research, innovate and improve service delivery, and change and develop ambitious, innovative and responsive models of care.
Does this risk link to any Directorate (operational) risks?		1649, 1247	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Expected Date To Achieve TRS:	3/31/2028
Trend:	⟷



Rationale for CURRENT Risk Score:

There are a number of elements to our rationale, including:
a. how we prepare our current workforce to have the knowledge and skills to meet current and future demands, eg, digital literacy and use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors.
b. Linked to current demand, there is a daily occurrence where staff are unable to be released for training, vacancies exist and despite agency usage, deficits remain in some critical areas on a daily basis. This impacts on our reputation as an organisation that values, cares and develops its staff.
c) If we do not enable capacity for learning or develop alternative methods to create easier access to learning, people will not be able to have the skills to meet future demands, this in turn impacts on our ability to attract, retain and develop staff.
d) To design and deliver the workforce of the future, skills development and the capacity to learn (space time support) are essential. This is linked to service design and future delivery of services as without research, innovation and learning we will not keep pace with external and internal demands placed on us by societal change and technology.
The score of 16 reflects that we are not able to consistently create time to enable learning. The impact means that is we do not create the right culture and infrastructure to support our learning, our service models of the near and long-term future, will not be able to deliver
the workforce we need.

Rationale for TARGET Risk Score:

We foresee that population demographics mean that we will have an increase in demand on our services due to an aging population and co-morbidities, alongside this we will also see a reduction in those entering the labour market as there is a reduction in those joining the working age population. This means that we will need to be continually appraising our service delivery models to align to our demands and capacity to respond to those through our workforce which between now and 2040 will be likely to follow the profile described above. Therefore our cultural development is an essential and continuous process of development, interwoven with people planning and development. Therefore, it is unlikely that we will be completely stable across all professions and services to enable us to achieve a target impact score of 4/5. Our ambition would always be for a likelihood of 1 however we acknowledge that we realistically may face periods of lower staffing levels and therefore 2 feels more appropriate.

Agency, locum and bank usage is utilised as needed.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# A flexible and responsive recruitment process. # A comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board # HR policies (including those for employee relations) in place with programme of review # Training programmes in place (a suite of programmes covering management and leadership, Making a Difference, etc) # County workforce teams/OD Relationship Managers/Workforce Planners in place to provide workforce support to services (covering sickness absence, etc) # Staff Psychological Wellbeing Service and Occupational Health Service in place # Regular contact with Trade Union representatives/Staff Partnership forums/Joint Local Negotiation Committee # Annual NHS staff surveys providing feedback from staff # OD Cultural Plans # A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity) # Separate clinical education programmes in place # Bevan Exemplar programme # Apprenticeship programme and work experience programmes in place # Grow your Own programmes in place # Internal and External talent programmes # Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements # Improving Together Sessions aligned with Internal Escalation Framework # People, OD & Culture Committee # SPPEG (Strategic People Planning & Education Group) # Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans # University partnership arrangements in place. # Joint working opportunities # Partnership and collaborative working initiatives - some joint funded	Strategic integration and alignment of regional programmes with Clinical Services Plan and Community by Design Strategic Plan Demand and capacity modelling to be considered as part of Planning Cycle Aligned with capacity planning, service demand exceeds resource available to people plan effectively and strategically Lack of appropriate training facilities (space and digital)(Forms part of Estate Strategy) Lack of appropriate training budget (Scoping work being undertaken to identify sources/appropriateness of budgets) A multidisciplinary approach to clinical education No recurrent budget to deliver the Staff Recognition and Appreciation Programme Limited momentum to drive the work of the EDI Taskforce through visible allyship and leadership Promotion of R&I opportunities when advertising roles	Create a sustainable workforce in hospitals and communities (This needs to be a multi-year approach: detail in year actions through CCG workforce plans and SPPEG)	Gostling, Lisa	31/03/2027	Need to align to new CCG management, governance and assurance framework. Clarity on how workforce/workforce plans & actions flow through to workforce groups.
		Develop a workforce & OD Directorate workforce plan to ensure sufficient resource to support people workforce plan effectively and strategically	Gostling, Lisa	31/03/2027	Refreshing workforce strategy & 5 year plan. Workforce Plan to be designed and developed based on plan. Further work needed to quantify "demand" on workforce & OD services based on organisational change/system development.
		Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported.(CLJ)	Gostling, Lisa	31/03/2027	To encourage local ownership, our internal WOD escalation measures in 2026-27 include Staff Survey measures as part of the staff experience domain. Progress against these priorities will form part of the review within the escalation process. Relevant ODRMs are available for guidance and support on subsequent workforce actions within services/teams.
		Celebrate successes / promote innovation through enhancing the suite of staff recognition schemes and implementation of the R&I strategic plan. (CLJ)	Gostling, Lisa	31/03/2027	Funding application submitted to Charitable Funds (Making a Difference Fund) in March 2026 to deliver the HB's 2026-27 Staff Recognition and Appreciation Programme. If successful, this will enable equitable and meaningful yearâ€‘round appreciation that supports organisational values, staff morale, engagement and, in turn,

posts and research and innovation projects in place. # Value Based Health Care (VBHC) Programme, VBHC Sponsoring Group and National Value Based Health Care Community of Practice # Research and Innovation (R&I) Strategic Plan, Tritech Institute, Regional Innovation Co-ordination Hubs, strengthened management team & formal governance (Digital, Data & Innovation Committee, R&I Sub-Committee)			
	Create a people centred inclusive culture and uphold a zero-tolerance response to racism, harassment, discrimination and sexual misconduct. (AB)	Gostling, Lisa	31/03/2027	Increase Anti-racism e-learning completion rates, and increase the number of staff participating in structured EDI learning session to reinforce the health board's values, behaviours and cultural expectations.
	Support the development, testing and the implementation of the national workforce solution on behalf of NHS Wales (TW)	Gostling, Lisa	31/07/2027	Early adopter agreed; resources to be defined and awaiting further engagement.
	Develop an action plan that strengthens integration partnership and collaborative initiatives	Gostling, Lisa	31/03/2027	Continue to build social partnership model to strengthen the voice of our staff through their trade union colleagues through their earlier involvement in design and review phases. Continue to be an active member of the Workforce Board of the West Wales RPB, and Swansea Bay partnership
	Review governance for SPPEG and sub groups; strengthen multi disciplinary workforce planning & development through this work (including links to research & Innovation)	Gostling, Lisa	31/12/2026	Governance review undertaken; to be presented to SPPEG June 2026. Work plan to be developed from this
	To enable the development of a solution for strategic workforce planning (scenario planning) and share learning to inform new workforce solution (TW)	Gostling, Lisa	31/12/2027	Org Vue pilot in place. To be fed into national workforce solution team through NWSSP to UK team. Stakeholders to be included i.e. HEIW, NWSSP etc

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
See Our Outcomes section on BAF Dashboard	Workforce Senior Leadership Group review progress of planning objectives, measures and staff feedback in detail	1st			Workforce Planning Report provided to every other PODCC meeting Delivery Against Planning Goals aligned to the People, Organisational Development and Culture Committee	Lack of relevant 3rd line/ independent assurance	Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda.	Walmsley, Tracy	~~31/12/2025~~ ~~30/01/2026~~ 31/03/2027	Presented Maturity Matrix at HEIW AWODS meeting in July 25. Meeting to be set up of working group with wider representation i.e. WAST, DCHW, Cwm Taf & C&V. Planned for September. Given delivery priorities this may be delayed further. A revised project plan will be presented to group and support sought. No capacity to progress - will be undertaken 2026/27).
	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st					Work to integrate workforce planning into value based healthcare approach; not project based rather an integrated systemic approach (TW) Reflect on a "Values" based approach	Walmsley, Tracy	31/03/2027	Meet with VBHC team; Train Workforce Planners in VBHC. Design process and tools to facilitate/Pilot in partnership
	NHS Staff Survey 2025 results reported to PODCC	2nd					Publish an EDI Taskforce delivery plan by 30/06/26 and establish visible allies and leadership to drive actions forward.	Bird, Anna	~~30/06/2026~~ 31/07/2026	Executive Director and Board Allyship paper has been drafted ready for discussion at Executive Team in June 2026. The EDI Taskforce delivery plan is under development with input from the Chairs of the three sub-groups. The next meeting of the Taskforce will be in July and this will be the forum for approval of the delivery plan.
	SSPEG oversees people planning and education development	2nd					The social partnership model will be evidenced via the Annual Report which is submitted to the Welsh Social Partnership Board.	Gjini, Ardiana	30/09/2026	Annual report data gathering exercise will commence in Q1.

Professional Leaders Forum (oversight of education commissioning) and People Profession Plans reporting in to SPPEG	2nd		
Oversight of Delivery of planning goals, measures and staff feedback at People, OD & Culture Committee	2nd		
Partnership Forum (Local and Health Board wide) and LNC	2nd		
Medical Engagement scale feedback	3rd		
IA PADR Follow up - Reasonable (May-20)	3rd		
Wales Audit on Workforce Planning (Report Sep23)	3rd		

Continue to work with CCGs to develop culture plans	Gostling, Lisa	31/03/2027	ODRMs will continue to focus on promoting and providing proactive and responsive support to local teams to enable healthy and happy working cultures.
Review the metrics and measures that provide a view/perspective of the culture within the organisation (align to national balanced scorecard and local dashboards)	Gostling, Lisa	30/09/2026	Local dashboard development underway, but further work needed when NHS Wales balanced scorecard is confirmed to ensure alignment.

CORPORATE RISK REGISTER SUMMARY JULY 2026

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jul-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
2305	Risk to staff wellness due to pace and breadth of organisational change	Gostling, Lisa	Workforce/OD	NA	**4×5=20**	New risk	**3×4=12**	3/31/2030	6
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**	3/31/2027	11

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
		Corporate Risk Description:			
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Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
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	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	**(0-5%*)**	**(5-25%*)**	**(25-75%*)**	**(75-95%*)**	**(>95%*)**
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
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	No time off work.	**Requiring time off work for >3 days**	**Requiring time off work for 4-14 days.**	**Requiring time off work for >14 days.**	**Multiple permanent injuries or irreversible health effects.**
		Increase in length of hospital stay by 1-3 days.	**Increase in length of hospital stay by 4-15 days.**	**Increase in length of hospital stay by >15 days.**	**An event which impacts on a large number of patients.**
			Agency reportable incident.	**Mismanagement of patient care with long-term effects.**	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	**Peripheral element of treatment or service suboptimal.**	**Overall treatment or service suboptimal.**	**Treatment or service has significantly reduced effectiveness.**	**Non-compliance with national standards with significant risk to patients if unresolved.**	**Totally unacceptable level or quality of treatment/service.**
	Informal complaint/inquiry.	**Formal complaint.**	**Formal complaint -**	**Multiple complaints/ independent review.**	**Gross failure of patient safety if findings not acted on.**
		Local resolution.	**Escalation.**	**Low achievement of performance/delivery requirements.**	**Inquest/ombudsman inquiry.**
		Single failure to meet internal standards.	**Repeated failure to meet internal standards.**	**Critical report.**	**Gross failure to meet national standards/performance requirements.**
		Minor implications for patient safety if unresolved.	**Major patient safety implications if findings are not acted on.**		
		Reduced performance if unresolved.			

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

RISK MATRIX

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

RISK ASSESSMENT - FREQUENCY OF REVIEW

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

Assurance Key:

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

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

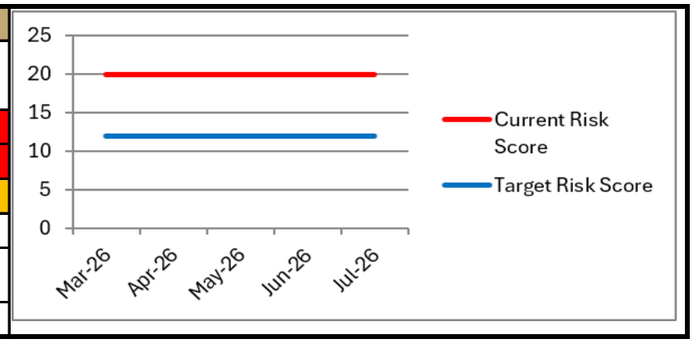
NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

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

Date Risk Identified:	Nov-25	**Executive Director Owner:**	Gostling, Lisa	**Date of Review:**	Jul-26
Strategic Objective:	1. Thriving Teams and 2. Healthier Communities and 3. Great Care and 4. Positive Futures	**Lead Committee:**	People, Organisational Development and Culture Committee	**Date of Next Review:**	Sep-26

Risk ID:	**2305**	**Corporate Risk Description:**	There is a risk that the required changes within the organisation are detrimentally impacting on staff wellness. This is caused by the pace and breadth of change, exacerbated by resource constraints, and increased level of scrutiny which the organisation is under. This could lead to an impact/affect on work/life balance, morale, psychological safety, staff burnout and satisfaction of staff at work. This could also result in poorer quality of care and outcomes for our patients.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	3/31/2030
Trend:	*New risk*



Rationale for CURRENT Risk Score:

Balancing financial pressures with the need to protect patient safety and deliver efficiency savings has placed significant strain on our workforce over the past year. This has been intensified by major organisational change across our Operations function, which has created uncertainty around job security, roles and future career paths. The prolonged implementation of OCPs is also generating growing unrest among staff directly and indirectly affected.

WOD colleagues are increasingly hearing personal accounts from staff describing the emotional and professional impact of these changes. Trade Union partners have echoed these concerns, highlighting rising anxiety and declining wellbeing. The 2025 NHS Wales Staff Survey findings suggest staff burnout, presenteeism and unpaid hours are indicators of capacity strain needing operational response, rather than organisation-wide wellbeing initiatives alone.

Rationale for TARGET Risk Score:

The organisation may need to consider that during periods of significant and impactful change, we will see, to some greater or lesser degree, this risk being exhibited by our staff. Therefore this may impact on levels of risk tolerance in the short to medium term. Changes to escalation status, governance arrangements for monitoring activity changes and clarity around financial plan will bring stability to the workplace and reduce the likelihood and impact on staff working in the organisation. Therefore for a sustainable change to be maintained, reduction in the risk score will be seen in incremental decreases year on year to 2030, as we address issues systemically. The 2026-27 financial year, and beyond, will see the organisation facing a number of challenges which are complex in nature and serve to impede the rate at which progression can be made. The current pace and scale of transformation, from fundamental restructuring to more subtle shifts in service delivery, are testing our teams' resilience. We will need to address each of the actions identified, being alert to the risk that new scenarios may impede progress.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Policies and procedures, which are readily available to staff via the Health Board intranet and the Wellbeing Portal. This provides guidance and resources for managers and staff. Forums in place with Executive oversight to review performance against objectives - Executive 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, Strategy and Planning Committee. Internal Escalation processes supports the monthly monitoring of key performance indicators e.g. sickness, vacancies, grievances 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. Recruitment Team remain fastest recruiter in Wales, with a number of successful campaigns for hard to fill roles and innovative recruitment strategies. Delivery of the WOD Planning Objective relating to a positive workplace culture. Workforce planning is engaged with c70 services to support the identification of current and future workforce challenges and work with services to address them through the "Regeneration Framework" which acts as a set interventions (Replenish, Rebuild, Retain etc) In essence, acting as a first step assessment of any future change required through a structured planning process - 6 steps methodology (HEIW/All Wales Standard).	Capacity constraints within the WOD due to reduced staffing within the directorate which impacts on the ability to delivery timely support to the organisation. This has resulted from the efforts made to contribute to increased requests to find corporate financial savings. Demand for support from WOD has not been static and has continued to increase. Therefore the impact of the reduced resourcing availability is having a more detrimental impact not only on services, but also on the staff working within WOD. Lack of staff engagement with NHS Staff Survey despite increased efforts to promote this and increase engagement in 2025. This is likely to be a further indicator of low morale. Additional external demands e.g. All Wales work on contract reform, is resulting in additional requirements for the Health Board (additional resource requirements to implement, financial impacts associated with changes).	Develop communication & intervention plan to build the resilience of individuals and teams and report on the actions within the plan on a quarterly basis.	Bird, Anna	31/03/2027	1) Embed reflective practice into 121s and hold stay conversations to proactively discuss workload, give staff a protected space to pause, think and make sense of their own wellbeing, and explore what they need to maintain their wellbeing and stay with the Health Board. 2) Equip staff with the tools and training needed for effective timeâ€‘management to enable focus and promote healthy wellbeing habits. 3) Set clear expectations and accountabilities so staff understand priorities to achieve clarity and sustain focus. 4) Empower staff to recognise their capacity, prioritise tasks and seek support
		To strengthen existing work and develop a focused plan to support the building of leadership capability for change across the Health Board responding to all change initiatives, including the CSP, and report on the actions on a quarterly basis.	Hinkin, Heather	31/03/2027	a) building leadership capability in relation to change by ensuring leaders understand and apply the HB's Organisational Change Policy, seeking professional WOD support where appropriate b) building the skills to recognise and respond to the human factors of change, including engagement and communication, psychological safety, emotional impact etc. The action will be co-ordinated by the Assistant Director of People Management and supported by Assistant Directors of OD and People Planning.

Develop and implement a data informed approach to identify and prioritise absence challenges, and create a targeted plan for implementing a structured quality improvement methodology to be embedded across the HB wide system within WOD. Progress will be reported on a quarterly basis.	Walmsley, Tracy	31/03/2027	WOD Business & Performance and Business Intelligence Groups working collaboratively to take a dataâ€‘informed approach to identifying and prioritising sickness absence challenges. Together, they establish discreet, multiâ€‘disciplinary project teams that apply a structured qualityâ€‘improvement methodology to design, test and implement solutions. The action will be co-ordinated by the Assistant Director of People Planning and supported by the Assistant Director of People Management.
Develop a plan to create a streamlined set of All-Wales workforce requirements to address WOD impacts on NHS wide performance (Contractual, Structural, Process/Systems).	Bird, Anna	30/09/2026	Progress update to be provided at next risk review. Engage through DEWODS to create a streamlined set of Allâ€‘Wales workforce requirements and provide practical, readyâ€‘toâ€‘use implementation tools that enable each Health Board and Trust to apply consistently. This is in place to some extent, strengthening coordination and leads for work is critical.
In line with the new operating model for Workforce and OD, implement a new structure to reshape workforce provision (within existing financial envelope).	Gostling, Lisa	31/03/2028	Phase 1: reshape workforce provision (2026/27) Phase 2: reshape in line with new workforce solution (2027/28)

				Develop a plan to promote neuroinclusivity across the Health Board and report progress on a quarterly basis.	Bird, Anna	31/03/2027	a) Promoting Health Board practice to embed neuroinclusive psychologically safe, and personâ€‘centred behaviours across all services and influence change, performance, and quality systems actively protect staff and patient wellbeing while reducing avoidable personal and organisational harm. b) Establishing a programme of meetings with neurodivergent staff to inform actions that promote inclusion based on lived experiences for areas such as attraction and recruitment, retention, employee relations, sickness absence, personal development and training and organising/chairing meetings.

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	Executive Team meetings (Risk led)	1st			PODCC Reports - Nov 2025 1. Assurance & Risk Report, 2. Planning Objectives Update Report, 3. Performance Assurance and	1) There is a gap in assurance for the oversight and governance of organisational change practices. 2) There is a gap in assurance	Introduce clear governance and oversight measures for all organisational change practices, to minimise the risk of personal or organisational harm ensuring they actively protect wellbeing, strengthen quality and performance.	Hinkin, Heather	31/03/2027	All managers will need to be aware of requirements through PADR/Supervision mechanisms as a first step

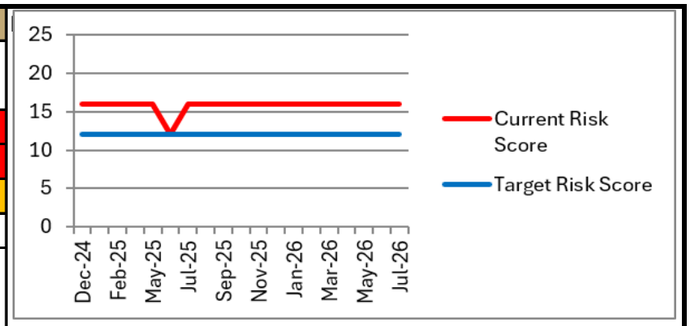
	Escalation Recovery Meetings	1st			Assurance and Workforce Metrics Report	In assurance that WOD capacity meets organisational demands or demand management is in place or resource requirements can be met. 3) There is a gap in assurance that our workforce capacity meets demands or demand management is in place or resources requirements can be met	Each Executive Director will implement a capacity assessment to prioritise and sequence work ensuring efficient use and deployment of resources which needs to be set against organisational priorities; with the intention of resetting work levels and focus. Address known resource gaps to mitigate significant/untenable risks as part of Annual Planning Cycle.	Walmsley, Tracy	31/03/2027	Progress to be provided at the next risk review
	Executive Improving Together Sessions	1st					Each Executive Director will work to strengthen social partnership collaboration with staff and trade unions during times of increased change and transformation.	Hinkin, Heather	31/03/2027	Progress to be provided at next risk review
	Workforce & OD Leadership Team Meetings (Risk led)	2nd					Greater focus on considering the impact of change on our workforce within the QIA integrated impact assessment assurance processes to ensure the impact on staff are considered and mitigating actions are in place to minimise/remove negative impact and maximise positive impacts.	Daniel, Sharon	31/03/2027	Progress to be provided at next risk review
	Audit Wales - Workforce Planning - External Audit	3rd								
	Staff Partnership Forum	3rd								
	TI and JET assurance meetings	3rd								

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

Executive Director Owner:	Gostling, Lisa	**Date of Review:**	Jun-26
Lead Committee:	People, Organisational Development and Culture Committee	**Date of Next Review:**	Jul-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):	4×4=16
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	3/31/2027
Trend:	⟷



Rationale for CURRENT Risk Score:

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.

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.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
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 deployment options based on service needs (CDG) Targeted prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery (People & OD	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	Walmsley, Tracy	Completed	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). Completed.
		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	Completed	Plans in train for September 2025 with review by groups i.e. SPPEG by February 2026 (due to agenda moved from December 2025). Completed.

Strategic Group) Temporary People Utilisation reports shared regularly to monitor levels of supply Align and iterate to implementation groups i.e. Medical Workforce Planning and related subgroups i.e. Medical retention, MAPS etc Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach. Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans SPPEG (Strategic People Planning & Education Group) From April 2025, new operational governance structure implemented allowing clinical care groups to escalate concerns to IQFPDG.			
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)	Walmsley, Tracy	~~31/05/2025~~ ~~30/12/2025~~ ~~31/03/2026~~ 30/06/2026	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. SBAR and plan taken to Public Board on 5th February. Action now superceded by Community By Design National Programme. Primary Care Workforce planner in post, contract extended by one year to March 2027.
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)	Walmsley, Tracy	~~30/06/2025~~ ~~30/12/2025~~ ~~31/03/2026~~ 30/06/2026	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. National Group stood down. Awaiting other dates. Need to move forward with local plan.

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.	Walmsley, Tracy	~~31/03/2026~~ ~~31/03/2026~~ 30/06/2026	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. All progressing with challenges with June completion date for Medical but no funding allocated to roll out AHP and HCS
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
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~~ 30/06/2026	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 June 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.

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)	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~~ 30/04/2026	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 signed off & uploaded.
	Risk management approach to Workforce themed Risks	1st					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~~ 30/06/2026	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.
	Strategic People Planning & Education Group	1st								
	Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd								

	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	2nd							

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2169	Operational Allied Health Professions & Health Sciences	AHP&HS: Dietetics & Nutrition	AHP&HS: Dietetics and Nutrition	Carruthers, Andrew	Quarrie, Sara	Paul-Gough, Zoe	Jones, Claire	22-Sep-25	There is a risk of to staff wellbeing and associated rates of sickness absence and staff retention 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. This will lead to an impact/affect on service continuity Risk location, Health Board wide.	- 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. V&A training delivered to team. - 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. Update 2.3.26 - Submission to annual	Workforce/OD	5	5	25	impact score of 5 criteria met: Loss of several key staff" (12.5% sickness absence rate including staff members on long term sick, one of whom had sited work related stress when handing in notice / other staff have reported they do not enjoy work and are seeking other employment - 1 resigned and left Jan 2026) "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). Likelihood score of 5: this risk is "Expected to occur at least daily". Likelihood score of 5 until actions to mitigate the current gaps in current control are complete. Liaise with communication and engagement team to agree a UHB-wide Communication to public to manage service user expectations seek funding for short-term sessional medical support for fragile single handed prescriber, whilst developing longer term plan. Expedite commencement of the communication hub to field calls and emails (which will include managed escalation of	Expedite communication hub fielding calls / emails with managed escalation of queries to protect staff asap	Paul-Gough, Zoe	~~31/12/2025~~ ~~31/03/2026~~ ~~30/06/2026~~ 31/07/2026	Trial is complete. Comms hub have had some delays and have agreed to pick up in Feb 2026.april 2026 - small details to complete Comms hub currently shadowing WM admin in order to take this over end of may Update 29/06/2026: Still awaiting date for communications hub to go live	People, Organisational Development and Culture Committee	3	4	12	The target for staff well-being is reflected in staffing levels and sickness rates. This will ensure the impact on service continuity is minimised. 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. The TRS date has been amended from Jan to April 2026 to reflect progress of action plan. April 2026 the TRS date has been extended to Early june to reflect progress made with comms hub taking this over from end of may 2026 Update 22nd May 2026: the TRS date has been extended until early September to reflect progress with comms hub not being expected to go live until June/ July 2026. Once the comms hub goes live, the validation of the waiting lists can take place. Both of which will result in reduced pressure on the WMS workforce	Treat	9-Jul-26
																Communication urgently required to public to manage service user expectations	Hughes-Moakes, Alwena	**Completed**	Current mitigations not working, require a UHB communication to the public. Tabled for discussion at HWOG (governance group for obesity). An internet page has been agreed however comms to public still to be agreed.April 2026 internet page completed comms not needed currently will add as new action if required in future							
																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	Paul-Gough, Zoe	~~28/11/2025~~ ~~31/01/2026~~ ~~30/04/2026~~ ~~30/06/2026~~ 31/07/2026	update 3.3.26 - V&A training complete, Frailty assessment complete (awaiting final recommendations). QIA for submission to panel. April 2026-QIA submitted and SBAR to accompany Task and Finish group started under the Health Weight Oversight Group to deliver on WHC recommendations. Awaiting outcome of fragile services assessment with							

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										plan made for additional capacity, T&F MDT group established to support GLP-1 roll out. Part of Wales wide application for UK Gov innovation funding. QIA undertaken to 'pause non-urgent referrals. Fragility assessment undertaken (linking this risk with other related risks above). Update 22.05.26 - Service internet page is now live and communication has been send to all partners in primary and secondary care re referral processes and availability of GLP 1 medication.					queries) to protect weight management service staff. 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~~ 30/07/2026	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. As part of the WHC Task and Finish Group, exploring other opportunities e.g. Secondary Care consultant, Community Pharmacy Model and Digital. awaiting welsh government announcements							
																Communication to Primary and Secondary Care Teams to advise regarding ongoing fragility and plan in place to strengthen.	Paul-Gough, Zoe	**Completed**	In progress to be completed imminently Update 29/06/2026: this has been completed							
																Multidisciplinary Service review planned to incorporate the availability of new medications	Paul-Gough, Zoe	~~30/04/2026~~ 31/07/2026	discussion re research funding to support with prescribing . ? nurse prescriber - is in conjuction with pathway review							

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2288	Primary Care	Primary Care	PC,CS,LTC: Out of Hours	Carruthers, Andrew	Bond, Rhian	Bond, Rhian	Richards, David	10-Feb-26	There is a risk of of inadequate service provision, financial impacts on staff pay and service budget. This is caused by inaccuracies on the rota as a result of inconsistent system build/configuration and implementation of the Allocate system, including limited user training and role based access controls, incomplete/untimely data entry (e.g., contracts, assignments, leave records), limited validation with ESR and finance, and lack of clear ownership and performance monitoring for key Allocate processes. Lack of additional support within the department to maintain and correct the rota. This will lead to an impact/affect on patient care (rota gaps short notice cover, service disruption), staff (delayed/incorrect pay, morale issues), organisational compliance (breaches local policies), financial performance (unplanned costs, reconciliation burdens), and reputational risk (complaints/grievances). Risk location, Health Board wide.	• Standard operating procedures in place by the organisation for rota build, leave approval windows, and cut off timelines; embedded compliance checks (WTD/rest rules). • Integration governance with ESR/finance; routine reconciliation between Allocate outputs and payroll. • Defined process ownership (Rostering Lead/Payroll Lead) and KPIs (e.g., % pay exceptions, fill rates, leave balance accuracy). • Daily service meetings to check rota coverage. • Ongoing Allocate implementation meetings. . Since the implementation of additional bank assignments, staff are able to view and book shifts directly	Workforce/OD	4	4	16	â€¢ We continue to experience pay exceptions and rota short notice gaps that can affect rota coverage and therefore patient care, staff wellbeing and service continuity (e.g., payment corrections, manual workarounds, and increased bank use). Known issues are rectified, but the potential impact on staff (pay accuracy/timeliness), patient access (shifts left unfilled), and compliance supports an impact level of Major. â€¢ Errors in configuration, incomplete training coverage/competency sign off, limited capacity to review and resolve pre pay exceptions, and variable adherence to timelinesâ€”so recurrence remains possible in any pay period or rota cycle. â€¢ Audits of Allocate have begun to correct previously identified errors and therefore lessons are being learned and protocols will be implemented to ensure similar errors are not reintroduced.	Meeting on 12/06/2026 to discuss improvements in the way Medical Allocate is functional for the Out of Hours Service to provide the ability to manage the rotas pro-actively and develop a system for logging and communicating queries.	Richards, David	08/10/2026	Update at next review	People; Organisational Development and Culture Committee	2	2	4	Planned actions will significantly reduce likelihood: Full implementation of control improvementsâ€”standardised Allocate configuration, mandatory training with competency sign off, automated pre pay validation dashboards, and strengthened governance for change/release managementâ€”will address the main causes of error. These measures will make recurrence of major payroll or rota failures unlikely, provided compliance monitoring and KPI reporting are embedded. Even if isolated errors occur post mitigation, they will be detected and corrected promptly through automated exception reporting and escalation protocols, limiting organisational, financial, and reputational consequences. Service continuity will be maintained through proactive rota planning and leave management controls. Evidence based expectation: Once KPIs (e.g., pay exception rate <0.5%, rota fill >95%, leave balance accuracy >98%) are consistently achieved for three consecutive cycles, residual risk will reflect only minor operational inconvenience rather than significant disruption. This risk will be mitigated once we can confidently say that the system is running accurately and consistently. This will be achieved by increasing team capacity to maintain the system.	Treat	10-Jul-26

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2356	Operational Allied Health Professions & Health Sciences	AHP&HS: Occupational Therapy	AHP&HS: Occupational Therapy	Carruthers, Andrew	Quarrie, Sara	Adams, Jon	Southway, Kelly	29-May-26	There is a risk of of being unable deliver a safe, sustainable and high quality care Paediatric Occupational Therapy service to babies, children and young people. This is caused by current vacancies in the OT Children's service, lack of available budget to recruit into specialist posts, lack of budget and capacity to support succession planning, lack of capacity to supervise new staff, maternity leave within existing team, incorrect staffing levels and skill mix, insufficient senior staff, loss of significant number of experiences team members due to retirement, illness and lack of positions for staff to be promoted into, geographical challenges and inability to match the level of virtual services to the population needs. This will lead to an impact/affect on the well-being of current staff and staffing levels as the team's ability to offer the highest quality service and to progress within their roles is inhibited, leading to a potential loss of staff or increased leave. There will be an increase in breaches/waiting times for service which could lead to harm to patients who are growing and require frequent assessment, equipment reviews and replacements, many of which have complex needs (e.g. cerebral palsy, babies with non-accidental head injuries and cancer patients). This could lead to increased complaints and reputational damage on Health Board. Increased breaches could lead to future restrictions and monitoring by Welsh Government. Risk location, Health Board wide.	Cross county working to reduce pressure on teams. Three counties workshops being centralised where possible. Rolling out to other areas where possible. Monthly three counties meeting (quarterly face-to-face).	Workforce/OD	5	3	15	Staff morale remains low with low staffing levels in some areas and staff struggling to meet PADR and Mandatory training Key Performance Indicators, along with historic high levels of sickness absence and maternity leave. The service has historic long waits, in excess of two years which are being reported to Welsh Government. The specialist service is at risk of losing experienced staff to other services/organisations where there are current vacancies. Due to a recognition of limited capacity compared to increasing complexity/volume of demand, the service was allocated additional staff between 2022 and 2025. However, as a budget was not provided to support this due to financial constraints, these posts have since been lost. An exercise on staffing within the available budget is required prior to going out to recruit to existing vacancies (1 whole time equivalent (WTE) permanent Band 6 and 1.4 WTE temporary Band 6, in addition to 1 WTE Band 4). There are currently opportunities both within the Health Board, and external to it which experienced staff members have expressed interest in.	Develop a plan to increase increase morale and levels of support within the team. To discuss with LM at end of June	Southway, Kelly	31/07/2026	New action	People, Organisational Development and Culture Committee	3	2	6	Short-term mitigation focusses on looking after the current team, increasing level of support and team morale and reducing the pressure on existing team members. This will reduce the likelihood of losing further team members. Risk score may be reduced if short-term mitigation is achieved. Long-term mitigation of this risk is reliant on: - Correct allocation of existing resources - Development of plan to correctly resource the service - Securing sustainable service for future The TRS date is based on outcomes of next annual planning cycle and successful allocation of staff, resources and budget.	Treat	11-Jun-26
																SBAR in draft to explore options for managing financial and performance challenges of current financial position impacting on the services ability to recruit into vacancies due to historical over establishment.	Adams, Jon	31/06/2026	SBAR discussed in CCG on 16/06/26. Further amendments required by midday 17/06/26						

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2312	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: Anaesthetics	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Knight, Diane	2-Mar-26	There is a risk of safe and timely cover for anaesthetic shifts for on call and in theatres and critical care by appropriately skilled staff. inability to maintain safe and timely care of patients within Operating Th This is caused by Due to failure of clinical staff supporting gaps or backfill in anaesthetic rotas due to dissatisfaction with new card rates published on 25th February 2026 for 1st March 2026. The new card rate has exposed the underlying fragility in the anaesthetic workforce This will lead to an impact/affect on Due to the requirement to assure safe and timely support to ICU, NCEPOD Theatre, and all related oncall commitment across all locations, this will lead to an impact/effect on safety and timeliness of care for elective surgery patients; and will place pressure on auxiliary staff, (Rota co-ordinators, Theatres, Waiting List, Critical Care), who form part of the partnership in patient management. Without ability to backfill, preliminary assessment would suggest the potential impact is the loss of 40 elective sessions per week Risk location, Health Board wide.	Set care priorities for shift cover: Oncall rotas, (SAS and Consultant) NCEPOD Theatre Trauma Theatre ECT (GGH only) Elective cancer pathway Elective cohort pathway Elective remainders Rota co-ordinators trying to move staff around to support, pulling shifts forward from later in the week, if staff agree. Consultants stepping down at £232.00 per hour. Current derogation to Card rate: Carms/WGH SAS all shifts £90 per hour to 4Oct26. Carms Weekend NCEPOD/Trauma only - consultant - £150 hr to 31Aug26. Staff may agree to undertake additional work for time off in lieu (TOIL) Backfill from external agencies could be explored but would be seen as NOT suitable to support oncall and weekend commitments on any site due to level of familiarity required to meet patient needs and core staff support across theatres and ICU. Backfill by external agencies for elective list assumes that core staff are prepared to move and cover oncall and weekends.	Workforce/OD	3	4	12	The control measures that have been applied are not sustainable or affordable and relies on insourcing anaesthetic staff from ID medical at an escalated cost. This also relies on the consultant workforce stepping down from their job planned activity to cover OOH and emergency pathways which is not sustainable. The SBAR relating to medical staff stabilisation was submitted in June 2026.	Agree an interim escalated card rate for an interim period to allow the service to develop the recruitment plan	Humphrey, Lisa	**Completed**	Completed	People, Organisational Development and Culture Committee	2	1	2	Sustainable workforce provision will avoid service interruptions, cancelation of activity, maintain safety & quality via emergency pathways and deliver on organisational targets. Expected date to achieve TRS amended to 30/03/2027 as the risk will not be mitigated by 30/09/2026 based on the current position.	Treat	9-Jun-26
																add and update the anaesthetic staffing position in the fragile services data base	Knight, Diane	**Completed**	Complete							
																Prepare SBAR on the staffing position and proposed options/solutions for consideration by the CCG/IQFPD	Knight, Diane	**Completed**	SBAR V6 completed and submitted 10Apr26. For further rewrite.							
																Manage anaesthetic staffing gaps via 6 4 2 process to plan for insourcing for elective activity	Humphrey, Lisa	30/09/2026	in progress							
																establish weekly anaesthetic staffing meeting to manage rota gaps within the emergency pathways	Humphrey, Lisa	30/09/2026	in progress							
																active recruitment into current vacancies	Knight, Diane	**Completed**	Ongoing with applicants coming through from adverts.							

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737	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw -	Tracey, Anthony	Brain, Sarah	Brain, Sarah	1-May-18	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). 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. 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. Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital.	Each switchboard has a lockable door. Ring-rounds are carried out to check on well-being of switchboard staff (carried out by the staff themselves) - with a buddying system implemented. Call recording is allowed on new system if issues are raised.	Statutory duty/inspections	4	3	12	The current risk score of 12 (high) reflects that, while the risk of non-compliance with the European Working Time Directive (EWTD) for switchboard staffing remains present, there are mitigating controls in place that reduce, though do not eliminate, the likelihood and impact. Interim arrangements such as call diversion between sites and ongoing modernisation have improved operational resilience and reduced immediate pressure on staff; however, reliance on singleâ€'handed working at times, alongside incomplete implementation of the longerâ€'term staffing model (including doubleâ€'handed cover and service rationalisation), means the risk continues to present a credible impact to service continuity, staff wellbeing, and regulatory compliance. As a result, the risk is no longer considered extreme but remains sufficiently significant to warrant a high (12) rating until sustainable, fully compliant arrangements are embedded.	Review physical alarm systems in GGH and WGH switchboards No update from estates - highlighted in Health and Safety report regular workstream established with Estates to review the alarms on all sites and to progress to remote monitoring	Beynon-Thomas, Kelly	**Completed**	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	People, Organisational Development and Culture Committee	2	3	6	The target risk score of 6 (moderate) reflects the expectation that, once the planned mitigations are fully implemented, the residual risk associated with EWTD compliance will be materially reduced to a level that is manageable within normal operational controls. This is predicated on the delivery of a sustainable staffing modelâ€"including consistent doubleâ€'handed cover, reduced reliance on singleâ€'handed shifts, and rationalisation of switchboard services, alongside strengthened operational resilience through modernised telephony and call management arrangements. At this point, the likelihood of non-compliance and associated service impact would be reduced to a low-to-moderate level, with remaining risks considered tolerable and subject to routine monitoring and governance oversight rather than requiring immediate escalation.	Treat	7-May-26
																Review physical alarm systems in BGH and PPH switchboards Alarms highlighted in Health and Safety meetings and included in reports no update from estates	Beynon-Thomas, Kelly	**Completed**	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.							
																Health and Safety review of all sites to be carried out in May 2023 (inspecting physical environments and support mechanisms for staff) All Health and Safety Reviews have been carried out some actions already done clearing of areas, awaiting completed reports.	Beynon-Thomas, Kelly	**Completed**	Health and Safety advisor booked in to carry out review. Update Action at next review.							
																Develop work plan to enable switching between sites	Beynon-Thomas, Kelly	**Completed**	Work plan to be developed once review of alarms and Health and Safety inspection carried out.							

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																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	Brain, Sarah	05/11/2027	The Health Board has paused the alarm-related elements of the Switchboard OCP for 12 months after identifying that the current solution is not yet sufficiently robust, reliable, or clinically safe; this precautionary, assurance-led decision does not change the overall direction of the OCP but allows time to resolve technical issues, develop a safe and resilient alarm solution, and ensure appropriate testing, escalation, and business continuity arrangements, with existing processes remaining in place and further updates to follow once a fully assured approach is agreed.							

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2088	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	9-Jun-25	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. 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, perception re 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. This will lead to an impact/affect on Wellbeing, attendance at work, 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. Risk location, Health Board wide.	Staff directed to HB staff psychological wellbeing services and tools on the website Staff directed to NHS counselling service (Canopy) Health board 1:1 support service Prevention of burnout resources available on line to all staff Individual stress risk assessment completed, and action plans made Individual referral to occupational health when triggers met Individual Job planning template completed Staff to book regular annual leave and managers to monitor Service and team leads to monitor overtime / TOIL Operational managers are supported to attend Health and Safely training that includes workplace stress risk assessment. Service proactively supports flexible working in line with local and national policy Service actively maintaining a band workforce at Band 4 and 5 to cover short term gaps resulting from vacancy turnover	Safety - Patient, Staff or Public	3	4	12	System pressures are consistently high and some medium term commissioning uncertainty remains (RIF, FCP). Morale score on the negative scale in NHS survey 30%, positivity score 48%. Despite wellbeing interventions, some staff are reporting work related stress impacting wellbeing. This is reflected in sickness levels with some anxiety and stress related illness. Overall sickness levels are 5.2 %. Funded establishment is 227 WTE. The service has 3.77 WTE vacancies in April 2026. 12 month turnover has shown an improving trend over the last 12 months and reduced from 12.7 % to 6.5%. NHS Staff surveys reflect some positive results for Physiotherapy in terms of flexible working (75% positive, improving trend) and 'we are compassionate and inclusive' (67%).	Staff to be made aware of all resources available to support wellbeing	Griffith, Susan	Completed	links to staff resources distributed throughout the service through the service leader communication infrastructure.	People, Organisational Development and Culture Committee	3	2	6	The service has a number of actions in place to frame clinical capacity challenges and to seek organisational support to constrain service delivery to funded capacity or to increase funding to meet demand. Work is underway to improve engagement with clinical leaders in change processes and to support skill in terms of risk assessment processes and relevant action plans. The time line on delivering target risk scores will be dependent on the way complex change processes develop and also the organisations ability to make definitive decisions in areas of funding uncertainty. The service has seen positive and improving trends in flexible working, compassionate and inclusive leadership.	Treat	1-Jul-26
																SG to link with psychology lead Suzanne Tarrant to confirm the most relevant resources available for staff and managers on burnout	Griffith, Susan	Completed	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.							
																SG to link with Workforce and OD to see what support is available to clinical and managerial teams	Griffith, Susan	Completed	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.							
																JD to link with Sara Quarrie and Jo Bradburn regarding staffing level benchmarking exercise.	Davies, John	Completed	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. 18/02/2025 - CCG IG 3P D&C report indicated: "Work commenced with Physio (MSK) and Dietetics in Jan, the work was positively received". Action closed. SQ							

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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	31/10/2025 31/07/2026	30/04/26 Discussed in April IG. Band 8a leads requested to look for opportunities to attend training as service pressures allow. Review progress in May Q and S meeting.							
																Ongoing recruitment of staff to available vacancies.	Davies, John	**Completed**	28/04/28 The overall vacancy rate in physio is low. Controls are in place to optimise recruitment and turnover. Bank is in place. Agency use is low. Funded establishment is 227 WTE. The service has 3.77 WTE vacancies in April 2026. 12 month turnover has shown an improving trend over the last 12 months and reduced from 12.7 % to 6.5%							
																Within budget only use of Bank Band 4 / 5 / 6 clinical staff to maintain capacity during periods of vacancy	Davies, John	**Completed**	Approval to recruit for band 4,5 and 6 staff supported by FCG. Rolling process in place to maintain bank workforce. This workforce is being used effectively to cover short term vacancies caused by workforce turnover.							
																Use of within budget funding to recruit Locum staff with CCG and AG1 approval until the end of the financial year	Davies, John	**Completed**	As of April 2026, funded establishment is 227 WTE. The physio service has 3.77 WTE vacancies in April 2026, with only 3.77 WTE vacancies. " agency staff and bank workforce are in place to cover funded service gaps. 12 month turnover has shown an improving trend over the last 12 months and reduced from 12.7 % to 6.5%. The service now has established processes for agency approval via (FCG) and bank recruitment. As such this action has been transitioned to a control.							

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																Development for SBAR for recovery funding to achieve a zero breach position completed and submitted for consideration for additional WAG funding	Davies, John	**Completed**	An SBAR has been developed to identify funding requirements to bring service back to a zero breach position. This was updated in Nov 2025 by physio services and submitted through the CCG's integrated governance PPP forum. There has not been a Welsh Government / Health Board decision made to support waiting times recovery funding to date. Close action.							
																Demand and Capacity - New patient D&C tool to be implemented in MSK Physiotherapy. This tool will be used to enhance the services ability to escalate workforce capacity challenges through integrated governance processes and via annual planning.	Davies, John	~~30/04/2026~~ 31/07/2026	Work is underway to develop a new D and C tool. A current barrier is the forecasting functionality in WPAS. Task and finish group reviewing work arounds. (In the mean time the service is using historical forecasting and C and D methodologies. 01/05/26-C and D tool used by Performance Improvement incompatible with the Physiotherapy system without significant modification. Meetings continue to develop a hybrid tool.							
																Physiotherapy to undertake a 'Service Review'. This will be fed into CCG Integrated governance forum. Include base line capacity and demand information for key service areas.	Davies, John	~~31/07/2026~~ 31/08/2026	New action as D&C tool implementation commenced Jan 2026. C and D work undertaken for CMATs service as part of 'SBAR CMAT escalating waiting list' paper. Shift of resource agreed to support service capacity in CCG IG governance (April 2026). Capacity and Demand review started for acute services. 01/07/26 Acute C and D review completed.							

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																Undertake staff experience survey. Survey launched by Chartered Society of Physiotherapy in collaboration with Physiotherapy service to build understanding regarding factors that may be contributing to positive or negative experience at work. Survey closes 28th May. The survey results will inform development of collaborative action plan being developed in Physiotherapy partnership forum.	Davies, John	**Completed**	The CSP have completed the survey and shared results with the service. The results will be considered in conjunction with other data sources such as the NHS survey to develop and action plan (Seperate action).							
																Develop SBAR - 'acute physiotherapy case for change', to map current acute workforce against available standards and NHS benchmarking. The paper will link to current quality of care risks for this area and the evidence base supporting efficacy of staffing acute hospitals to standards.	Davies, John	31/07/2026	Initial workforce mapping completed. Task and finish group set up to support piece of work. 01/07/26 Workforce data revalidated to reflect surge beds and complexity of case load. SBAR in development. Deadline extended.							
																Deliver Physiotherapy MSK pathway workshop for senior clinical leaders and managers. The key aim of this is to improve knowledge of national strategy, empower clinical leaders to engage in service transformation and change.	Davies, John	**Completed**	Workshop delivered on 18/03/26. key priorities that emerged included:- Scoping options for the development of a single point of access for MSK services, in line with the national service specifications, development of job descriptions that enable MSK clinicians to work across the pathway and at the top of their licence evaluate opportunities to reduce unnecessary touchpoints for patients accessing MSK services, further develop telemedicine triage, incorporating risk stratification and patient engagement measures. Task and finish groups to be set up. Action complete.							

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																Draft SBAR to escalate risk to sustainability of services funded by RIF. Include case for change to support rationale for sustainable funding and exit strategy if funding ceases in March 2027.	Griffith, Susan	**Completed**	SBAR completed and submitted to June CCG integrated governance forum.							
																Draft SBAR escalating risk to staff wellbeing due to funding uncertainty in FCP. Frame options for service commissioning or exit strategy.	Davies, John	**Completed**	SBAR submitted to executive lead (COO). Outcome decision on 11/04/26 was to extend funding for service until 31/03/27. Comms sent to FCP team to brief them on outcome 24/04/26.							
																Develop updated action plan for 2026/27 with the aim of addressing top three priorities identified from NHS staff survey and other data sources (Eg: CSP staff survey)	Davies, John	31/07/2026	Extraordinary planning meeting scheduled for the 2/07/26 with Physiotherapy Service leads to review staff survey and develop action plan.							

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2253	Planned & Specialist Care	Children, Women & Family Health	CW&FH: School Nursing	Carruthers, Andrew	Goode, Paula	Davies, Nick	Morgan, Barbara	20-Jun-22	There is a risk of to children and young people's health and wellbeing due to a shortage of SCPHN School Nurses, with an ageing workforce and staffing gaps threatening the service's longâ€'term sustainability. 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. Other than their statutory duties, the School Nursing service is unable to complete other aspects of its Public Health Role. 5.There is an ageing workforce. 6.There has been an impact to the service due to ongoing sickness in all three Counties. This will lead to an impact/affect on 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. 2.Ability to focus on uptake of immunisations due to other priorities in certain areas 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. 4. Ongoing effects on staff wellbeing and morale due to staff shortages within the service. 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. Risk location, Health Board wide.	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.	Workforce/OD	3	4	12	The service has an ongoing recruitment campaign with involvement from Workforce. To date, 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. The ageing workforce, in particular in Pembrokeshire and the senior management team, along with the challenges the service are facing with unfilled vacancies and succession planning, make School Nursing a fragile service. The service is currently facing high levels of sickness across the three counties which then puts added pressure on existing staff. There is currently only 1 student on the SCPHN (Specialist Community Public Health Nurse) course as another student has dropped out. National School nursing week commencing the 18th May.	Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload	Morgan, Barbara	**Completed**	Immunisation nurses support SCPHN nurses as required for school ages immunisation programmes. This continues to be ongoing.	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	26-May-26
																Workforce support to broaden our scope of recruitment to include Social Media etc.	Morgan, Barbara	~~29/05/2026~~ 30/08/2026	Professional Lead for School Nursing to explore relocation packages during discussions with the workforce team. Head of Nursing has advised Professional Lead to speak with Head of Nursing of Professional Practice. Student SCPHN job description drafted and awaiting approval. Meeting arranged for 16th April. Meeting held and agreed to work with the recruitment with a plan to look at national recruitment across the UK Advert has gone out 12.05.26. To date no applicants 11.06.26 -recruitment drive has finished - waiting for outcome							

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2328	Director of Allied Health Professions & Health Sciences	Executive Allied Health Professions and Health Sciences	Executive Allied Health Professions and Health Sciences	Severs, James	Severs, James	Bradburn, Jo	Bradburn, Jo	23-Feb-26	There is a risk of There is a risk that the Health Board may be unable to identify staff who have not renewed their statutory professional registration with the Health Care Professionals Council (HCPC). This is caused by constraints within the existing automated system and procedures at the interface between ESR and the HCPC register, which are not synchronised with HCPC renewal dates. It therefore depends on manual verification which is labour intensive and prone to error. This will lead to an impact/affect on This could result in staff working without valid statutory registration leading to breach of contract, loss of public confidence, reputational damage, patient safety, governance, legal and regulatory non-compliance risks. Risk location, Health Board wide.	Some professions have manual checking systems in place to identify compliance when HCPC renewal is due Request for each profession to review their manual checking systems and ensure these are in place and align to renewal dates Routine automated audits in place between ESR and HCPC	Statutory duty/inspections	3	3	9	The current risk score reflects the risk that exists because of the Electronic Staff Record(ESR)/Health & Care Professions Council (HCPC) automated audit not aligning to HCPC renewal dates. Once assurance is provided from each service area, the current risk can be reduced to 6. However, the risk will remain as the only way currently to mitigate the risk is manual verification and this poses both challenges to workforce capacity and accuracy.	Seek assurance from each professional lead that they have a process in place to monitor HCPC registration compliance aligned to renewal dates.	Bradburn, Jo	30/06/2026 31/08/2026	Email sent to each ADQSE for each CCG and professional leads re: risk and request for assurance on processes in place to monitor for lapsed register. Responses from ADQSE due by 28/7/26	People, Organisational Development and Culture Committee	2	2	4	The target risk score reflects the risk score once assurance has been provided from professional leads on manual processes in place to monitor compliance with HCPC renewal. However, a further target risk score of 2 x 2 = 4 will be required once it is understood how to align automated audit with HCPC renewal dates.	Treat	23-Apr-26
																Work with ESR to identify how to generate automated reports at renewal date for each profession to identify any lapses in registration during renewal period.	Bradburn, Jo	**Completed**	Action delegated to Kate Tennant - Business and Governance Manager (awaiting datix access). Meeting arranged for 23/4/26 to consider options.							
																Contribute to workforce discussions about the development of the new ESR system to ensure it reflects the registration/regulatory requirements of HCPC registrants	Walmsley, Tracy	**Completed**	Email sent from JB to Tracy Walmsley and Michelle James on 9/4/26 advising them of this risk and request it feeds into developments of new ESR system. Tracy Walmsley acknowledged this had been completed.							

Report Issued By	Report Title	Recommendation Reference	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Internal Audit	Sickness Management (Follow Up) Final Internal Audit Report 2025/26	HDU-2526-20_001	High	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 notescovering the whole of the absence • Failure to identify and act on review prompts	In August 2025, Clinical Care Group (CCG) Service Directors were informed that each CCG will be required to produce a programme of planned sickness absence reviews and submit it to Workforce & OD by 30 September 2025. To aid the CCGs in undertaking the sickness absences reviews, Workforce & OD developed a testing template that was communicated to each Executive Director and Clinical Care Group (CCG) Service Directors in August 2025. However, no evidence was provided to support the development of a planned programme of sickness absence reviews by the CCGs. A review of the sickness absence template identified that the number of absences tested is captured; no individual absence data is recorded. No guidance to aid the services complete the audit template was provided. Testing was undertaken on a sample of 30 service areas (from data uploaded onto the AMAT system) to ensure the sickness absence review had been completed and the captured information accurately reconciled to employee sickness periods. Identified service leads (identified as a reviewer') were contacted to request the detail of the sampled sickness absence information with only 13 responding. A reconciliation of the sickness absence periods listed tested in the templates identified the following: • Inaccuracies in the information recorded on the audit template against source data such as the number of reviews recorded • Instances where the reviewer was unable to confirm the sickness periods in their review sample • Inconsistencies in the length of testing periods and sample sizes • Listed individuals named as reviewers were unaware of their responsibility to undertake the sickness absence review. No audit or check of the returned sickness absence review was undertaken by Workforce & OD to confirm the accuracy of the recorded information. To date, no Heads of Service have been held accountable for non-compliance due to returned audits noting compliance accuracy of 100% (only one review returned 80% compliance).	Lisa Gostling	Sep-25	~~Sep-25~~ ~~Nov-25~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_001a	N/A	R1. The Health Board must ensure that all departments within Medicine are staffed sufficiently at all times. This must guarantee that patient safety is sustained and training is deliverable.	New rota to be implemented	Jess Svetz	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_001b	N/A	R1. The Health Board must ensure that all departments within Medicine are staffed sufficiently at all times. This must guarantee that patient safety is sustained and training is deliverable.	Medical staffing review to be completed	Karen Brown	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_001c	N/A	R1. The Health Board must ensure that all departments within Medicine are staffed sufficiently at all times. This must guarantee that patient safety is sustained and training is deliverable.	Sufficient SPA time for consultants to provide training needed for resident doctors.	Helen Thomas	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002a	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	Additional medical registrar allocated to support induction within the medical department	Jess Svetz	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002b	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	Peer to peer handover induction to be arranged	Helen Thomas	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002c	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	New handover document to be drafted for trainees	Helen Thomas	Apr-26	~~Apr-26~~ N/K	Overdue

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Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002d	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	Further discusssion with trainee and registrars to determine what is further required to improve induction.	Helen Thomas	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_002e	N/A	R2. The Health Board must ensure that the induction provided is effective and accessible for all residents. This must include residents new to the Health Board, those rotating out-of-sync, and those unable to attend the scheduled induction due to on-call commitments. The induction should ensure residents are aware of Health Board procedures, as well as processes relevant to their base sites, departments, and wards. IT equipment and clinical applications necessary for residents' roles should be accessible from the start of their placements.	To work with IT and Application support team to ensure that resident doctors have access to IT applications, like Welsh PAS and Welsh Portal from the start	Gavin Jones	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_003a	N/A	R3. The Health Board must ensure there are effective and robust processes in place for raising patient safety concerns. Effective mechanisms for the provision of feedback about concerns raised must be in place.	Arrange a face to face Datix training session which will be mandated for all trainees. The session will incude a Datix sytem demonstration and a session which will include case studies to demonstrate the value of reporting.	Helen Thomas	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_003b	N/A	R3. The Health Board must ensure there are effective and robust processes in place for raising patient safety concerns. Effective mechanisms for the provision of feedback about concerns raised must be in place.	Concerns raised be trainees to be discussed routinely at medicine consultant meetings	Angela Puffett	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_004	N/A	R4. The Health Board must ensure that senior support for Foundation residents is always accessible, in order to ensure patient safety and resident wellbeing are preserved. Requests for support should be responded to in a timely manner with appropriate feedback provided if requests for support are felt to be inappropriate.	New rota which will increase staffing levels to be implemented	Jessica Svetz	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_005a	N/A	R5. The Health Board should build upon previous efforts to ensure working hours are robustly monitored, with straightforwardly achieved exemption reporting.	Raise awareness of the working over authorisation form.	Bethan Griffiths	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_005b	N/A	R5. The Health Board should build upon previous efforts to ensure working hours are robustly monitored, with straightforwardly achieved exemption reporting.	Additional, short, optional, monitoring form to be drafted and piloted to enable ongoing, continuous excemption reporting, which will provide a greater understanding of hours worked. Information from this process to be discussed as part of Medical Department Meetings and Resident Doctor Forums.	Helen Thomas	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_006a	N/A	R6. The Health Board should ensure there are adequate rooms available to allow residents to review patients independently. Support and feedback during clinics should be accessible where required, to facilitate a well-rounded training experience	Review of outpatient clinic room bookings to be undertaken to ensure that they are utilised appropriately and to identify opportunities for additional space for trainees to review patients independently.	Jessica Svetz	Jan-26	~~Jan-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_007a	N/A	R7. The Health Board should make efforts to ensure there are adequate spaces available for the provision of confidential feedback.	Ensure that supervisors are reminded of the importance of providing feedback in a constructive and professional manner.	Sarah Davidson	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_007b	N/A	R7. The Health Board should make efforts to ensure there are adequate spaces available for the provision of confidential feedback.	Estate review of general medicine and the emergency care departments to ensure that there is sufficient capacity to appropriately assess and treat patients with dignity, along with enabling effective and confidential training discussion and feedback.	Jessica Svetz	Jul-26	~~Jul-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_008a	N/A	R8. The Health Board should ensure the management of "post-take" patients prior to ward deployment is optimised. Patient management plans should be reviewed daily by a senior team member, and necessary actions should be appropriately carried out.	Substantive team to be placed in ED to manage acute medicine patients who are waiting to move onto wards.	Jessica Svetz	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_008b	N/A	R8. The Health Board should ensure the management of "post-take" patients prior to ward deployment is optimised. Patient management plans should be reviewed daily by a senior team member, and necessary actions should be appropriately carried out.	Evaluation of new team working to be undertaken.	Jessica Svetz	Jul-26	~~Jul-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_009a	N/A	R9. The Health Board should make efforts to improve and strengthen the resident forum, to ensure residents are able to confidently raise concerns regarding their training experience, as well as any other concerns relevant to their roles. Concerns raised should be documented, with appropriate and timely feedback provided.	This action needs to be clarified by the Faculty Lead for Trainees.	Helen Thomas	Jan-26	~~Jan-26~~ N/K	Overdue

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Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_010a	N/A	R10. The Health Board should review processes regarding the means in which residents are contacted during on-call shifts to ensure their workload is streamlined.	Initiate audit cycle which covers:- -Frequency -Source -Reason For contacts over a 2-4 week period.	Helen Thomas	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Withybush November 2025	HEIW_TV_WGH_GM_1125_010b	N/A	R10. The Health Board should review processes regarding the means in which residents are contacted during on-call shifts to ensure their workload is streamlined.	Meet with other healthcare professional colleagues to discuss findings of audit and consider opportunities for workload streamlining and efficient use of staffing resource	Jessica Svetz	Apr-26	~~Apr-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_001a	N/A	R1. The Health Board must ensure that ward staffing levels are robust and that appropriate time is allotted to allow access to training opportunities including regional teaching programmes, Educational/SelfDevelopment Time (EDT/SDT) and access to clinics as stipulated by the IMT curriculum. Staffing levels should take into account extra work generated by those patients who are accommodated outside of the traditional clinical bed spaces, for example in corridors and 'boarders' within ward areas.	Review of medical staffing structures across the Health Board to be completed.	Dr Karen Brown AMD CIMCG, Dr Eiry Edmunds Deputy MD AHS, Dr Robin Ghosal Clinical Director Carms.	Mar-26	~~Mar-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_001b	N/A	R1. The Health Board must ensure that ward staffing levels are robust and that appropriate time is allotted to allow access to training opportunities including regional teaching programmes, Educational/SelfDevelopment Time (EDT/SDT) and access to clinics as stipulated by the IMT curriculum. Staffing levels should take into account extra work generated by those patients who are accommodated outside of the traditional clinical bed spaces, for example in corridors and 'boarders' within ward areas.	Create spreadsheet to allow doctors to book to attend diverse specialist clinics across Glangwili & Prince Philip (and wider afield if requested).Clinics will be mapped to IMT and FP curricula.	Dr Robin Ghosal Clinical Director Carms., Peta Spiller Rota-Co-ordinators	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_002a	N/A	R2. The Health Board must ensure that robust pastoral support is accessible to all residents and trainers and that this incorporates an acknowledgement of the effects of working within a physically and emotionally challenging environment and the risk of progression to burnout.	Bi-Monthly meetings to be organised between Clincial Director and trainees in addition to the Resident Doctors Forum to provide a safe environment to keep up to date and be proactive with concerns. These metings will be unstructured allowing free flowing discussion	Dr Robin Ghosal Clinical Director Carms., Peta Spiller Rota Co-ordinators	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_002b	N/A	R2. The Health Board must ensure that robust pastoral support is accessible to all residents and trainers and that this incorporates an acknowledgement of the effects of working within a physically and emotionally challenging environment and the risk of progression to burnout.	Raise awareness of and signpost to Health Board's Staff Psychological Wellbeing and Occupational Health Services through email, posters, induction, stands at studay days/core curriculum sessions.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_002c	N/A	R2. The Health Board must ensure that robust pastoral support is accessible to all residents and trainers and that this incorporates an acknowledgement of the effects of working within a physically and emotionally challenging environment and the risk of progression to burnout.	Raise awareness of the Health Board's new Doctor Support Hub which will enable medical staff (trainers and other medical staff not in formal training posts) to have open access to a variety of support structures with the aim of maximising personal and professional outcomes, maintaining wellbeing and aiding retention email, posters, induction, stands at studay days/core curriculum sessions.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_003a	N/A	R3. The Health Board must ensure that training needs are taken into account when redesigning clinical areas and systems to improve patient flow. The local educational team must be involved in discussion and planning. It would be desirable to also include trainers and resident doctors, who are likely to have valuable insights into practical aspects of the plans.	This is service development. Resident doctors will take part in conversations about new service and gain thoughts on pathways e.g.within the newly rebuilt SDEC, helping to map the environment from a training standpoint so educational opportunities can be maximised.	Dr Robin Ghosal Clinical Director Carms.	Jul-26	~~Jul-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_003b	N/A	R3. The Health Board must ensure that training needs are taken into account when redesigning clinical areas and systems to improve patient flow. The local educational team must be involved in discussion and planning. It would be desirable to also include trainers and resident doctors, who are likely to have valuable insights into practical aspects of the plans.	Link with medical education team on service re-design and planning, providing regular updates on progress. Ultimately this is service development.	Service Leads, Medical Education Team	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_004	N/A	R4. The Health Board should take steps to ensure that multiple members of the same ward-based team are not routinely scheduled to work out of hours or in an on-call capacity at the same time to avoid resident doctors being subject to excessive workloads on the wards.	Rotas to be reviewed and amended accordingly.	Trainees, Rota co-ordinator	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_005	N/A	R5. The Health Board should introduce a rostering system to ensure that IMT residents have planned, scheduled access to outpatient clinics as outlined within their curriculum.	Please see action 2 under requirement 1 above.	Trainees, Rota co-ordinator	Jun-26	~~Jun-26~~ N/K	Overdue

Report Issued By	Report Title	Recommendation Reference	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_006b	N/A	R6. There should be an effective, Health Boardsupported system in place to track patients during the first 72 hours of admission, irrespective of overcrowding. This needs to support resident doctor handovers and their ability to find out about and act upon results.	FP2 to undertake QI project to ensure that patients who attend A&E on a Friday are included as part of the weekend CDU and medical liaison handover lists.	FP2 Trainee	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_007a	N/A	R7. The Health Board should review current medical handover processes with the aim of ensuring that they are timely, robust, and used to support learning.	Carry out a handover audit to identify specific issues affecting the quality and effectiveness of the handover process.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_007b	N/A	R7. The Health Board should review current medical handover processes with the aim of ensuring that they are timely, robust, and used to support learning.	Share audit results with the department for taregeted actions to be implemented	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_007c	N/A	R7. The Health Board should review current medical handover processes with the aim of ensuring that they are timely, robust, and used to support learning.	Consultants to be encouraged to attend both handover meetings (AM/PM).	Dr Robin Ghosal Clinical Director Carms	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_008a	N/A	R8. The Health Board should implement a simple exception-reporting system to monitor residents' ability to attend rostered clinics and access EDT/SDT. These exception reports should be regularly discussed and reviewed to ensure good access is maintained.	Increase understanding and use of the SDT/EDT form among trainees and trainers so that trainees can make the most of their allocated development time – emails, posters, study days etc.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_008b	N/A	R8. The Health Board should implement a simple exception-reporting system to monitor residents' ability to attend rostered clinics and access EDT/SDT. These exception reports should be regularly discussed and reviewed to ensure good access is maintained.	Audit to be undertaken to monitor rostered clinics and SDT/EDT access	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_009	N/A	R9. The Health Board should review lines of communication with trainers and resident doctors to ensure that all parties are aware of improvement plans/activity and the obstacles and challenges which need to be overcome.	Raise awareness of the Hywel Dda Team Meetings, which take place monthly. During these online meetings, staff hear more about what's happening across the Health Board from our Chief Executive, Phil Kloer, and members of the Executive team. Individual views can also be shared and questions asked (emails, posters, study days, reminder notifications etc)	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue
Health Education and Improvement Wales (HEIW)	HEIW Targeted Visit to General Medicine, Glangwili Hospital, Carmarthen December 2025	HEIW_TV_GGH_GM_1225_010	N/A	R10. That HEIW will provide an update to the GMC on the findings of the visit with a recommendation that Enhanced Monitoring status is applied.	Complete – confirmation of enhanced montioring status was received by the Health Board on the 2 February 2026.	Helen Thomas, Head of Medical Education & Professional Standards	Jun-26	~~Jun-26~~ N/K	Overdue