

PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 February 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
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

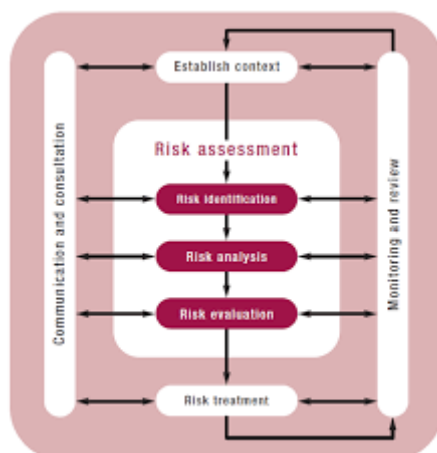
Sefyllfa / Situation

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 12 risks presented in the Risk Register, attached at Appendix 1, as at 2 February 2022, 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.

Twelve risks have been scored against the *Finance, including Claims* 'impact' domain. Ownership of finance risks were transferred to the services in September 2022 and work is still ongoing to rearticulate risks to reflect current financial pressures, to draft new risks, and to escalate where appropriate with the continued support of Finance Business Partners. Operational pressures are expected to remain a major consideration for most services across the Health Board for the remainder of the winter season.

Below is a summary of the 12 risks which meet the criteria for submission to SRC at its meeting on 28 February 2023.

TOTAL NUMBER OF RISKS	12
NEW RISKS ENTERED ON DATIX	6
RISKS CLOSED SINCE PREVIOUS MEETING	2
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ↔	6
REDUCTION IN RISK SCORE ↓	0
EXTREME (RED) RISKS (based on 'Current Risk Score')	6
HIGH (AMBER) RISKS (based on 'Current Risk Score')	6

New risks being reported

Since the previous report, five new risks have been added to Datix and one risk escalated from Service to Directorate Level and realigned to SRC:

Risk Reference & Title	Date Risk Identified	Directorate/ Service	Current Risk Score	Rationale for the Current Risk Score (extracted from Datix)	Target Risk Score	Risk Review Date
1528 – Risk of overspend against site budget, Glangwili General Hospital (GGH)	01/08/22	Unscheduled Care: GGH	25 NEW	Whilst controls are noted in the risk assessment, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited. The budget for Glangwili Hospital (GGH) for financial year (FY) 2022/23 is £48m, however as at month 6, the estimated year end position is that the site will be £4.9m overspent.	15	28/10/22
1574 – Failure to remain within allocated budget, Witherbush General Hospital (WGH)	17/01/23	Unscheduled Care: WGH	20 NEW	Medium term: At month 5, the end of year forecast is £4.5m in deficit plus an extra £1.2m Covid (Puffin ward). Witherbush Hospital (WGH) continues to see increased demands through A&E and difficulties discharging patients through the complex care pathway, leading to increased surge bed usage with a totally underfunded ED and Acute Clinical Decisions Unit (ACDU) departments within nursing and Doctors.	6	23/01/23
1571 – Risk of overspend against financial budget, Radiology	01/04/22	Unscheduled Care: Radiology	20 NEW	Although there are controls in place to manage this risk, until work such as capacity and demand work is completed and recruitment 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 £3.2m in month 8. Whilst there are opportunities to reduce the forecasted overspend from month 8-12, the controls will not eliminate the overspend against budget.	12	16/01/23
1530 – Risk of overspend against site	01/08/22	Unscheduled Care: PPH	20 NEW	While the controls noted in the risk are in place, due to current demands on the site,	15	09/11/23

budget, Prince Philip Hospital				exacerbated by staff sickness and current vacancies, their effectiveness is limited.		
1423 – Risk of overspend against funding allocated for Oncology drugs <i>(risk re-aligned to SRC from OpsQSE)</i>	04/07/22	Cancer Services	15 NEW	Financial forecasting estimated that the overspend for Oncology spend for the year is £1.5m, based on an estimate of 10% overspend. This could change as the year progresses, and any changes in activity levels. In addition, there has been no uplift in the budgets for FY 2022/23.	10	16/01/23
1545 – Risk of overspend against budget, Women and Children	01/04/22	Women and Children	12 NEW	2022/23 has a forecast overspend of circa £2.2m. Whilst there are opportunities to reduce the forecast overspend from month 8-12, the controls noted within the risk will not eliminate the overspend against budget.	8	01/12/22


Risks that are no longer included in the report



Since the previous report, the following risks have been closed:




Risk Reference & Title	Date Risk Identified	Directorate/ Service	Current Risk Score	Rationale for the Current Risk Score (extracted from Datix)	Target Risk Score
979 – Failure to remain within allocated budget over the medium term (GGH)	01/07/20	Unscheduled Care: GGH	20	Superseded by new risk 1528	6
980 - Failure to remain within allocated budget over the medium term (WGH)	01/07/20	Unscheduled Care: WGH	20	Superseded by new risk 1574	6

No change in risk score

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

Risk Reference & Title	Date Risk Identified	Directorate/ Service	Current Risk Score	Rationale for the Current Risk Score (extracted from Datix)	Target Risk Score	Risk Review Date
968 – Failure to remain within allocated budget over the medium term (Pembrokeshire)	03/08/20	Three Counties: Pembrokeshire	16 	In the medium-term, the county will need to spend additional resources in order to drive the changes that are needed to facilitate change in the system which it is planned will generate	6	24/12/22

				<p>savings in the longer term. In addition to this, there is a risk that Integrated Care Fund (ICF) funding will end which is underpinning posts within the Counties at present.</p> <p>Medium term: At month 5, the end of year forecast is £450k in deficit.</p> <p>The demand on WGH is felt throughout the Pembrokeshire system, with the County treating increasingly acute patients in South Pembrokeshire Hospital (SPH) with length of stays increasing due to delays in the complex care pathway.</p> <p>Historic savings targets not met within the Directorate.</p> <p>The need for extra medical and Health Care Support Worker (HCSW) cover in SPH to treat more acutely ill patients being admitted into SPH has increased pay costs.</p>		
964 – Failure to remain within allocated budget over the medium term (Carmarthenshire)	03/08/20	Three Counties: Carmarthenshire	12 	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-19 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.	6	03/01/23
966 – Failure to remain within allocated budget over the medium term (Medicines Management)	17/03/21	Primary, Community and Long Term Care	12 	The reported year end forecast at month 5 is circa £3m. With the reported actuals for April and May Primary Care Prescribing now known, this has resulted in an increase cost prediction. In April and May there was continued increase in baseline drugs with a combined increase for two months of £0.78p per item and in addition April and May reported significant increases in number of items.	4	07/09/22

975 – Failure to remain within allocated budget over the medium term (Estates & Facilities)	01/05/20	Estates and Facilities: Directorate Team	10 	<p>The Directorate can operate within its budget with three current exceptions, which are monitored closely by the business partnering team:</p> <p>1) COVID-19 costs - There is no budget for COVID-19 costs, so any spend will take the Directorate over their allocated budget. It is assumed that Welsh Government will fund COVID-19 costs. This 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 Welsh Government to ascertain 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.</p>	5	26/09/22
983 – Failure to remain within allocated budget over the medium term (Bronglais General Hospital)	22/07/21	Unscheduled Care: BGH	9 	<p>The 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 should impact positively on the pressures and capacity requirement in BGH.</p>	6	06/12/22
971 – Failure to remain within allocated budget over the	01/05/20	Mental Health and Learning	8 	<p>The Directorate's position has changed significantly, moving from £4.7m under budget in 2021/22, to £1.5m under budget</p>	6	13/12/22

medium term (MH&LD)		Disabilities (MHL D)		<p>in month 1 of 2022/23 to the latest position of £1.3m over budget in Month 6 of 2022/23.</p> <p>With an update on Welsh Government funding expected to improve the position in month 7 and a decision yet to be made on whether the £1.8m held in reserves for Continuing Healthcare (CHC) uplift costs will improve the position further, there remains uncertainty on whether the Directorate will remain overspent to budget or can improve the position to being within budget. This information will be updated following month 7 close.</p> <p>Beyond that, there are numerous schemes of work discussed at the most recent urgent Use of Resources meeting to better understand and improve the Directorate's position.</p>	
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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 12 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 (NEW) 1574 (NEW)	1528 (NEW)
MAJOR 4		971 (→)	964 (→) 1545 (NEW)	968 (→)	1571 (NEW)
MODERATE 3			983 (→)	966 (→)	1423 (NEW)
MINOR 2					
NEGLIGIBLE 1					

The table below details when all Directorate level risks assigned to the SRC (12 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 2 February 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	1423 1571 1574	968	1528 1530	
High		964 971 983 1545	966 975	
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 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).

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:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009) 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)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	SRC Executive Lead Board Secretary

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 •ā 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> <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>	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	To be updated at next review.	Sustainable Resources Committee	3	5	15		28-Oct-22
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) •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> <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

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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. There is also the increased likelihood of complaints and possible compensation payments. <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</p> <p>Beynon, Gareth</p> <p>Roberts-Davies, Gail</p>	<p>30/11/2023</p> <p>28/04/2023</p> <p>30/11/2023</p>	<p>Progress to be provided at the next review of the risk.</p> <p>Progress to be provided at the next review of the risk.</p> <p>Progress to be provided at the next review of the risk.</p>	Sustainable Resources Committee	3	4	12	Treat	16-Jan-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	23-Jan-23

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
968	Directorate Level Risk	Pembrokeshire	Lorton, Elaine	Lorton, Elaine	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. Increased expenditure on community bed, homebased care and travelling expenses covering 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>Risk location, Health Board wide.</p>	<p>Understanding the underlying deficit. Work with budget holders to understand the impact of moving to a post Covid environment.</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 21-22 incorporating the lessons learned operating in the Covid environment.</p> <p>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 Directorate indicators to performance and highlight areas of opportunity.</p>	Finance inc. claims	6	4	4	16	<p>County Director to review risk and determine if needs to be closed and new risk commenced</p> <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.</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>	Lorton, Elaine	31/12/2022	<p>Review planned for early November</p> <p>"A reporting Dashboard for financial information has been achieved. 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. While progress has been made with the dashboards and providing training to managers regarding the use of the dashboards, the overall risk assessment at 13th September 2021 remains unchanged pending the delivery of the 3 year financial training programme to managers.</p> <p>Achieved.</p>	Sustainable Resources Committee	2	3	6	Treat	24-Dec-22
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>	Bennett, Debra	31/01/2023	<p>Meeting in place with meds management team for 30/01/2023</p>	Sustainable Resources Committee	5	2	10	Treat	16-Jan-23

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
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</p> <ul style="list-style-type: none"> •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>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"> 1. Finance Business Partner assigned to the Directorate, with weekly meetings in place with Directorate management, and ad hoc meetings as and when required 2. Weekly review of nursing and medical staff rotas 3. Regular job planning reviews 4. Board engagement with the Paediatric Pathway 5. Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend 	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>Humphrey, Lisa</p> <p>Davies, Nick</p> <p>Rees, Sarah</p> <p>Milward, Janet</p>	<p>31/01/2023</p> <p>31/03/2023</p> <p>31/01/2023</p> <p>28/02/2023</p>	<p>To be updated at next review.</p> <p>To be updated at next review.</p> <p>To be updated at next review.</p> <p>To be updated at next review.</p>	Sustainable Resources Committee	2	4	8	Treat	01-Dec-22
964	Directorate Level Risk	Carmarthenshire	Dawson, Rhian	Dawson, 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, 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 20-21.</p> <p>Health Systems Evaluation Meetings with Director of Finance.</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>	<p>Admin, Hywel Dda</p> <p>Admin, Hywel Dda</p>	<p>Completed</p> <p>Completed</p>	<p>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.</p> <p>Achieved</p>	Sustainable Resources Committee	3	2	6	Treat	03-Jan-23

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 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.</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	4	3	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, 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>	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>new action</p>	Sustainable Resources Committee	2	2	4	Treat	07-Sep-22
975	Directorate Level Risk		E&F: Directorate Team	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 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>	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>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

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
													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.	Popham, Leon	Completed	Complete						
													Finance to meet with Directorate to review and re-word risk as applicable.	Popham, Leon	31/10/2022	To be reviewed at next risk review meeting						
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: 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> <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>	Jarman, Carwen	3-4/4/2020 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>	Sustainable Resources Committee	3	2	6	Treat	06-Dec-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
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>	Finance inc. claims	6	2	4	8	<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>Risk Register will be 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 will also be forums for monitoring the position and informing and managing the forecast.</p> <p>Leon Popham to review impact of CHC uplift reserve on position and determine treatment and risk level on an ongoing basis.</p> <p>Mechanism to be agreed for releasing reserves to fund recruitment success and or other pressures.</p> <p>Weekly key performance meetings in place for areas working outside of allocated budgets in collaboration with Senior Finance Business Partner.</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>These forums are in place and operational.</p> <p>To be provided at next risk review</p> <p>Release of WG monies awaited.</p> <p>new action</p>	Sustainable Resources Committee	1	4	4	Tolerate	13-Dec-22