

## PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY AND PLANNING COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	01 July 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Operational Risks Assigned to Strategy and Planning Committee (SPC)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning Andrew Carruthers, Chief Operating Officer Dr Ardiana Gjini, Executive Director of Public Health
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rachel Williams, Head of Assurance & Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

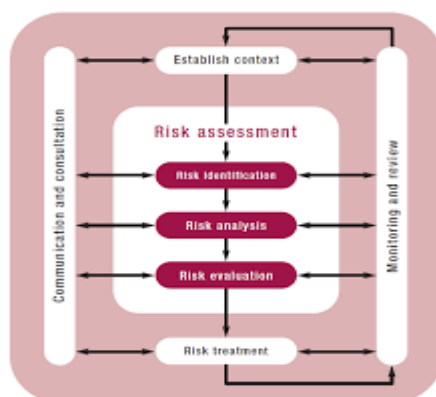
### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The Committee is asked to request assurance from the risk owners that the operational risks in the attached report are being managed effectively.

#### Cefndir / Background

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.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Clinical Care Groups and Executive Functions (collectively referred to as Functions) under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (the Health Board) to provide assurance to the Board that risks are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

<b>RISK SCORE</b>	<b>DEFINITION</b>	<b>MINIMUM REVIEW FREQUENCY</b>
<b>15-25</b>	<b>Extreme</b>	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
<b>8-12</b>	<b>High</b>	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
<b>4-6</b>	<b>Moderate</b>	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
<b>1-3</b>	<b>Low</b>	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the risk registers or through service reports.
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented.
- Challenging pace of delivery of actions to mitigate risk.
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report.
- Using Risk Registers to inform meeting agendas.

Relevant discussion should be reflected in the Strategy and Planning Committee (SPC) Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)), and any other risks, as appropriate.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, to achieve its objectives. The previous approach as agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated / accepted unless further actions are identified or made possible (e.g., additional resources). If achieving the TRS is deemed unacceptable (i.e., the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the current risk score to the TRS.

Risks will be ‘treated’ until a discussion to ‘tolerate’ a risk is triggered – this would be when the Executive Risk Owner for operational risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

The process for risk reporting and monitoring within the Health Board is outlined at Appendix 1.

### Asesiad / Assessment

The SPC Terms of Reference state that:

- 3.1.23. Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its Sub-Committees, and report any areas of significant concern e.g., where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board’s risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.24. Receive assurance through Sub-Committee Update Reports and other management/task and finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board’s activities (including for hosted services and through partnerships and Joint Committees as appropriate).

Following the Committee restructure from 1 April 2025, eight risks have been aligned to SPC based on the following criteria:

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

\*From April 2025 service level risks (previously unreported) and directorate level risks have been amalgamated and are now referred to as operational level risks, as agreed at Board in March 2025. This has resulted in previously unreported risks now meeting the criteria for reporting.

### **Changes Since Risks last reportable to Board level Committee**

Total Number of Open Risks	8	
New Risks since last reportable to Board level Committee (including risks previously at service level)	4	See note 1
De-escalated/Closed Risks since last reportable to Board level Committee	3	See note 2
Increase in Risk Score since last reportable to Board level Committee ↑	1	See note 3
Decrease in Risk Score since last reportable to Board level Committee ↓	1	See note 4
No Change in Risk Score since last reportable to Board level Committee →	2	See note 5
EXTREME (RED) Risks (based on ‘Current Risk Score’)	1	
HIGH (AMBER) Risks (based on ‘Current Risk Score’)	7	

**Note 1 – New Risks added since last reportable to Board level Committee (including risks previously at service level)**

<b>Risk Reference &amp; Title</b>	<b>Date risk identified</b>	<b>Lead Director</b>	<b>Current risk score</b>	<b>Update</b>	<b>Target Risk Score</b>
1855 – Risk of no non-drug adult allergy service due to the end of commissioning arrangements with Cardiff and Vale University Health Board (CVUHB)	19/05/23	Director of Strategy and Planning	<b>4x3=12</b> (Reviewed 28/04/25)	<p>Risk re-opened on 21 February 2025. While “prior approval” process in place, there is no guarantee that the referral will be accepted by CVUHB.</p> <p>The Health Board is part of the All-Wales group, which continues to discuss potential new arrangements. In the meantime, the Health Board is issuing a specification to the market to invite solutions (what can they offer) rather than going out to procurement, with a timescale of eight weeks, anticipated to conclude in June 2025.</p>	<b>1x3=3</b> (Expected Date to Achieve TRS - TBC)
695 – Risk to sustainability of Care Home Sector due to financial, operational and service level issues. <i>(Previously service level risk)</i>	05/02/19	Chief Operating Officer	<b>3x4=12</b> (Reviewed 07/05/25)	<p>Since 2019 there have been two Home closures: one 35-bed Elderly Mentally Infirm (EMI) Nursing Home in October 2019 and the other in November 2022, a 47 nursing bed home. However, sector remains fragile with one nursing home in Escalating Concerns which has subsequently closed in March 2024.</p> <p>The Regional Partnership Board (RPB) is exploring the possibility of a public sector Nursing Home based in Llanelli. A report is being submitted to the Integrated Quality, Financial Performance and Delivery Group (IQFPDG) in June 2025 requesting consideration to tolerate this risk at its current score and potentially closed, as there will always be fluctuations of</p>	<b>2x4=8</b> (Expected Date to Achieve TRS - TBC)

				care homes in and out of Escalating Concerns, however we follow processes in conjunction with Local Authorities to manage these concerns.	
1953 – Risk of being unable to deliver effective Fibroscan service due to a lack of sufficient and reliable equipment (Previously service level risk)	02/09/24	Director of Public Health	<b>2x5=10</b> (Reviewed 17/04/25)	While control measures in place, they are limited in their effectiveness and availability for wider outreach service.	<b>1x5=5</b> (To achieve by 31/03/26)
1773 – Risk of Covid 19 vaccine waste due to ordering schedule and vaccine hesitancy (Previously service level risk)	14/12/23	Director of Public Health	<b>3x3=9</b> (Reviewed 25/04/25)	Risk likelihood remains possible due to the need to order thawed vaccine with variable expiry dates with increasing hesitancy amongst remaining population to vaccinate.	<b>2x3=6</b> (To achieve by 31/03/26)

**Note 2 – Risk de-escalated / closed since last reportable to Board level Committee:**

<b>Risk Reference &amp; Title</b>	<b>Date risk identified</b>	<b>Lead Director</b>	<b>Update</b>
1877 - Risk of financial impact on service delivery due to lack of recurring funding for Prevention and Early Years from Welsh Government (WG)	24/06/24	Director of Public Health	The risk was closed on 28 April 2025 as prevention funding secured from WG removing current risk. As the year progresses, an assessment of any ongoing issues will be explored but risk can close for that identified.
340 - Risk of business cases not being funded within required timescales due to pressure on Discretionary Capital	01/09/16	Director of Strategy and Planning	Risk has reduced in score and no longer meets the reporting requirements for this Committee.
1544 - Risk to delivering NHS Wales Decarbonisation Strategic Delivery Plan	17/01/22	Director of Strategy and Planning	Risk has reduced in score and no longer meets the reporting requirements for this Committee.

Targets by 2030 due to lack of investment / resource			
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**Note 3 - Increase in Risk Score since last reportable to Board level Committee**

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity	01/05/24	Director of Public Health	3x4=12	4x4=16 (Reviewed 28/04/25)	Control measures will only manage sight on all priority areas stretched across a pressured service at a very senior level.	1x4=4 (To achieve by 30/09/25)

**Note 4 – Decrease in Risk Score since last reportable to Board level Committee:**

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
1882 - Risk that the 'Starting & Developing Well' team will be unable to deliver objectives due to cessation of Public Health Wales (PHW) Funding	16/04/24	Director of Public Health	4x4=16	2x4=8 (Reviewed 17/04/25)	The funding for the programme's Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB) has been secured for an additional year, and staff funding secured through core funding to provide security.	1x4=4 (To achieve by 31/03/26)

**Note 5 - No Change in Risk Score since last reportable to Board level Committee**

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1931 – Risk that funding allocated for Public Health services will	01/08/24	Director of Public Health	3x4=12 (Reviewed 28/04/25)	Whilst the controls are designed to help mitigate the impact of this risk, the rationale for the high risk score is due to current	1x4=4 (To achieve by 31/03/26)

not be available when required due to financial improvement measures				controls only having a limited effect as the financial improvement measures do not recognise the ring fenced and grant funded budgets within Public Health Directorate for exemption all year effect.	
1301 - Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team	01/06/21	Director of Strategy and Planning	<b>3x3=9</b> (Reviewed 28/04/25)	<p>In response to our organisation's escalated status requiring targeted intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the Annual Plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressing of emergent issues.</p> <p>The centralised team, comprising skilled professionals from different areas of the Health Board, brings a wealth of expertise and experience to the table. By operating as a central team, they can effectively coordinate efforts, monitor progress, and make informed decisions to keep</p>	<b>2x3=6</b> (Expected Date to Achieve TRS - TBC)

				<p>the Annual Plan on track. This agile approach allows for swift adaptations to changing circumstances, ensuring that resources are allocated where they are needed most and that any potential obstacles are addressed proactively. Additionally, the Transformation Programme Office (TPO) team, which sits under the Deputy Director of Operational Planning and Commissioning, provides supplementary resources and expertise. This team's involvement is crucial, focusing specifically on Fragile Services—a priority that is directly supported through the TPO. By working hand in hand with the centralised team, the TPO contributes valuable insights and support, particularly in areas that require specialised attention. This integration is instrumental in fortifying our planning framework, ensuring that strategic and operational initiatives are cohesively supported and efficiently executed.</p> <p>Given the prevailing financial climate, expanding our planning team further is not currently viable. However, by leveraging the skills and knowledge of the centralised team and the TPO, we are confident in our ability to effectively manage the Annual Plan and drive the necessary changes to support the Health Board. This organisational response forms our method for managing the risk</p>	
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				associated with operating a relatively small corporate planning team and ensures that despite financial limitations, we are committed to maintaining robust governance and oversight.	
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The Risk Register, attached at Appendix 2, details the responses to each risk, i.e., the Risk Action Plan.

The heatmap below has been obtained from the [Risk Performance dashboard](#). The information reflects the risk information extracted from Datix of the one risk included in this report:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTR OPHIC 5		1953 (NEW)			
MAJOR 4		1882 (↓)	1931 (→) 695 (NEW)	1844(↑),	
MODERAT E 3			1773 (NEW), 1301 (→)	1855 (NEW)	
MINOR 2					
NEGLIGIB LE 1					

The table below details when the eight Operational level risks assigned to the SPC were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly
- High Risks – Bi-monthly
- Moderate Risks – Six-monthly
- Low Risks – Annually

Risk numbers presented in red text denote those where a review of the risk is overdue, based on the data as of 22 May 2025.

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
<b>Extreme</b>	1844			
<b>High</b>	1931, 1855, 695, 1953, 1773, 1301, 1882			
<b>Moderate</b>				
<b>Low</b>				

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The risk themes of Capital – Digital, Capital – Estates, and Capital – Equipment are aligned to Capital Sub-Committee. Themed risks are shared with the relevant theme owners on a bi-monthly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risk, and develop/improve organisational control, i.e., policies, procedures, systems, processes to reduce the risk to the Health Board.

The *Capital - Equipment theme* risk register is shared with the Operations Directorate Business and Governance Manager and Business and Governance Officer on a bi-monthly basis, who cross-reference with capital equipment bids already received. This information is utilised as part of a weighted-scoring system to support the prioritisation and allocation of submitted bids. If a bid is successful, risk leads are then contacted as a reminder to review and re-assess their risks based on this outcome.

The *Capital - Digital theme* risk register is shared with the senior Digital team and Capital Planning team on a bi-monthly basis. The Digital service refer to their themed risk registers for review purposes during senior management meetings. A large number of Digital risks relate to end-of-life dates for Health Board ICT assets and the mitigating actions have a dependency on further capital investment to strengthen the organisation’s cyber posture via the effective mitigation and management of these risks.

The *Capital - Estates theme* risk register is reviewed on a monthly basis via the Central Compliance and Assurance Audit Meeting (CCAAM), which is attended by the Head of Operations, alongside key Estates and Facilities colleagues including Head of Facilities Information and Capital Management. The review highlights possible future Capital bids. These risks are also checked against the Capital Matrix (hosted by Capital Planning) to establish if bids have been submitted to address risks identified and where appropriate risks are discussed at the Capital meetings.

The Assurance and Risk team will continue to support risk theme owners to ensure appropriate review and oversight of risks to provide additional assurance around Health Board systems.

**Argymhelliad / Recommendation**

The Committee is asked to:

- **RECEIVE ASSURANCE** that all identified controls are in place and working effectively.
- **RECEIVE ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

- **CHALLENGE** where assurances are inadequate.

This in turn will enable SPC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To seek assurance on the management of the operational risks allocated to the Committee and provide assurance to the Board that operational risks are being managed and monitored effectively, reporting any areas of significant concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

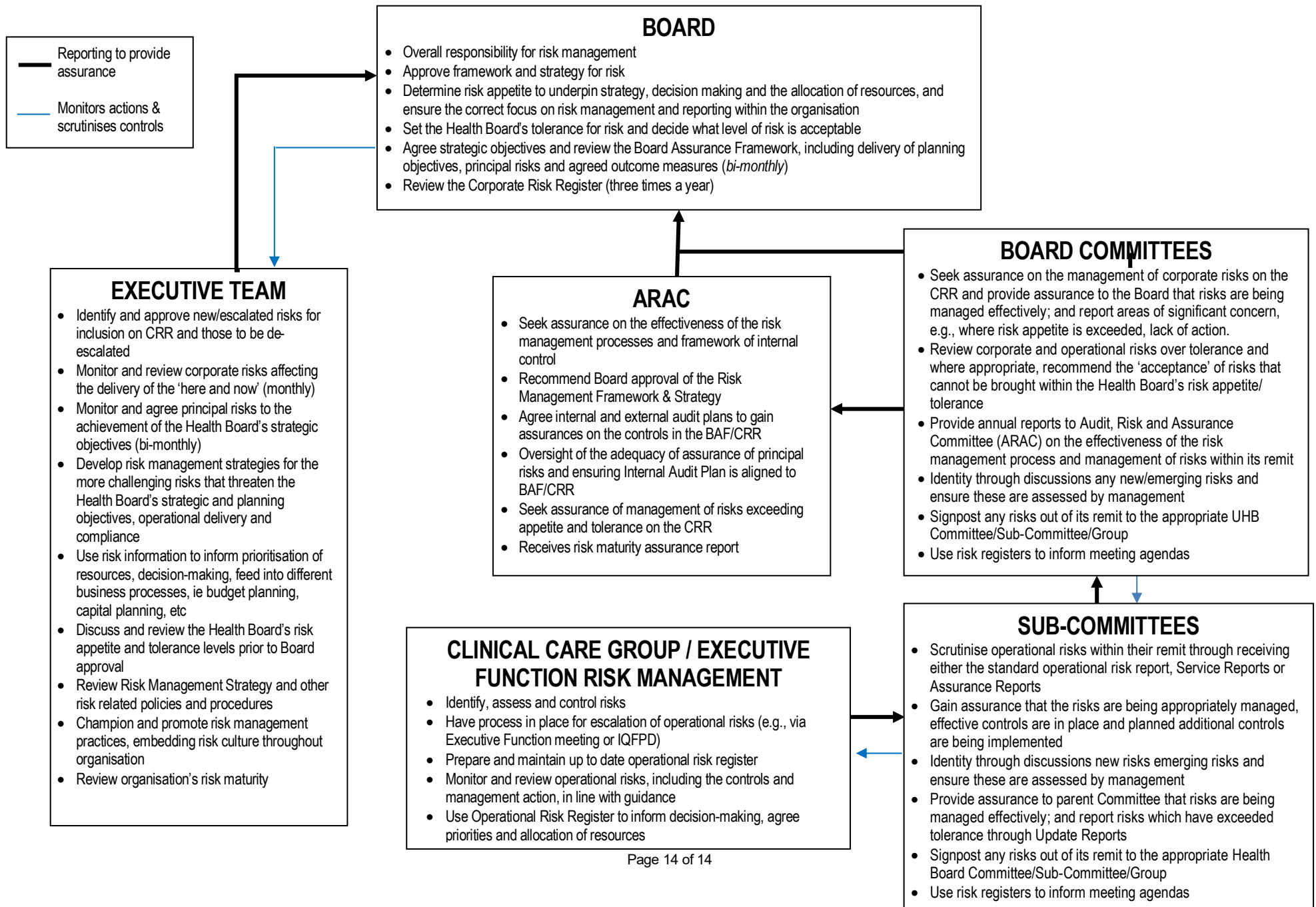
<b>Gwybodaeth Ychwanegol:</b>	
<b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termiau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place.

	<p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain in January 2024 – <a href="#">Risk Appetite Statement</a>.</p>
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:</p>	Relevant Executive Directors.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Gweithlu: Workforce:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Risg: Risk:</b>	No direct impacts from report however organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol: Legal:</b>	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
<b>Enw Da: Reputational:</b>	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.

<b>Gyfrinachedd: Privacy:</b>	No direct impacts.
<b>Cydraddoldeb: Equality:</b>	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

## Appendix 1 – Committee Reporting Structure



Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1844	Director of Public Health	Public Health -	Public Health	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Lewis, Bethan	01-May-24	<p>There is a risk of that the Hywel Dda Public Health Team will be unable to effectively support the Health board to deliver its priorities, as set out in the Health Board's Annual Plan 2024/25, and its Public Health responsibilities, including its statutory functions, such as responding effectively to any acute outbreaks adequately.</p> <p>This is caused by limited capacity within the Public Health Team with only one of four consultants in post.</p> <p>This will lead to an impact/affect on the oversight in relevant areas to improve health, prevent ill health and slow down on the long-term trends of increasing burden of ill health on the Health Board, poorly designed services that do not improve outcomes for individuals and communities, reduction of public confidence, increased scrutiny from media, regulators and WG. This will also result in challenges in managing the day-to-day activity and the line management arrangements within the Local Public Health Team.</p> <p>Risk location, Health Board wide.</p>	<p>Appointment of new Deputy Director of Public Health / Consultant in Public Health complete and in post. With additional posts returning from leave there are now 2.7 wte Consultants in Public Health in post also in team.</p> <p>Workplan alignment to priorities completed by Executive Director of Public Health and will be rolled out alongside Heads of Service to maximise leadership and cement of annual planning goals.</p>	Service/Business interruption/disruption	4	4	16	Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level.	<p>Prioritise 'go live' with recruitment of substantive Consultant roles</p> <p>Explore fast track locum recruitment approach to recruiting to provide rapid cover whilst substantive recruitment running.</p> <p>Monitoring of planning objectives with team members assigned as leads to ensure timely escalation of any movement anticipate on achieving plan targets.</p> <p>Recruitment to vacant full time Consultant post to be completed</p>	Lewis, Bethan	Completed	<p>Process commenced with vacancy request applications, hoping to go live with recruitment of substantive Consultant in Health Protection Post by end of week. Went live to advert 26.7.2024</p> <p>Process commenced with vacancy requests for locum cover, approval received and process of go live with advertisement to fill Locum/Fixed Term posts will commence this week. One Locum post recruited to start once checks complete and one locum via bank for rapid appointment achieved</p> <p>Monitoring to review actions undertaken at end of each quarter and is currently on track.</p> <p>Recruitment process commenced, awaiting approval</p>	Strategy and Planning Committee	1	4	4	Target score updated to reflect correct impact as per risk identified and reduced likelihood to reflect aim of having an appropriate staffing profile relieving on population health priorities.	Treat	28-Apr-25

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695	Primary Care, Community Strategy & Long Term Care	Long Term Care & Chronic Conditions	Long Term Care	Carruthers, Andrew	Paterson, Jill	McCarthy, Julia	McCarthy, Julia	05-Feb-19	<p>There is a risk of of unmanaged closure, de-registration and business failure of General Nursing and Elderly Mentally Infirm (EMI) Nursing care homes within the Hywel Dda area. This risk is exacerbated by the pressures caused by providers citing cost of living crisis</p> <p>This is caused by financial, operational and service-level issues within a number of care homes across the Hywel Dda area (some of which were evident pre-COVID-19). The full extent of the issues contributing to this risk is currently unknown.</p> <p>This will lead to an impact/affect on availability of nursing care home beds (regionally), admission rates of residents to hospital, number of required out of area placements, number of patients experiencing delayed transfers of care (DTC) (from both Health and Social Care), capacity of homes that remain open, but are required to absorb demand from homes that close, Hywel Dda's reputation, and Hywel Dda's financial position (due to higher cost placement options potentially needing to be sourced).</p> <p>Risk location, Carmarthenshire, Ceredigion, Health Board wide, Pembrokeshire.</p>	<p>Joint 'Escalating Concerns' processes between Health and Social Care and joint processes for reviewing management information from nursing care homes are in place across the Hywel Dda footprint.</p> <p>The Long-Term Care Team monitors the care and support delivered to residents placed in health-commissioned nursing care home beds. An internal process for the escalation of concerns around provider performance has been established.</p> <p>Provider meetings are in place. Provider meetings enable an insight into issues that providers have and allow for an early discussion around any financial or service-level issues they are facing, as well as ongoing plans regarding the registration of beds.</p> <p>Joint processes with Local Authorities to engage with the sector and providers are in place.</p> <p>Joint work with Local Authorities and West Wales Care Partnership (WWCP) has been further extended to working with the Institute of Public Care (IPC) on implementing ideas and projects resulting from the WWCP Market Stability Report. IPC are producing a short report, setting out key observations, summaries of the ideas and themes (to include details about the level of support and early indications of deliverability), and a set of recommendations and options for next steps in terms of turning ideas into projects to be prioritised.29/11/22</p> <p>A purpose built 84 bed dementia nursing/residential home in</p>	Service/Business interruption/disruption	3	4	12	<p>Since 2019 there have been two Home closure one 35-bed EMI Nursing Home in October 2019 and the other in November 2022 a 47 nursing bed home. However, sector remains fragile with one nursing home in Escalating Concerns which has subsequently closed in March 2024.</p> <p>The Regional Partnership Board is exploring the possibility of a public sector Nursing Home based in Llanelli. A report is being submitted to the Integrated Quality, Financial Performance and Delivery Group (IQFPDG) in June 2025 requesting consideration to tolerate this risk at its current score and potentially close, as there will always be fluctuations of care homes in and out of escalating concerns, however we follow processes in conjunction with Local Authorities (LAs) to manage these concerns.</p>	Cross organisational sign off of / consultation on the Joint Pre Placement Agreement and Schedules.	Devanlier, Tracy	Completed	Soft engagement on the PPA began in 10/2021, with mixed responses per county. The revised timescale for implementation was 31/03/2022, but provider feedback meant this was not possible and it is assumed the new implementation date is 31/03/2023, to allow commissioners the time to work through the issues outlined by providers. 15/06/ Work has continued on the PPA and feedback has been gathered from providers including Care forum Wales, some problems exist such as fee clauses ( fee method and review processes) , termination clauses which the Health Board are reviewing with legal, Finance and director of Primary care. The PPA consultation was launched on 12 Nov 24 with the closing date of 4 Jan 2025.	Strategy and Planning Committee	2	4	8		Treat	07-May-25

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									<p>Llwynhendy, Llanelli is currently under construction by Padda Care, with the aim to open in November 2024. Padda Care has also purchased land in Cross Hands, with the aim to build a further 65 bed dementia nursing/residential home during late 2025.</p> <p>The Regional Partnership Board is exploring the possibility of a public sector Nursing Home based at Pentre Annywl Fan, Llanelli. A feasibility study is required to determine whether a public sector Nursing Home is a viable option within the region. Legal advice is currently being obtained to determine any legal restrictions preventing the public sector from operating a Nursing Home. 15/03/2024</p>							<p>Development of a Regional Fee Model.</p> <p>2019/20 fee agreement</p> <p>Head of Long Term Care (HoLTC) to continue to attend HOSG and JIMP meetings and to escalate to the Executive team updates on the outcome of meetings and likelihood of homes to continue under escalating concerns/ cease to trade.</p> <p>Contingency plans to be developed in the event of home closures</p>	Whitmore, Luke	Completed	<p>Hywel Dda's Finance Dept. contacted each LA's Commissioning Dept. to ask for details of their current fee setting methodologies. They are now satisfied that the three methodologies are similar enough to work with. Long Term Care (LTC) Team meeting with Continuing Health Care (CHC) Finance Team during 09/2022 to discuss urgent need to reconsider care home fee modelling, in light of recent requests by providers for uplifts within year.</p> <p>In light of lack of progress, action to be closed for now.</p>										
																Bingham, Heledd	Completed	Paper has been drafted. Costs with finance. Awaiting outcome of financial validation of costs and options.											
																Broad, Vicki	Completed	"HoLTC attends the meetings and has carried out a number of unannounced visits where care homes are subject to an Embargo. HoLTC is leading on this matter on behalf of the Health Board. "											
																Broad, Vicki	Completed	"This is being progressed through the formal escalating concerns process. Provider and all interested parties are involved in this work. "											

Strategy Planning Risk Register

Date: May 2025

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															<p>The Regional Partnership Board to explore the possibility of a public sector Nursing Home based in Llanelli.</p> <p>Support Carmarthenshire council to submit Full Business Case (FBC) to Welsh Government for the reopening of Plas Y Bryn (PYB) Nursing Home, following the approval of the Outline Business Case.</p>	Devanlier, Tracy	31-Aug-25	<p>A feasibility study has been undertaken, to be reported and discussed into the Regional Partnership Board.</p> <p>A feasibility study for the reopening of Plas Y Bryn (PYB) Nursing Home in Carmarthenshire assessed two legally viable models for integrating nursing care into the home under the partnership between Carmarthenshire County Council and Hywel Dda University Health Board, considering quality of care, governance, resource allocation, financial and operational feasibility, and legal implications. The study was commissioned in response to a significant regional shortage of residential and nursing care beds, especially for dementia patients, as identified in the West Wales Care Partnership Market Stability Report. PYB presents an opportunity to address this gap through a public sector-led approach. The Outline Business case (OBC) was approved by Welsh Government in relation to Plas Y Bryn, and been invited to proceed to the Full Business Case stage. It is the intention to submit the FBC in early July 2025. FBC will be submitted by Carmarthenshire council with input from the Health Board.</p>								

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1931	Director of Public Health	Public Health -	Public Health	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Lewis, Bethan	01-Aug-24	<p>There is a risk of that funding allocated through ring fenced, grants, or core budgets for public health services that require a fluctuating approach to spending opportunities are not available following each monthly financial update.</p> <p>A further risk is that any of the funding from these budgets used in updating HDUHB financial recovery will have to be redressed.</p> <p>This is caused by the financial improvement measure whereby there will be a rebuttable presumption that any budget underspend realised in a given month will be recorded as a non-recurrent saving in that month and preventing a fluctuating approach to spending against demands in service delivery.</p> <p>This will lead to an impact/affect on the ability of the Public Health Directorate to deliver on service areas under the relevant planning objectives, and will impend the ability of meeting the executive objectives.</p> <p>There are significant multiagency led workstreams affected, including: substance misuse, Healthy Schools and pre-schools, prevention including early years and health protection. On a number of these budgets the Health Board is only one of the partners for the funded project but acts as a 'bank' for the partnership, hence any underspent is subject to the partnership not just the UHB.</p> <p>The public health workforce budget is also ring fenced (under TUPE Oct 2022).</p> <p>There is also an impact on the reputation of the Health Board due to the multi agency approach to approval of spending areas across several of these funding streams and need for close monitoring of compliance to Welsh Government.</p> <p>Risk location, Health Board wide.</p>	<p>All service leads meet monthly with Finance Business Partner and ensure forecast spending is updated and relevant to needs of service.</p> <p>Review of service level finance meetings scrutinised by DPH / Interim Assistant Director PH to ensure forecast relevant and capture sufficient service demand impact.</p> <p>Ringfenced budgets recognised to protect from underspend savings targets.</p>	Finance inc. claims	3	4	12	<p>Whilst the controls are designed to help mitigate the impact of this risk, the rationale for the high risk score is due to current controls only having a limited effect as the financial improvement measures are not recognising the ring fenced and grant funded budgets within Public Health Directorate for exemption all year effect.</p>	<p>Explore the opportunity to include ring fenced and grant funded budgets onto the exclusion criteria for financial improvement measures for directorate.</p> <p>Review current detailed forecasting with each service lead and ensure robust approach in place for all budget allocation.</p> <p>Review current detailed forecasting with regard to non-recurring amount identified against each budget and ring fenced funding up to month 5 to mitigate against spending lost.</p> <p>Review current savings plans for directorate against monthly underspending to maximise available resource for population health priorities.</p>	Lewis, Bethan	Completed	<p>Confirmation received by Director of Finance that budgets will be ring fenced and excluded from measures going forward for remainder of year post month 5.</p> <p>Review complete, additional spending plans and forecast in progress</p> <p>Ongoing monitoring of spending to ensure maximum spend against ringfenced budgets in place</p> <p>new action</p>	Strategy and Planning Committee	1	4	4	Target score reduced to lower value as aim is for directorate to have flexibility within allocated budgets to prioritise key areas of work to enhance population health as savings plans realised for the 2 year period.	Treat	17-Apr-25

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1855	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Commissioning	Davies, Lee	Ayres, Shaun	Ayres, Shaun	Ayres, Shaun	19-May-23	<p>There is a risk of the Health Board being unable to refer new patients to a non-drug adult allergy service.</p> <p>This is caused by the termination by Cardiff and Vale University Health Board of current commissioning arrangements on 1st November 2023, exacerbated by a national shortage of immunologists. A "prior approval" process is available, however it is unknown if all GPs/referring clinicians are referring via this route. Whilst the service ended on 1st November 2023, an element of the financials will have to stay in the system at Cardiff as they have agreed to see and treat the Hywel Dda residents who are in the system at that point. In 2019/20 outturn Cardiff &amp; Vale saw 120 new outpatients (cost of £19,564 to the UHB) and 243 follow up patients (£50,700).</p> <p>This will lead to an impact/affect on adult patients being unable to access relevant clinical support to manage their condition. Potential clinical acute episodes. Potential non-adherence with national standards. Limited financial envelope due to monies staying in the Cardiff &amp; Vale system.</p> <p>Risk location, Health Board wide.</p>	<p>1. Head of Strategic Commissioning part of All Wales group, which are discussing potential new arrangements</p> <p>2. GPs/referring clinicians would be able to refer patients via the "prior approval" process. A prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within a number of categories, in this instance it would fall within:-</p> <ul style="list-style-type: none"> <li>Lack of local/commissioned service provision/expertise</li> </ul> <p>The referring clinician is able to complete a prior approval application, which would be considered by the Hywel Dda Prior Approval Panel.</p> <p>3. In line with other HBs, Hywel Dda has written to Cardiff &amp; Vale University Health Board asking that they consider continued support until 31st March 2024 and to continue to work with the joint group to explore either the potential to maintain the service beyond 1st April 2024 or alternative service models that may enable us to collaboratively provide a sustainable service on a longer-term basis</p>	Safety - Patient, Staff or Public	4	3	12	<p>Risk re-opened on 21st February 2025. While "prior approval" process in place, there is no guarantee that the referral will be accepted.</p> <p>The Health Board is part of the All Wales group, which continue to discuss potential new arrangements. However, in the meantime, the Health Board is issuing a spec to the market to invite solutions (what can they offer) rather than going out to procurement, with a timescale of 8 weeks (end of June 2025).</p>	To scope the possibility of commissioning the service with North Bristol, as part of an All Wales approach	Ayres, Shaun	30/04/2024-30/04/2025 31/08/2025	As of April 2025, discussions with the All Wales group continue, with decisions not yet agreed upon. Work remains ongoing.	Strategy and Planning Committee	1	3	3									28-Apr-25

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1953	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Ardiana	Lewis, Bethan	Dainton, Joanna	Hughes, Lisa	02-Sep-24	<p>There is a risk of that unable to deliver effective Fibroscan service to support Hepatology care and deliver elimination Hepatitis B &amp; C strategic plan.</p> <p>This is caused by a lack of sufficient and reliable Fibroscan equipment within service.</p> <p>This will lead to an impact/affect on the ability to sustain services across Health Board locations (with particular challenge at Pembrokeshire clinics) and the accuracy of the results in existing equipment out of service support, ultimately impacting on patient outcomes.</p> <p>Risk location, Health Board wide.</p>	<p>Patient have been clinically reviewed via the inpatient service scan.</p> <p>Patients can be referred to GGH and PPH if required and Fibroscan available.</p> <p>Ability to loan equipment from GGH for 2 days per week maximum with some clinic interruptions likely.</p> <p>All four Fibroscanners now replaced with robust replacement service plan if out of order.</p>	Safety - Patient, Staff or Public	2	5	10	While control measures in place, they are limited in their effectiveness and availability for wider outreach service.	<p>Purchase replacement Fibroscanner for Pembrokeshire in line with those at other sites to include back up plan when out of use through Capital funds.</p> <p>Seek purchase of additional Fibroscan unit to support outreach function through Charitable funds.</p> <p>Ensure all team leads aware of need to report issues with Fibrosan at Pembrokeshire in a timely manner to reduce risk to patient outcomes.</p> <p>Explore project opportunity for Primary Care based outreach approach with company and audit effectiveness towards securing additional unit from capital end of 25/26.</p>	Lewis, Bethan	Completed	<p>Fibro scan purchased from Capital to replace Pembrokeshire unit.</p> <p>request made to Charitable funds, unable to support on this occasion due to amount of funding.</p> <p>Team aware, shared by Lead Nurse</p> <p>exploring project opportunity scope and plan</p>	Strategy and Planning Committee	1	5	5	Target score in place at 5 as when actions complete and all units purchased there will be a fully equipped service with robust servicing arrangements.	Treat	17-Apr-25
1773	Director of Public Health	Public Health -	Public Health: Vaccination Centres	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Jones, Glenna	14-Dec-23	<p>There is a risk of vaccine waste within the Covid-19 vaccination programmes.</p> <p>This is caused by the lead in time required to ordering and managing large scale Primary care planning in a position where vaccine hesitancy is increasing.</p> <p>This will lead to an impact/affect on the effective use of Covid-19 vaccines available within the programme, which could result in a reduction of availability in another part of the overall programme wider across Wales, as well as incurring increased costs.</p> <p>Risk location, Health Board wide.</p>	<p>Close management of vaccine delivery plans to facilitate limiting ordering on weekly basis of thawed product to a minimum whilst continuing to allow flexibility for opportunistic vaccination to maximise uptake.</p> <p>To ensure close monitoring of stock levels and use on digital system in place across all delivery centres / practices.</p>	Finance inc. claims	3	3	9	Risk likelihood remains possible due to need to order thawed vaccine with variable expiry dates with increasing hesitancy amongst remaining population to vaccinate.	<p>Explore control of vaccine orders through single point of contact in communication hub to provide strict management of control versus usage monitoring.</p>	Jones, Glenna	Completed	<p>in progress</p> <p>System devised for ordering covid vaccines through the Public health communication hub. A sharepoint ordering form highlighting clinic size and dates to ensure orders are sufficient for clinic capacity. This system will e roled out also for Flu vaccinations in Autumn/Winter.</p>	Strategy and Planning Committee	2	3	6	Target score reflective of need to aim for a reduction of waste to lower levels than currently realised.	Treat	25-Apr-25

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1301	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Ayres, Shaun	Ayres, Shaun	Ayres, Shaun	01-Jun-21	<p>There is a risk of insufficient capacity within the existing Planning Team to deliver Health Board objectives with regard to strategic, operational and capital plans.</p> <p>This is caused by the scope and extent of the planning function as being exceptionally large given the scale of the change programme required for the organisation to deliver its objectives. A review of capacity to meet National and Board objectives is required to support this.</p> <p>This will lead to an impact/affect on delivering objectives as agreed in the Annual Plan/IMTP; Health Board/Regional/National Planning; support for Operational teams and Business Cases; and being able to provide sufficient project/programme support and providing a sufficient level of governance and scrutiny to the planning cycle, providing commissioning support and compliance with best practice standards.</p> <p>Risk location: Health Board wide</p>	<p>Deputy Director of Operational Planning and Commissioning commenced January 2023.</p> <p>The Planning Directorate continue to work with other corporate teams, in particular Finance and Workforce, to develop the content of IMTPs/Annual plans.</p> <p>Utilised Head of Commissioning to support Annual plan submission 23/24, due to limited resources to draw upon.</p> <p>Annual plan is reported to SDODC, SRC and ratified at Public Board.</p> <p>The Transformation Programme Office (TPO) now sits under the Deputy Director of Operational Planning and Commissioning and are supporting both the Annual Plan and the Medium Term direction through the Clinical Service Plan.</p>	Business objectives/projects	3	3	9	<p>In response to our organisation's escalated status requiring targeted intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the annual plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressal of emergent issues.</p> <p>The centralised team, comprising skilled professionals from</p>	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	Completed	<p>In response to our organisation's escalated status requiring targeted intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the annual plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressal of emergent issues.</p>	Strategy and Planning Committee	2	3	6		Treat	28-Apr-25
															Explore opportunity to store frozen vaccine in HB freezers in preparation for Autumn programme with national leads and local Pharmacy leads.	Jones, Glenna	Completed	<p>Discussions ongoing, not possible for Spring campaign and to explore for next Autumn as larger volumes across HB</p> <p>Freezer capacity not sufficient. continue to explore options for Autumn/Winter 25/26</p>								

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									Risk location, Health Board wide.						<p>Specialist professionals from different areas of the Health Board, brings a wealth of expertise and experience to the table. By operating as a central team, they can effectively coordinate efforts, monitor progress, and make informed decisions to keep the annual plan on track. This agile approach allows for swift adaptations to changing circumstances, ensuring that resources are allocated where they are needed most and that any potential obstacles are addressed proactively.</p> <p>Additionally, the Transformation Programme Office (TPO) team, which sits under the Deputy Director of Operational Planning and Commissioning, provides supplementary resources and expertise. This team's involvement is crucial, focusing specifically on Fragile Services as a priority that is directly supported through the TPO. By working hand in hand with the centralised team, the TPO contributes valuable insights and support, particularly in areas that require specialised attention. This integration is</p>	Utilise existing vacancy to enhance team to support work on Targeted Intervention.	Ayres, Shaun	31/03/2025 - 30/06/2025																

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1882	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Ardiana	Lewis, Bethan	Lewis, Bethan	Williams, Ben	16-Apr-24	<p>There is a risk of that the 'Starting and Developing Well' team will be unable to deliver their objectives for the national PHW, 'Whole School Approach to Emotional &amp; Mental Wellbeing (WSAEMWB)' programme.</p> <p>This is caused by Welsh Government discontinuing the grant funding for the national programme which will cease on 31st March 2025.</p> <p>This will lead to an impact/affect on the capacity of the Public Health 'Starting &amp; Developing Well' team to deliver their objectives in supporting all schools to self-evaluate and action plan for whole school approach EMWB in line with</p>	Core funding to support role secured within directorate restructure plans. Funding secured for a year extension for 2025/26.	Health Equity	2	4	8	<p>attention. This integration is instrumental in fortifying our planning framework, ensuring that strategic and operational initiatives are cohesively supported and efficiently executed.</p> <p>Given the prevailing financial climate, expanding our planning team further is not currently viable. However, by leveraging the skills and knowledge of the centralised team and the TPO, we are confident in our ability to effectively manage the annual plan and drive the necessary changes to support the Health Board. This organisational response forms our method for managing the risk associated with operating a relatively small corporate planning team and ensures that despite financial limitations, we are committed to maintaining robust governance and oversight.</p>	Explore the opportunity to fund associated staff post from core (Business as usual) funding from 1st April 2025	Lewis, Bethan	Completed	Opportunity fully explored and contingency in place to support funding of Band 7 post from existing core budget form 1st April 2025 with some impact across development of directorate team needs.	Strategy and Planning Committee	1	4	4	Target score reduced to reflect aim t have sufficient recurrent funding allocation for key population health programmes and no risk to exist.	Tolerate	17-Apr-25

Strategy Planning Risk Register

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									<p>Welsh Government's statutory framework. Influencing local mental health and wellbeing priorities via county level strategic groups, delivering a cluster-based approach to support primary school engagement with the WSAEMWB and develop pathways and support programmes available to young people (16-24 years) around their emotional and mental wellbeing.</p> <p>The lack of service provision will negatively impact the health and wellbeing of children and young people across the Hywel Dda region, as well as negatively impacting the Health Board's finances and reputation.</p> <p>Risk location, Health Board wide.</p>								<p>Explore alternative sources of recurring funding streams, including core Public Health budgets, to maintain existing level of service delivery.</p> <p>Develop contingency plans for alternative operational delivery in the event of reduced capacity within the service.</p> <p>Secure additional recurrent funding to support delivery of whole school approach programme for next financial year.</p>	Williams, Ben	Completed	ongoing work to identify alternative sources										
																Williams, Ben	Completed	Funding secured for additional year to continue programmes of work												
																Williams, Ben	31/03/2026	New action												