



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Assurance and Risk Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

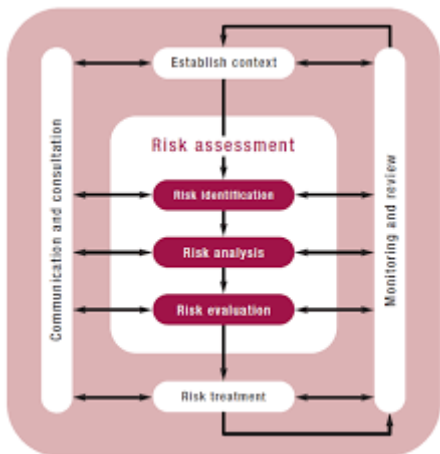
Sefyllfa / Situation

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:

- 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;
- Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report; and
- 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 6 risks presented in the Risk Register, attached at Appendix 1, as at 8th June 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 27th September 2018;
- Risks have been approved at Directorate level on Datix;
- Risks have not been escalated to the CRR.



New risks are to be written relating to the current financial year 2022/23 once budget holders have reviewed their allocation letters for the year.

6 risks have been scored against the *Finance, including Claims* 'impact' domain.

Below is a **summary** of the 6 risks, ranked highest to lowest by current score, which meet the criteria for submission to SRC at its meeting on 28th June 2022.

TOTAL NUMBER OF RISKS	6
NEW RISKS ENTERED ON DATIX	0
RISKS NOW MEETING THE REQUIREMENT TO REPORT	0
RISKS REMOVED FROM THE REQUIREMENT TO REPORT	0
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')	0
HIGH (AMBER) RISKS (based on 'Current Risk Score')	6

The summary table below has been extracted from the Datix system:

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the Current Risk Score (extracted from the Datix system)	Target Risk Score
975	01/05/20	Failure to remain within allocated budget over the medium term (Estates & Facilities).	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 £1.5 million 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 around whether funding will be provided to cover this additional spend.</p> <p>May 2022 Update - 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>	5
979	01/07/20	Failure to remain within allocated budget over the medium term - Glangwili General Hospital (GGH).	Unscheduled Care: GGH	9 	GGH site is currently seeing continued increased demands and pressures, combined with high level vacancies in both Nursing and Medical positions. Every effort is being made to recruit into roles and consider alternatives.	6

					<p>Pressures within A&E remain significant resulting in a substantial amount of the forecast overspend position. A&E action plan has been devised to work through.</p> <p>Risk rating will need to be reviewed following implementation of the A&E action plan along with the implementation of the urgent emergency care model to determine if this will reduce.</p>	
980	01/07/20	Failure to remain within allocated budget over the medium term - Worthybush General Hospital (WGH).	Unscheduled Care: WGH	9 ↔	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.	6
983	22/07/21	Failure to remain within allocated budget over the medium term - Bronglais General Hospital (BGH).	Unscheduled Care: BGH	9 ↔	The change in score reflects the financial forecast undertaken in February 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.	6
968	03/08/20	Failure to remain within allocated budget over the medium term (Pembrokeshire).	Three Counties: Pembrokeshire	9 ↔	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 savings in the longer term. Additionally, there is a risk that they will lose Integrated Care Fund (ICF)/Transformation Fund funding that is underpinning posts within the Counties at present.	6
964	03/08/20	Failure to remain within allocated budget over the medium term (Carmarthenshire).	Three Counties: Carmarthenshire	9 ↔	In the medium term, the county will need to spend additional resources in order to drive the changes that are needed to facilitate change	6

					in the system which it is planned will generate savings in the longer term. In addition to this there is a risk that they will lose Integrated Care Fund (ICF)/Transformation Fund funding that is underpinning posts within the Counties at present.	
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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, as at 8th June 2022, of the 6 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			
MAJOR 4					
MODERATE 3			983, 979, 980, 964, 968		
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 8th June 2022.

	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				
High	975		983 968 964	980 979

Moderate	971		954	967 966 973 965
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.
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
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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
975	Directorate Level Risk		Elliott, Rob	Popham, Leon	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>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>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> <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	31/12/2020 31/01/2021	<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 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 Covid response and will be picked up and refined with an estimate delivery date of 03 / 2022</p> <p>Complete</p>	Sustainable Resources Committee	1	5	5	Treat	27-May-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
979	Directorate Level Risk		USC: GGH	Perry, Sarah	Billen, Janine	01-Jul-20	<p>There is a risk the GGH Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by 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 20-21.</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>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> <p>4. Work with County Director and Primary Care to review high users of the services in PPH to quantify impact of social needs and / or GP cluster behaviours. Review with Health System and through integrated partnership working avenue of opportunities' to pursue to reduce cost base and maintain capacity and ensure patient safety and improved outcome.</p>	Billen, Janine	31/12/2020 31/03/2022	<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>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>Complete.</p> <p>Achieved.</p> <p>New actions.</p>	Sustainable Resources Committee	3	2	6	Treat	13-Sep-21

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
980	Directorate Level Risk		USC: WGH	Cole-Williams, Janice	Jones, Keith	01-Jul-20	<p>There is a risk of the WGH 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. Work with budget holders to understand the impact of moving into 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 form learned operating in the Covid environment. Health Systems Evaluation Meetings with Director of Finance.</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. This will facilitate better and more informed decision making by budget holders.</p> <p>Develop a reporting dashboard 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 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> <p>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.</p>	Jones, Keith	31/12/2020 31/03/2022	<p>A reporting Dashboard for financial information has been achieved. The training programme was initially paused 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. The training programme was initially paused due to Covid response and will be picked up and refined with an estimate delivery date of 03/2022.</p> <p>Achieved</p> <p>To be updated at next risk review</p>	Sustainable Resources Committee	3	2	6	Treat	03-Dec-21

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
983	Directorate Level Risk		USC: BGH	Willis, Matthew	Jarman, Carwen	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>	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>	Sustainable Resources Committee	3	2	6	Treat	10-Mar-21
964	Directorate Level Risk		Carmarthenshire	Dawson, Rhian	Billen, Janine	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:</p> <p>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	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. 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>	Billen, Janine	31/12/2020 31/03/2022	<p>A reporting Dashboard for financial information has been achieved. Work 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>While progress has been made with the dashboards and providing training to managers regarding the use of the dashboards, the overall risk assessment at 15th March 2022 remains unchanged pending the delivery of the 3 year financial training programme to managers.</p>	Sustainable Resources Committee	3	2	6	Treat	16-Mar-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
968	Directorate Level Risk		Pembrokeshire	Lorton, Elaine	Jones, Keith	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. 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>	Finance inc. claims	6	3	3	9	<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>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>	<p>Billen, Janine</p> <p>Jones, Keith</p> <p>Jones, Keith</p>	<p>Completed</p> <p>31/12/2020 31/03/2022</p> <p>Completed</p>	<p>Achieved</p> <p>A reporting Dashboard for financial information has been achieved. The training programme was initially paused 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	31-Jan-22