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Assurance and Risk Report

Situation



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



Risk Management - Overview



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

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

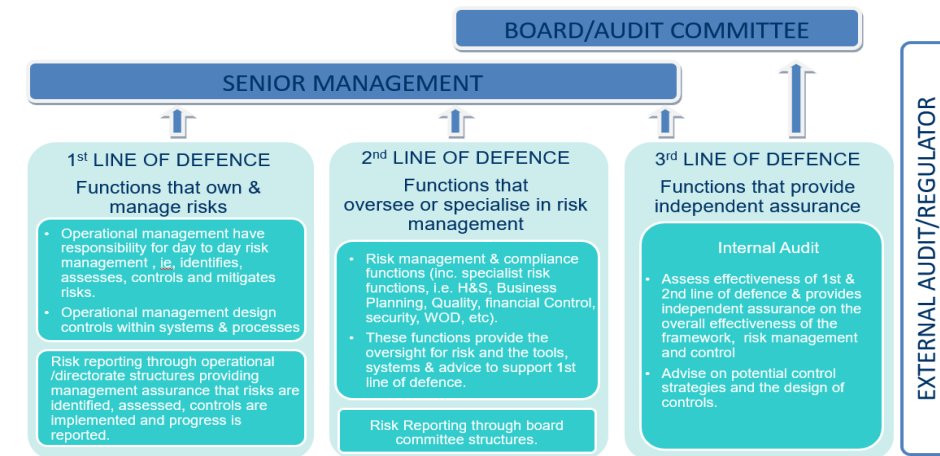
The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

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

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

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

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation’s readiness to bear the risk after risk treatment, in order to achieve its objectives. Risk leads are required to provide a rationale for the target risk score (TRS), and an expected date when the target risk score (TRS) will be achieved. These are mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to DDIC.



Principal Risks Assigned to PODCC



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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.

Following the implementation of new Board Committee structure on 1 April 2025, principal risks have been re-aligned to the most appropriate Board level Committee.

These risks have been identified by the Executive Team via a top down and bottom-up approach and are associated with the delivery of the Health Board's strategic (long-term) objectives.

There is 1 principal risk currently aligned to PODCC (out of the 15 that are currently on the PRR).

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, and sources of assurance.

Principal Risk assigned to PODCC



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1186 - Attract, retain and develop staff with the right skills	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	15 ↑ (Reviewed 17/06/25)	10	TBC

Rationale for Current Risk Score

There are a number of elements; how we prepare our current workforce to have the knowledge and skills to meet future demands, for example use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors. To this point of preparedness - there is a daily occurrence where staff are not able to be released for training, vacancies exist and despite agency usage, deficits remain on a daily basis. To add if we do not enable capacity for learning or develop alternative methods to create easier access to learning, we will not be able to design or deliver the workforce of the future. This is inextricably linked to service design and future delivery of services, if we do not clearly understand our service models of the near and long term future, we will not be able to design the workforce we need; and we may then not have the time, capacity or provision to have built and/or developed the future capability 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, it is unlikely that we will be completely stable across all professions and services to enable us to achieve a target impact score of 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. Oversight is in place by Financial Control Sub-Group for any service change or escalation processes needed.

Corporate Risks assigned to PODCC



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		LIKELIHOOD				
		RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
IMPACT	CATASTROPHIC 5					
	MAJOR 4				1978	
	MODERATE 3			1821		
	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 21 that are currently on the CRR).

The following slides provides a summary of the reportable corporate risks aligned to PODCC.

The corporate 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, and sources of assurance.

Corporate Risks assigned to PODCC

- 1 of 2



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	16 → (Reviewed 17/06/25)	12	31/12/2025

Rationale for Current Risk Score

Staff sickness rate is reducing, and our establishment levels are increasing. The use of contingent workforce has reduced 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 (operational & strategic workforce planning) and Improving Together, we will be able to reduce the risk score further during 2025/26.

Rationale for Target Risk Score (TRS)

The TRS reflects a reduction in the likelihood 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.

Corporate Risks assigned to PODCC

- 2 of 2



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Risk Reference & Title	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1821 – Risk to the welfare of Health Board staff due to current demands	Deputy Chief Executive Officer and Director of Workforce & OD (Organisational Development)	12 ➔ (Reviewed 18/06/25)	6	31/03/2026

Rationale for Current Risk Score

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

Rationale for Target Risk Score

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

Operational Risks assigned to PODCC



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5 operational risks on Datix have been aligned to PODCC which are all within review date.

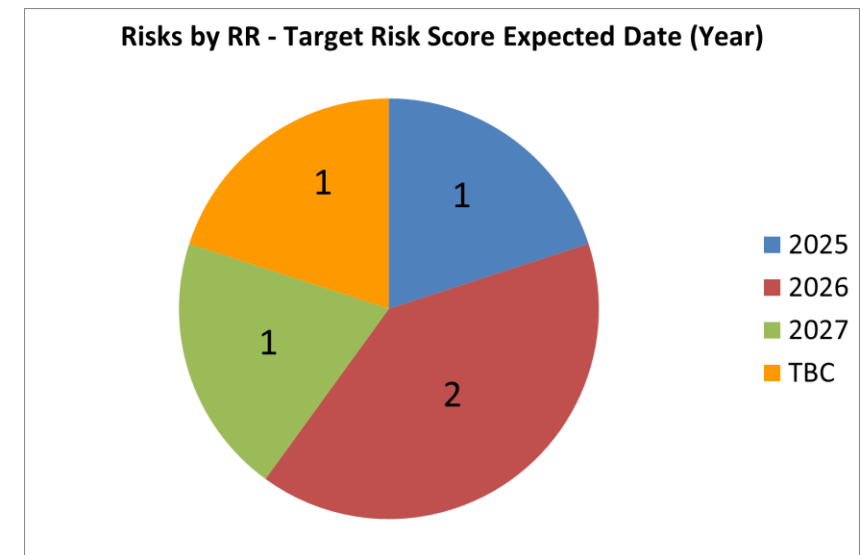
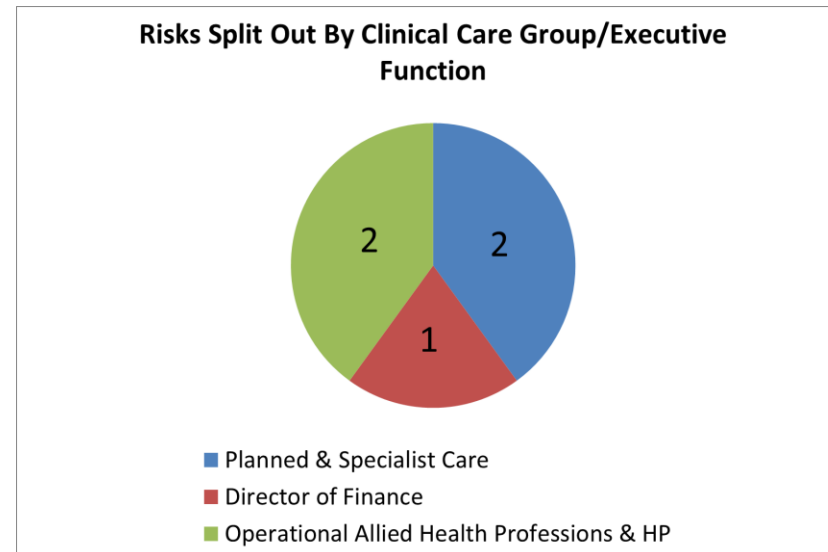
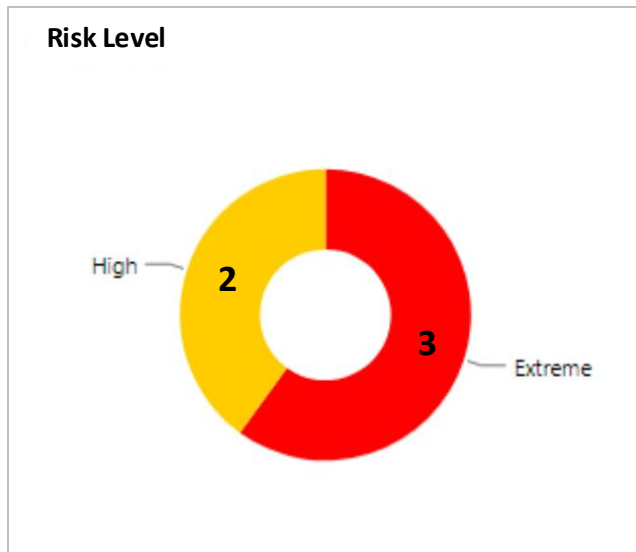
They have been identified as reportable to PODCC based on the following criteria:

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

Detail in relation to target risk scores became mandatory fields on Datix as of 1 July 2025 and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to PODCC.

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

The following slide summarises the operational risks aligned to PODCC. The operational risk register attached at Appendix 2, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.



Operational Risks reportable to PODCC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1409 - Risk of reduced workforce due to difficulty recruiting qualified specialist School Nurses	Planned & Specialist Care	Chief Operating Officer	16 (New)**	6	30/09/2026	22/07/2025
2088 - Risk of staff burnout due clinical pressures, financial challenges and change processes	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20 (New)	6	01/12/2025	27/06/2025
2102 - The risk of radiology service delivery due to leadership fragility	Operational Allied Health Professions & Health Sciences	Chief Operating Officer	20 (New)	10	01/12/2026	25/07/2025
737 - Risk of Switchboard not complying with European Working Time Directive due to inability to cover single-handed shifts at 3 sites	Director of Finance	Director of Finance	12 ↓*	6	TBC	16/05/2025
1580 - Risk to endoscopy service provision due to challenges in recruiting consultant gastro / endoscopists	Planned & Specialist Care	Chief Operating Officer	12 (New)**	4	29/01/2027	14/07/2025

*Any movement in the current risk score since the risk was previously reported to Committee is denoted by the arrow under the risk score as at July 2025.

**Previously reported to another Committee

Audits and Inspections - Overview



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The Health Board remains in Targeted Intervention (TI) (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 'Governance' from TI (Level 4) to Enhanced Monitoring (Level 3), the Health Board has to meet the revised set 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
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s
- The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

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.

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.

Recommendations raised, along with the management responses and most recent Progress update provided by the lead officer can be found in Appendix 3.

Status	Explanation
Green	Recommendation has been confirmed as completed by the service / directorate lead (<i>AMAT Status: Complete and awaiting approval / Fully Complete</i>)
Amber	Recommendation is currently in progress, and within the agreed original timeframe for implementation (<i>AMAT Status: Partially Complete / In Progress</i>)
Red	Recommendation is in progress, but has exceeded its agreed original timeframe for implementation (i.e. overdue) (<i>AMAT Status: Overdue / Partially Complete (Overdue)</i>)
External	Recommendations considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation. Due to current system limitations, the action title has been amended to include the phrase "external" to denote this status.

Audits and Inspection Reports assigned to PODCC



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The following reports have been assigned to PODCC to enable them to undertake the following responsibility:

Date of Report	Report Issued By	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule)	Amber (on schedule)	Green Recs (completed)	External Recs	Any Barriers to Completion Noted?
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma & Orthopaedics Glangwili Hospital March 2024 *	Medical Director	Medical Director	Aug-24	Aug-24 Mar-25 Aug 26	8	4*	0	4	0	None Noted.
Apr-25	Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical Director	Medical Director	Aug-25	Aug-25	12	0	5	7	0	None Noted.

Overdue Recommendations:

* 3 Overdue Recommendations are noted as 'Partially Complete (Overdue)' on AMaT - Progress update advises that recommendation has been completed. However, evidence is required to be uploaded to AMaT by Responsible Owner (Clinical Lead, Trauma & Orthopaedics) before recommendation can be noted as 'Fully Complete'.

1 Overdue Recommendation has a revised completion date of 1 April 2026 noted on AMaT, however three overdue recommendations without revised completion dates therefore overall report completion date currently not known.

Welsh Health Circulars - Overview



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Welsh Health Circulars (WHCs) provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the [Welsh Government \(WG\) website](#).

Committees have responsibility to seek assurance that the Health Board is compliant with WHCs and that these are implemented in line with stated/agreed timescales, and where this has not been possible, to receive assurance the impacts resulting from late/non-delivery are understood and managed appropriately.

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is applied to WHCs:

- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Green** = completed
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board.

WHCs included within this report come under the remit of PODCC and its Sub-Committee structure.

Progress updates relating to the implementation of WHCs are extracted from the AMAT system.

Welsh Health Circulars assigned to PODCC



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WHC	Issued On	Lead CCG / EF	Lead Director	Implementation Date	RAG Status	Progress Update
021-24 : Croeso i Gymru / Welcome to Wales: Policy Guidance Framework	26/11/2024	Workforce & OD	Director of Workforce & OD	January 2025	Green	This WHC was closed on 7 February 2025, as fully compliant with the requirements of the WHC and whilst not currently recruiting for IENs, we would ensure compliance with the WHC for future rounds of IEN recruitment.

Recommendations



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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;
- **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; and
- **CHALLENGE** where assurances are inadequate Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

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.



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SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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CORPORATE RISK REGISTER SUMMARY JULY 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jul-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1978	Risk of insufficiently skilled workforce to deliver services due to limited labour market	Gostling, Lisa	Workforce/OD	4×4=16	4×4=16	→	3×4=12	31/12/2025	6
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	4×3=12	3×3=9	↓	2×3=6	31/03/2026	12

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? <small>(how many times will the adverse consequence being assessed actually be realised?)</small>	This will probably never happen/recur (except in very exceptional circumstances).	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? <small>(what is the chance the adverse consequence will occur in a given reference period?)</small>	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
*used to assign a probability score for risks related to time-limited or one off projects or business objectives.					
Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	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.
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.			

CORPORATE RISK REGISTER SUMMARY JULY 2025

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. Reduced performance levels if unresolved.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
			Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty. Improvement notices.	Prosecution. Complete systems change required.
				Low achievement of performance/delivery requirements.	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.				
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 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

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

Assurance Key:

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

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

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

Date Risk Identified:	Apr-24
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

Executive Director Owner:	Gostling, Lisa	Date of Review:	Jun-25
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Aug-25

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?			

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	3x4=12
Expected Date To Achieve TRS:	31/12/2025
Trend:	↔

Month	Current Risk Score	Target Risk Score	Tolerance Level
Dec-24	16	12	8
Jan-25	16	12	8
Feb-25	16	12	8
Apr-25	16	12	8
May-25	16	12	8
Jun-25	12	12	8
Jul-25	15	12	8

Rationale for CURRENT Risk Score:

Our staff sickness rate is reducing and our establishment levels are increasing. Our use of contingent workforce has reduced 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, AHP and HCS) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation programmes (operational & strategic workforce planning), Improving Together we will be able to reduce the risk score further during 25/26.

A summary of the gaps & issues present in each professional group are noted below:

1) Nursing & Midwifery:

- a) Destabilisation of the nursing workforce linked to introduction of RNA role
- b) Destabilisation of the workforce due to the changes in Job Descriptions and Bandings 2 & 3 (leading to potential litigation) with potential implications for higher bands,
- c) gaps in specific nursing skills sets i.e. Public Health (new role), Critical Care, Theatres (although wider workforce implication), Midwifery (SCBU) and Health Visiting (dependent on model of care to be provided locally).
- d) Risk profile for nursing based on retirement and turnover generally in each branch of nursing

2) Medical and Maps Workforce

- a) Destabilisation of

Rationale for TARGET Risk Score:

"The Target Risk score indicates the likelihood of the risk occurring (absence target 4.8% nationally). 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. Also, it may be that 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 multiple factors - respiratory infections, increased patient acuity on the population i.e. inability to access services needed, and workforce resilience. We hope we will be able to take mitigated actions noted below predominantly 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 & workforce redesign (linked to Principal Risk 1186 - Attract, retain and develop staff with the right skills). Taking account of our rurality, demographics and population health, a score of 12 is achievable within constraints identified."

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CORPORATE RISK REGISTER SUMMARY JULY 2025

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
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 Strategic Group) Temporary People Utilisation reports shared regularly to monitor levels of supply	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
	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.	Further action necessary to address the controls gaps	Walmsley, Tracy	Completed	Built into medical stabilisation and reports to V&S
	Digital infrastructure currently not in place to support the short, medium and long term analysis and modelling.	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	31/05/2025 30/06/2025	A specific Radiology Paper is going to SPPEG on 28 June 2025 to cover risks, issues and investment. Meeting deferred to July. Plans need quality assurance and will be presented to a future SPPEG/PODCC
		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 30/06/2025	Ongoing, requires "Forum" to align Service, Programmes and Strategy discussion for Workforce to develop integrated approach to link with Workforce Planning Forum and Professional Group Plans. Primary Care Workforce Planner in post from March 2025. Challenges with engagement acknowledged. A summary report developed compiling challenges and opportunities has been developed.

CORPORATE RISK REGISTER SUMMARY JULY 2025

Align and iterate to implementation groups i.e. Medical retention.
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.

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	May need to align to National group.
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	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.
Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at January 2025 submission to Welsh Government.	Walmsley, Tracy	Completed	Completed. Signed off by Execs.
Recruitment plan aligned to each professional group (priority for medical for 25/26)	Walmsley, Tracy	31/03/2025 31/05/2025 30/06/2025	Business as usual in most cases with the exception for international recruitment for medical. Medical International Recruitment has presented challenges. A paper on International Medical Recruitment will be presented to the Medical Stabilisation Group on next steps early June, with specific actions following this. Other plans may need revisiting i.e. Nursing and AHP based on above. Create new action for International Recruitment Plan only.
Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Glanville, Amanda	31/03/2025 30/09/2025	Analysis in train, based on in year and projections.

CORPORATE RISK REGISTER SUMMARY JULY 2025

	Retention Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Davies, Christine	Completed	Update paper on Staff Retention presented to PODCC to provide assurance in February 2025
	Evaluation of effectiveness of plans 24/25 & Lessons Learnt. (to 24/25 and reframed for 25/26)	Walmsley, Tracy	Completed	Built into medical stabilisation and reports to V&S
	A robust framework of competency based people planning and related training to underpin the Team around the Patient initiatives and new model development of care. Essential and necessary reliance on educational frameworks rather than new role development, which is an evolutionary aspiration. Practical next steps will be assessed linking into skills gaps within the workforce and the educational infrastructure to support.	Walmsley, Tracy	31/03/2026	Competency based workforce planning was undertaken in 2022/23 with support from HEIW. Refresh of training needed prior to delivery. Delivery may need to commence from March 2026 due to team levels.
	Mechanisms & Process for International Recruitment to be devised to enable transparency and engagement	Walmsley, Tracy	31/12/2025	New Action. Engagement with NWSSP/Medical Director to clarify WG position. Meet with HEIW. Design process from local to national in line with partners.

CORPORATE RISK REGISTER SUMMARY JULY 2025

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)	Walmsley, Tracy	Completed	External stakeholder engagement ongoing i.e. other SWP colleagues and HEIW. Shared with HEIW, Strategic Workforce Planning Institute. Discussed with HEIW in November 2024 as part of Strategic Engagement. Meeting with regional colleagues separately to link in as part of regional work programmes. Shared in November 2024 meeting of Regional Network - scheduled for review in workshop January 2025. Discussed with Strategic Workforce Planning Leads at HEIW and other Health Boards, agreement to pilot 2025/2026.	
	Risk management approach to Workforce themed Risks	1st				Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/25 to link to Annual Planning cycles (identified in Audit Wales (AW) initial draft report)	Walmsley, Tracy	31/03/2025-31/05/2025 30/06/2025	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 may need revising to 30 April 2026 to account for CSP. Met with WAO lead for report and agreed a way forward. TW to define and upload to AMAT to meet action based on work to date and outline next steps.	

CORPORATE RISK REGISTER SUMMARY JULY 2025

Strategic People Planning & Education Group	1st				Value & Sustainability Group to receive updates on variable pay and temporary staffing usage	Walmsley, Tracy	Completed	Business as usual. Completed.
Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd				Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	31/12/2025	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.
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								


Date Risk Identified:	Oct-23
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

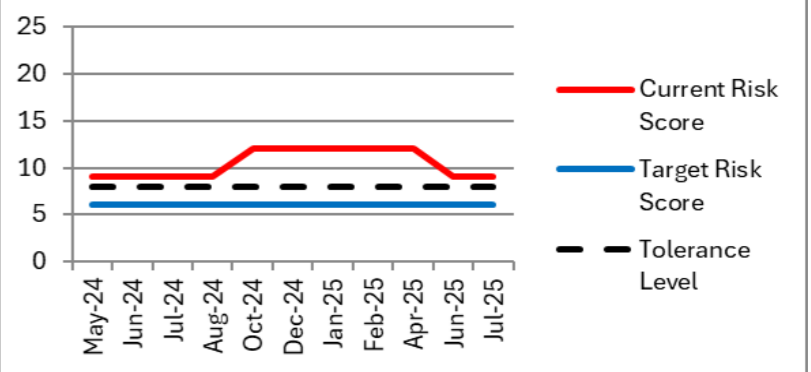
Executive Director Owner:	Gostling, Lisa	Date of Review:	Jun-25
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Aug-25

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

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	3×3=9
Target Risk Score (L x I):	2×3=6
Expected Date To Achieve TRS:	31/03/2026

Trend:





Rationale for CURRENT Risk Score:
 The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. It is proposed that the risk is reduced from June 2025 to reflect this work. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target risk score.

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

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

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

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

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

Gaps in CONTROLS					
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress	
Delivery of the WOD Planning Objective relating to the delivering a positive workplace culture.	Review the Staff Retention Discovery Work and ensure high level actions are delivered.	Gostling, Lisa	Completed	Deep dive report into the Retention Planning Objective and the Staff Retention Discovery report action plan was approved by PODCC in Dec 24. Completed.	
	Ensure promotion of compassionate leadership principles through a) PADR quantity and quality b) compassionate management and leadership programmes c) localised cultural progression plans	Gostling, Lisa	Completed	Complete	

<p>Operational Delivery Committee.</p> <p>Performance dashboards to monitor sickness, vacancies, grievances</p> <p>Structure of Workforce and Organisational Development Directorate encompasses a number of pillars with a focus on supporting staff, promoting healthy working cultures, and providing support and resources.</p>		<p>Review the Best Practice Guidance on Health & Wellbeing Launched for All Wales by HEIW and map across actions to Hywel Dda Cultural Toolkit</p>	<p>Davies, Christine</p>	<p>Completed</p>	<p>Complete. Wellbeing Good Practice Guide mapped across to Hywel Dda Cultural Toolkit and available for access by managers and staff via the WOD Sharepoint page.</p>
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ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES					
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress	
Performance Dashboards	Wales Audit - Workforce Planning - External Audit	3rd			Cultural Progression Report to PODCC meeting in May 2025 NHS Staff Survey Report to PODCC meeting in May 2025 Workforce Metrics on sickness absence monitored monthly via Escalation processes		Evaluation of Action Plans to be fed back to PODCC	Walmsley, Tracy	Completed	All workforce themed risks are reviewed and highlighted to senior leadership team and People and OD committee on a regular basis. Last submission to PODCC in February 2025.	
	Core Delivery Group	1st									
	Directorate/Executive Improving Together Sessions	1st									
	Workforce & OD Leadership Team Meetings (Risk led)	2nd									
	PODCC	3rd									
	Executive Team meetings (Risk led)	1st									
	Escalation Framework Meetings	1st									
	TI and JET assurance meetings										

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
2088	Operational Allied Health Professions & Health Sciences	AHP&HS: Physiotherapy	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	09-Jun-25	<p>There is a risk of There is a risk of a€€</p> <p>Staff burnout in clinical, administration and managerial staff, resulting in emotional, physical, and mental exhaustion, psychological and behavioural changes in staff.</p> <p>This is caused by</p> <p>Sustained and prolonged work-related pressure and chronic stress. This is also due to multiple factors including high workloads, working in isolation, lack of control or autonomy, insufficient recognition, miss match in values, unfairness in work distribution and reward and negative work life balances. Moral and ethical distress also adds to the risk of burnout.</p> <p>This will lead to an impact/affect on Wellbeing, attendance at work, poor cognitive decision making, loss of clinical capacity, poor recruitment and retention of staff, patient safety. Team functioning and work and home relationships are often effected. Feelings of uselessness, cynicism, compassion fatigue.</p> <p>Risk location, Health Board wide.</p>	<p>Staff directed to HB staff psychological wellbeing services and tools on the website</p> <p>Staff directed to NHS counselling service (Canopi) ? Health board 1:1 support service</p> <p>Prevention of burnout resources circulated to managers</p> <p>Individual stress risk assessment completed, and action plans made</p> <p>Individual referral to occupational health</p> <p>Individual Job planning template completed</p> <p>Staff to book regular annual leave and managers to monitor</p> <p>Service and team leads to monitor overtime / TOIL</p> <p>workforce and OD interventions</p> <p>Engagement with medical leadership team in Carmarthenshire to escalate</p>	Safety - Patient, Staff or Public	5	4	20	<p>Systemic pressures are consistent despite wellbeing interventions. Gains in wellbeing are undone when returning to the environment that caused burnout in the first place. root cause analysis is required to understand and solve the cause of burnout at organisational level.</p>	<p>Staff to be made aware of all resources available to support wellbeing</p> <p>SG to link with psychology lead Suzanne Tarrant to confirm the most relevant resources available for staff and managers on burnout</p> <p>SG to link with Workforce and OD to see what support is available to clinical and managerial teams</p> <p>JD to link with Sara Quarrie and Jo Bradburn regarding staffing level benchmarking exercise.</p>	Griffith, Susan	Completed	<p>links to staff resources distributed throughout the service through the service leader communication infrastructure.</p> <p>Meeting undertake with Suzanne Tarrant on 5/6/25 up to date resources confirmed and the service is advised that Suzanne is raising the concept of burnout at board level and the need for organisational workstreams.</p> <p>Susan Jarvis is undertaking targeted work with Teams 22/06/25 - Date to be arranged . Colours workshop undertaken with senior staff July 25 with further cascade to the wider team planned through in service training programme.</p> <p>JD to raise with the care group meeting infrastructure. Update 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. Action complete.</p>	People, Organisational Development and Culture Committee	3	2	6	Managing the systemic risk factors and working conditions that contribute to burnout will minimise the risk of staff harm	Treat	27-Jun-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
2102	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Procter, Sarah	20-May-25	<p>There is a risk of The risk of radiology service delivery</p> <p>This is caused by due to leadership fragility</p> <p>This will lead to an impact/affect on Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring: Impact: Workforce = 5 (Non-delivery of key objective/service due to lack of staff/ Ongoing unsafe staffing levels or competence / Loss of several key staff No staff attending mandatory training /key training on an ongoing basis)</p> <p>Likelihood/probability = 5 (> 95%)</p> <p>Risk location, Health Board wide.</p>	<p>Daily meetings with Deputy Head of Service with CCG leadership</p> <p>Escalation of gap to wider CCG and Executive leadership - iQFPDG SBAR tabled 28/05/2025 and comms via GC Deputy COO to CCG leaders</p> <p>Cover from GGH Site lead for BGH site lead unexpected absence</p> <p>Clinical governance escalation via CCG leadership to manage expectations and pressure on remaining leadership</p> <p>Return to work meetings held as per policy</p>	Workforce/OD	4	5	20	<p>Impact: Workforce = 5 (Non-delivery of key objective/service due to lack of staff/ Ongoing unsafe staffing levels or competence / Loss of several key staff No staff attending mandatory training /key training on an ongoing basis)</p> <p>Likelihood/probability = 4 (75-95%) = reduced through controls</p>	<p>Complete radiology leadership restructure OCP</p> <p>Discussion with HR regarding options to further support single point of failure</p> <p>Single point of failure remains - Submit REQUEST TO VARY AfC TERMS AND CONDITIONS and submit to HR (Lisa Hughes) and await outcome/decision</p> <p>Leadership structure is historic and requires restructure and additional resource to meet basic Radiology regulator requirement - OCP Radiology Leadership structure approved by executives</p>	Quarrie, Sara	Completed	<p>OCP drafted, QIA drafted, pending current org chart to be finalised</p> <p>OCP finalised and reviewed at iQFPDG (23.07.2025)</p>	People, Organisational Development and Culture Committee	2	5	10	<p>Impact: Workforce = 5 * Non-delivery of key objective/service due to lack of staff * Ongoing unsafe staffing levels or competence * Loss of several key staff * No staff attending mandatory training /key training on an ongoing basis</p> <p>Likelihood/probability = 2 (5-25%*) - will be reduced through controls</p>		25-Jul-25
																Quarrie, Sara	Completed	<p>GC agree to SQ proposal SQ email to HH to request advice on options to further support sent.</p> <p>25/07/2025 - advice from HR received and to be submitted as per policy - action complete</p>								
																Quarrie, Sara	29/08/2025	<p>25.07.2025 - New action, submitted form to HR pending decision (and email from GC in support: see attached evidence.</p>								
																Quarrie, Sara	29/08/2025	<p>25.07.2025 - new action</p>								

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
1409	Planned & Specialist Care	Children, Women & Family Health	CW&FH: School Nursing	Carruthers, Andrew	Goode, Paula	Owen, Tracy	Morgan, Barbara	20-Jun-22	<p>There is a risk of to the health and wellbeing outcomes and high level of safeguarding concerns for Children and Young People (CYP) within the Health Board due to a shortage of School Nurses.</p> <p>This is caused by 1. Difficulty in recruiting School Nurses throughout the HB but particularly in Ceredigion. 2. There are not enough registered nurses opting to attend the SCPHN (Specialist Community Public Health Nurse) training for school nursing. 3. Location of the training, which is based in Swansea University, this is not always popular with staff from Ceredigion or Pembrokeshire due to the distance they have to travel. 4. The School Nursing service is unable to complete other aspects of its Public Health Role as the service is seen as providing an Immunisation Service. 5. There may be a negative perception by Registered Nurses on what the School Nursing Role actually entails. 6. There has been an impact to the service due to long term sickness in Carmarthenshire and Ceredigion.</p> <p>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.</p> <p>2. Limited capacity of staff to deal with increased Safeguarding and Domestic Abuse disclosure.</p> <p>3. Reduction in the amount of Public Health key health messages provided by the school nurses. i.e sexual health</p>	<p>1. Handover of care from Health Visiting to School Nursing to ensure that vulnerable children and families are identified early and an appropriate package of care implemented continues.</p> <p>2. Most contacts with at-risk children, young people and their families are carried out face to face.</p> <p>3. In regards to increases in Safeguarding issues, supervision is available from the Safeguarding Team and support from Team Leaders or Senior Nurse Manager.</p> <p>4. Face to face meetings have resumed with vulnerable CYP.</p> <p>5. 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.</p> <p>6. Continue to work with Culture team to improve the culture of the service with the aim of improving staff retention.</p>	Workforce/OD	4	4	16	<p>28/05/2025: The current score has increased from 12 to 16 due to an increase in the reduction in the specialist school nursing workforce within Ceredigion. This is further compounded by the location of the SCPHN course only being offered in Swansea University.</p> <p>The service has an ongoing recruitment campaign with involvement from Workforce and a meeting took place with Education leads across the 3 counties to consider the impact of a reduced number of Welsh Language speakers currently in the service, however there has been no further developments to date.</p> <p>To date, the we have been unsuccessful in our recruitment campaign which has had an effect on staff morale due to the increase in workload as they must cover caseloads.</p> <p>The Welsh language department have lowered the requirements for Welsh language posts to "level 3" which may encourage people who can speak Welsh (but not necessarily write, type, think in Welsh) to apply.</p> <p>The ageing workforce, in particular in Pembrokeshire and the senior management</p>	<p>Promote return to face-to-face Health Visitor to School Nurse Handover by all School Nurse Team Leaders</p> <p>Provide safer support for CYP by resuming all safeguarding contacts with children back in school or home environment - driven by all School Nurse Team Leaders</p> <p>Undertake recruitment campaign with Workforce, scoping and looking at the needs of the service</p> <p>Meet with Education leads across the 3 counties to discuss the future Welsh Language criteria and current fluent welsh speaker recruitment challenges</p>	Morgan, Barbara	Completed	<p>have made some progress in some areas however Ceredigion HV service still have significant vacancies. It was hoped that by Sept 2023 we may be in a position to carry out more face to face contacts but due to maternity leave and vacancies, this is now likely to happen at a later date in Ceredigion.</p> <p>Made some progress but very difficult when covering vacant caseloads. It was hoped that by Sept 2023 we may be in a position to carry out more face to face contacts but due to maternity leave and vacancies, this is now likely to happen at a later date.</p> <p>Completed the Workforce plan and continuing to promote the School Nursing service at every opportunity. The recruitment campaign is ongoing.</p> <p>Advice taken from Welsh Language lead for Health Board. Meeting has taken place with Education Lead in Ceredigion. Pembrokeshire and Carmarthenshire meetings planned for 2024. The possibility of complaints from parents remains as there is an expectation within Welsh language schools. The action has been completed but the issue is yet to be resolved.</p>	People, Organisational Development and Culture Committee	2	3	6	There will be two SCPHN-SNs qualifying this year which would help to reduce some of the current deficit in specialist school nurses across Hywel Dda.	Treat	22-Jul-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date	
									<p>and appropriate relationships sessions, internet safety, growing up talks in both primary and secondary schools.</p> <p>4. Ongoing effects on staff wellbeing and morale due to staff shortages within the service.</p> <p>Risk location, Carmarthenshire, Ceredigion, Health Board wide.</p>					<p>team, along with the challenges the service are facing with succession planning, make School Nursing a fragile service.</p>	<p>Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload</p>	Morgan, Barbara	Completed	<p>Supportive model was piloted during Autumn 2022 programme with mixed feedback due to HBs competing priorities of vulnerable groups. It is hoped that further discussions can be established with Public Health team ahead of Autumn 2024. This is ongoing.</p> <p>Discussions with the Public Health Team took place in May 2025 however due to capacity it is unlikely that they will be able to support the School Nursing Service this year.</p>									
														<p>Workforce support to broaden our scope of recruitment to include Social Media etc.</p>	Morgan, Barbara	31/03/2026	N/A										

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1580	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: Endoscopy	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Edwards, Sara	03-Jan-23	<p>There is a risk of to the expansion of endoscopy service provision across the Health Board</p> <p>This is caused by - delayed and/or failed substantive recruitment of Consultant Gastroenterologist at Bronglais Hospital; - conflicting priorities of unscheduled and scheduled care, i.e. general medical priorities limiting sessional allocation available to undertake endoscopy within job plans</p> <p>This will lead to an impact/affect on - a failure to meet projected demand forecasts for endoscopy; - waiting list size: in the absence of a sustainable solution to increase the endoscopist workforce to clear the backlog and manage the waiting list; - an increased reliance on premium rate additional activity to increase capacity in the short term;</p> <p>Risk location, Bronglais General Hospital.</p>	<p>A review of current endoscopist job plans to review opportunities to increase endoscopy sessions; Consistent communication with the BGH site management team to discuss workforce opportunities; Exploration of alternative workforce models - i.e. clinical/non-medical endoscopists - to ascertain other avenues to increase endoscopist capacity</p>	Workforce/OD	4	3	12	<p>Given the challenges in medical workforce recruitment at Bronglais Hospital, it is unlikely the target score will reduce below 9.</p> <p>This risk is leading to further challenges in the management of Gastro and Endoscopy workload at BGH with current consultant working above and beyond agreed job plan. This cannot be sustained in the long-term and presents a further risk to the fragility of the service which is currently dependent on that one consultant.</p> <p>The geographical location of BGH presents a significant recruitment challenge, making this risk more difficult to mitigate than for GGH.</p> <p>Current restrictions on employing a locum consultant and the possibility of the current consultant being working beyond capacity mean that this risk has now increased since this risk was added to Datix.</p>	<p>Explore Physician Associate role to support Gastroenterology outpatient activity, ward-based work and consideration of training in endoscopy</p> <p>Develop strategic workforce plan - in collaboration with the National Endoscopy Programme, ARCH and Swansea Bay HB (Regional Collaboration) - to review recruitment & retention of workforce and a plan for workforce expansion in line with projected demand over the next 5 years.</p> <p>Clinical Endoscopist post to be secured as part of endoscopy establishment.</p> <p>Recruit to GGH consultant vacancy</p> <p>Work with WGH site team to discuss funding availability to recruit gastroenterologist in WGH- strategy required for gastro delivery in absence of funding availability</p> <p>Work with BGH site team to discuss approach to manage the Gastroenterology workload in BGH.</p>	<p>Edwards, Sara</p> <p>Edwards, Sara</p> <p>Edwards, Sara</p> <p>Edwards, Sara</p> <p>Edwards, Sara</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/03/2026</p> <p>31/03/2026</p>	<p>PA secured through HB streamlining process in May 2023 - commenced in post in November 2023 & due to start clinical endoscopist training in September 2024.</p> <p>An away day between Swansea Bay and Hywel Dda was held on the 28th of September to review current establishments and identify opportunities for short term and long term plans. Outputs are being worked through.</p> <p>Funding identified, and trainee clinical Endoscopist post recruited to in July 2023. Commenced posted in September 2023 - 2 year training programme.</p> <p>Locum consultant recruited to GGH vacancy in April 2024</p> <p>Joint action with Sally Farr, Ian Rees, Angela Puffet & Eiry Edmunds This is ongoing</p> <p>On-going discussion - mitigation: oversee clinic & endoscopy demand vs. capacity to limit impact.</p>	People, Organisational Development and Culture Committee	2	2	4	<p>Given the challenges in medical workforce recruitment at Bronglais Hospital, it is unlikely the target score will reduce below 9.</p> <p>This risk is leading to further challenges in the management of Gastro and Endoscopy workload at BGH with current consultant working above and beyond agreed job plan. This cannot be sustained in the long-term and presents a further risk to the fragility of the service which is currently dependent on that one consultant.</p> <p>The geographical location of BGH presents a significant recruitment challenge, making this risk more difficult to mitigate than for GGH.</p> <p>Current restrictions on employing a locum consultant and the possibility of the current consultant being working beyond capacity mean that this risk has now increased since this risk was added to Datix.</p>	Treat	14-Jul-25

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
737	Director of Finance	Digital	Digital: Information and Communication Technology	Thomas, Huw	Tracey, Anthony	Brain, Sarah	Brain, Sarah	01-May-18	<p>There is a risk of that the staff working on the switchboards within the Health Board are not able to comply with the European Working Time Directive (EWTD).</p> <p>This is caused by the inability to cover single handed shifts at night, weekend and bank holidays at 3 out of the 4 hospital sites.</p> <p>This will lead to an impact/affect on the European Working Time Directive (EWTD) is an EU initiative designed to prevent employers requiring their workforce to work excessively long hours (specifically the right to a rest break if the working day is longer than six hours), with implications for health and safety, increased levels of sickness and potentially more time off work. Consequently this could have a direct impact on patient care.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital.</p>	<p>Each switchboard has a lockable door. There is now a supervisor now on call for support. Ring-rounds are carried out to check on well-being of switchboard staff (carried out by the staff themselves) - buddying system.</p> <p>Health Board successful for an Invest to Save bid from Welsh Government and a replacement and modernised programme for the switchboard is now in place. The project is up and running.</p> <p>Call recording is allowed on new system if issues are raised.</p> <p>Post-implementation review of system was carried out on 19th January 2023. Digital side of system is operable.</p> <p>Update May 2025 - OCP is currently progressing to eliminate lone working and allow breaks in line with EWTD</p>	Statutory duty/inspections	4	3	12	<p>We are not able to facilitate the required compliance without significant investment with additional staff and support from the site management.</p> <p>However, the night staff will have to undertake significant switchboard training to ensure that they are able to respond to the emergency calls.</p> <p>No complaints have been received from staff to date and concerns in the teams are minimal.</p> <p>Risk score was reviewed following review of system which occurred in January 2023.</p>	<p>Review physical alarm systems in GGH and WGH switchboards</p> <p>No update from estates - highlighted in Health and Safety report</p> <p>regular workstream established with Estates to review the alarms on all sites and to progress to remote monitoring</p> <p>Review physical alarm systems in BGH and PPH switchboards</p> <p>Alarms highlighted in Health and Safety meetings and included in reports no update from estates</p> <p>Health and Safety review of all sites to be carried out in May 2023 (inspecting physical environments and support mechanisms for staff)</p> <p>All Health and Safety Reviews have been carried out some actions already done clearing of areas, awaiting completed reports.</p> <p>Develop work plan to enable switching between sites</p> <p>OCP to be followed, merging of GGH and PPH teams, and merging of BGH and WGH out of hours to remove lone working and comply with EWTD</p>	<p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p> <p>Beynon-Thomas, Kelly</p> <p>Brain, Sarah</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>09/01/2025</p>	<p>following recent meeting with estates on 8/11/23 switchboard will need to decant for RAAC plank, revised to February 2024 highlighted issues during meeting to Estates that remote monitoring of alarms is now essential</p> <p>meeting held with Estates to discuss alarms across all sites, currently project and work in place to try and develop ways to manage alarms remotely.</p> <p>Health and Safety advisor booked in to carry out review. Update Action at next review.</p> <p>Work plan to be developed once review of alarms and Health and Safety inspection carried out.</p> <p>OCP currently in process</p>	People, Organisational Development and Culture Committee	2	3	6	Assurance & Risk Officer has entered TRS date '01/01/1900' whilst undertaking housekeeping on this risk to allow the risk to be saved. Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.	Treat	16-May-25

Date of report	Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendations in original report	Red (behind schedule)	Amber (on schedule)	Green (complete)	External Recs	Any Barriers to Completion Noted?
Mar-24	Health Education and Improvement Wales (HEIW)	Trauma and Orthopaedics Glangwili Hospital March 2024	Medical Director	Medical Director	Aug-24	Aug-24 Mar-25 N/K	8	4	0	4	0	
Apr-25	Health Education and Improvement Wales (HEIW)	Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board	Medical Director	Medical Director	Aug-25	Aug-25	12	0	5	7	0	