



**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer Huw Thomas, Director of Finance Jill Paterson, Director of Primary Care, Community and Long Term Care Lee Davies, Director of Strategy and Planning James Severs, Director of Allied Health Professionals and Health Sciences
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**

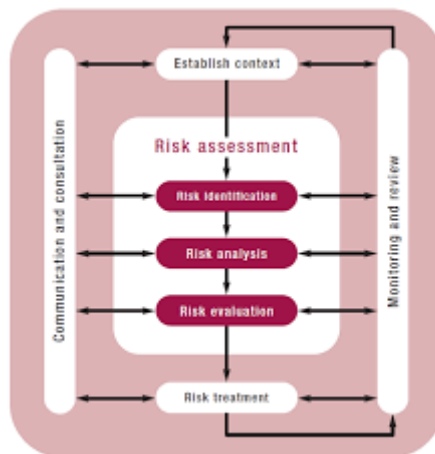
Sefyllfa / Situation

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.



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.

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 and any other risks, as appropriate.

Asesiad / Assessment

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

- 2.8 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers 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.
- 2.9 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.
- 2.10 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 15 risks presented in the Risk Register (Appendix 1) as of 21 November 2024, 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.

11 risks have been scored against the *Finance, including Claims* 'impact' domain, 2 have been scored against the *Service / Business Disruption / Interruption* domain, 1 has been scored against the *Workforce* domain and 1 has been scored against the *Business objectives/projects* domain.

Below is a summary of the 15 risks which meet the criteria for submission to SRC at its meeting on 17 December 2024:

TOTAL NUMBER OF RISKS	15
NEW RISKS ADDED TO THE REPORT SINCE PREVIOUS MEETING	1
RISKS CLOSED/REASSIGNED SINCE PREVIOUS MEETING	1
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ↔	7
REDUCTION IN RISK SCORE ↓	7
EXTREME (RED) RISKS (based on 'Current Risk Score')	6
HIGH (AMBER) RISKS (based on 'Current Risk Score')	9

New risks added to this report

Since the previous meeting, the following risk has been added to the report:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1906 - Risk of not achieving savings targets within	16/08/24	Chief Operating Officer	4x4=16 (Reviewed 19/11/24)	Whilst plans are in place to remove more beds (Puffin ward in August) and integrate	3x4=12

<p>our annual plan due to ongoing service demand (USC: Withybush General Hospital (WGH))</p> <p>NEW</p>				<p>Internationally Educated Nurses (IENs) and Newly Qualified Nurses (NQNs) into the WGH workforce, these will not come into effect until September 2024, with the full effect in the next financial year, reducing all ward nursing variable pay.</p> <p>Medical recruitment continues to be challenging, and there is a need to reduce reliance on locums. Additionally, the use of high-cost biologic drugs and blood products continues to increase month on month.</p> <p>Whilst there are controls measures in place, due to current demands on the site, their effectiveness is limited.</p> <p>There have been some issues in nursing recruitment which has put a pause on trajectory, meaning the risk cannot be reduced currently. Ambulance handover delays have improved, but more work is required for 4 and 12hr performance.</p> <p>As at Month 7 the forecast is a £816K deficit, with the main driver of overspend being drug spend (c £501k). Work is ongoing with Medicines Management directorate on bio-similar switches. Pressures within Emergency Department (ED) necessitate</p>	
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				additional agency nursing.	
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Risks that are no longer included in this report

Since the previous meeting, the following risk has been removed from the report:

Risk Reference & Title	Date risk identified	Lead Director	Rationale
1423 - Risk of overspend against funding allocated for Oncology drugs due to activity growth and excess drug costs (Cancer Services)	04/07/22	Chief Operating Officer	The risk was closed on Datix on 11 September 2024, with a view to write a new risk, supported by the Finance team.

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
1854 - Risk to the ability to meet financial saving targets due to operational challenges (Scheduled Care)	04/06/24	Chief Operating Officer	4x5=20 (Reviewed 27/11/24)	The financial position indicates that the directorate is not on target to meet the required saving. The saving target is £6.2 million . The Directorate has achieved in part the savings required for this financial year (c£2m) , however the savings target will increase for financial year 2025/26, with the service looking at options on how to achieve these.	3x5=15
1530 - Risk of overspend against site budget due to staffing cost pressures and increase in demand for homecare drugs insulin & CPAP	01/08/22	Chief Operating Officer	5x4=20 (Reviewed 11/11/24)	While risk controls such as the refreshed Opportunities Framework, monthly meetings with the Finance Business Partner which focus on mitigating actions and	3x5=15

<p>(Continuous Positive Airway Pressure) devices</p> <p><i>(USC: Prince Philip Hospital (PPH)).</i></p>				<p>consequence to reduce spend, and a standing financial agenda item on the PPH Quality and Safety meetings in place. However, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited.</p> <p>At Month 7, the site is overspent by £0.3m, and is actively implementing savings plans.</p>	
<p>975 - Risk of failure to remain within allocated budget due to financial constraints</p> <p><i>(Estates & Facilities).</i></p>	<p>01/05/20</p>	<p>Chief Operating Officer</p>	<p>4x5=20 (Reviewed 04/11/24)</p>	<p>Key drivers include postage, Reinforced Autoclaved Aerated Concrete (RAAC), maintenance overspend and provision cost increases. Maintenance overspend will be the focus of the monthly establishment reviews going forward.</p> <p>The Directorate, Finance Business Partners and other supporting functions will enhance the cost analysis and review process and put controls in place to better understand and manage costs on an ongoing basis.</p> <p>Nature of aging estate means that dynamic failures are happening on a week-by-week basis therefore increasing non-pay unforeseen overspend.</p> <p>Increase in statutory obligations faced by the Department.</p>	<p>1x5=5</p>

<p>1892 – Risk of not achieving savings targets due to continued expenditure without mitigating savings plans</p> <p><i>(USC: Radiology)</i></p>	26/07/24	Chief Operating Officer	<p>4x4=16 (Reviewed 11/11/24)</p>	<p>Recurrent and non-recurrent savings have been identified however these do not achieve the 5% expected.</p> <p>At month 7, the projected overspend was £86k and so before savings can be made, this must be mitigated.</p>	4x3=12
<p>1544 - Risk to delivering NHS Wales Decarbonisation Strategic Delivery Plan by 2030 due to lack of investment/resource.</p> <p><i>(Strategic Development and Operational Planning: Planning)</i></p>	17/01/22	Director of Strategy and Planning	<p>4x3=12 (Reviewed 01/10/24)</p>	<p>There are unknowns linked to Welsh Government (WG) funding and carbon baseline reporting boundaries, as well as significant issues with the national grid capacity.</p> <p>The funding identified by WG is insufficient to deliver the initiatives in the plan.</p> <p>The audit report highlighted the recommendation 'to have a fully costed plan' which is unachievable because to provide accurate costings requires funding for feasibility and optimisation type studies (which will go</p>	4x2=8

				out of date unless actioned early enough and this will result on that spend being wasted). This has been highlighted to the auditors and to WG Climate Change team.	
971 - Risk of failure to remain within allocated budget over the medium term due to financial constraints <i>(Mental Health & Learning Disabilities).</i>	01/05/20	Chief Operating Officer	3x4=12 <i>(Reviewed 20/11/24)</i>	As at October 2024, the Directorate is forecast to be underspent by £1.26m by 31st March 2025. Fluctuations due to commissioning could take the Directorate to an overspend.	1x4=4
1719 - Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of Radiology Information Systems Procurement (RISP) <i>(USC: Radiology)</i>	19/06/23	Chief Operating Officer	2x5=10 <i>(Reviewed 11/11/24)</i>	The RISP project is a Wales wide project and therefore our Health Board timelines will be affected by any time delays accrued within the other Health Boards with implementation dates before ours. In May 2024, a contract extension was secured with Fuji to cover the period until 31 August 2026. It is anticipated that the new RISP system will be functional by September 2025 (this date has slipped from the original date of 30 June 2025) as such, contingencies are in place to mitigate the risk to ensure continued service delivery. Due to revised dates, this now allows for the dual running of both systems. The likelihood rating of this risk has been set at 2 given the developments with contract negotiations	2x5=10

providing additional contingency.

Risks that have decreased in score since the previous report

Since the previous meeting, the following 5 risk scores have reduced:

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score (Aug 2024)	Current risk score	Rationale	Target Risk Score
1528 - Risk of overspend against site budget due to increasing operational pressures and costs (USC: Glangwili General Hospital (GGH)).	01/08/22	Chief Operating Officer	5x5=25	4x5=20 (Reviewed 27/11/24)	<p>Despite the controls that are in place, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited. Month 7 position was overspent by £0.9m.</p> <p>With the additional amount of patients in the Emergency Department (ED) requiring medical care we are having to place additional medical staff in this area to ensure clinical safety. ED nurse staffing costs are also above budget due to acuity of patients in the department and number of overnight patients requiring a bed, which require additional registered nurses (RNs).</p> <p>However, additional international nurses have been recruited and are in post, with further international nurses due to commence which should support further improvements in</p>	3x5=15

					financial performance. The end of year forecast for the site as at month 7 is noted as being c£1.1m overspent (month 3: £1.65m).	
1631 - Risk of failure to achieve financial management objectives due to staff shortages and fragility of agency provision <i>(Therapies & Health Science)</i>	28/03/23	Director of Allied Health Professionals and Health Sciences	4x4=16	4x3=12 (Reviewed 19/11/24)	Whilst there are control measures in place, due to current and additional demands upon Therapy services and supporting patient flow, exacerbated by workforce absence, vacancies and expiry of fixed term funding, their effectiveness is limited.	3x2=6
1858 - Risk of not achieving savings targets due to continued expenditure without mitigating savings plans <i>(Pembrokeshire)</i>	05/06/24	Director of Primary Care, Community & Long Term Care	3x5=15	2x5=10 (Reviewed 05/11/24)	Risk score reduced to high due to the identification of savings.	1x5=5
1876 - Risk of being unable to identify recurrent savings required due to spend on ad-hoc variable pay and need for wider	01/04/24	Chief Operating Officer	4x4=16	3x3=9 (Reviewed 11/11/24)	Improved financial forecast in Month 6 of £111k underspend by end of year. However, there is agreement that 5% saving is highly unachievable in the absence of significant service change.	2x2=4

Health Board engagement <i>(Women and Children)</i>					The Directorate will continue to explore opportunities, with focus on wider service change for 2025/26.	
1610 - Risk of being unable to meet the increasing demand for data and analytics within the health board due to limited capacity <i>(Finance: Performance)</i>	02/03/23	Director of Finance	3x4=12	3x3=9 (Reviewed 28/10/24)	<p>The likelihood of the risk has been reduced following the appointment of a new Performance Improvement Analyst and sickness levels have resolved.</p> <p>The DITS (Directorate Improving Together Sessions) process has been reviewed by the Executive Team. DITS meetings will happen bi-annually for all directorates from November 2024 onwards.</p> <p>The Executive Team have also developed an escalation framework, with escalated directorates having meetings with Executive Directors monthly or quarterly, depending on the escalation levels. Processes have been established to support the health board's escalation framework and DITS.</p>	2x3=6
1646 - Risk of overspending against	01/05/20	Chief Operating Officer	5x3=15	4x2=8 (Reviewed 11/11/24)	As of November 2024, this remains a significant financial risk for Pathology as	3x2=6

<p>funding allocated for external test service level agreements (SLAs) due to increased workload/ costs</p> <p>(USC: Pathology)</p>					<p>the increase in high cost tests (genetic/ genomic tests) and general workload growth has resulted in considerable overspend. Currently we have no firm process in place to scrutinise and agree what new tests are introduced and/or if there are changes in protocol that creates variations to test frequency and volumes.</p> <p>A Value Based Healthcare (VBHC) steering group is in the process of being established to review new tests and changes in protocols that may have an impact to Pathology.</p> <p>The group will also look at key tests that the service has identified as opportunities to either reduce unwarranted testing or may have benefits to other areas.</p>	
<p>1793 - Risk of Finance team resources reaching critical levels due to staff turnover, high levels of sickness and pause</p>	<p>01/12/23</p>	<p>Director of Finance</p>	<p>3x4=12</p>	<p>2x4=8 (Reviewed 26/01/24)</p>	<p>The Finance function has a budgeted staffing level of 95.6 whole-time equivalent (WTE) within the core finance team. Vacancies, long term sickness and maternity absences amount to 11 WTE in November 2024, which equates to a</p>	<p>1x4=4</p>

<p>in recruitment <i>(Finance)</i></p>					<p>12% reduction against a fully resourced team. This has improved from a 21% gap from December 2023 when the risk was created.</p> <p>The Directorate is currently able to prioritise activities to fulfil mandatory tasks such as external reporting obligations, financial payment runs and statutory financial accounting activities, and the majority of cover across directorate level budget holders.</p> <p>The risk has been minimised with the successful recruitment to core accounting and reporting roles. The remaining vacancies are presented in the Business Control and Partnering teams linked to the change associated with implementing the organisation change process (OCP) within Finance, and the OCP within operations where a mirror support structure is needing to be defined prior to full implementation.</p>	
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The Risk Register at **Appendix 1** details the responses to each risk, i.e. the Risk Action Plans. The heatmap below has been obtained from the Risk Performance dashboard. The information reflects the risk information extracted from Datix on 19 November 2024:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5		1719 (→) 1858 (↓)		975 (→) 1854 (→)	1528 (→)
MAJOR 4			971 (→) 1793 (→)	1892 (→) 1906 (NEW)	1530 (→)
MODERATE 3			1610 (↓) 1876 (↓)	1544 (→) 1631 (↓)	
MINOR 2				1646 (↓)	
NEGLIGIBLE 1					

The table below details when all Directorate level risks assigned to the SRC (16 in total, including those below the threshold for reporting to committee) 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 – Bimonthly.
- Moderate Risks – Six-monthly.
- Low Risks – Annually.

As of 21 November 2024, 1 risk is overdue for review:

	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	975 1528 1530 1892 1906		1854	
High	971 1610 1631 1646 1719 1858 1876	1544 1793		
Moderate	1644			

Risk owners can allocate themes to their risks, allowing the Assurance and Risk Team to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and

enable the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The following risk themes are currently aligned to SRC:

- Finance
- Digital Transformation

Finance themed risks are shared with senior finance team members on a quarterly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risks, and develop/improve organisational control, i.e., policies, procedures, systems, processes to reduce the risk to the Health Board.

The Digital Transformation themed risks are shared with the Digital management team on a quarterly basis. On review of the risk registers, theme leads identify any risks which may require further support, and the relevant risk owner and/or service is then contacted for further discussion when required.

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:	2.8	Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers 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.
	2.9	Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.
	2.10	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
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	SRC Executive Lead Director of Corporate Governance

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.
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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	Domains of Quality	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	Effective, Efficient	USC: GGH	Perry, Sarah	Perry, Sarah	01-Aug-22	<p>There is a risk of that the directorate will overspend against its delegated budget (excluding opportunity deficit) in 2024-25</p> <p>This is caused by multiple factors including:</p> <ul style="list-style-type: none"> - Increased Registered Nursing shift fill rates - Demand exceeding capacity on site, resulting in reliance on agency temporary workforce in surge areas and wards with a higher vacancy. - Inability to discharge patients to the community leading to a greater number of patients who are deemed ready to leave. - High cost locum cover (particularly in A&E-staffing A&E as a ward). - Rising drugs costs - High demand at A&E - Requirement to comply with NICE guidance and Nurse Staffing Levels (NSL) <p>This will lead to an impact/affect on The inability to reduce overspend leading to the inability in remaining within Statutory Financial Duty in year and the inability to de-escalate from WG Target Intervention status and the inability to achieve the Directorates control total</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Monthly Financial Dashboard for Directorate and overall Health Board financial position</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>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend</p> <p>Finance agenda item on Hospital Committee meetings to focus on cost reduction / mitigating actions and further opportunities / risks</p> <p>Escalation process in place for nursing staff overtime and on contract agency.</p>	Finance inc. claims	6	5	4	20	<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> <p>6 Policy Goal workstreams in place with Health Board monthly review.</p> <p>Monthly escalation meeting in place with Exec Team to demonstrate improvement</p> <p>Carmarthen oversight group in place to monitor workstreams supported by planning team.</p> <p>Further TI scrutiny and action plans required to address overspend and 5% savings. Setup variable pay, non-pay and clinical efficiency oversight group chaired by Clinical Director. Big ticket savings schemes impact being worked through with Scheduled care.</p> <p>Closer analysis and scrutiny of insulin pumps the CPAP prescriptions and home care drugs.</p>	Morgan, Olwen Perry, Sarah Morgan, Olwen Perry, Sarah Perry, Sarah Perry, Sarah Perry, Sarah Bancroft, Stuart	Completed Completed Completed Completed Completed Completed Completed Completed	<p>Completed- ongoing recruitment with process in place. 76 overseas nurses since June 2022.</p> <p>Completed, this went live in November 2022.</p> <p>Completed.</p> <p>The workstream has been implemented. Complete.</p> <p>Complete. Now in place.</p> <p>Complete. Monthly meeting in place.</p> <p>Now in place. Complete.</p> <p>Action complete</p> <p>met with clinical leads and SBAS being submitted written to address Insulin Pumps, CPAP and Homecare drugs spend</p>	Sustainable Resources Committee	3	5	15		11-Nov-24

Risk Ref	Status of Risk	Domains of Quality	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
1530	Directorate Level Risk	Effective, Efficient	USC: PPH	Perry, Sarah	Perry, Sarah	01-Aug-22	<p>There is a risk of That the directorate will overspend against its delegated budget in 2024-25.</p> <p>This is caused by Multiple factors including: - Demand exceeding capacity on site, resulting in reliance on agency to staff surge beds - Inability to discharge patients to the community leading to a greater number of patients who are medically fit deemed ready to leave. - High cost locum cover - Rising drugs costs - Requirement to comply with NICE guidance. Agency Staffing for MIU when medical patients overnight.</p> <p>This will lead to an impact/affect on The inability to reduce overspend leading to the inability in remaining within Statutory Financial Duty in year and the inability to de-escalate from WG Target Intervention status.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Monthly Financial Dashboard for Directorate and overall Health Board financial position</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>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend</p> <p>Finance agenda item on Hospital Committee meetings to focus on cost reduction / mitigating actions and further opportunities / risks</p> <p>Due to health board financial position and escalation into targeted interventions currently developing the annual plan for 5% reduction in costs in revenue.</p>	Finance inc. claims	6	5	4	20	Workforce review for MIU completed recruiting to band 4 roles.	Morgan, Olwen	Completed	action closed	Sustainable Resources Committee	3	5	15	Treat	11-Nov-24
														TUEC workstreams to avoid admissions and reduce LOS for frailty patients.	Perry, Sarah	Completed	The workstream is still ongoing. No longer happening.						
														Development of the annual plan, for 2024/2025 and impact analysis across multiple Directorates.	Perry, Sarah	Completed	Completed.						
														Closer analysis and scrutiny of insulin pumps the CPAP prescriptions and home care drugs.	Bancroft, Stuart	3-4/08/2024 30/11/2024	Three SBARs now written and actions being undertaken.						
1854	Directorate Level Risk	Effective, Efficient, Equitable, Person Centred, Safe, Timely	Scheduled Care	Jones, Keith	Hire, Stephanie	04-Jun-24	<p>There is a risk of that the scheduled care directorate will be unable to achieve the financial target saving of £6,168,788.</p> <p>This is caused by increasing demand for scheduled care services; WG targets relating to RTT; operational challenges to running services from multiple sites; aging equipment and resources; recruitment challenges into required highly skilled posts.</p> <p>This will lead to an impact/affect on service delivery, RTT compliance and patient experience.</p> <p>Risk location, Health Board wide.</p>	<p>Health Board's Internal Escalation Framework, scrutinised on a monthly basis</p> <p>Prioritisation of roles that go to FCSG</p> <p>100 day cycle critical care</p> <p>Directorate weekly financial control meetings</p> <p>Daily scrutiny meetings attended by Head of Nursing, with focus on variable pay</p> <p>Weekly administrative variable pay review meeting, chaired by General Manager</p>	Finance inc. claims	6	4	5	20	The directorate hold weekly finicane meetings with the SDMs, SNMs and FBPs.	Hire, Stephanie	Completed	Meetings arranged weekly	Sustainable Resources Committee	3	5	15		30-Jul-24
														The directorate engage in monthly escalation meeting as part of targeted intervention. The financial position and improvement target are closely monitored via this platform	Hire, Stephanie	Completed	A number of admin posts have not been supported. Directorate plan to review the admin provision across the directorate and re-distribute as able. Ongoing process, therefore added to control measures of the risk.						
														Vacant posts are all submitted to and discussed via FCG as part of the financial monitoring and improvement target.	Hire, Stephanie	Completed	A number of admin posts have not been supported. Directorate plan to review the admin provision across the directorate and re-distribute as able. Ongoing process and therefore added to control measures of the risk.						

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975	Directorate Level Risk		E&F: Directorate Team	Chiffi, Simon	Chiffi, Simon	01-May-20	<p>There is a risk of the Estates and Facilities Directorate failing to remain within their allocated budget.</p> <p>This is caused by 1. Inability to identify and deliver robust and realistic recurrent savings plans,</p> <p>2. Inability to manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or,</p> <p>3. Inability to identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>4. Identify and manage or mitigate cost pressures that threaten the Directorates position for the year, driven by the age of the estate and continual improvements to cleaning standards requirements.</p> <p>5. From other related inflationary factors affecting budgets (external costs).</p> <p>6. Ongoing resource pressures in Facilities.</p> <p>7. Wider HB financial pressures and greater scrutiny of spend.</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>The monthly finance cycle reviews the movement in month and forecasts the remainder of the year, ensuring the Health Board has regular updates on the Directorates financial position.</p> <p>Monthly establishments reviews within the service to ensure pay position is understood and actions are taking promptly, supported by Finance colleagues where appropriate.</p>	Finance inc. claims	6	4	5	20	To recognise the scale of the challenge we are looking to significantly escalate our financial controls systems with the support of our finance business partner we will be able to articulate what this looks like in the next update to this risk.	Chiffi, Simon	3-4/09/2024 30/11/2024	Meeting now planned with FBP to consider best approach to manage this risk in the SML term.	Sustainable Resources Committee	1	5	5	Treat	04-Nov-24

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1892	Directorate Level Risk	Efficient, Safe, Timely	USC: Radiology	Perry, Sarah	Roberts-Davies, Gail	26-Jul-24	<p>There is a risk of that Radiology will not achieve projected savings targets.</p> <p>This is caused by unidentified savings plans to reduce expenditure in the directorate.</p> <p>This will lead to an impact/affect on the Health Board's overall financial position and ability to adhere to our financial plan.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> Weekly meetings with Head of Radiology, Site Leads and Finance Business Partner to oversee progress on saving plan workstreams Introduction of 3/5 locum consultants to undertake reporting and emergency duty sessions to reduce outsourcing, via a graded approach of most costly elements of outsourcing, including out of hrs rotas to cover busiest times. Scrutiny of individual budgets by finance and Head of Radiology to capture any erroneous spend All vacancy proposed by sites to be approved by Head of Radiology prior to finance Trac sign off or application for FCG approval as appropriate. Elimination of the routine use of high cost locum Radiographers funded by the Radiology Budget Other cost avoidance measures, e.g. increased additional reporting sessions for HB consultants utilised in place of outsourcing at higher cost to maintain and improve quality and performance. 	Finance inc. claims	6	4	4	16	<p>To review historic charges for Powys patients attending Hywel Dda with a view to arranging an SLA and understand LTA arrangements.</p> <p>To scope the feasibility of and any potential savings from changing the current on-call arrangements for Radiographers to a shift system across the four main sites.</p> <p>Recruit a fourth locum Radiologist to enact the proposed level of savings from reduction in outsourcing</p> <p>Explore opportunities for income from dental practices referring for OPT examinations</p> <p>Review charges which constitute the historic SLA with SBUHB for Medical Physics Services to ascertain potential opportunities.</p> <p>To review cardiac catheter consumables and ascertain if less expensive alternatives can be purchased.</p> <p>Provide mitigating actions for the projected EOY overspend at Month 3 of £39.5K</p>	<p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p>	<p>30-Jan-25</p> <p>30-Jan-25</p> <p>Completed</p> <p>30-Jan-25</p> <p>30-Jan-25</p> <p>Completed</p> <p>Completed</p>	<p>Due to staff availability this has not progressed at the pace intended and will now be completed by Jan-25</p> <p>This is progressing but is very complex so will take longer to deliver</p> <p>Action complete</p> <p>on going</p> <p>On going</p> <p>Action complete</p> <p>Mitigating Action was provided to the Monthly Radiology Escalation Meeting</p>	Sustainable Resources Committee	4	3	12	Treat	11-Nov-24

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1906	Directorate Level Risk	Effective	USC: WGH	Andrews, Bethan	Johns, Helen	16-Aug-24	<p>There is a risk of that the Directorate will overspend against its delegated budget and declared savings plans.</p> <p>This is caused by Multiple factors including:</p> <ul style="list-style-type: none"> - Demand exceeding capacity on site, resulting in reliance on nursing agency to staff surge beds - Inability to decrease the numbers in Emergency Department leading to increased Registered Nursing roster filled by agency shifts - High cost Locum cover filling vacant Medical roles - Rising drugs costs, particularly biologics usage. <p>This will lead to an impact/affect on remaining within Statutory Financial Duty in year and the inability to de-escalate from Welsh Government's Target Intervention status.</p> <p>Risk location, Withybush General Hospital.</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>Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend.</p> <p>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly financial scrutiny meetings with senior nurses in order to gain assurance over budget management and scrutinise variable pay.</p>	Finance inc. claims	6	4	4	16	<p>5% reduction in costs of revenue within annual plan.</p> <p>reduction of in patient beds by 25 since pre RAAC. Puffin ward now closed</p> <p>Recruitment of newly qualified nurses and international nurses.</p> <p>Recruitment of medical staffing to reduce reliance on locums.</p>	<p>Andrews, Bethan</p> <p>Andrews, Bethan</p> <p>Thomas, Carol</p> <p>Andrews, Bethan</p>	<p>30/09/2024-31/10/24 11/11/24 19/12/24</p> <p>Completed</p> <p>30/09/2024-31/10/24 11/11/24 19/12/24</p> <p>30/09/2024-31/10/24 11/11/24 19/12/24</p>	<p>ongoing, on plan for the savings.</p> <p>completed</p> <p>ongoing</p> <p>ongoing</p>	Sustainable Resources Committee	3	4	12		19-Nov-24

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1544	Directorate Level Risk	Effective	Strategic Development and Operational Planning: Planning	Ayres, Shaun	Hughes, Sharon	17-Jan-22	<p>There is a risk of the UHB will not achieve the Welsh Government ambition for a net zero public sector by 2030, as outlined in the NHS Wales Decarbonisation Strategic Delivery Plan.</p> <p>This is caused by a)timescales for Health Board's existing organisational transformational plans do not align to decarbonisation ambitions, with capital build process/regime impacting ability to drive forward changes to our estate. b)not securing sufficient resource (internal staff/external support), capital and revenue funding; c) significant operational and financial pressures (targeted intervention) have impacted our ability to deliver the programme within planned timescales. d) current estate infrastructure/electrical capacity is aged and not fit for purpose to deliver decarbonisation improvements. f) the significant demand and competition for WGov and other relevant funding to be able to deliver decarbonisation feasibility and net zero initiatives successfully g) Lack of NHS systems and structures around climate change and decarbonisation/route to net zero to create the necessary internal priorities and the unrealistic expectation that this entire agenda will be delivered from within existing NHS resources that are already under significant pressure h)change in baseline and reporting data that impacts targets.</p>	<p>Executive Team support for the programme is in place and shared internal programme management resource has been allocated.</p> <p>Approved Decarbonisation Delivery Plan in place to prioritise and focus efforts. Organisation wide engagement / activity as part of the Decarbonisation and circular economy programme. Regular comms with WGov climate change team and reporting of risks and issues</p> <p>Colleagues associated with transformational plans are part of the Decarbonisation & Circular economy steering group and can guide the programme on planned transformational activity and work to ensure alignment across organisational strategic objectives.</p> <p>Key leads from Procurement, Estates, Transport and wider membership are part of the decarbonisation programme team and can guide the programme on minimum infrastructure requirements to progress.</p> <p>Formal programme governance structure established to develop and progress a programme of work with reporting to SRC and Board. Working with the wider public sector groups and other focus groups to progress this agenda.</p> <p>Key barrier / risks identified & monitored via established on programme risk register.</p> <p>HB will continue to engage with WG to refine the Decarbonisation reporting boundaries.</p> <p>Excellent channels of communication across the programme workstreams and into the WG national programme boards.</p>	Business objectives/projects	6	4	3	12	<p>Risk actions are to be established following discussion at the next Decarbonisation Task group in January 2023.</p> <p>Appropriate UHB representatives to respond to consultation on the NHS decarbonisation delivery plan, which includes engagement in WG review workshops.</p> <p>Explore external funding opportunities.</p> <p>Build decarbonisation and sustainable approaches into existing HB processes and pathways.</p>	Williams, Paul -	Completed	<p>Complete- risk actions now added.</p> <p>WGov have now advised they are going to tender the review of the strategic plan in Q2/Q3 of 2024/25, this tender will include engagement with the LHBS</p> <p>Successful in leveraging RE;FIT and EFAB funding. Further funding opportunities to be explored as and when these become available.</p> <p>This should be implemented through existing improvement processes e.g. the Quality and Improvement team, under the Sustainable Quality Improvement (SUSQI) framework. Currently being discussed within the A2H workstream group which M.Preeze is a representative. SH has also prepared a briefing document on the broader climate change and sustainability agendas that includes mapping and gapping activity. New Sustainability in Nursing Lead appointed and is taking forward a number of projects in this area.</p>	Sustainable Resources Committee	4	2	8	Treat	01-Oct-24

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							<p>This will lead to an impact/affect on patients not protected from climate impacts, non-compliance with climate change act 2008, non-compliant with environmental standards and ISO, poor carbon and financial related performance, adverse publicity, reduction in stakeholder confidence, reputational damage and increased scrutiny from WG. Possible legal implications from fines for non-compliance with Act</p> <p>Risk location, Health Board wide.</p>	<p>HB informed WG in September 2023 of the inability to meet targets and deliver many of the initiatives within the delivery plan.</p> <p>Internal audit report and commitment to meeting recommendations</p>						Review and consider any recommendations from the Decarbonisation Programme Audit report	Hughes, Sharon	Completed	All management actions have been completed apart from 1.1 which requires a longer term plan and will be considered as part of the DAP review in Q3/Q4 2024/25						
1031	Directorate Level Risk		Therapies and Health Science	Reed, Lance	Reed, Lance	28-Mar-23	<p>There is a risk of overspend within the Therapy Directorate current year budget and / or failure to achieve expenditure control target</p> <p>This is caused by -shortage of registered and unregistered staff against funded establishment and quality standard workforce levels - reduction in availability of workforce to take up fixed term and additional hours resulting in increased use of agency - fragility of agency provision and increased locum cost cover versus established staffing -rising costs relating to non pay costs - failure to identify recurring cost efficiencies</p> <p>This will lead to an impact/affect on the quality of the service provided to service users, the required level of service provision and the inability to balance the reduction in overspend/savings in order to provide safe and effective therapy provision, increasing the likelihood of unmet needs, poor outcomes and unmet service user experience standards</p> <p>Risk location, Health Board wide.</p>	<p>minimum of monthly finance meetings to review financial outturns and projected financial requirements with the finance business partners and senior managers, operational teams, heads of service and clinical director</p> <p>monthly finance meetings to review financial outturns and projected financial requirements with the finance business partners and senior clinicians / heads of service</p> <p>sessional escalation and targeted intervention meetings with executive colleagues to scrutinise current and future needs</p> <p>vacancy, agency and additional hours approval process involving HOS, FBP and Clinical Director and Financial Control Group</p> <p>Use of Agency and vacancy approval process only approved at CD level prior to FCG submission</p>	Finance inc. claims	6	4	3	12	<p>Ensure that all requests relating to additional resource expenditure or allocation by budget holders are presented to and agreed at Therapy Operational Group with management team including workforce and finance colleagues</p> <p>There is a financial risk associated with claims due to malpractice, failure to provide or poor care provision. All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated</p> <p>Risk of delivering our financial control total and required savings plans</p>	Reed, Lance	Completed	<p>Process established at Therapy Operational Group 18.04.23.</p> <p>Introduction of Financial control total process within departments and therapy operational group following Financial Control Total letter from CEO</p> <p>All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated</p> <p>Draft financial savings plan in place, predicated upon budget holders delivering cash releasing recurring efficiencies against existing budgets, primarily via workforce redesign</p>	Sustainable Resources Committee	3	2	6	Treat	19-Nov-24

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971	Directorate Level Risk		MHLD	Carroll, Mrs Liz	Carroll, Mrs Liz	01-May-20	<p>There is a risk of 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 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> <p>MHLD is in Escalation for Finance due to the lack of a 5% recurrent savings plan. Directorate are attending weekly/monthly meeting to progress plans (MHLD Integrated Quality Financial Performance Delivery Sub Group).</p> <p>Directorate also attend Health Boards Integrated Quality Financial Performance Delivery Group (IQFPDG).</p>	Finance inc. claims	6	3	4	12	<p>Leon Popham to review impact of CHC uplift reserve on position and determine treatment and risk level on an ongoing basis.</p> <p>To provide an update for Executive Team to clarify the budget setting process and allocation for FY 2024/25.</p> <p>Following Executive Director led recovery workshops on the 26th of July and the 9th of August the Directorate were tasked to consider the impact on services should variable pay be eliminated. The ask also involved service reconfiguration on this basis.</p>	<p>Popham, Leon</p> <p>Carroll, Mrs Liz</p> <p>Carroll, Mrs Liz</p>	<p>Completed</p> <p>Completed</p> <p>29/03/2024-30/06/2024-30/09/2024-31/12/2024</p>	<p>Review undertaken as part of ongoing budget processes. While action unresolved, this will be picked up as part of the new action noted for the risk in September 2023.</p> <p>CHC overspend neutralised for 2024/25 allocation through £1.9M uplift relating to 2022/23 and operational driver funding remaining pressure.</p> <p>Directorate have undertaken to identify £2.6M of non-recurrent savings for 2024/25 for underspend in pay position, with a view of identifying recurrent saving 2025/26.</p> <p>The Directorate are continuing to work with Corporate services to strengthen the Nurse Bank capacity and eliminate spend. Further options being explored through international recruitment, for Medical staff. Directorate recently joined across Wales trip to India interviews will now take place, dates to be confirmed. Medical staff have reduced overspend in month 7 by £32K, No Ceredigion medical staff, Justification was sort from FCG who signed off Agency medical staff until March 2025, so remains a risk. Active Agency reduction plan in place which incorporates review of inpatient establishments. Working weekly/monthly with our Finance colleagues with monitoring Agency spend, in month 7 a decrease of £85K of Bank and Agency for both nurses and HCSW. MHLD are in escalation process, last meeting took place on 31st October.</p>	Sustainable Resources Committee	1	4	4	Treat	20-Nov-24

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1719	Directorate Level Risk	Effective, Efficient, Safe, Timely	USC: Radiology	Perry, Sarah	Roberts-Davies, Gail	19-Jun-23	<p>There is a risk of loss of Radiology services across the Health Board from 31 August 2026.</p> <p>This is caused by the delayed implementation of the All Wales Radiology Information Systems Procurement (RISP) programme, with the existing contract with Fuji ceasing prior to the implementation of the All Wales solution. This could be exacerbated by delays in the roll-out of the All Wales solution across other Health Boards in Wales.</p> <p>This will lead to an impact/affect on a total loss of services being delivered by the Radiology directorate across the Health Board and the loss of all radiology data held for patients, resulting in potential harm to patients, the inability to undertake diagnostic assessments, a detriment to the Health Board's ability to achieve ministerial priorities and targets. This will also have an adverse impact on the reputation of the Health Board, and render it liable to increased complaints, litigation and scrutiny from external regulators. There are also financial implications, with the current contract due to expire 31 August 2026.</p> <p>Risk location, Health Board wide.</p>	<p>Hywel Dda have initiated a new project board, with members attending from both Radiology and Digital Services and TORs in place</p> <p>Health Board attendance by colleagues from Radiology and Digital Services at monthly All Wales RISP programme meetings, hosted by Digital Health and Care Wales (DHCW) ensuring the Health Board stays informed of the All Wales position which may have an impact on Hywel Dda's contract and timelines</p> <p>Regular communication with senior colleagues in Finance</p> <p>All Wales Deployment order agreed</p>	Service/Business interruption/disruption	6	2	5	10	<p>To prepare and present a paper for August SRC In-Committee, highlighting revised options since the matter was presented at July 2023 Board</p>	Roberts-Davies, Gail	Completed	<p>Paper has been prepared and presented, and outcomes of discussions at SRC In-Committee inform future actions for this risk and further update to Board in September 2023.</p>	Sustainable Resources Committee	2	5	10	Treat	11-Nov-24
							<p>Complete preparatory work (informatics and implementation plan) for our Health Board, with continued attendance at RISP meetings to monitor progress of other Health Boards and learn from delays encountered to avoid repeating errors before stable operations achieved.</p>	<p>Meetings progressing well with Philips. New HDd project manager is settling in well. PACS team are undertaking preparatory work. Keen engagement to be kept up with Philips.</p> <p>Local meetings are also taking place with Radiology PACS Manager, Head of Radiology, HB Digital Director and the Hywel Dda RISP project Manager. A local RISP board is due to be set up imminently which includes wider stakeholder engagement.</p>															
1858	Directorate Level Risk	Effective, Efficient	Pembrokeshire	Evans, John	Lewis, Lyanne	05-Jun-24	<p>There is a risk of That Pembrokeshire County will not achieve projected savings targets.</p> <p>This is caused by Unidentified savings plans to reduce expenditure in the county</p> <p>This will lead to an impact/affect on The Health Board overall financial position and ability to adhere to our financial plan.</p> <p>Risk location, Pembrokeshire.</p>	<p>Weekly Senior management savings meetings. proposed OCP to realign services to reduce risk of overspend. All vacancies to go through county / corporate vacancy panels.</p>	Finance inc. claims	6	2	5	10	<p>Weekly meeting to review ideas for savings.</p>	Evans, John	Completed	<p>Weekly meetings established.</p>	Sustainable Resources Committee	1	5	5	Treat	05-Nov-24
							<p>Considered D2A process as part of savings plan.</p>							<p>To discuss with CLNs and HON acute and HON community re proposal.</p>									
							<p>Consider cost savings as result of proposed OCP.</p>							<p>Early engagement events to be delivered to staff prior to drafting OCP.</p>									
							<p>Identify savings that are recurring in year and non recurring to achieve 5% savings</p>							<p>Certain level of savings identified to date, further savings required. Reporting at Business Service Meeting on monthly basis and Escalation meetings.</p>									

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1610	Directorate Level Risk	Effective, Efficient, Equitable, Person Centred, Safe, Timely	Finance: Performance	Tracey, Anthony	Price, Tracy	02-Mar-23	<p>There is a risk of the data team(s) and wider directorate being unable to meet all the reporting demands and data requests of the Health Board in a timely way.</p> <p>This is caused by the data team(s) are increasingly dealing with more ad hoc requests for support in relation to data, reporting and trajectories.</p> <p>Reporting / Dashboard Requests:</p> <p>As the Health Board being in Targeted Intervention, the number of requests increased which has impacted on the timeliness of delivery.</p> <p>This will lead to an impact/affect on a capacity issue and risk to meet all demands in a timely way.</p> <p>We have a number of statutory reporting responsibilities to Welsh Government which may be impacted. If data / analytical support is not provided to teams then ultimately this may impact on their ability to operationally plan, which will have knock on consequences for staff, patients, financial implication, not achieving goals as set out in our plan.</p> <p>Risk location, Health Board wide.</p>	<p>A new Performance Improvement Analyst started in the Performance Team in September 2024. They are currently undergoing training with an aim of taking on a full range of duties from December 2024.</p> <p>We have reviewed the work of the team and have tried to scale back reporting levels to a statutory minimum.</p> <p>We are trying to signpost people to existing self-serve data sources through the Our Performance and Our Safety dashboards.</p> <p>We have established a prioritisation process to ensure that time and effort is spent on dashboard development requests that are most important for the health board.</p> <p>Continual review of processes to identify measures and reports that can be stood down or undertaken more efficiently to free up capacity.</p> <p>Relevant training undertaken. Additional training to be explored pending funding.</p>	Service/Business interruption/disruption	6	3	3	9	<p>Continue to review processes to identify measures and reports that can be stood down or undertaken more efficiently to free up capacity.</p> <p>Progress discussions and actions around increasing capacity in the team.</p> <p>Explore how we attract and build skills within the team</p> <p>Develop a Data Strategy to outline the data needs within the Health Board and align a workplan for delivery</p> <p>Develop Business Continuity plan.</p> <p>Recruit into vacancy on the team.</p>	<p>Evans, Catherine</p> <p>Evans, Catherine</p> <p>Evans, Catherine</p> <p>Tracey, Anthony</p> <p>Evans, Catherine</p> <p>Price, Tracy</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Viewing figures in place for dashboards, and review being undertaken to assess existing commitments and workloads.</p> <p>Review comments from Workforce on new job description.</p> <p>Picked up as part of PADR and relevant training identified. Training has commenced, however financial constraints may restrict progress of additional training.</p> <p>This action is now ongoing - added to Control Measures.</p> <p>A draft Data Strategy has been developed and will form part of the full "Digital Response" refresh in 2025.</p> <p>A BCP has been developed and action complete.</p> <p>Executive and financial control group approval to recruitment has been given. Interviews took place on 23/07/2024 and a conditional offer has been made and</p>	Sustainable Resources Committee	2	3	6	Tolerate	28-Oct-24

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1876	Directorate Level Risk	Effective, Efficient, Equitable	Women and Children	Humphrey, Lisa	Humphrey, Lisa	01-Apr-24	<p>There is a risk of that</p> <p>1. the Women & Childrens Directorate will be unable to identify the level of recurrent savings in-year required (£2.8m i.e. 5% of budget).</p> <p>2. further risk of Directorate being overspent as due to ad-hoc variable pay.</p> <p>This is caused by 1. fragile services requiring service planning and wider Health Board engagement to enact service change within the financial year.</p> <p>2. fragile services and workforce pressures driving spend on ad-hoc variable pay.</p> <p>This will lead to an impact/affect on the overall financial position of the Health Board.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partner assigned to the Directorate, with weekly meetings in place with Directorate management, and ad hoc meetings as and when required</p> <p>2. Weekly review of nursing and medical staff rotas</p> <p>3. Regular job planning reviews</p> <p>4. Weekly Operational team meetings</p> <p>5. Monthly Directorate Business meetings</p> <p>6. Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend</p> <p>6. We are reducing the O&G spend and working with Medical Sustainability project</p> <p>7. Scrutiny of budget/Savings schemes via TI escalation meetings</p>	Finance inc. claims	6	3	3	9	<p>Full directorate review of drug spend in collaboration with medicines management to identify opportunities for more cost effective alternatives</p> <p>Melatonin highest cost drug for directorate £237,000 pa, explore ceasing repeat prescriptions and its associated saving and impact</p> <p>Explore impact of ceasing HCSW bank on maternity in terms of saving and impact</p> <p>changing BGH acute IP model to a 24/7 hr PACU</p> <p>Develop options for wider service model change at BGH Obs, Gynaecology and Peads</p> <p>Explore cost / benefit/ action of reducing beds from 24 - 20 on Cilgerran Ward and increasing PACU capacity by 4 to support wider system</p> <p>Explore cost saving/ benefit and impact of reducing IP beds on Picton Ward from 10 to 6 - and creating a 4 bedded 12 hr 5 day a week ambulatory area</p> <p>Explore cost saving/benefit/impact of removing Picton ward as a gynaecology ward and providing the elective work in a general surgical area - and providing a 4 bedded ambulatory 12 hr 5 day a week model</p> <p>Explore priding EPAU on one site only - 7 day a week model and close EPAU at WGH and BGH</p> <p>Full directorate review on consumable in collaboration with procurement to identify opportunities for savings</p>	Humphrey, Lisa	Completed	80K saving identified	Sustainable Resources Committee	2	2	4	Treat	11-Nov-24

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1646	Directorate Level Risk	Efficient, Equitable	USC: Pathology	Perry, Sarah	Jones*, Dylan	24-Jan-23	<p>There is a risk of overspending against funding allocated for external tests. There is also a risk to the health board if funding for COVID/respiratory testing is not supported by Welsh Government funding.</p> <p>This is caused by increased workload sent for testing and changes in test repertoire resulting in higher costs.</p> <p>This will lead to an impact/affect on financial overspend.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> Regular SLA meetings to review spend Reviewed external testing sites Clinical Scientist test vetting Demand management in place to prevent sending duplicate samples. 	Finance inc. claims	6	4	2	8	<p>Remodel Paediatric medical rotas at consultant and SAS levels to reduce variable pay</p> <p>Serve notice on antenatal SLA with SBUHB</p> <p>Regional collaboration providing opportunities to repatriate tests.</p> <p>Review main SLAs to look at repatriating service</p> <p>Standardising clinical haematology processes, reducing send away tests</p> <p>Establish VBHC Steering Group to review demand optimisation opportunities within Pathology.</p>	<p>Davies, Nick</p> <p>Llewellyn, Cerian</p> <p>Peters, Lee</p> <p>Peters, Lee</p> <p>Peters, Lee</p> <p>Jones*, Dylan</p>	<p>31-Dec-24</p> <p>Completed</p> <p>01/06/2024-06/09/2024 31/12/2024</p> <p>01/06/2024-06/09/2024 31/12/2024</p> <p>Completed</p> <p>Completed</p>	<p>Work in progress, required in readiness for allocate medical rostering</p> <p>SBAR being reviewed Cost of LTA opportunities being calculated Engagement with SBUHB on going Notice being served end of september</p> <p>On going and linked to the ARCH Regional Solution. discussions ongoing. 05/06/2024 - update, exploring opportunities with SBU in laboratory medicine workstream. ongoing.</p> <p>FIT, MPO and PR3 testing being considered for repatriation 5.4.24 - linked to ARCH regional solution</p> <p>Continually reviewing opportunities to standardise processes. Looking at subspecialising the service in the future. 30/1/24 - reviewed send away tests. haemoglobinopathy being reviewed to bring house 5.4.24 - new managed service now in place</p> <p>Steering group established and workstreams identified to progress demand optimisation work. 5.4.24 - ongoing.</p>	Sustainable Resources Committee	3	2	6	Treat	11-Nov-24

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1793	Directorate Level Risk	Effective, Efficient, Equitable, Timely	Finance	Spratt, Andrew	Spratt, Andrew	01-Dec-23	<p>There is a risk of that staffing issues constrain the provision of internal operational financial activities, at a time when the organisation has a corporate finance risk with the highest risk rating.</p> <p>This is caused by a combination of staff turnover, long-term sickness and supporting an organisational pause on recruitment. During this period of constraint, even when special case recruitment has been sought and approved, when then following the Health Boards recruitment processes, results overall have remained poor, in both number and standard of applicants.</p> <p>This will lead to an impact/affect on reduced capacity for value-add professional support to internal stakeholders that offers insightful input and influence as we respond to growing challenges where financial savings and cost containment are required. In addition, there is an impact on staff morale within the Finance directorate due to the current resourcing pressures being experienced and the changes the team are being asked to accommodate.</p> <p>Risk location, Health Board wide.</p>	<p>Twice monthly vacancy review and updates from management team, with resource re-directed where required</p> <p>Active recruitment into critical roles being undertaken</p> <p>Long term sickness review meetings</p> <p>Business continuity plans in place to ensure continuation of external obligations, financial payment runs and statutory financial accounting activities.</p> <p>Review undertaken to identify improvements in structures and roles to enhance a career development pathway through multiple teams within the function.</p> <p>Overarching management and resource prioritisation through existing management team structures.</p>	Workforce/OD	8	2	4	8	<p>Launch for consultation, and implement where appropriate, the recommendations built on following the Arcus review, allowing for vacant roles to be launched for recruitment.</p> <p>Targeted recruitment campaign for finance professional roles identified through the Arcus organisational change process and the re-designed career pathway.</p>	Jenkins, Sian	04/09/2024 28/02/2025	<p>Jun 2024 - consultation has concluded, with a three phase plan for implementation. Phase 1, movement of the management accounting team under the business partnering team - completed in May 2024.</p> <p>Jul 2024 - Phase 2 plan developed for September 2024 implementation.</p> <p>Sep 2024 - Phase 2, movement of the Contracting and Commissioning team to Core Processing Team, line management complete in September 2024. Phase 3, demarcation lines to be implemented for business controlling/FP&A and business partnering, planned for Q3/4 FY2025, in-line with Operational structure changes.</p>	Sustainable Resources Committee	1	4	4	Treat	26-Nov-24
														Owen, Sally	15/03/2024 29/11/2024	<p>June 2024 - finance recruitment and information event is planned for 10th July, targeted at Band 4-5 levels. Ongoing 'head hunter' approach being supported for hard to fill senior role, with a advert closing date for 30th June 2024. Current number of registered attendees of the event are showing positive signs being c.15, with a social media advertising campaign.</p> <p>July 2024 - recruitment campaign was run on 10th July 2024. 87 attendees registered interest, with 43 physically attending the event. It was a success as it identified a cohort of applicants that have not been seen in previous Trac adverts. Interviews are concluding on 25th July 2024, and the impact will then be known for how successful appointments have been, and the impact on the overall risk.</p>							

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														Develop and finalise a functional development plan to proactively build on an engaging, equitable and dynamic working environment.	Owen, Sally	Completed	<p>Jun 2024 - Organisation Development team have facilitated a team wide finance workshop to generate a co-created development plan, which is looking to be summarised and launch in a further team session in August 2024.</p> <p>Jul 2024 - Full team face to face session help with OD team facilitating a self identification plan on 17th June 2024.</p> <p>Sep 2024 - The OD team are continuing to review the findings and presented to the DMT in September 2024, in readiness for the full team roll out on 21st October 2024.</p> <p>Nov 24 - team brief completed on 21st Oct, with a People and Well-Being Group being formed to take forward the agreed plan and embed within the environment.</p>								
														Implement a Finance apprenticeship 'grow your own' pipeline by targeting local colleagues for A-Level leavers.	John, Timothy	Completed	<p>June 2024 - apprenticeship campaign has been developed fully, with a view of recruiting candidates for the September in take. The plan is still aligned to launch and run by the end of July 2024.</p> <p>July 2024 - engagement and planning complete with HR team. Adverts to be launched having gained FCSG approval in July 2024. Interview process and appointments to be made in August 2024 for a September 2024 start.</p> <p>24/08/2024 - Completed. Successfully create, run and recruited into two finance apprenticeships both enrolled with College Sir Gar for AAT and start dates of September confirmed.</p> <p>25.09.24 - confirm that the 2 apprentices started in post and commenced their AAT studies at the beginning of the month</p>								

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														Move to modern, high performing property assets that allow for collaboration and team-working, and act as an attractive workplace whilst supporting agile working. Rationalise estate and dispose of low-performing, high cost accommodations.	Hughes, Sharon	31/01/2025	<p>May 2024 - Phase 1 - Corporate Hwb, Picton Tce - Business case submitted to WGov January 2024.</p> <p>Jun 2024 - discussions are now progressing with two plans - the original plan to move to Picton Terrace is dependant on further discussions with WG. And extending the current building.</p> <p>Jul 2024 - WG discussions are continuing, with no agreement yet reached on Picton Terrace.</p> <p>Sep 2024 - Picton terrace in principle agreement with WG for moving in spring/summer 2026. Ty Gorwel extension confirmed and work is ongoing with a steering group to implement the health boards agile hot desk environment and integrate other corporate functions.</p>							