

PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 April 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Joanne Wilson, Director of Corporate Governance Jill Paterson, Director of Primary Care, Community & Long Term Care Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

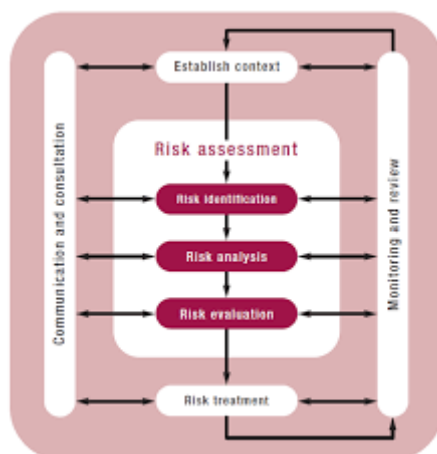
Sefyllfa / Situation

The Sustainable Resources Committee (SRC) is responsible for providing assurance to the Board that risks affecting finance are being identified, assessed and managed effectively.

The Committee is requested to seek assurance from Lead Officers/representatives of the Directorates that the operational risks identified in the attached reports 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 Directorates 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 (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group, which will be responsible for securing assurance that risks within their remit are being managed effectively.

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

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

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Directorates, and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the SRC 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.

Asesiad / Assessment

The SRC's Terms of Reference state that it will:

- 2.7 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.8 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 2.9 Receive assurance through Sub-Committee Update Reports and other management/task & 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).

The 13 risks presented in the Risk Register, attached at Appendix 1, as at 4 April 2023, have been extracted from Datix, based on the following criteria:

- The SRC has been selected by the Risk Lead as the 'Assuring Committee' on Datix;
- The current risk score exceeds the tolerance level, as discussed and agreed by the Board on 27 September 2018;
- Risks have been approved at Directorate level on Datix;
- Risks have not been escalated to the CRR.

12 risks have been scored against the *Finance, including Claims* 'impact' domain and 1 risk against the *Quality/Complaints/Audit* domain. Ownership of finance risks were transferred to the services in September 2022 and work continues to ensure risks reflect current financial pressures, to draft new risks, and to escalate where appropriate with the continued support of Finance Business Partners.

Below is a summary of the 13 risks which meet the criteria for submission to SRC at its meeting on 25 April 2023.

TOTAL NUMBER OF RISKS	13
NEW RISKS ENTERED ON DATIX	2
RISKS CLOSED SINCE PREVIOUS MEETING	1
INCREASE IN CURRENT RISK SCORE ↑	1
NO CHANGE IN RISK SCORE ↔	9
REDUCTION IN RISK SCORE ↓	0
EXTREME (RED) RISKS (based on 'Current Risk Score')	6
HIGH (AMBER) RISKS (based on 'Current Risk Score')	7

New risks being reported

Since the previous report, one new risk has been added to Datix:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1607 - Risk that the UHB will not have a fit for purpose risk management system after 31 March 2024	24/02/23	Director of Corporate Governance	3x4=12 (Reviewed 15/03/23)	Until the pilot has been completed, it is not possible to ascertain whether the RLDatixCloud system will deliver what the Health Board requires or what is provided by the current system. Once the pilot has been completed, a decision will need to be made to adopt the new system or tender for a standalone system.	1x4=4
1636 - Failure to remain within allocated budget (Pembrokeshire)	10/01/23	Director of Primary Care, Community & Long Term Care	3x3=9 (Reviewed 04/04/23)	Risk remains unpredictable at present.	3x2=6

Risks that are no longer included in the report

Since the previous report, one risk has been closed:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Reason for risk closure or removal	Target Risk Score
968 - Failure to remain within allocated budget over the medium term (Pembrokeshire).	03/08/20	Director of Primary Care, Community & Long Term Care	4x4=16 (Date risk closed 20/03/23)	Discussed at Local Quality and Governance meeting – this risk to be removed and new risk to be added (1636).	2x3=6

Increase in current risk score

Since the previous report, one risk has had an increase in current risk score:

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
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966 - Failure to remain within allocated budget over the medium term (Medicines Management).	17/03/21	Director of Primary Care, Community & Long Term Care	4x3=12	5x5=25 (Reviewed 16/02/23)	The reported Year End Forecast at month 10 is circa £5.8m overspent. With the reported actuals for October and November Primary Care Prescribing now known, this has resulted in an increased cost prediction. No Cheaper Stock Obtainable (NCSO) cost has increased significantly in financial year (FY) 22/23 with the December concession list being the highest ever recorded (with 199 drugs listed). Further Category M price announcements in December and Q4 has deteriorated the position further.	2x2=4
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No change in risk score

Since the previous report, there has been no change in the following 9 risk scores:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1528 - Risk of overspend against site budget, Glangwili General Hospital (GGH).	01/08/22	Director of Operations	5x5=25 (Reviewed 28/10/22)	While the controls noted above are in place, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited. The budget for GGH for FY 2022/23 is £48m, however as at Month 10, the estimated year end position is that the site will be £6.6m overspent.	3x5=15
1530 - Risk of overspend against site budget,	01/08/22	Director of Operations	4x5=20 (Reviewed 09/11/22)	While the controls noted above are in place, due to current demands on the site, exacerbated by	3x5=15

Prince Philip Hospital (PPH).				staff sickness and current vacancies, their effectiveness is limited.	
1571 - Risk of overspend against financial budget, Radiology	01/04/22	Director of Operations	5x4=20 (Reviewed 07/03/23)	Although they are controls in place until work such as capacity and demand work is completed and recruiting of more staff, the service will continue to overspend especially in light of the proposed increase to Everlight fees. The Directorate has a forecast overspend of circa £3.4 million in Month 12 2023. Whilst there are opportunities to reduce the forecast overspend from months 8-12 the controls will not eliminate the overspend against budget.	3x4=12
1574 - Failure to remain within allocated budget, Withybush General Hospital (WGH).	17/01/23	Director of Operations	4x5=20 (Reviewed 20/03/23)	At month 11 the end of year (EOY) forecast £4.8m in deficit plus an extra £1.3m Covid (Puffin ward). WGH continues to see increased demands through the Emergency Department and difficulties discharging patients through the complex care pathway leading to increased surge bed usage with a totally underfunded Emergency Department (ED) and Ambulatory Care and Diagnostic Unit (ACDU) departments within nursing and Doctors.	2x3=6
1423 - Risk of overspend against funding allocated for Oncology drugs	04/07/22	Director of Operations	5x3=15 (Reviewed 22/02/23)	Financial forecasting had estimated that overspend for Oncology spend for the year is £1.5m, based on an estimate of 10% overspend. This could change as the year	5x2=10

				progresses, and any changes in activity levels. In addition, there has been no uplift in the budgets for FY 2022/23.	
1545 - Risk of overspend against budget, Women and Children	01/04/22	Director of Operations	3x4=12 (Reviewed 15/03/23)	FY 2022/23 has a forecast overspend of circa £2.7m. Whilst there are opportunities to reduce the forecast overspend from months 8-12, the controls will not eliminate the overspend against budget.	2x4=8
964 - Failure to remain within allocated budget over the medium term (Carmarthen-shire).	03/08/20	Director of Primary Care, Community & Long Term Care	3x4=12 (Reviewed 01/03/23)	The county is currently facing significant operational pressures, especially in Community Nursing which is requiring additional nursing resource over and above establishment levels. This coupled with unfunded non-pay pressures relating to areas such as the rent for Eastgate House and previously COVID funded costs, such as the additional beds in Amman Valley Community Hospital is culminating in the county currently forecasting an end of year financial outturn of circa £0.9m overspent.	3x2=6
975 - Failure to remain within allocated budget over the medium term (Estates & Facilities).	01/05/20	Director of Operations	2x5=10 (Reviewed 26/09/22)	The Directorate can operate within its budget with three current exceptions which are monitored closely by the business partnering team: 1) Covid costs. There is no budget for Covid costs, so any spend will take the Directorate over their allocated budget. It is assumed that Welsh Government will fund Covid costs. This	1x5=5

				<p>assumption is reviewed regularly.</p> <p>2) Enhanced cleaning standards. Newly stipulated cleaning standards requirements are estimated to cost £1.5m for the current financial year. It is assumed that Welsh Government will fund these costs. The assumption is reviewed regularly.</p> <p>3) Utilities costs. Global gas prices have increased significantly in recent months and all health boards will feel this pressure. Discussions are ongoing with WG around whether funding will be provided to cover this additional spend.</p> <p>The above exceptions are still very much present. There are ongoing discussions around the impact of all of these upon the new Financial year. Will review in six months in line with the recommendations.</p>	
983 - Failure to remain within allocated budget over the medium term Bronglais General Hospital (BGH).	22/07/22	Director of Operations	3x3=9 (Reviewed 08/03/23)	The change in score reflects the financial forecast undertaken in August 2022, which reflects the estimated pressures around maintaining patient capacity within BGH. Mitigating actions are being pursued with the bid for Same Day Emergency Care (SDEC) and interaction with community urgent care proposals that	3x2=6

				should impact positively on the pressures and capacity requirement in BGH.	
971 - Failure to remain within allocated budget over the medium term, Mental Health and Learning Disabilities (MH&LD).	01/05/20	Director of Operations	2x4=8 (Reviewed 07/02/23)	<p>The Directorate's position has improved significantly, mainly due to receipt of all WG funding allocations this year (no claw-back of funds). As such, at Month 10 (22/23), the Directorate was £1m under spent to the budget total so this risk has changed.</p> <p>The situation for next year is still being finalised as part of the financial planning process, and as such, this risk will be fully updated following the completion of the financial plan for FY 23/24 (approx. 30/04/23).</p>	1x4=4

The Risk Register, attached at Appendix 1, 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 13 risks included in this report:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5		975 (→)		1530 (→) 1574 (→)	1528 (→) 966 (↑)

MAJOR 4		971 (→)	964 (→) 1545 (→) 1607 (NEW)	968 (→)	1571 (→)
MODERATE 3			983 (→) 1636 (NEW)		1423 (→)
MINOR 2					
NEGLIGIBLE 1					

The table below details when all Directorate level risks assigned to the SRC (13 in total) 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 at 4 April 2023.

	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
Extreme	1571 1574	966 1423	1528 1530	
High	983 1545 1607 1636	964 971		965 975
Moderate				
Low				

Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to:

- Review and scrutinise the risks included within this report to receive assurance that all relevant controls and mitigating actions are in place.
- Discuss whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

Subsequently, the Committee will provide the necessary assurance to the Board that these risks are being managed effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.7 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of

	<p>significant concern e.g. where risk tolerance is exceeded, lack of timely action.</p> <p>2.8 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.</p> <p>2.9 Receive assurance through Sub-Committee Update Reports and other management/task & 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).</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
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:	<p>Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i>' (ISO Guide 73, 2009)</p> <p>Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy:	SRC Executive Lead Board Secretary

Parties / Committees consulted prior to Sustainable Resources Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from the report however, impacts of each risk are outlined in the risk description.
Gweithlu: Workforce:	No direct impacts from the report however, impacts of each risk are outlined in the risk description.
Risg: Risk:	No direct impacts from the report however, organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from the 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.
Enw Da: Reputational:	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.
Gyfrinachedd: Privacy:	No direct impacts from the report however, impacts of each risk are outlined in risk description.
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Risk Ref	Status of Risk	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Detailed Risk Decision	Review date
1528	Directorate Level Risk	USC: GGH	Perry, Sarah	Perry, Sarah	01-Aug-22	<p>There is a risk of further overspend of the Glangwili General Hospital (GGH) current year budget.</p> <p>This is caused by</p> <ul style="list-style-type: none"> • a shortage of registered nurses, • demand exceeding capacity on site, resulting in reliance on high cost agency • inability to discharge patients to the community • high cost locum cover (particularly in A&E) • rising drugs costs • requirement to comply with NICE guidance and Nurse Staffing Levels (NSL) • Covid-19 funding has ceased however costs are continued to be incurred <p>This will lead to an impact/affect on the quality of the service provided to patients on site, and the inability to reduce overspend in order to provide safe and effective care, increasing the likelihood of complaints and possible compensation payments.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Monthly finance meetings to review financial outturns with the Finance Business Partners</p> <p>Use of Resource monthly meeting as part of the Carmarthenshire Healthcare System with Executive Directors in attendance</p> <p>Regular meetings between finance and operational management on site</p> <p>Weekly review of nursing and medical staff rotas</p> <p>Weekly medical staffing meeting to review vacancies, recruitment to posts and agency spend</p> <p>Alternative care model to cohort medically fit with less reliance on RN staff in operation from November 2022.</p>	Finance inc. claims	6	5	5	25	<p>Overseas nurse recruitment to GGH site</p> <p>Alternative care model to cohort medically fit with less reliance on RN staff.</p> <p>Workforce review for A&E completed recruiting to band 4 roles.</p> <p>TUEC workstreams to avoid admissions and reduce LOS for frailty patients.</p>	Morgan, Olwen	31/01/2023	<p>To be updated at next review.</p> <p>Completed, this went live in November 2022.</p> <p>To be updated at next review.</p> <p>The workstream is still ongoing. Target by Exec Lead of December 2023 for 27 bed reduction for GGH.</p>	Sustainable Resources Committee	3	5	15		28-Oct-22

Risk Ref	Status of Risk	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Detailed Risk Decision	Review date	
966	Directorate Level Risk	Standard 2.1 Managing Risk and Promoting Health and Safety	P,C,LTC: Medicines Management	Pugh-Jones, Jenny	Pugh-Jones, Jenny	17-Mar-21	<p>There is a risk of the Directorate failing to remain within their allocated budget over the medium-term.</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans, manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Understanding the underlying deficit.</p> <p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Finance Business Partners review with Directorate the opportunities from the framework during 2022-23.</p>	Finance inc. claims	6	5	5	25	<p>A 3-year financial training programme is being developed for budget holders as part of the Health Board's three year Plan. . A reporting dashboard is under development to improve the accessibility to financial and non-financial information for budget holders and to allow a better understanding of cost drivers. This will facilitate better and more informed decision making by budget holders.</p> <p>Assessment refreshed to quantify likely impact of COVID-19 on the underlying deficit, focusing on both the adverse impact such as non-delivery of recurrent savings, and the opportunities arising due to service changes in response to COVID-19</p> <p>An All Wales finance & MM group is being established to discuss modelling assumptions and information to improve the consistency of reporting across Wales. This will be an ongoing project.</p>	Jarman, Carwen	31/08/2023	<p>The implementation of the training programme was put on hold during the pressured winter period, this has now been revisited and will need some revision and a programme of training shared and delivered for budget holders by 30th September 2021.</p> <p>new action</p> <p>New action</p>	Sustainable Resources Committee	2	2	4	Treat	16-Feb-23

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1530	Directorate Level Risk	USC: PPH	Perry, Sarah	Perry, Sarah	01-Aug-22	<p>There is a risk of further overspend of the Prince Philip Hospital (PPH) current year budget.</p> <p>This is caused by •ā shortage of registered nurses against funded establishment and Nurse Staffing Levels (NSL)</p> <ul style="list-style-type: none"> •demand exceeding capacity on site, resulting in reliance on high cost agency for AMAU and MIU •inability to discharge patients to the community •high cost locum cover □ •rising drugs costs and home care drugs •requirement to comply with NICE guidance insulin pump consumables and growth •Covid-19 funding has ceased however costs are continued to be incurred <p>This will lead to an impact/affect on the quality of the service provided to patients on site, and the inability to reduce overspend in order to provide safe and effective care, increasing the likelihood of complaints and possible compensation payments.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Monthly finance meetings to review financial outturns with the Finance Business Partners</p> <p>Use of Resource monthly meeting as part of the Carmarthenshire Healthcare System with Executive Directors in attendance</p> <p>Regular meetings between finance and operational management on site</p> <p>Weekly review of nursing and medical staff rotas</p> <p>Weekly medical staffing meeting to review vacancies, recruitment to posts and agency spend</p> <p>Centralised continual RN and HCSW in place</p> <p>Weekly review of management ordering of insulin consumables and stock control</p>	Finance inc. claims	6	4	5	20	<p>Workforce review for MIU completed recruiting to band 4 roles.</p> <p>TUEC workstreams to avoid admissions and reduce LOS for frailty patients.</p>	Morgan, Olwen	31/01/2023	To be updated at the next review.	Sustainable Resources Committee	3	5	15	Treat	09-Nov-22
														Perry, Sarah	31/03/2024	The workstream is still ongoing. Target by Exec Lead of December 2023 for 17 bed reduction for PPH.						

Risk Ref	Status of Risk	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	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	Detailed Risk Decision	Review date
1571	Directorate Level Risk	USC: Radiology	Perry, Sarah	Roberts-Davies, Gail	01-Apr-22	<p>There is a risk of further overspend against the Radiology's financial budget.</p> <p>This is caused by the inability to recruit / attract staff into service, exacerbated by the development of new clinical pathways without additional resource resulting in the use of:</p> <ul style="list-style-type: none"> •Everlight use to cover reporting capacity •High cost locum agency staff to cover Radiologists/Radiographers •In addition, there is the use of new technology, resulting in increased implementation costs. <p>This will lead to an impact/affect on</p> <ul style="list-style-type: none"> •potential increased maintenance costs associated with investments. •Not being able to meet demands of the service •Inability to increase/decrease capacity in a responsive way due to restricted budgets in the current financial climate. •Increased waiting lists, and poor patient experience •Not meeting the Welsh Government targets in relation to waiting times for cancer and supporting diagnostics. •the ability to reduce current expenditure and realise savings within the Directorate, which is under scrutiny given that the Health Board is currently in targeted intervention. <p>There is also the increased likelihood of complaints and possible compensation payments.</p> <p>Risk location, Health Board wide.</p>	<p>Monthly use of resources meeting (where key drivers of overspend are discussed), attended by the Head of Service and Director of Finance / senior management in finance</p> <p>Monthly meetings between Head of Service and Finance</p> <p>Rota management</p> <p>Demand and Capacity work ongoing with the Values team</p> <p>Monthly meetings between site leads and finance</p> <p>Appointment of substantive staff where long term locum staff are utilised in an attempt to reduce spend over the longer term</p>	Finance inc. claims	6	5	4	20	<p>To complete the Demand and Capacity Review</p> <p>Development of activity dashboard by the Digital Team</p> <p>Recruitment of Radiographers and Radiologists</p>	<p>Roberts-Davies, Gail 30/11/2023</p> <p>Beynon, Gareth 28/04/2023</p> <p>Roberts-Davies, Gail 30/11/2023</p>	<p>Capacity and Demand Review is still in progress.</p> <p>This is currently still under development.</p> <p>2 substantive radiologist have been employed and one locum but not yet in posy. Further locum adverts are going out.</p>	Sustainable Resources Committee	3	4	12	Treat	07-Mar-23	

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1574	Directorate Level Risk	USC: WGH	Cole-Williams, Janice	Cole-Williams, Janice	17-Jan-23	<p>There is a risk of the WGH Directorate failing to remain within their allocated budget</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans, manage the ongoing impact of the COVID-19 pandemic within available funding, manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability. Homecare drugs in order to prevent admissions into hospital also increased.</p> <p>Risk location, Health Board wide.</p>	<p>Understanding the underlying deficit. Work with budget holders to understand the impact of moving into a post Covid environment.</p> <p>Finance Business Partners support informed decision making and ensure there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Finance Business Partners review with Directorate the opportunities from the framework during 21-22 incorporating the lessons form learned operating in the Covid environment. Health Systems Evaluation Meetings with Director of Finance.</p> <p>Monthly reviews in the UoR of cost drivers and opportunities as a Pembrokeshire system.</p> <p>TUEC and Homecare based care programmes being used to reduce pressure on A&E, prevent admissions and aid discharges with care at home.</p> <p>Development of complex care Sharepoint indicators to aid discharge.</p>	Finance inc. claims	6	4	5	20	Work as a system to develop a systems IMTP that addresses the resource pressures within the Pembrokeshire system as a whole. Use UPC, SDEC and the Enhanced Bridging Services to ensure optimal patient flow through the hospital and community system ensuring that residents are looked after in the most appropriate setting. This will ensure the best utilisation of resources and ensure the best outcomes for patients.	Cole-Williams, Janice	23/01/2024	Progress update required	Sustainable Resources Committee	2	3	6	Treat	20-Mar-23
1423	Directorate Level Risk	Cancer Services	Humphrey, Lisa	Bennett, Debra	04-Jul-22	<p>There is a risk of overspending against funding allocated for Oncology drugs.</p> <p>This is caused by activity growth which has been noted nationally, and resulting excess drug costs against allocated budget, additionally new drugs approved by NICE have a 60 day implementation directive from Welsh Government in order to secure access to the High Cost Drug Fund.</p> <p>This will lead to an impact/affect on financial overspend, which for 2022/23 is forecast at £1.5m.</p> <p>Risk location, Health Board wide.</p>	<p>Designated business partner and monthly financial forecast are monitored (UOR).</p> <p>Activity and spend monitored monthly.</p> <p>Homecare options are monitored regularly.</p> <p>Drug regimes are scrutinised to ensure value for money is obtained and optimal use of resource.</p> <p>Horizon scanning for alternative drug options.</p>	Finance inc. claims	6	5	3	15	<p>Meet with medicines management team regarding process for implementing newly approved NICE drugs following FAD - to include considerations of infrastructure needs in addition to flat drugs costs</p> <p>Explore option with Medicines Management re: input of new NICE high cost drugs (as SBUHB)</p>	Bennett, Debra	3-4/04/2023 28/02/2023	Meeting in place with meds management team for 30/01/2023	Sustainable Resources Committee	5	2	10	Treat	22-Feb-23
														Beard, Gina	31/1/2023	Initial meeting has been held - Meds Management and Oncology currently working through options.						

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1545	Directorate Level Risk	Women and Children	Humphrey, Lisa	Humphrey, Lisa	01-Apr-22	<p>There is a risk of further overspend against the Women and Children's financial budget.</p> <p>This is caused by •Premium locum spend due to ongoing recruitment issues •Agency and bank spend to cover surge in activity, particularly during the winter months •Impact of the review on the Paediatric pathway at WGH (PACU) and the requirement of additional locums at GGH •Increase in the cost of Paediatric drugs and diabetic consumables •requirement to comply with NICE guidance and Nurse Staffing Levels (NSL)</p> <p>This will lead to an impact/affect on the ability to reduce current expenditure and realise savings within the Directorate, which is under scrutiny given that the Health Board is currently in targeted intervention. There is also the potential impact on the delivery of safe and effective care to patients. There is also the increased likelihood of complaints and possible compensation payments.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> Finance Business Partner assigned to the Directorate, with weekly meetings in place with Directorate management, and ad hoc meetings as and when required Weekly review of nursing and medical staff rotas Regular job planning reviews Board engagement with the Paediatric Pathway Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend We are reducing the O&G spend and working with Medical Sustainability project 	Finance inc. claims	6	3	4	12	<p>Director of Finance to finalise dates for the Directorate to partake in Use of Resources scrutiny process</p> <p>Review of PACU Pathway</p> <p>Total review of premium variable pay in O&G along with review of substantive session paid against budget sessions.</p> <p>Review of SCBU agency overspend and identification of alternative model.</p> <p>To implement (allocate) the new electronic rota for Obs and Gynea (identified as pilot specialty).</p>	<p>Humphrey, Lisa</p> <p>Davies, Nick</p> <p>Freeman, Lyndon</p> <p>Milward, Janet</p> <p>Humphrey, Lisa</p>	<p>Completed</p> <p>31/03/2023</p> <p>Completed</p> <p>28/02/2023 30/04/2023</p> <p>31/03/2024</p>	<p>Use of resources meetings have been superseded by Improving together sessions.</p> <p>Progress to be provided at next review.</p> <p>We are reducing the O&G spend and working with Medical Sustainability project to implement an electronic rota which will improve efficiency and productivity, reduce spend on Ad hoc variable pay and improve staff wellbeing.</p> <p>Paper has been reviewed in the W&C Business meeting. Recommendation that all agency and bank costs be included at the new model cost.</p> <p>Leadership group along with medical sustainability group have produced a video describing the challenges of paper based rota systems and how they influence increases in spend associated with ad hoc variable pay, and how an electronic rota would improve productivity, efficiency, reduction in spend and increase in staff wellbeing. Video is to be presented at PODCC and SDODC. Date to be confirmed.</p>	Sustainable Resources Committee	2	4	8	Treat	15-Mar-23

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964	Directorate Level Risk		Cardiffshire	Matthews, Rhian	Matthews, Rhian	03-Aug-20	<p>There is a risk of the Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans, manage the impact of the COVID-19 pandemic within available funding, manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Understanding the underlying deficit. A pre-COVID-19 assessment has been completed and was reviewed in light of the impact of the pandemic.</p> <p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Improving Together sessions now in place with Director of Finance, and Exec team.</p>	Finance inc. claims	6	3	4	12	<p>A 3-year financial training programme is being developed for budget holders as part of the Health Board's three year Plan. A reporting dashboard is under development to improve the accessibility to financial and non-financial information for budget holders and to allow a better understanding of cost drivers. This will facilitate better and more informed decision making by budget holders.</p> <p>Assessment refreshed to quantify likely impact of COVID-19 on the underlying deficit for FY22, focusing on both the adverse impact such as non-delivery of recurrent savings, and the opportunities arising due to service changes in response to COVID-19. This we can tick off as part of the IMTP process.</p>	Admin, Hywel Dda	Completed	A reporting Dashboard for financial information has been achieved. As at Sep 22, the finance team present the financial information to Sarah and the hospital management team on a monthly basis.	Sustainable Resources Committee	3	2	6	Treat	01-Mar-23
1607	Directorate Level Risk		Governance: Assurance and Risk	Wilmshurst, Charlotte	Williams, Rachel	24-Feb-23	<p>There is a risk that the UHB will not have a fit for purpose risk management system after 31 March 2024</p> <p>This is caused by the current DatixWeb Risk System not being available for use by NHS Wales organisations after 31 March 2024.</p> <p>This will lead to an impact/affect on the UHB's identify, assess and manage its risks in timely, effective and efficient manner, to have a central repository for its risk assessments and be able to provide risk information to the Board, Committees and management for assurance and to inform decision-making, and increasing stakeholder scrutiny.</p> <p>Risk location, Health Board wide.</p>	<p>Agreement that the system will be in place until 31 March 2024.</p> <p>Hywel Dda representation on the OFW Risk Management Group leading on the development of replacement system on RLDatixCloud - just starting pilot phase in Mar23.</p>	Quality/Complaints/Audit	8	3	4	12	<p>Develop a specification for standalone risk management system for recording and reporting risks to be ready to proceed with procurement of system</p> <p>Develop outline project plan for implementation of RLDatixCloud system by end of 2023</p>	Williams, Rachel	30/04/2023	<p>Meeting held with NWSSP Procurement in March 2023 to discuss available options, with further meeting scheduled for April 2023.</p> <p>Draft plan in place - to be updated with new timelines following completion of pilot.</p>	Sustainable Resources Committee	1	4	4	Treat	15-Mar-23

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975	Directorate Level Risk		Elliott, Rob	Elliott, Rob	01-May-20	<p>There is a risk the Estates and Facilities Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by the inability to either:</p> <ol style="list-style-type: none"> 1. Identify and deliver robust and realistic recurrent savings plans, 2. Manage the impact of the COVID-19 pandemic within available funding, 3. Manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, 4. Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved. <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>The monthly finance cycle reviews the movement in month and forecasts the remainder of the year, ensuring the healthboard has regular updates on the Directorates financial position.</p>	Finance inc. claims	6	2	5	10	<p>A 3-year financial training programme is being developed for budget holders as part of the Health Boards three year Plan.</p>	Popham, Leon	Completed	<p>A reporting Dashboard for financial information has been achieved. Work in underway to include non-financial information also into the monthly Finance Dashboard to a plan, and this is currently scheduled for completion in 31/01/2021. The training programme was initially paused due to essential financial work due to Covid response and will be picked up and refined with an estimate delivery date of 03 / 2022</p>	Sustainable Resources Committee	1	5	5	Treat	26-Sep-22
													<p>A reporting dashboard is under development to improve the accessibility to financial and non-financial information for budget holders and to allow a better understanding of cost drivers. This will facilitate better and more informed decision making by budget holders.</p>	Popham, Leon	Completed	<p>A reporting Dashboard for financial information has been achieved. Work in underway to include non-financial information also into the monthly Finance Dashboard to a plan, and this is currently scheduled for completion in 31/01/2021. The training programme was initially paused due to essential financial work due to Covid response and will be picked up and refined with an estimate delivery date of 03 / 2022</p>						
													<p>Assessment refreshed to quantify likely impact of COVID-19 on the underlying deficit for FY22, focusing on both the adverse impact such as non-delivery of recurrent savings, and the opportunities arising due to service changes in response to COVID-19.</p>	Popham, Leon	Completed	Complete						
													<p>Finance to meet with Directorate to review and re-word risk as applicable.</p>	Popham, Leon	31/10/2022	To be reviewed at next risk review meeting						

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1636	Directorate Level Risk	Pembrokeshire	Evans, John	Hay, Sonia	10-Jan-23	<p>There is a risk of Pembrokeshire County Directorate being unable to remain within their allocated budget</p> <p>This is caused by the increased expenditure on community bed, homebased care and travelling expenses as a result of increased demand within the County. This has also led to the need for community assessment beds for extra capacity and extra care being provided in the community due to delays from the local authority assessments.</p> <p>This will lead to an impact/affect on the Health Board's financial sustainability; a failure to identify and deliver robust and realistic recurrent savings plans; failure to manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>Risk location, Pembrokeshire.</p>	<p>Work has been done with the respective budget holders within the county to ensure all understand the impact of moving to post covid / recovery position.</p> <p>Finance Business Partners are working closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Finance Business Partners are reviewing with the Directorate opportunities incorporating the lessons learned operating in the Covid and post COVID environment. Directorate indicators have been developed to monitor performance and areas of opportunity.</p> <p>TUEC and Homecare based care programmes being used to reduce pressure on A&E, prevent admissions and aid discharges with care at home</p>	Finance inc. claims	6	3	3	9							Sustainable Resources Committee	3	2	6	Treat	04-Apr-23

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983	Directorate Level Risk	USC: BGH	Willis, Matthew	Willis, Matthew	22-Jul-21	<p>There is a risk of the BGH Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by the inability to either:</p> <ol style="list-style-type: none"> 1. Identify and deliver robust and realistic recurrent savings plans, 2. Manage the impact of the COVID-19 pandemic within available funding, 3. Manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, 4. Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved. <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Understanding the underlying deficit. A pre-COVID-19 assessment has been completed, which will need to be reviewed in light of the impact of the pandemic.</p> <p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Finance Business Partners review with Directorate the opportunities from the framework during 2021-22.</p>	Finance inc. claims	6	3	3	9	<p>A 3-year financial training programme is being developed for budget holders as part of the Health Board's three year Plan.</p> <p>A reporting dashboard is under development to improve the accessibility to financial and non-financial information for budget holders and to allow a better understanding of cost drivers. This will facilitate better and more informed decision making by budget holders.</p> <p>Income generation to offset current financial overspend</p>	Jarman, Carwen	31/12/2020 30/09/2021	<p>The implementation of the training programme was put on hold during the pressured winter period, this has now been revisited and will need some revision and a programme of training shared and delivered for budget holders by 30th September 2021.</p> <p>A draft Reporting Dashboard has been created for M6 Financial Reporting, and send to budget holder. Awaiting feedback from key finance users and service, before rolling out the full interactive Dashboard. No change to original action completion date.</p> <p>Current run rate shows overspend relating to variable pay. Work is ongoing to expand the range of elective care options to generate income from neighbouring health boards</p>	Sustainable Resources Committee	3	2	6	Treat	08-Mar-23

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971	Directorate Level Risk	MHLD	Carroll, Mrs Liz	Carroll, Mrs Liz	01-May-20	<p>There is a risk the MH&LD Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans.</p> <p>Manage the impact of the COVID-19 pandemic within available funding.</p> <p>Manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement.</p> <p>Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>There are regular financial reviews where this risk is considered, including a monthly financial review of the Directorate's in-month performance, a monthly update of our full year annual forecast and an annual update of our following year financial plan.</p> <p>Risk Register is a standing agenda item at BP&PAG on a bi-monthly basis. End of month meeting with Directorate Finance Business Partner, KPI meetings and individual Head of Service meetings are also forums for monitoring the position and informing and managing the forecast.</p> <p>Mechanism in place to draw down funding to service cost codes inline with original bids.</p> <p>Weekly key performance meetings in place for areas working outside of allocated budgets in collaboration with Senior Finance Business Partner.</p>	Finance inc. claims	6	2	4	8	Leon Popham to review impact of CHC uplift reserve on position and determine treatment and risk level on an ongoing basis.	Popham, Leon	31/03/2023	It is anticipated this will be discussed and agreed ahead of the financial plan setting. Revised date of March 2023 provided.	Sustainable Resources Committee	1	4	4	Tolerate	07-Feb-23