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Assurance and Risk Report

People, Organisational Development & Culture Committee - 19 May 2026

Situation



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

Principal Risks:

1

Corporate Risks:

2

Operational Risks

6

Audit and Inspection
Reports

2

Welsh Health Circulars

1

Ministerial Directions

0

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 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.



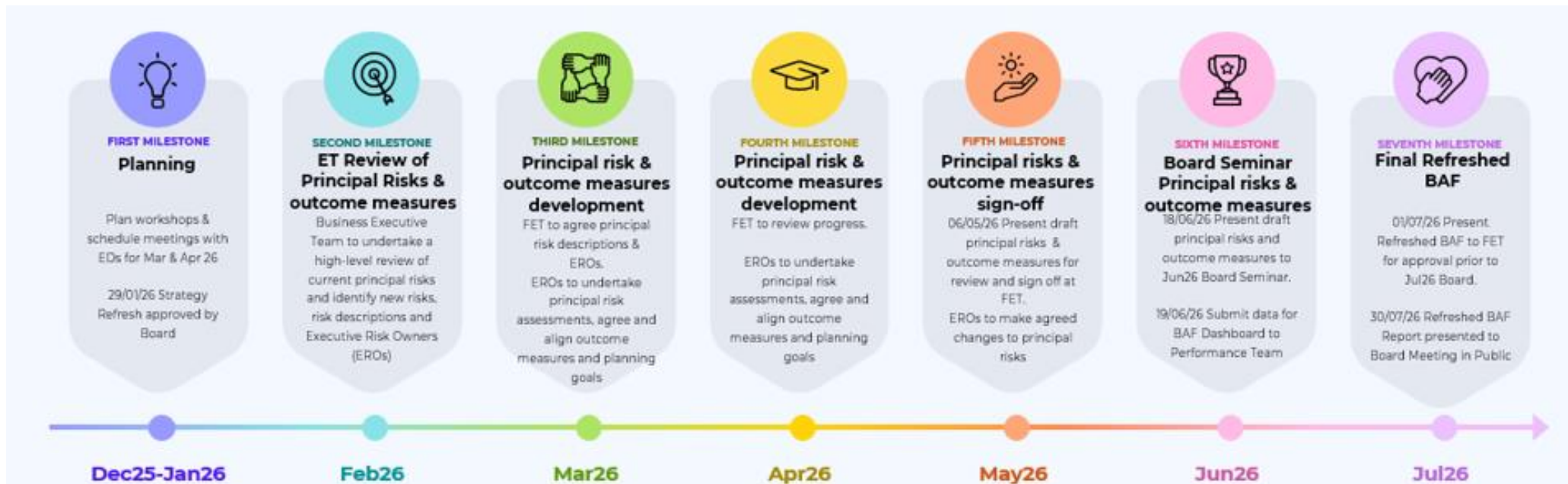
Principal Risks



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



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

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

Corporate Risks assigned to PODCC



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| | | LIKELIHOOD | | | | |
|--------|-------------------|------------|---------------|---------------|-------------|---------------------|
| | | RARE 1 | UNLIKELY 2 | POSSIBLE 3 | LIKELY 4 | ALMOST CERTAIN 5 |
| IMPACT | 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 24 that are on the CRR as of 14 April 2026).

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

Corporate Risks assigned to PODCC

- 1 of 2



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| Risk Reference & Title | Clinical Care Group / Executive Function | Lead Director | Previous Risk Score | Current Risk Score | Target Risk Score (TRS) | Expected Date to Achieve TRS |
|--|---|---|---------------------|--------------------------------------|-------------------------|------------------------------|
| 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 | 20 (NEW) Reviewed 14/04/26) | 12 | 31/03/2030 |

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 & Operational 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 2024 NHS Wales Staff Survey further indicates that burnout remains a significant issue for the Health Board. The wider effects of organisational change are well recognised. Without careful management, it can erode organisational culture and staff experience, leading to increased employee relations issues, team dysfunction, sickness absence and turnover. These pressures risk creating a negative cycle that undermines engagement, productivity and overall performance.

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



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| Risk Reference & Title | Clinical Care Group / Executive Function | Lead Director | Previous Risk Score | Current Risk Score | Target Risk Score (TRS) | Expected Date to Achieve TRS |
|--|--|---|---------------------|----------------------------|-------------------------|------------------------------|
| 1978 – Risk of insufficiently skilled workforce to deliver services due to limited labour market <i>(Risk is being refreshed for 26/27)</i> | Workforce & OD | Director of Workforce & OD/Deputy Chief Executive Officer | 16 | 16→ (Reviewed 24/03/26) | 12 | 31/03/2027 |

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.

Closed Corporate Risks assigned to PODCC

- Since Previous Report



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| Risk Reference & Title | Overseeing Clinical Care Group / Executive Function | Lead Director | Rationale | Date Risk Closed |
|---|---|---|---|------------------|
| 1821 – Risk to the welfare of Health Board staff due to current demands | Workforce & Organisational Development | Director of Workforce & OD/Deputy Chief Executive Officer | Risk has been closed and superseded by Risk 2305 “Risk to staff wellness and patient care due to pace and breadth of organisational change” as per agreement at Formal Executive Team held on 4 March 2026. | 12/03/2026 |

Operational Risks assigned to PODCC



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

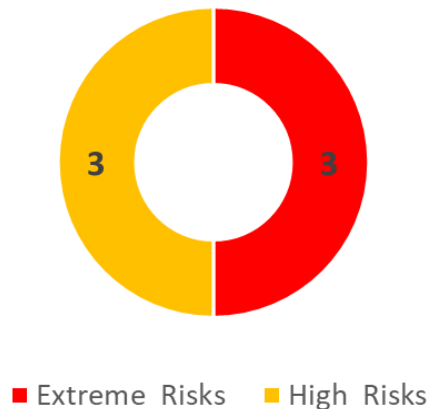
- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is 'extreme' or 'high'; and
- The current risk score is either equal to or exceeds the target risk score.

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

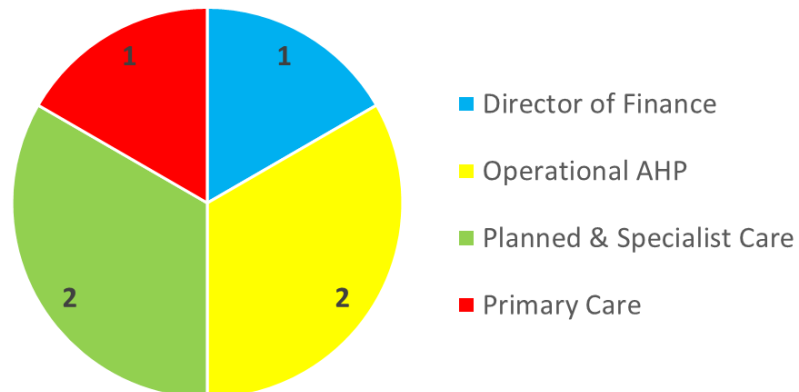
The following slide summarises the operational risks aligned to PODCC, with full details of reportable risks included in **Appendix 2**.

| | |
|--|---|
| Total Number of Open Risks meeting criteria for reporting | 6 |
| New Risks since last reported to PODCC | 2 |
| 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 | 3 |
| EXTREME (RED) Risks (based on 'Current Risk Score') | 3 |
| HIGH (AMBER) Risks (based on 'Current Risk Score') | 3 |

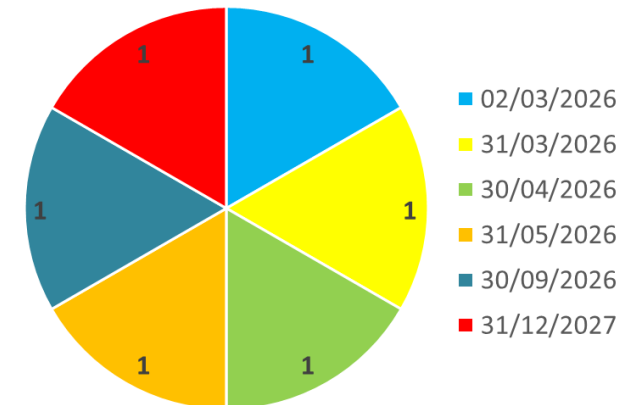
Risk Level



Risks by Clinical Care Group/Executive Function



Expected Date to Achieve Target Risk Score



New Operational Risks reportable to PODCC

- Since previous report (1 of 2)



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| Risk Reference & Title | Overseeing Clinical Care Group / Executive Function | Lead Director | Current Risk Score | Target Risk Score | Expected Date to Achieve 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 (NEW) | 6 | 30/09/2026 | 24/03/2026 |

Rationale for Current Risk Score

The control measures that have been applied are not sustainable or affordable and relies on insourcing anaesthetic staff at an escalated cost. This also relies on the consultant workforce stepping down from their job planned activity to cover out of hours and emergency pathways which is not sustainable

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.

New Operational Risks reportable to PODCC

- Since previous report (2 of 2)



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| Risk Reference & Title | Overseeing Clinical Care Group / Executive Function | Lead Director | Current Risk Score | Target Risk Score | Expected Date to Achieve Target Risk Score | Date of last risk review |
|--|---|-------------------------|--------------------|-------------------|--|--------------------------|
| 2288 - Risk of inadequate service provision and financial inaccuracies due to data quality issues in the Allocate system | Primary Care | Chief Operating Officer | 16 (NEW) | 4 | 31/05/2026 | 23/04/2026 |

Rationale for Current Risk Score

Pay exceptions and rota short notice gaps that can affect rota coverage are still being experienced and therefore patient care, staff wellbeing and service continuity (e.g., payment corrections, manual workarounds, and increased bank use). Known issues are rectified, however the potential impact on staff (pay accuracy/timeliness), patient access (shifts left unfilled), and compliance supports an impact level of Major. Errors in configuration, incomplete training coverage/competency sign off, limited capacity to review and resolve pre-pay exceptions, and variable adherence to timelines means that recurrence remains possible in any pay period or rota cycle. Audits of the Allocate system 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.

Rationale for Target Risk Score

Planned actions will significantly reduce likelihood: Full implementation of control improvements; standardised Allocate configuration, mandatory training with competency sign off, automated pre-pay validation dashboards, and strengthened governance for change/release management 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.

Operational risks with decreased Current Risk Score

- Since previous report



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| Risk Reference & Title | Overseeing Clinical Care Group / Executive Function | Lead Director | Previous Risk Score | Current Risk Score | Target Risk Score | Expected Date to Achieve Target Risk Score | Date of last risk review |
|---|---|-------------------------|---------------------|--------------------|-------------------|--|--------------------------|
| 2253 – Risk of reduced workforce due to difficulty recruiting qualified specialist school nurses. | Planned & Specialist Care | Chief Operating Officer | 16 * | 12 ↓ | 8 | 31/12/2027 | 31/03/2026 |

Rationale for Current Risk Score

The service has an ongoing recruitment campaign with involvement from W&OD. 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, particularly in Pembrokeshire and the senior management team, along with the challenges the service are facing with unfilled vacancies and succession planning make the School Nursing service fragile.

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 18 May 2026.

Rationale for Target Risk Score

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.

**Risk was presented at QSEC with a score of 16 however the risk has been reduced following review by the service following discussion at the Committee*

Operational Risks with no change in Current Risk Score

- Since previous report



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| Risk Reference & Title | Overseeing Clinical Care Group / Executive Function | Lead Director | Current Risk Score | Target Risk Score | Expected Date to Achieve Target Risk Score | Date of last risk review |
|---|---|-------------------------|--------------------|-------------------|--|--------------------------|
| 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 | 01/06/2026 | 01/05/2026 |
| 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 | 30/04/2026 |
| 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 | 02/03/2026 * | 02/10/2025 |

* Risk Owner is aware of the need to review the 'Expected Date to Achieve Target Risk Score' at the time of the next risk review.

Risk Themes



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

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

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 'Workforce' theme has been reviewed to strengthen alignment with the Workforce & OD Directorate Pillars with all risks having been re-aligned to the revised themes, enabling more meaningful information to be captured from the data, to provide better insight.



Risk Themes aligned to PODCC



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The following themes are currently aligned to PODCC as of April 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 | 15/04/2026 |
| Leadership | A risk which relates to the absence or ineffectiveness of leadership capability, and/or lack of visible, supportive leadership qualities and behaviours | 1 | 15/04/2026 |
| 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 | 15/04/2026 |
| 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 | 15/04/2026 |
| 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 | 15/04/2026 |
| 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 | 15/04/2026 |
| People Planning | A risk which relates to the absence of appropriate levels of planning around service design and the associated staffing models | 128 | 15/04/2026 |
| Medical Workforce | A risk which relates to employee terms and conditions for medical staff, including salary related issues, performance management and job planning | 16 | 15/04/2026 |
| 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 | 15/04/2026 |

Audits and Inspections - Overview



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

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of GIRFT and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, CIN optimisation programmes and related national improvement recommendations; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

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

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

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

Audits and Inspection Reports assigned to PODCC



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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 2* 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 recommendations in original report | Overdue | In progress | Complete | Complete Pending Formal Approval | Reliant on External Factors | Pending Decision | Unable to Complete |
|----------------|---|---|---|--|--------------------------|-------------------------|--|---------|-------------|----------|----------------------------------|-----------------------------|------------------|--------------------|
| Mar-24 | Health Education and Improvement Wales (HEIW) | Trauma and Orthopaedics Glangwili Hospital March 2024 | Community & Integrated Medicine | Chief Operating Officer | Aug-24 | N/A | 8 | 0 | 0 | 7 | 1 | 0 | 0 | 0 |
| Jul-25 | Internal Audit | Sickness Management Final Internal Audit Report 2025/26 | Director of Workforce | Director of Workforce & Organisation Development | Sep-25 | N/A | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |

*All recommendations for both reports have been implemented and are pending formal approval to close.

Audits and Inspection Reports Closed

- Since previous report



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Since the previous report presented to PODCC, the following report has been formally approved as closed:

| Report issued by | Report Title | Clinical Care Group/ Executive Function | Lead Director | Original Completion Date | Implementation Date | Number of recommendations in report | Report status |
|---|---|---|------------------|--------------------------|---|-------------------------------------|---------------|
| Health Education and Improvement Wales (HEIW) | Education & Training Targeted Visit Report General Surgery Withybush General Hospital Hywel Dda University Health Board | Medical | Medical Director | Aug-25 | Feb-26 – closed following approval by Executive Director. | 12 | Complete |

Implementation of Welsh Health Circulars (WHCs)



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There is 1 open WHC aligned to PODCC as of April 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 new Clinical Care Group (CCG) Terms of Reference, with the requirement to escalate appropriately instances of non-compliance. The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances of non-compliance.

Welsh Health Circulars In Progress



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| 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 | <p>There are three distinct parts to this WHC: -</p> <ul style="list-style-type: none"> - Accessible communication and information standards in healthcare. - Accessible information standard for GP practices. - Standard Operating Procedure: commissioning interpretation and translation services in primary and emergency healthcare. <p>Leads for each element of the WHC have been identified and an All-Wales NHS Accessible Communication and Information Standards Implementation Group has been established.</p> |



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SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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CORPORATE RISK REGISTER SUMMARY APRIL 2026

| Risk Ref | Risk (for more detail see individual risk entries) | Executive Director | Domain | Previous Risk Score | Risk Score Apr-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 | 31/03/2030 | 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 | 31/03/2027 | 11 |

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 APRIL 2026

| | | | | | |
|---|---|--|---|--|--|
| Workforce & OD | Short-term low staffing level that temporarily reduces service quality (< 1 day). | Low staffing level that reduces the service quality. | Late delivery of key objective/ service due to lack of staff. | Uncertain delivery of key objective/service due to lack of staff. | Non-delivery of key objective/service due to lack of staff. |
| | | | Unsafe staffing level or competence (>1 day). | Unsafe staffing level or competence (>5 days). | Ongoing unsafe staffing levels or competence. |
| | | | Low staff morale. | Loss of key staff. | Loss of several key staff. |
| | | | 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: | Nov-25 |
| Strategic Objective: | 1. Thriving Teams and 2. Healthier Communities and 3. Great Care and 4. Positive Futures |

| | | | |
|----------------------------------|--|-----------------------------|--------|
| Executive Director Owner: | Gostling, Lisa | Date of Review: | Mar-26 |
| Lead Committee: | People, Organisational Development and Culture Committee | Date of Next Review: | Apr-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): | 4x5=20 | |
| Current Risk Score (L x I): | 4x5=20 | |
| Target Risk Score (L x I): | 3x4=12 | |
| Expected Date To Achieve TRS: | 31/03/2030 | |
| 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 2024 NHS Wales Staff Survey further indicates that burnout remains a significant issue for the Health Board.

The wider effects of organisational change are well recognised. Without careful management, it can erode organisational culture and staff experience, leading to increased employee relations issues, team dysfunction, sickness absence and turnover. These pressures risk creating a negative cycle that undermines engagement, productivity and overall performance.

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 next 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 | By Who | By When | Progress |
| <p>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.</p> <p>Forums in place with Executive oversight to review performance against objectives - Executive Improving Together Sessions, Clinical Services Plan.</p> <p>Formal governance arrangements via Board and its sub-committees by Executives and Independent Members - People, Organisational Development and Culture Committee, Strategy and Planning Committee.</p> <p>Internal Escalation processes supports the monthly monitoring of key performance indicators e.g. 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>Recruitment Team remain fastest recruiter in Wales, with a number of successful campaigns for hard to fill roles and innovative recruitment strategies.</p> <p>Delivery of the WOD Planning Objective relating to a positive workplace culture.</p> <p>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).</p> | <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> | <p>Develop communication & intervention plan to build the resilience of individuals and teams and report on the actions within the plan on a quarterly basis.</p> | Bird, Anna | 31/03/2027 | <p>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</p> |
| | | | <p>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.</p> | Hinkin, Heather | 31/03/2027 |

| | | | |
|---|-----------------|------------|---|
| 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 | <p>WOD Business & Performance and Business Intelligence Groups working collaboratively to take a data informed approach to identifying and prioritising sickness absence challenges. Together, they establish discreet, multi-disciplinary project teams that apply a structured quality improvement methodology to design, test and implement solutions.</p> <p>The action will be co-ordinated by the Assistant Director of People Planning and supported by the Assistant Director of People Management.</p> |
| 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 | <p>Progress update to be provided at next risk review.</p> <p>Engage through DEWODS to create a streamlined set of All-Wales workforce requirements and provide practical, ready-to-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.</p> |
| 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 | <p>Phase 1: reshape workforce provision (2026/27)</p> <p>Phase 2: reshape in line with new workforce solution (2027/28)</p> |

| | | | | | |
|--|--|--|------------|------------|---|
| | | 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 | | | Identified Gaps in Assurance: | How are the Gaps in ASSURANCE will be addressed | By Who | By When | Progress |
| | | | Current Level | | | | | | | |
| Performance Dashboards | Executive Team meetings (Risk led) (1st line, | 1st | | | PODCC Reports - Nov 2025 1. Assurance & Risk Report, 2. Planning Objectives Update Report, 3. Performance Assurance and Workforce Metrics Report | 1) There is a gap in assurance for the oversight and governance of organisational change practices. 2) There is a gap in assurance that WOD capacity meets organisational demands or | 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 | | | | | Each Executive Director will implement a capacity assessment to prioritise and | Walmsley, Tracy | 31/03/2027 | Progress to be provided at the next risk review |

| | | | | | | | | | |
|--|-----|--|--|--|--|---|-----------------|------------|---|
| Executive Improving Together Sessions | 1st | | | | demand management is in place or resource requirements can be met. | 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 | | | | 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 | 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: | Mar-26 |
| Lead Committee: | People, Organisational Development and Culture Committee | Date of Next Review: | Apr-26 |

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

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

| Month | Current Risk Score | Target Risk Score |
|--------|--------------------|-------------------|
| Dec-24 | 16 | 12 |
| Feb-25 | 16 | 12 |
| May-25 | 12 | 12 |
| Jul-25 | 16 | 12 |
| Sep-25 | 16 | 12 |
| Nov-25 | 16 | 12 |
| Jan-26 | 16 | 12 |
| Mar-26 | 16 | 12 |

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 | 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 | To mature and develop focus underpinning SPPEG and alignment to new Clinical Care Group structure to ensure that service workforce establishments have the correct skill mix/skills mix etc Digital infrastructure currently not in place to support the short, medium and long term analysis and modelling for workforce and triangulation of data sources to develop coherent scenario plans based on available evidence. | Workforce Plan in Place for Each Professional Group identified to address concerns above & monitored through relevant fora i.e. SPPEG, MDT Forum and PODCC Each Professional Workforce Plan in place with an implementation action plan developed within 25/26. (This will be maintained as an iterative plan with ongoing monitoring and review by relevant fora i.e. SPPEG, MDT Forum and PODCC. The Professional groups relate to each "Staff Group" identified under ESR i.e. Estates and Ancillary, Admin and Clerical (although service level plans may need specific tailoring), Nursing and Midwifery, Medical and Dental, Healthcare Science, Allied Health Professionals, and Additional Professional and Technical. | Walmsley, Tracy Walmsley, Tracy | Completed 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. Plans in train for September 2025 with review by groups i.e. SPPEG by February 2026 (due to agenda moved from December 2025). Completed. |

| | | | | |
|--|---|------------------------|---|---|
| <p>highest areas of risk in terms of maintaining service delivery (People & OD Strategic Group)</p> <p>Temporary People Utilisation reports shared regularly to monitor levels of supply</p> <p>Align and iterate to implementation groups i.e. Medical Workforce Planning and related subgroups i.e. Medical retention, MAPS etc</p> <p>Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans</p> <p>Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach.</p> <p>Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans</p> <p>SPPEG (Strategic People Planning & Education Group)</p> | <p>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)²</p> | <p>Walmsley, Tracy</p> | <p>31/05/2025 30/12/2025 31/03/2026 30/06/2026</p> | <p>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.</p> <p>Action now superceded by Community By Design National Programme. Primary Care Workforce planner in post, contract extended by one year to March 2027.</p> |
| <p>From April 2025, new operational governance structure implemented allowing clinical care groups to escalate concerns to IQFPDG.</p> | <p>Create task and finish group to analyse establishment control and develop tool to accurately reflect staffing requirements in partnership with Finance to ensure effective alignment to workforce changes and future profiling to include Education and Commissioning (3 year forward workforce "shape & spend" profile)²</p> | <p>Walmsley, Tracy</p> | <p>30/06/2025 30/12/2025 31/03/2026 30/06/2026</p> | <p>May need to align to National group. National Group meeting took place in July 2025. Consensus on value achieved; on mechanics more challenging discussions. No further actions coming from National Group. Establishment Control Tool and Regeneration Framework in place along with national minimum data set which is reviewed annually. As part of Annual Planning Cycle (March 2026) ensure financial profiling is aligned. Requires support from Finance colleagues.</p> <p>National Group stood down. Awaiting other dates. Need to move forward with local plan.</p> <p>²</p> <p>²</p> |

| | | | | | |
|--|--|--|------------------------------|---|--|
| | | <p>Ensure effective methods of workforce utilisation across each professional group in place: Nursing, Medical, AHP and HCS. Critically assess and design plan for work that can be implemented by end of March 2026.?</p> | <p>Walmsley, Tracy</p> | <p>31/03/2026 31/03/2026 30/06/2026</p> | <p>Roll out of Job Planning & Allocate across professional groups; plans required to a) strengthen current approach and b) develop for new professional groups as prioritised against resources. Workshop with Allocate Held. Business Plan to be developed for AHP/HCS. Medical progressing with challenges. OOH service progressing with challenges.?</p> <p>All progressing with challenges with June completion date for Medical but no funding allocated to roll out AHP and HCS.</p> |
| | | <p>Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)?</p> | <p>Glanville, Amanda</p> | <p>31/03/2025 30/11/2026</p> | <p>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</p> |
| | | <p>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.</p> | <p>Walmsley, Tracy</p> | <p>31/03/2026 30/06/2026</p> | <p>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.?</p> |
| | | <p>Machanisms & Process for International Recruitment to be devised to enable transparency and engagement?</p> | <p>Walmsley, Tracy</p> | <p>Completed</p> | <p>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.?</p> |

| ASSURANCE MAP | | | | Control RAG Rating (what the assurance is telling you about your controls) | Latest Papers (Committee & date) | Gaps in ASSURANCES | | | | |
|------------------------|---|-----------------------------------|--|--|----------------------------------|--|---|--|--|----------|
| Performance Indicators | Sources of ASSURANCE | Type of Assurance (1st, 2nd, 3rd) | Required Assurance Current Level | | | Identified Gaps in Assurance: | How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps | By Who | By When | Progress |
| | 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 | 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 | | | | | | | | |

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| 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 | | | | | | | |

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| 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 | <p>There is a risk of to staff wellbeing and associated rates of sickness absence and staff retention</p> <p>This is caused by unprecedented demand on weight management service since availability of GLP-1 inhibitors. This has resulted in long waiting times and inability to meet patient expectations resulting in unreasonable expectations and at times patient aggression.</p> <p>This will lead to an impact/affect on service continuity</p> <p>Risk location, Health Board wide.</p> | <ul style="list-style-type: none"> - Working with comms hub / PALS supporting identification of FAQ / common complaints to manage (draft responses provided) which will reduce need for team having to pick up (reducing exposure) - WLSS supporting Pt queries (signposting info provided) - Information regarding service including 'no guarantee' of access to medications and requirement to engage in lifestyle interventions (as per evidence) /communicating long waits due to new demand at point of referral provided to service users. - Session provided to team re de-escalation of anger - V&A advice sought, expectations re behaviour added to communications / posters displayed in clinical areas. 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 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). | Workforce/OD | 5 | 5 | 25 | <p>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)</p> <p>"Non-delivery of key objective/service due to lack of staff" (single handed prescriber is raising concern re workload demand, (as per linked risk ID 2151), key objective of service cannot be delivered without a prescriber).</p> <p>Likelihood score of 5: this risk is "Expected to occur at least daily".</p> <p>Likelihood score of 5 until actions to mitigate the current gaps in current control are complete.</p> <p>Liaise with communication and engagement team to agree a UHB-wide Communication to public to manage service user expectations seek funding for short-term sessional medical support for fragile single handed prescriber, whilst developing longer term plan.</p> | <p>Expedite communication hub fielding calls / emails with managed escalation of queries to protect staff asap</p> <p>Communication urgently required to public to manage service user expectations</p> <p>Consider pausing non-urgent new assessments to support focus on those have open Duty of Care and improve efficiency (internal waits following assessment meaning delayed interventions and increased DNA). This will be support staff wellbeing by reducing pressure to undertake new assessments (giving capacity for interventions for those already in service), improve quality (intervention more timely as</p> | <p>Paul-Gough, Zoe</p> <p>Hughes-Moakes, Alwena</p> <p>Paul-Gough, Zoe</p> | <p>3-4/12/2026-31/03/2026 01/06/2026</p> <p>Completed</p> <p>28/11/2025-31/01/2026 30/04/2026 01/06/2026</p> | <p>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</p> <p>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</p> <p>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 CCG</p> | People, Organisational Development and Culture Committee | 3 | 4 | 12 | <p>The target for staff wellbeing is reflected in staffing levels and sickness rates. This will ensure the impact on service continuity is minimised.</p> <p>Current planned mitigations if successful will support in the short-term. Long term resolution will likely require resource. Longer term service planning will be required across system / pathway and has been highlighted for the Healthy Weight Oversight Group and in National HWHW group.</p> <p>The TRS date has been amended from Jan to April 2026 to reflect progress of action plan.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</p> | Treat | 1-May-26 |

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| | | | | | | | | | | | | | | | Expedite commencement of the communication hub to field calls and emails (which will include managed escalation of 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 | 3-11/12/2026-30/04/2026 02/07/2026 | 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 welsch government announcements | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Communication to Primary and Secondary Care Teams to advise regarding ongoing fragility and plan in place to strengthen. | Paul-Gough, Zoe | 30/04/2026 01/06/2026 | In progress to be completed imminently | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Multidisciplinary Service review planned to incorporate the availability of new medications | Paul-Gough, Zoe | 30/04/2026 01/06/2026 | discussion re research funding to support with prescribing . ? nurse prescriber - is in conjunction 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 | <p>There is a risk of of inadequate service provision, financial impacts on staff pay and service budget.</p> <p>This is caused by 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.</p> <p>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).</p> <p>Risk location, Health Board wide.</p> | <ul style="list-style-type: none"> 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. <p>Since the implementation of additional bank assignments, staff are able to view and book shifts directly</p> | Workforce/OD | 4 | 4 | 16 | <p>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. Errors in configuration, incomplete training coverage/competency sign off, limited capacity to review and resolve pre pay exceptions, and variable adherence to timelines so recurrence remains possible in any pay period or rota cycle. Audits of Allocate have begun to correct</p> | | | | People, Organisational Development and Culture Committee | 2 | 2 | 4 | <p>Planned actions will significantly reduce likelihood: Full implementation of control improvement standardised Allocate configuration, mandatory training with competency sign off, automated pre pay validation dashboards, and strengthened governance for change/release management 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</p> | Treat | 23-Apr-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 | <p>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.</p> <p>inability to maintain safe and timely care of patients within Operating Theatres, Critical Care and hospital wide responses to emergencies requiring anaesthetics resulting from Anaesthetic staff declining to support rota gaps or backfill in rotas. In order to support priorities of on call and emergency theatres, elective lists will be compromised. (This assumes that staff are willing to move from their rostered shifts to support priorities).</p> <p>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</p> | <p>Set care priorities for shift cover:</p> <p>Oncall rotas, (SAS and Consultant)</p> <p>NCEPOD Theatre</p> <p>Trauma Theatre</p> <p>ECT (GGH only)</p> <p>Elective cancer pathway</p> <p>Elective cohort pathway</p> <p>Elective remainders</p> <p>Rota co-ordinators trying to move staff around to support, pulling shifts forward from later in the week, if staff agree.</p> <p>Consultants stepping down at £202.02 per hour.</p> <p>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.</p> | Workforce/OD | 4 | 4 | 16 | <p>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</p> | <p>Agree an interim escalated card rate for an interim period to allow the service to develop the recruitment plan</p> <p>add and update the anaesthetic staffing position in the fragile services data base</p> <p>Prepare SBAR on the staffing position and proposed options/solutions for consideration by the CCG/IQFPD</p> <p>Manage anaesthetic staffing gaps via 6 4 2 process to plan for insourcing for elective activity</p> <p>establish weekly anaesthetic staffing meeting to manage rota gaps within the emergency pathways</p> | Humphrey, Lisa | Completed | Completed | <p>Completed</p> <p>In progress</p> <p>in progress</p> <p>in progress</p> <p>in progress</p> | People, Organisational Development and Culture Committee | 2 | 3 | 6 | Sustainable workforce provision will avoid service interruptions, cancelation of activity, maintain safety & quality via emergency pathways and deliver on organisational targets | Treat | 24-Mar-26 |

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| | | | | | | | | | <p>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.</p> <p>Without ability to backfill, preliminary assessment would suggest the potential impact is the loss of 40 elective sessions per week</p> <p>Risk location, Health Board wide.</p> | Backfill by external agencies for elective list assumes that core staff are prepared to move and cover oncall and weekends. | | | | | | active recruitment into current vacancies | Knight, Diane | 29/05/2026 | in progress | | | | | | | | | |

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

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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 | <p>There is a risk of There is a risk of staff have a poor experience at work. This can contribute to burnout in clinical, administration and managerial staff, resulting in emotional, physical, psychological impacts.</p> <p>This is caused by Sustained and prolonged work-related pressure and chronic stress. This is also due to multiple factors which may include high workloads, working in isolation, 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.</p> <p>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.</p> | <p>Staff directed to HB staff psychological wellbeing services and tools on the website</p> <p>Staff directed to NHS counselling service (Canopy) Health board 1:1 support service</p> <p>Prevention of burnout resources available on line to all staff</p> <p>Individual stress risk assessment completed, and action plans made</p> <p>Individual referral to occupational health when triggers met</p> <p>Individual Job planning template completed</p> <p>Staff to book regular annual leave and managers to monitor</p> <p>Service and team leads to monitor overtime / TOIL</p> <p>Operational managers are supported to attend Health and Safety training that includes workplace stress risk assessment.</p> <p>Service proactively supports flexible working in line with local and national policy</p> <p>Service actively maintaining a band workforce at Band 4 and 5 to cover short term gaps resulting from vacancy turnover</p> | Safety - Patient, Staff or Public | 3 | 4 | 12 | <p>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%</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> | 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> | People, Organisational Development and Culture Committee | 3 | 2 | 6 | <p>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.</p> | Treat | 30-Apr-26 |

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| | | | | | | | | | Risk location, Health Board wide. | | | | | | positive, improving trend) and 'we are compassionate and inclusive' (67%) | 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 | | | | | | | |
| | | | | | | | | | | | | | | | 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 | 3-4/4/2025 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% | | | | | | | | |

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| | | | | | | | | | | | | | | | <p>Within budget only use of Bank Band 4 / 5 / 6 clinical staff to maintain capacity during periods of vacancy</p> <p>Use of within budget funding to recruit Locum staff with CCG and AG1 approval until the end of the financial year</p> <p>Development for SBAR for recovery funding to achieve a zero breach position completed and submitted for consideration for additional WAG funding</p> | <p>Davies, John</p> <p>Davies, John</p> <p>Davies, John</p> | <p>Completed</p> <p>Completed</p> <p>Completed</p> | <p>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.</p> <p>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.</p> <p>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.</p> | | | | | | | | |

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| | | | | | | | | | | | | | | | <p>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.</p> <p>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.</p> <p>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.</p> | Davies, John | 30/04/2026 31/07/2026 | <p>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.</p> <p>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.</p> <p>New action</p> | | | | | | | | |

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| | | | | | | | | | | | | | | | 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 | 30/06/2026 | Initial workforce mapping completed. Task and finish group set up to support piece of work. | | | | | | | | |
| | | | | | | | | | | | | | | | 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. | | | | | | | | |
| | | | | | | | | | | | | | | | 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 | 31/07/2026 | New action | | | | | | | | |

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| | | | | | | | | | | | | | | | 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. | | | | | | | | |

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| 2253 | Planned & Specialist Care | Children, Women & Family Health | CW&FH: School Nursing | Carruthers, Andrew | Goode, Paula | TO20 | Morgan, Barbara | 20-Jun-22 | <p>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 long-term sustainability.</p> <p>This is caused by 1. Difficulty in recruiting SCPHN School Nurses throughout the HB but particularly in Ceredigion. 2. There are not enough registered nurses opting to attend the SCPHN (Specialist Community Public Health Nurse) training for school nursing. 3. Location of the training, which is based in Swansea University, this is not always popular with staff from Ceredigion or Pembrokeshire due to the distance they have to travel. 4. 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.</p> | <p>1. Priority is given to Safeguarding and Immunisation programmes.</p> <p>2. 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>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.</p> <p>4. Some of the work of the Band 6 Nurses are being delegated to Band 5 staff to help with caseloads.</p> <p>5. Continue to work with Culture team to improve the culture of the service with the aim of improving staff retention.</p> | Workforce/OD | 3 | 4 | 12 | <p>The service has an ongoing recruitment campaign with involvement from Workforce.</p> <p>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.</p> <p>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.</p> <p>The service is currently facing high levels of sickness across the three counties which then puts added pressure on existing staff.</p> | Exploring the possibility of a blended model with the immunisation nurses to deliver school based immunisations which will reduce School Nursing workload | Morgan, Barbara | Completed | Immunisation nurses support SCPHN nurses as required for school ages immunisation programmes. | 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 | 31-Mar-26 |

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| | | | | | | | | | <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.Ability to focus on uptake of immunisations due to other priorities in certain areas</p> <p>3.Reduction in the amount of Public Health key health messages provided by the school nurses. i.e sexual health and appropriate relationships sessions, internet safety, growing up talks in both primary and secondary schools.</p> <p>4. Ongoing effects on staff wellbeing and morale due to staff shortages within the service.</p> <p>5. There is no uplift within the School Nursing service should member of staff go off due to sickness/maternity leave. This also applies to staff who are on training courses.</p> <p>Risk location, Health Board wide.</p> | | | | | | <p>There is currently only 1 student on the SCPHN (Specialist Community Public Health Nurse) course as another student has dropped out.</p> <p>National School nursing week commencing the 18th May.</p> | <p>Workforce support to broaden our scope of recruitment to include Social Media etc.</p> | Morgan, Barbara | 29/05/2026 | <p>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.</p> | | | | | | | | | | |

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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 | <p>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).</p> <p>This is caused by 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.</p> <p>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.</p> <p>Risk location, Health Board wide.</p> | <p>Some professions have manual checking systems in place to identify compliance when HCPC renewal is due</p> <p>Request for each profession to review their manual checking systems and ensure these are in place and align to renewal dates</p> <p>Routine automated audits in place between ESR and HCPC</p> | Statutory duty/inspections | 3 | 3 | 9 | <p>The current risk score reflects the risk that exists because of ESR/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.</p> | <p>Seek assurance from each professional lead that they have a process in place to monitor HCPC registration compliance aligned to renewal dates.</p> <p>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.</p> <p>Contribute to workforce discussions about the development of the new ESR system to ensure it reflects the registration/regulatory requirements of HCPC registrants</p> | Bradburn, Jo | 30/06/2026 | <p>Email to be 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.</p> <p>Action delegated to Kate Tennant - Business and Governance Manager (awaiting datix access). Meeting arranged for 23/4/26 to consider options.</p> <p>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.</p> | 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 |