




PRINCIPAL RISK REGISTER SUMMARY OCTOBER 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Oct-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1186	Attract, retain and develop staff with the right skills	Gostling, Lisa	Workforce/OD	3×5=15	4×4=16	↑	2×4=8	31/08/2035	6

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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

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

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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.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX

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

RISK ASSESSMENT - FREQUENCY OF REVIEW

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

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

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

Risk ID:	1186	Principal Risk Description:	There is a risk that the Health Board will not be able to attract, retain and develop staff with the right skills to enable it to deliver our strategic vision to improve the overall health and experience of patients and staff within Hywel Dda. This is caused by the lack of critical staff roles (medical, nursing and therapies) with the right skills and values in the market and not being able to offer staff the space, time and support to develop. This could lead to an impact/affect on our ability to improve the well-being of our staff, improve service delivery, access to timely care, change and develop innovative and responsive models of care, initiate and deliver service change and improve patient outcomes.
Does this risk link to any Directorate (operational) risks?			1649 1247

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	4x5=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	2x4=8
Expected Date To Achieve TRS:	31/08/2035
Trend:	↔

Date	Current Risk Score	Target Risk Score	Tolerance Level
Aug-21	20	6	8
Dec-21	20	6	8
Jun-22	20	6	8
Dec-22	15	6	8
Jun-23	15	5	8
Feb-24	15	5	8
Jun-24	15	5	8
Oct-24	15	5	8
Feb-25	15	10	8
Jun-25	15	10	8
Sep-25	16	8	8

Rationale for CURRENT Risk Score:

There are a number of elements; how we prepare our current workforce to have the knowledge and skills to meet future demands, for example use of Artificial Intelligence, Biotechnology and wider Smart Technology & Sensors. To this point of preparedness - there is a daily occurrence where staff are not able to be released for training, vacancies exist and despite agency usage, deficits remain on a daily basis. To add if we do not enable capacity for learning or develop alternative methods to create easier access to learning, we will not be able to design or deliver the workforce of the future. This is inextricably linked to service design and future delivery of services. The impact and likelihood have been reassessed as 16 (4x4), reflecting the 'likely' occurrence that delivery of key objectives due to the lack of staff, as if we do not clearly understand our service models of the near and long-term future, we will not be able to design the workforce we need; and we may then not have the time, capacity or provision to have built and/or developed the future capability we need.

Rationale for TARGET Risk Score:

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

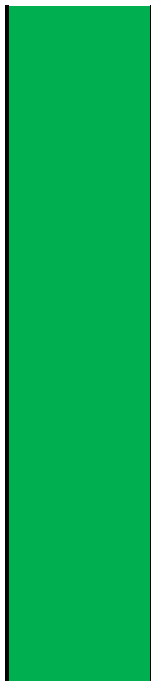
Agency, locum and bank usage is utilised as needed. Oversight is in place by FCSG for any service change or escalation processes needed.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>A flexible and responsive recruitment process.</p> <p>A multidisciplinary approach to clinical education.</p> <p>A comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board</p> <p>HR policies (including those for employee relations) in place with programme of review</p> <p>Training programmes in place (a suite of programmes covering management and leadership, Making a Difference, etc)</p> <p>County workforce teams/OD Relationship Managers/Workforce Planners in place to provide workforce support to services (covering sickness absence, etc)</p> <p>Staff Well-being Service and Psychological Service in place</p> <p>Regular contact with Trade Union representatives/Staff Partnership forums</p> <p>Annual NHS staff surveys providing feedback from staff</p> <p>Separate clinical education programmes in place</p> <p>Apprenticeship programme and work experience programmes in place</p> <p>Grow your Own programmes in place</p> <p>Leadership development programmes in place</p>	<p>Strategic integration and alignment of regional programmes with Clinical Services Plan and Primary Care and Community Services Strategy</p> <p>Lack of support for services to people plan effectively and strategically (support roles/tools in place however capacity can be challenged to manage all aspects of need identified (PO1)</p> <p>Lack of appropriate training facilities (space and digital)(Forms part of Estate Strategy)</p> <p>Lack of appropriate training budget (Scoping work being undertaken to identify sources/appropriateness of budgets)</p> <p>Demand and capacity modelling to be considered as part of 2025/26 Planning Cycle)</p>	<p>Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.</p> <p>To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)</p> <p>Develop a Primary Care and Community Strategy which is inclusive of: - Enhancement of Primary Care Services - Integration of Technological Solutions - Workforce Development - Infrastructure and Estate Development - Alignment with Community Services (PO 7)</p> <p>Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)</p>	<p>Gostling, Lisa</p> <p>Davies, Lee</p> <p>Paterson, Jill</p> <p>Davies, Lee</p>	<p>31/03/2026</p> <p>31/03/2026</p> <p>31/03/2026</p> <p>31/03/2026</p>	<p>These actions have been progressed throughout the year and progress has been reported via PODCC. The most recent report was provided in May 2025. The report confirms completion of points 2-4 within this action, which have now been removed and included as ongoing control measures. Point 1 is ongoing and a revised date has been assigned.</p> <p>On track as per highlight report presented to SPC in October 2025</p> <p>On track as per highlight report presented to SPC in October 2025</p> <p>On track as per highlight report presented to SPC in October 2025</p>

<p>Internal and External talent programmes</p> <p>Directorate Improving Together Sessions aligned with Internal Escalation Framework</p> <p>Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans</p> <p>SPPEG (Strategic People Planning & Education Group)</p> <p>People & OD Committee</p>		<p>Implement the Digital Strategic Plan</p> <ul style="list-style-type: none"> - To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region - To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system. - To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post. - To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9) 	<p>Thomas, Huw -</p>	<p>31/03/2026</p>	<p>On track as per highlight report presented to DDIC in October 2025.</p>
		<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board.</p> <ol style="list-style-type: none"> 1. Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol. 2. Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care). 3. Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support & collaboration with PSBs and RPB. (PO 10) 	<p>Gjini, Ardiana</p>	<p>31/03/2026</p>	<p>On track as per highlight report presented to SPC in October 2025.</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
See Our Outcomes section on BAF Dashboard	Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail	1st	Blue	Green	<p>Approach to Workforce Planning Paper (including WAO reports) and Workforce Risk Paper and Planning Objectives Update - PODCC (Oct23)</p> <p>Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)</p> <p>Workforce Planning Report provided to every other PODCC meeting (latest February 2025)</p> <p>Delivery Against Planning Objectives Aligned to the People, Organisational</p>	Lack of relevant 3rd line/ independent assurance	Develop a Maturity Matrix for Strategic Workforce Plan (SWP) and "Panel" on a regional basis with national support through National workforce Planning Forum and HEIW	Walmsley, Tracy	Completed	<p>Maturity matrix has been shared with HEIW and SPPEG and will be shared at a Regional Workshop in Jun24. Regional Intelligence Group meetings cancelled. Next meeting November 2024. Further work needed with HEIW on Commissioning Processes alignment i.e. Sonography.</p> <p>Discussed with Strategic Workforce Planning Leads at HEIW and other Health Boards agreement to pilot 2025/2026.</p>
	Pulse surveys sampling 1000 employees each month, selecting different staff each month	1st	Blue			Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	31/12/2025-30/01/2026	Presented Maturity Matrix at HEIW AWODS meeting in July 25. Meeting to be set up of working group with wider representation i.e. WAST, DCHW, Cwm Taf & C&V. Planned for September. Given delivery priorities this may be delayed further. A revised project plan will be presented to group and support sought.	
	SSPEG oversees people planning and education development	2nd	Pink							
	Oversight of Delivery of planning objectives, measures and staff feedback at People, OD & Culture Committee	2nd	Blue							
	Staff Partnership Forum	2nd	Pink							

Medical Engagement scale feedback	3rd	
IA PADR Follow up - Reasonable (May-20)	3rd	
Internal Audit on Workforce Planning - Substantial (Apr22)	3rd	
Wales Audit on Workforce Planning (Report Sep23)	3rd	
Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans		
SPPEG (Strategic People Planning & Education Group)		



Development and Culture Committee (May 2025)
