

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	Date expected to achieve target risk score	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 University Health Board ( HDdUHB) 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, 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 two of five consultants in post.</p> <p>This will lead to an impact/affect on 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 Welsh Government (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 anticipated 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 July 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 outcome. Completed. Offers accepted and awaiting a start date of mid September.</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 delivering on population health priorities.	30/09/2025	25/07/2025

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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 (CVUHB) of current commissioning arrangements on 1 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 1 November 2023, an element of the financials will have to stay in the system at CVUHB as they have agreed to see and treat the HDdUHB residents who are in the system at that point. In 2019/20 outturn CVUHB saw 120 new outpatients (cost of £19,564 to HDdUHB) 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.</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 HDdUHB Prior Approval Panel.</p> <p>3. In line with other Health Boards, HDdUHB has written to CVUHB asking that they consider continued support until 31 March 2024 and to continue to work with the joint group to explore either the potential to maintain the service beyond 1 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	Following comprehensive review of activity data, market testing, and assurance received through both the Integrated Quality, Financial Performance and Delivery Group (IQFPD) and Board, it is now proportionate to revise the risk score for this item from High to Medium (proposed score: 12). The basis for this recommendation is as follows: Treatment volumes for adult non-drug allergy assessment have remained consistent averaging seven to eight per month over the past 15 months and circa 11 referrals per month for 2024/25 (12 months of data), with no evidence of material unmet or latent demand. Current arrangements, which rely on out-of-area referral pathways, are functioning safely and	To scope the possibility of commissioning the service with North Bristol NHS Trust, 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	The residual risk remains until a sustainable, All Wales solution is fully implemented. The target risk score and rationale will be updated on the risk register, with ongoing review every six months to ensure continued appropriateness and responsiveness to any change in service demand or policy context.	31/01/2026	16/07/2025

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									<p>Potential non-adherence with national standards. Limited financial envelope due to monies staying in the CVUHB system.</p> <p>Risk location, Health Board wide.</p>					efficiently, and there have been no adverse incidents or patient safety concerns recorded (we will of course be monitoring this and liaising with Birmingham Integrated Care Board (ICB)). Moreover, recent engagement with the provider market has demonstrated the availability of multiple compliant providers able to mobilise quickly if needed, ensuring a clear contingency position. The Board retains both operational flexibility and the ability to respond rapidly to any emerging need, and is fully aligned with ongoing All-Wales allergy pathway developments. Given the above, the likelihood and impact of risk have materially reduced. This reflects both the current stability of demand and the robust mitigations in place, while acknowledging that residual risk remains until a sustainable, All Wales solution is fully implemented.												

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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/ Integrated Medium Term 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 2023/24, due to limited resources to draw upon.</p> <p>Annual pPan is reported to Strategic Development and Operational Delivery Committee (SDODC), Sustainable Resources Committee (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 is supporting both the Annual Plan and the Medium Term direction through the Clinical Service Plan (CSP).</p>	Business objectives/projects	3	3	9	<p>A revised organisational structure is currently under development in collaboration with the newly established Clinical Care Groups (CCGs). The objective of this revised structure is twofold:</p> <p>To significantly enhance alignment between the planning capability and capacity and the CCGs.</p> <p>To systematically break down existing organisational barriers, reducing isolated working practices, thereby ensuring integrated and streamlined planning across directorates and clinical groups in support of achieving the strategic and planning objectives of the Health Board.</p> <p>Detailed financial costings for the proposed structural adjustments have recently been finalised. Initial discussions and consultations have already taken place with the Head of Corporate Planning,</p>	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	Completed	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.	Strategy and Planning Committee	2	3	6	Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.	TBC	30/06/2025	

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															Service Group Directors, and the Head of Commissioning regarding potential refinements and necessary adjustments to the proposal. Subject to comprehensive discussion, the proposal will shared and discussed with the Business Executive Team. It is anticipated that a comprehensive review of the final proposal will be undertaken within the next four to six weeks, ensuring sufficient scrutiny, endorsement; or requiring further refinement before implementation.	Utilise existing vacancy to enhance team to support work on Targeted Intervention.	Ayres, Shaun	3-14/02/2024-31/12/2024 3-1/03/2025-30/06/2025-30/08/2025	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 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 the dynamic allocation of resources and prompt addressing of emergent issues. As of April 2025, we have been unable to secure resource.							

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1773	Director of 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/ effect 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 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	<p>Risk likelihood remains possible due to need to order thawed vaccine with variable expiry dates with increasing hesitancy amongst remaining population to vaccinate.</p>	<p>Explore control of vaccine orders through single point of contact in communication hub to provide strict management of control versus usage monitoring.</p> <p>Explore opportunity to store frozen vaccine in Helath Board freezers in preparation for Autumn programme with national leads and local Pharmacy leads.</p>	Jones, Glenna	Completed	<p>In progress</p> <p>System devised for ordering COVID-19 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 be rolled out also for influenza (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.	31/03/2026	23/06/2025	

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1862	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 Public Health Wales (PHW) 'Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB)' programme.</p> <p>This is caused by WG discontinuing the grant funding for the national programme which ceased on 31 March 2025.</p> <p>This will lead to an impact/ effect on the capacity of the Public Health 'Starting and Developing Well' team to deliver their objectives in supporting all schools to self-evaluate and action plan for WSAEMWB in line with WG'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 programme and developing pathways and support programmes available to young people (16-24 years) regarding 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 HDdUHB region, as well as negatively impacting the Health Board's finances and reputation.</p> <p>Risk location, Health Board wide.</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>Funding for the Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB) programme has been secured for an additional year and staff funding secured through core funding to provide security.</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>	<p>Explore the opportunity to fund associated staff post from core (Business as usual) funding from 1 April 2025.</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>	Lewis, Bethan	Completed	<p>Opportunity fully explored and contingency in place to support funding of Band 7 post from existing core budget form 1 April 2025 with some impact across development of directorate team needs.</p> <p>Ongoing work to identify alternative sources.</p> <p>Funding secured for additional year to continue programmes of work.</p> <p>New action</p>	Strategy and Planning Committee	1	4	4	Target score reduced to reflect aim to have sufficient recurrent funding allocation for key population health programmes and no risk to exist.	31/03/2026	17/06/2025

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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 HDdUHB 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, preventing a fluctuating approach to spending against demands in service delivery.</p> <p>This will lead to an impact/ effect on the ability of the Public Health Directorate to deliver on service areas under the relevant planning objectives, and will impede the ability to meet 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.</p>	<p>All service leads meet monthly with Finance Business Partner and ensure forecast spending is updated and relevant to needs of service. Review of service level finance meetings scrutinised by Director Public Health (DPH) Interim Assistant Director Public Health to ensure forecast relevant and capture sufficient service demand impact. Ringfenced budgets recognised to protect from underspend savings targets.</p>	Finance inc. claims	2	4	8	<p>Following recent discussion with Finance leads there is some protection of ring fenced budgets for grants and key work areas recognised as outside of the non-recurring allocation of savings for this financial year. This has reduced likelihood score.</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>	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>	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 two year period.	31/03/2026	17/06/2025

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									<p>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 underspend is subject to the partnership not only HDdUHB.</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 WG.</p> <p>Risk location, Health Board wide.</p>								Review current savings plans for directorate against monthly underspending to maximise available resource for population health priorities.	Lewis, Bethan	47/06/2025 18/08/2025	Review commenced and will be monitored monthly against programmes of work.								

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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 HDdUHB 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 HDdUHB 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/ effect 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, HDdUHB's reputation, and HDdUHB's financial position (due to higher cost placement options potentially needing to be sourced).</p> <p>Risk location, Carmarthenshire,</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 HDdUHB 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 regarding 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 has been further extended to working with the Institute of Public Care (IPC) on implementing ideas and projects resulting from the West Wales Care Partnership (WWCP) Market Stability Report (MSR). IPC are producing a short report, setting out key observations, summaries of the ideas</p>	Service/Business interruption/disruption	2	4	8	<p>Since 2019 there have been two Home closures: One 35-bed EMI Nursing Home in October 2019 and a 47 bed nursing home in November 2022. However, the sector remains fragile with one nursing home in escalating concerns which has subsequently closed in March 2024. The Regional Partnership Board is exploring the possibility of a public sector Nursing Home based at Pentre Annwyl Fan, Llanelli.</p> <p>A report was submitted to IQFPD in June 2025 requesting consideration to tolerated 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 Authority to manage these concerns.</p>	Cross organisational sign off of/ consultation on the Joint Pre Placement Agreement and Schedules.	Devantier, Tracy	Completed	Soft engagement on the Personally Administered Items (PPA) began in October 2021, with mixed responses per county. The revised timescale for implementation was 31 March 2022, but provider feedback meant this was not possible and it is assumed the new implementation date is 31 March 2023, to allow commissioners the time to work through the issues outlined by providers. 15 June 2022: 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 November 2024 with the closing date of 4 January 2025.	Strategy and Planning Committee	2	4	8	<p>The remaining actions on this risk sit with the Regional Board, working with the Local Authority and the Health Board. The LTC service is involved in this work and will input as required, however full mitigation of this risk is dependent on the wider work (regional workplan) which may not come to fruition until later in 2026.</p> <p>Risk to be escalated via CCG structure to potentially 'tolerate' risk within HB and progress of regional work to determine further reduction of risk score.</p> <p>Regional work noted in action plan.</p>	31/12/2026	09/07/2025

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									<p>Ceredigion, Health Board wide, Pembrokeshire.</p> <p>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.</p> <p>A purpose built 84 bed dementia nursing/residential home in Llwynhendy opened in May 2025. 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 exploring opportunities for public sector Nursing Home basis.</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 HDdUHB, 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 WWCPMSR. PYB presents an opportunity to address this gap through a public sector-led approach.</p>																					

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															Increased monitoring of homes subject to the Escalating Concerns process is required by the Long Term Care Team.	Broad, Vicki	Completed	"Increased monitoring has taken place at all homes subject to the formal Escalating Concerns process. HoLTC has carried out a number of unannounced visits and been central to the identification of issues and required improvements in identified homes. The Long Term Care specialist nurses have increased the monitoring at homes subject to the Escalating Concerns process. Improvement plans are in place and are monitored."									
															Support the development of a long-term market strategy.	Devanier, Tracy	Completed	HDdUHB's Finance Dept. contacted each Local Authority'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. LTC Team meeting with CHC Finance Team during September 2022 to discuss urgent need to reconsider care home fee modelling, in light of recent requests by providers for uplifts within year. In light of lack of progress, action to be closed for now.									

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															Project A5 considering the feasibility of establishing and running a public sector nursing facility, given concerns over existing nursing home capacity and the need to anticipate future shortages. The work has established that this approach is legal, and staffing options are being worked through. Partners are exploring next steps with this being a key priority for 2025/26 regional workplan.	Devantier, Tracy	3-1-08-2025-31/12/2026	A feasibility study has been undertaken, to be reported and discussed into the RPB.								
															Support Carmarthenshire County Council to submit Full Business Case (FBC) to WG for the reopening of Plas Y Bryn Nursing Home, following the approval of the Outline Business Case (OBC).	Devantier, Tracy	3-1-08-2025-30/09/2025	The Outline Business case (OBC) was approved by WG in relation to Plas Y Bryn, and been invited to proceed to the Full Business Case (FBC) stage. It is the intention to submit the FBC in July 2025. FBC will be submitted by Carmarthenshire County Council with input from the Health Board.								

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1370	Planned & Specialist Care	Children, Women & Family Health	CW&FH: Sexual Health	Carruthers, Andrew	Goode, Paula	Morgan, Olwen	Freeman, Lyndon	12-Apr-22	<p>There is a risk of delay in patient access to sexual health services</p> <p>This is caused by the current location of gynaecology outpatients in the sexual health clinic site reducing capacity from five days to two days (90 patient slots each week) with many nurses now having to work from home.</p> <p>This will lead to an impact/affect on potential harm to patients as a result of delays being seen face-to-face and access to contraception and emergency contraception, which may lead to unplanned pregnancies and increase in the number of abortions. If medication has to be posted out, an additional member of staff who has not previously spoken to the patient may need to be involved in dispensing the medication, meaning there is an increased risk of error.</p> <p>There may be a delay in access to testing and treatment for sexually transmitted disease which may result in long term health sequelae such as pelvic inflammatory disease, infertility, epididymitis and an inability to break the cycle of transmission (partner treatment etc).</p> <p>There may be a delay in cervical smear testing which can result in delayed diagnosis of cervical</p>	<p>Utilisation of virtual appointments, attend anyway and telephone.</p> <p>Postage of medication direct to patient.</p> <p>Offering alternative location for face to face appointments.</p>	Service/Business interruption/disruption	2	3	6	<p>A review is currently underway in respect of whether a 5-days-week service is required at Bronglais Hospital (BGH). Currently patients have access to sexual health services across the Health Board.</p>	<p>Meeting with BGH Site management team to identify potential sites in main hospital for gynaecology outpatients to be housed.</p> <p>Further meeting with BGH site management team to discuss relocation of Gynaecology.</p>	Humphrey, Lisa	Completed	<p>Gynaecology unable to return to Rhiannon Ward, other areas to be considered including DSU 3.</p> <p>Cervical Screening Wales (CSW) were satisfied with the current location and therefore this option is not being further pursued.</p>	Strategy and Planning Committee	1	3	3	Once demand has been scoped we will further understand what capacity is required as it is unclear whether a 5 day-week service is required at this stage.	31/12/2025	01/08/2025

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									<p>delayed diagnosis of cervical intraepithelial neoplasm. Numbers of smear tests are reported to Cervical Screening Wales (CSW) and we are not currently not providing a smear clinic in each county as per their minimum requirement.</p> <p>There is reduced capacity for face-to-face psychosexual counselling services.</p> <p>This risk has a significant affect on the local demographic as Aberystwyth University students may have a higher need of these services.</p> <p>Risk location, Padarn Health Centre.</p>							Explore options for either relocating Gynaecology back to hospital site or new site for Sexual Health that will allow for 5-day clinic weeks.	Freeman, Lyndor	31/03/2024-30/06/2024-30/09/2024-02/07/2025-31/12/2025	<p>Currently does not look like Gynaecology will be able to move back to the hospital site. No further updates on BGH Integrated Care Centre (ICC) model.</p> <p>Updates on BGH ICC remain unavaialble, currently no scope for return, awaiting outcome to tolerate this risk .</p> <p>Data from the new dashboard may underpin the requirement for 5-day clinic weeks and will determine actions that support this move.</p>								

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547	Estates & Facilities	Estates & Facilities	E&F: Property Performance	Severs, James	Chiffi, Simon	Chiffi, Simon	Williams, Paul -	31-Mar-17	<p>There is a risk of failing to meet a mandatory WG requirement to operate an environmental management system (EMS) certified to the 2015 ISO 14001 standard, externally audited by a United Kingdom Accreditation Service (UKAS) approved auditor.</p> <p>This is caused by insufficient resources and enablers, e.g. within the Environment Team and supporting teams and the wider staff base. Inherent difficulties are associated with behavioural change, engagement, leadership and limited funding for improvement projects; and the cost of assessment and consultancy.</p> <p>This will lead to an impact/ effect on the organisation's ability to achieve or maintain the ISO 14001 standard, which is also the principal means through which environmental and resource efficiency performance and continual improvement is delivered and measured.</p> <p>Risk location, Health Board wide.</p>	<p>The 2006 ISO 14001 standard, 3 Year UKAS Certification, was achieved in 2012 and continued to maintain key systems reviewed by external auditors.</p> <p>Utilised consultancy support to update system documentation to the 2015 standard during 2017/18. The system has now been updated to comply with the requirements of the 2015 standard.</p> <p>Formal UKAS accredited assessment against the 2015 standard was achieved in 2020. Annual external audits will be carried out annually to check the continual compliance with the 2015 ISO14001 standard.</p> <p>Clinical waste training has been delivered, all procedures for ISO14001 system have been reviewed and updated and Senior Managers have received awareness of the ISO14001 standard. In 2020 the Health Board underwent a 17 day audit and achieved accreditation to the 2015:ISO14001 standard with no major or minor non conformances. The surveillance audit in 2021 also identified non major or minor non conformances</p> <p>Key ISO 14001 requirements have been integrated into Health Board systems e.g. governance objectives and targets and management review via the Capital, Estates and Information Management &amp; Technology (CEIM&amp;T) Committee and risks via Datix Risk Assessment Forms.</p>	Statutory duty/inspections	2	3	6	<p>Despite the organisation being accredited to the 2015:ISO14001 standard in October 2020 with no major or minor non conformances and continuing to maintain the standard to date, as this is an annual audit there is an ongoing risk that the Health Board could fail to maintain the mandatory requirement by WG to maintain the standard.</p>	<p>Undertake Annual Management Review for 2024/25.</p> <p>Complete and Obtain approval for Environmental Targets &amp; Objectives (T&amp;O's) for 2024/25</p> <p>Undertake Annual Management Review for 2025/26.</p> <p>Complete and Obtain approval for Environmental T&amp;O's for 2025/26.</p>	<p>Shaw, Terri</p> <p>Shaw, Terri</p> <p>Shaw, Terri</p> <p>Shaw, Terri</p>	<p>31/07/2025</p> <p>31/07/2025</p> <p>29/05/2026</p> <p>29/05/2026</p>	<p>Awaiting confirmation from the Chair of the Environmental Hygiene Group to confirm if this item can be approved through this group.</p> <p>Awaiting confirmation from the Chair of the Environmental Hygiene Group to confirm if this item can be approved through this group.</p> <p>When review complete submit to Environmental Hygiene Group for approval to ensure compliance with the ISO 14001:2015 standard.</p> <p>Prepare Annual Environmental T&amp;O's and submit to Capital Sub Committee for approval to ensure compliance with the ISO 14001:2015 Standard.</p>	Strategy and Planning Committee	1	3	3	<p>Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.</p>	TBC	02/07/2025

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340	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Rosser, Eldreg	Stuart, Rachel	Stuart, Rachel	01-Sep-16	<p>There is a risk of the development of business cases for priority projects not being funded within required timescales.</p> <p>This is caused by the pressure on Discretionary Capital increasing due to the funding of Health Board backlog pressures.</p> <p>This will lead to an impact/affect on the Health Board possibly being unable to achieve those service improvements and developments included within the Annual Plan and or 3 Year Plan.</p> <p>Risk location, Health Board wide.</p>	<p>The Health Board is progressing with business cases within the constraints of Discretionary Capital Programme (DCP) available.</p> <p>The prioritisation process for capital in 2024/25 has been undertaken and a report prepared for Executive Team in February 2024 and endorsed by SDODC in February 2024 and Board in March 2024. This includes an allocation for the development of business cases.</p> <p>Work continues with the Business Operations Team to prioritise estates improvement schemes.</p> <p>The cost of business case development will be included in the final costs of the business cases and thereby refund into the business case development allocation in the DCP if approved.</p> <p>An initial allocation of £200k has been allocated for business case development in 2024/25 with £100k of this earmarked to complete the Sexual Assault Referral Centre (SARC) and Aseptic Business Justification Case (BJC).</p> <p>Opportunities for Integrated Regional Capital Fund (IRCF) funding is regularly explored. HDdUHB's Community Schemes are incorporated into the 10 Year Regional Capital Plan developed by the West Wales Regional Partnership Board.</p> <p>Additional DCP allocation for 2025/26 will alleviate some of this pressure and the earmarking of Targeted Estates Fund (TEF) and Diagnostic Equipment allocations on an all Wales basis allows HDdUHB to direct further allocations towards business cases should it need to.</p> <p>For schemes which are included in the All Wales priorities agree with WG</p>	Business objectives/projects	3	2	6	<p>The limited DCP availability and the backlog on replacement of equipment, estates and digital infrastructure results in the organisation having to prioritise funding to deal with organisational risks.</p> <p>Additional DCP allocation for 2025/26 will alleviate some of this pressure and the earmarking of TEF and Diagnostic Equipment allocations on an All Wales basis allows HDdUHB to direct further allocations towards business cases should it need to.</p> <p>For schemes which are included in the All Wales priorities, agree with WG direct requests for the fees to develop business cases have been made and fees for the development of the Phase 2 Fire Schemes in GGH have been awarded.</p>	<p>Continue to work with the Ops Team, Planning and CEIM&amp;T Sub Committee to ensure the prioritisation process enables priority business cases to be progressed within the DCP constraints without substantial adverse impact on Estates, equipment and IM&amp;T funding requirements.</p> <p>Business Case writers have been appointed for development of Primary and Community Care projects, following WG approval.</p> <p>Explore opportunities with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub's business cases.</p>	Stuart, Rachel	Completed	<p>Work continues with the Business Ops Team to prioritise estates improvement schemes. Agreed action and discussion with WG to secure approved business cases and thereby refund business case development costs into the DCP. The initial Discretionary Capital allocation for 2022/23 has been allocated to specific schemes, equipment and IT replacement following a reduction in £1.8m. Opportunities are being explored with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub business cases. Currently risk tolerance score has been reviewed to reflect this. Completed.</p> <p>Business Cases writers are appointed in line with relevant frameworks and governance structures for relevant Capital Projects. Completed.</p> <p>Completed action-opportunities for IRCF funding is being regularly explored. Completed.</p>	Strategy and Planning Committee	2	3	6		30/05/2025	22/05/2025

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										For Wales phone, I agree with the direct requests for the fees to develop business cases have been made and fees for the development of the Phase 2 Fire Schemes in Glangwili Hospital (GGH) have been awarded.					Explore utilisation of DCP for 2023/24 to enable HDdUHB to also progress community hub business cases and business continuity business cases.	Williams, Paul	Completed	We have appointed business case writers to enable the Health Board to progress the next tranche of community schemes. The two bids for funding support have been submitted to the ICRF at WG for consideration following the RPBs endorsement in April 2023 (this action is with the Head of Capital Planning to implement, however as their name is not yet available on the Datix system, this action has been assigned to the Assistance Director of Strategic Planning in the interim). Completed.								
														Submit paper to Executive Team in June 2023 to consider options available by HDdUHB to manage additional costs and re-prioritise the Capital allocation for 2023/24.	Rosser, Eideg	Completed	Report being prepared following discussion at Capital Sub Committee. A paper was submitted to the Executive Team in June 2023 which reprioritised the DCP allocation for 2023/24 to enable HDdUHB to progress with the Fire Scheme in WGH and the RAAC surveys and remedial works in WGH. This will involve the slowing down of expenditure on the development of business cases. Report submitted to July capital Sub-committee (CSC).									

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															Maintain dialogue with WG around the funding possibility for Withybush Hospital (WGH) Fire Phase 1 and Reinforced Autoclaved Aerated Concrete (RAAC).	Williams, Paul	Completed	Estates to provide costs information on both schemes to WG. Estates provided costs information on both schemes to WG and WG funding is now confirmed for both.								
															Review the costs and schedule of business cases to be progresses in 2024/25.	Rosser, Eideg	Completed	Review completed. DCP allocations amended to reflect the current position.								

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1544	Director of Strategy and Planning	Strategy and Planning	Strategic Development and Operational Planning: Planning	Davies, Lee	Ayres, Shaun	Hughes, Sharon	Hughes, Sharon	17-Jan-22	<p>There is a risk that HDdUHB will not achieve the WG ambition for a net zero public sector by 2030, as outlined in the NHS Wales Decarbonisation Strategic Delivery Plan.</p> <p>This is caused by: a) Timescales for Health Board's existing organisational transformational plans do not align to decarbonisation ambitions; with capital build process/ regime impacting ability to drive forward changes to our estate. b) Not securing sufficient resource (internal staff/ external support), capital and revenue funding. c) Significant operational and financial pressures (Targeted Intervention (TI)) have impacted our ability to deliver the programme within planned timescales. d) Current estate infrastructure/ electrical capacity is aged and</p>	<p>Executive Team support for the programme is in place and a shared programme management resource allocated. Approved Decarbonisation Delivery Plan in place to prioritise and focus efforts which we aim to review/refresh in Quarter (Q) 3/4 2025/26 Organisation wide engagement / activity as part of the Strategic Property and Environment Group and Governance. Regular communications/ reporting to WG Health and Safety Committee (H&amp;SC) Climate Change team and reporting of performance, risks and issues. Colleagues associated with transformational plans are part of the Strategic Property and Environment Taskforce Group and can guide/monitor the planned transformational activity and work to ensure alignment across organisational objectives. Key leads from Procurement, Estates, Transport and wider membership are</p>	Business objectives/projects	3	2	6	<p>There are unknowns linked to WG funding and carbon baseline reporting boundaries, as well as significant issues with the national grid capacity.</p> <p>The funding identified by WG is insufficient to deliver the initiatives in the plan and is always over subscribed.</p> <p>The audit report highlighted the recommendation 'to have a fully costed plan' which is unachievable because to provide accurate costings requires funding for feasibility and optimisation type studies (which will go out of date unless actioned early and this will result on that spend</p>	<p>Risk actions are to be established following discussion at the next Decarbonisation Task group in January 2023.</p> <p>Appropriate HDdUHB representatives to respond to consultation on the NHS Decarbonisation Delivery Plan, which includes engagement in WG review workshops.</p> <p>Explore external funding opportunities. This will be ongoing every year.</p>	Williams, Paul	Completed	Complete- risk actions now added.	Strategy and Planning Committee	3	2	6	<p>The net zero target of 2030 is not achievable. We formally wrote and advised WG of this in Autumn 2023 and have again reported the same message within our Net Zero Annual Qualitative Report. This is the same pattern across all Health Boards/ Trusts in Wales. NHS England have a target of 2050 and the H&amp;SC Climate Change Board have been urged to align to England's target dates which is potentially more realistic. The funding needed to reach a net zero position across public sector bodies, particularly the NHS in Wales, is simply not available and retrofitting a very aged</p>	31/03/2030	21/05/2025

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									<p>not fit for purpose to deliver decarbonisation improvements.</p> <p>f) The significant demand and competition for WG and other relevant funding to be able to deliver decarbonisation feasibility and net zero initiatives successfully.</p> <p>g) Lack of NHS systems and structures around climate change and decarbonisation/route to net zero to create the necessary internal priorities and the unrealistic expectation that this entire agenda will be delivered from within existing NHS resources which are already under significant pressure.</p> <p>h) Change in baseline and reporting data that impacts targets.</p> <p>i) Emissions increasing in 2023/24 due to increases in estate footprints and supply chain spend, increased commuting/ business travel.</p> <p>This will lead to an impact/ effect on Non-compliance with Climate Change Act 2008, non-compliant with environmental standards and ISO, poor carbon and financial related</p>	<p>part of the decarbonisation planning/delivery and the relevant groups.</p> <p>Formal governance structure in situ since 2021/22 with reporting to the Strategy and Planning Committee and Board.</p> <p>Key barrier/ risks identified and monitored via established bi-annual Decarbonisation Co-ordination Reporting (DCR) Reporting and risk/issues register.</p> <p>Excellent channels of communication/integration across strategic planning and transformational plans, with dedicated groups/workstreams which report back to WG national Programme Boards.</p> <p>Health Board informed WG in September 2023 of the inability to meet targets and deliver many of the initiatives within the Delivery Plan.</p> <p>Internal audit report recommendations are all complete apart from one which recommended we have a fully costed plan. Unable to meet this control measure because a fully costed plan requires additional funds/ resource that we do not have and it would be</p>						being wasted). This has been highlighted to the auditors and to WG Climate Change Team via IQPD meeting in March 2025. The Director of Strategic Planning (DoSP) has been advised that achieving a fully costed delivery plan position requires external support because HDdUHB do not have the finances, capabilities or expertise to deliver this within existing resource..	Build decarbonisation and sustainable approaches into existing Health Board processes and pathways. DoPH to develop a Climate Adaptation Plan to further enable a whole system approach to the Health Board adapting to the impacts of climate change.	Williams, Paul -	Completed	Training slides are being amended by August 2025 to include info on climate mitigation and adaptation which will form part of the Service and Quality Improvement training for all clinical and other staff, the first training session using the new updated slides will be in September 2025 which supports the Sustainability in Quality Improvement (SusQI) framework. SH has also prepared a briefing document on the broader climate change and sustainability agendas that includes mapping and gapping activity for the Executive Team to raise awareness of our responsibilities in it's entirety. The Sustainability in Nursing Lead, supported by Procurement is taking forward a number of green/sustainable healthcare projects. DoPH is leading the development of a Climate Adaptation Plan to ensure the whole system can					estate is not good value. Reducing supply chain emissions is extremely challenging and there is a lack of control in this area, typically due to existing contracts, reusables being more costly than single use, sourcing not willing to support localised pilots/proof of concepts.		

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									performance, adverse publicity, reduction in stakeholder confidence, reputational damage and increased scrutiny from WG. Possible legal implications from fines for non-compliance with law/ legislation.  Risk location, Health Board wide.	outdated within only a few months - this did not offer value to the Health Board or WG and WG were advised of this outcome via Integrated Quality, Planning and Delivery Group (IQPD) meeting in March 2025. Successful in obtaining TEF to implement building retrofit projects e.g. window replacements, lighting replacement all with a net zero focus and products.								adapt to climate impacts and events, this will be presented for approval at the Board meeting in November 2025 and shared with WGov by the deadline of December 2025. L.Davies and P.Williams have also agreed for the Health Board's climate response to be a common theme/golden thread within the HDdUHB Strategic Refresh and CSP.								
															Review and consider any recommendations from the Decarbonisation Programme Audit Report.	Hughes, Sharon	Completed	All management actions have been completed apart from 1.1 which requires a longer term plan and will be considered as part of the Dental Access Portal (DAP) review in Q3/Q4 2024/25.								