



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 December 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Huw Thomas, Director of Finance Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

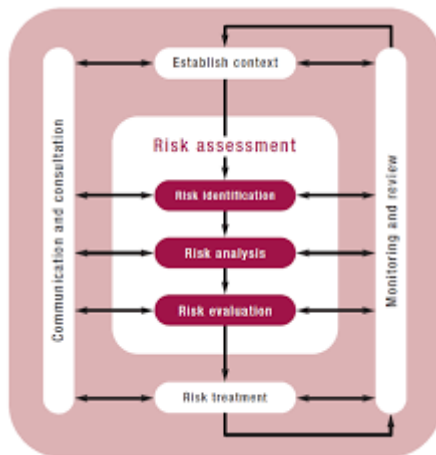
Sefyllfa / Situation

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

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

Cefndir / Background

Effective risk management requires a ‘monitoring and review’ structure to be in place, to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (the Health Board) 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 bimonthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the Risk Registers or through Service Reports;
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented;
- Challenging pace of delivery of actions to mitigate risk;
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility;
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report;
- Using Risk Registers to inform meeting agendas.

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

Relevant discussion should be reflected in the SRC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)), and any other risks, as appropriate.

Asesiad / Assessment

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

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

areas of significant concern, for example, where risk tolerance is exceeded, lack of timely action.

2.8 Recommend acceptance of risks that cannot be brought within the Health Board’s risk appetite/tolerance to the Board through the Committee Update Report.

2.9 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board’s activities (including for hosted services and through partnerships and Joint Committees as appropriate).

The 15 risks presented in the Risk Register, attached at Appendix 1, as of 21 November 2023, have been extracted from Datix, based on the following criteria: -

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

15 risks have been scored against the *Finance, including Claims* ‘impact’ domain.

Below is a summary of the 15 risks which meet the criteria for submission to SRC at its meeting on 19 December 2023.

TOTAL NUMBER OF RISKS	15
NEW RISKS ENTERED ON DATIX	1
RISKS CLOSED/REASSIGNED SINCE PREVIOUS MEETING	1
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ↔	13
REDUCTION IN RISK SCORE ↓	1
EXTREME (RED) RISKS (based on ‘Current Risk Score’)	7
HIGH (AMBER) RISKS (based on ‘Current Risk Score’)	8

New Risks

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

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1748 - Risk of overspend against Financial Budget - Excluding Opportunity Deficit (Ceredigion)	05/05/23	Director of Primary Care, Community and Long Term Care	4x3=12 (Reviewed 20/11/23)	As of September 2023, the financial forecast year to end currently at £299k overspent.	2x3=6

Decrease in Risk Score

Since the previous report, there has been a decrease in the following risk score:

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
1423 - Risk of overspend against funding allocated for Oncology drugs due to activity growth and excess drug costs (Cancer Services)	04/07/22	Director of Operations	5x3=15	3x3=9 (Reviewed 15/11/23)	The forecast financial position has improved since August 2023, resulting in a reduced current risk score as at November 2023. However, there is a continued growth in patient numbers and increased drug prices, therefore the risk remains of a deteriorating position against the control total of £469k.	3x2=6

No change in risk score

Since the previous report, there has been no change in the following 13 risk scores:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1528 - Risk of overspend against site budget due to staffing cost pressures (Glangwili General Hospital (GGH)).	01/08/22	Director of Operations	5x5=25 (Reviewed 15/11/23)	While the controls noted above are in place, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited. At Month 7, excluding the opportunity framework, the estimated year end position is that the site will be circa £7.5m overspent.	3x5=15

1530 - Risk of overspend against site budget due to staffing cost pressures (Prince Philip Hospital (PPH)).	01/08/22	Director of Operations	4x5=20 (Reviewed 15/11/23)	While the controls noted above are in place, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited. The budget for Prince Philip Hospital for financial year 2024 is £38m, however as at Month 7, excluding the opportunity framework, the estimated year end position is that the site will be £1.5m overspent.	3x5=15
1571 - Risk of overspend against financial budget due to insufficient staff and resources (Radiology)	01/04/22	Director of Operations	5x4=20 (Reviewed 16/11/23)	<p>Although there are controls in place, until areas such as capacity and demand work are completed and recruiting of more staff, the service will continue to overspend. In addition, increased activity results in increased costs in terms of consumables. Work is ongoing to identify efficiencies within the Directorate as a result of recent work as tasked by Welsh Government (WG) in August 2023.</p> <p>At Month 5, the Directorate had a forecast deficit position at year end of £1.3m (£1.1m as at Month 4 forecast) and the financial position of the Directorate was £1.1m overspent. As at Month 7, given recent financial developments, savings now need to be defined.</p>	3x4=12

1574 - Risk of failure to remain within allocated budget at Withybush General Hospital (WH) due to financial constraints	17/01/23	Director of Operations	4x5=20 (Reviewed 01/11/23)	<p>WH continues to see high demand through accident and emergency (A&E) and difficulties discharging patients through the complex care pathway, leading to higher than necessary bed occupancy.</p> <p>This is demonstrating an in-year improvement based on Reinforced Autoclaved Aerated Concrete (RAAC) associated bed reduction, variable pay improvements with nursing and medical staff and improved patient pathways.</p> <p>As of November 2023, the site is currently in a £1.9m deficit.</p>	2x3=6
975 - Risk of failure to remain within allocated budget due to financial constraints (Estates & Facilities).	01/05/20	Director of Operations	4x5=20 (Reviewed 24/11/23)	<p>As of October 2023, the forecast overspend for 2023/24 financial year is £1.4m. Key drivers include postage, maintenance overspend and provision cost increases. Maintenance overspend will be the focus of the monthly establishments reviews going forward. Postage will be transferred to the Digital team. The directorate, finance business partners and procurement are working together to review provisions costs and identify any possible opportunities. Due to the ongoing difficulties the risk current score remains at 20.</p>	1x5=5
971 - Risk of failure to remain within allocated	01/05/20	Director of Operations	4x4=16 (Reviewed 27/11/23)	<p>As at October 2023, the Directorate is forecast to be overspent by £1.3m by 31 March 2024 - as</p>	1x4=4

<p>budget over the medium term due to financial constraints (Mental Health and Learning Disabilities).</p>				<p>such, the likelihood score of this risk has increased to reflect this forecast position. This is driven mainly by an overspend of £5.2m in commissioning costs, however offset by pay underspend due to the current vacancy position within the Directorate (£4.6m). In addition, there is a £600k cost pressure for outsourcing third sector waiting list services to deliver key Welsh Government (WG) priorities to reduce waiting lists. The Directorate's expectation for the budget setting process for financial year 2024/25 is that an additional £3.8m budget award will be made to cover vacancy spend.</p>	
<p>1688 - Risk of overspend against the Medicine Management financial budget due to overspend on its primary care drug budget</p>	<p>28/06/23</p>	<p>Director of Primary Care, Community and Long Term Care</p>	<p>3x5=15 (Reviewed 16/11/23)</p>	<p>Even with all of the local controls the risk remains, as the external price for drugs remains higher than historic averages.</p> <p>This remains under regular review. Whilst savings plans are in place for the Directorate, national pricing continues to drive costs that are outside Health Board control.</p>	<p>1x5=5</p>
<p>1545 - Risk of overspend against budget (Women and Children) primarily due to high-cost locum and agency staff</p>	<p>01/04/22</p>	<p>Director of Operations</p>	<p>3x4=12 (Reviewed 15/11/23)</p>	<p>In August 2023, financial forecasting estimated an overspend for Women and Children's for the year of £0.77m, predominantly due to the use of locum cover within Obstetrics and Gynaecology due to the fragility of the out of hours rota, and the need to maintain safe service provision.</p>	<p>2x4=8</p>

				<p>In September 2023, due to financial re-forecasting, which includes cost reduction schemes, the Directorate has estimated an overspend of £0.2m.</p> <p>As of November 2023 (Month 7), the end of year forecast is a deficit of £1.1m. The Directorate received an accountability letter setting new control total of £421k.</p>	
1646 - Risk of overspending against funding allocated for external test service level agreements (SLAs) due to increased workload /costs (Pathology)	24/01/23	Director of Operations	4x3=12 (Reviewed 27/11/23)	<p>As of November 2023, overspending on external tests has been reduced but not eliminated as the need to spend on these tests is driven by demand and the control measures in place (such as minimising duplicate testing) can only mitigate the risk to a certain point. There is currently less test vetting in Haematology and Microbiology due to staffing levels.</p> <p>Monthly SLA meetings with Public Health Wales give an opportunity to challenge SLA updates. Move to regional model may impact how the service spends on tests in the long-term.</p> <p>Introduction of faecal immunochemical test (FIT) testing (instead of sending away tests) is being investigated. Testing numbers are to be consistently reviewed to determine to see if in-house testing is viable.</p>	3x2=6

964 - Failure to remain within allocated budget over the medium term due to financial constraints (Carmarthen-shire).	03/08/20	Director of Primary Care, Community and Long Term Care	3x4=12 (Reviewed 15/11/23)	The County is currently facing significant operational pressures, especially in Community Nursing which is requiring additional nursing resource over and above establishment levels. This coupled with Regional Integration Funded (RIF) posts now moved to core budget has resulted in an overspend of £0.7m as of October 2023. In addition, there is the continuing unfunded non-pay pressures relating to non-Health Board accommodation.	3x2=6
963 - Risk of inability to remain within financial budget excluding opportunity deficit (Bronglais General Hospital (BH))	22/07/21	Director of Operations	3x4=12 (Reviewed 15/11/23)	As of October 2023, there was an increase in shift fill rate from an average of 77% to an average of 90% in financial year 2023 that reduces clinical risk, but there was an increased run rate spend over and above what was anticipated for financial year 2024. There has been increased medical absences and higher rate card payments from what was incurred in the first 7 months of financial year 2023.	3x2=6
1644 - Risk of overspending against funding allocated for Haematology drugs due to increased drug usage and costs (Pathology)	24/01/23	Director of Operations	5x2=10 (Reviewed 16/11/23)	As of October 2023, Pathology are on course to underspend by £25K due to backfill monies from end of year 22/23 funding. A Haematology pharmacist has been hired to review patient activity and drug usage. The risk of an overspend can be reduced but not eliminated as spend on drugs is driven by patient	3x2=6

				<p>activity and therefore the control measures can only mitigate this risk to a certain point (for example, if a small number of patients require expensive treatment, this can result in an overspend).</p> <p>The impact score is to be reassessed at the upcoming Pathology governance meeting now that there is a pharmacist in place to cover the West region, who commenced in post 11 September 2023.</p> <p>Additional funding has helped reduce prior years overspends but activity growth over previous few years suggest there is still a risk of overspend going forward.</p>	
1636 - Failure to remain within allocated budget (Pembrokeshire) due to expenditure	10/01/23	Director of Primary Care, Community and Long Term Care	3x3=9 Reviewed 14/08/23	<p>Risk remains unpredictable at present.</p> <p>The County budget is now within the allocated budget and is no longer projecting an overspend. However, local pressures continue particularly in relation to capacity to meet the challenges of RAAC, which may result in further financial challenges.</p> <p><i>Note: A risk review is scheduled for 1 December 2023 in order to update this risk.</i></p>	3x2=6

Risks that are no longer included in the report

Since the previous report, one risk has been closed:

Risk Reference & Title	Date risk identified	Lead Director	Reason for risk closure or removal	Target Risk Score
1677 – Risk of an impact on Out of Hours budget due to the adoption of the National Salus system	11/05/23	Director of Operations	The risk has been closed due to the work regarding implementing the Salus system has now been terminated. Discussions are ongoing regarding the procurement process to continue with the existing system Adastra, with a new risk to be raised if required pending outcomes of these discussions.	3x2=6

The Risk Register, attached at Appendix 1, details the responses to each risk, such as the Risk Action Plan.

The heatmap below has been obtained from the Risk Performance dashboard. The information reflects the risk information extracted from Datix of the 15 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		1644 (→)	1688 (→)	1530 (→) 1574 (→)	1528 (→)
MAJOR 4			964 (→) 983 (→) 1545 (→)	971 (→)	1571 (→) 975 (→)
MODERATE 3			1636 (→) 1423 (↓)	1646 (→) 1748 (NEW)	
MINOR 2					
NEGLECTIBLE 1					

The table below details when all Directorate level risks assigned to the SRC (16 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 – Bimonthly.
- 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 of 21 November 2023.

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
Extreme	971, 975, 1528, 1530, 1571, 1574, 1688			
High	964, 983, 1423, 1545, 1607, 1644, 1646, 1748		1636	
Moderate				
Low				

Risk owners can allocate themes to their risks, which allows the Health Board 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

The Cyber Security, ICT and Information & Data Capture themed risk registers, previously aligned to SRC, have been realigned to Information Governance Sub-Committee (IGSC) for oversight.

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

Digital themed risks are Digital management team on a bi-monthly 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:	2.7 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR)
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	<p>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.</p> <p>2.8 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All 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 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 Termau: Glossary of Terms:	<p>Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i>' (ISO Guide 73, 2009)</p> <p>Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)</p>

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
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from the report however, impacts of each risk are outlined in the risk description.
Gweithlu: Workforce:	No direct impacts from the report however, impacts of each risk are outlined in the risk description.
Risg: Risk:	No direct impacts from the report however, organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from the report however, proactive risk management including learning from incidents and events contributes towards reducing/ eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/ mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts from the report however, impacts of each risk are outlined in risk description.
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Risk Ref	Status of Risk	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		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 2023-24</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 high cost agency - 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) - 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</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>	Finance inc. claims	6	5	5	25	<p>Overseas nurse recruitment to GGH site</p> <p>Alternative care model to cohort medically fit with less reliance on RN staff.</p> <p>Workforce review for A&E completed recruiting to band 4 roles.</p> <p>TUEC workstreams to avoid admissions and reduce LOS for frailty patients.</p>	<p>Morgan, Olwen</p> <p>Perry, Sarah</p> <p>Morgan, Olwen</p> <p>Perry, Sarah</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/03/2024</p>	<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 is still ongoing. Target by Exec Lead of December 2023 for 27 bed reduction for GGH.</p>	Sustainable Resources Committee	3	5	15		15-Nov-23

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
975	Directorate Level Risk		E&F: Directorate Team	Elliott, Rob	Elliott, Rob	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 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 on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, 3. Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved. <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>The monthly finance cycle reviews the movement in month and forecasts the remainder of the year, ensuring the healthboard has regular updates on the Directorates financial position.</p> <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	<p>A 3-year financial training programme is being developed for budget holders as part of the Health Boards 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>Finance to meet with Directorate to review and re-word risk as applicable.</p> <p>Scope potential for closer pay controls to reduce and maintain lower level of variable pay spend</p> <p>Determine methodology to identify and quantify cost of RAAC issues at Withybush</p>	Popham, Leon	Completed	<p>A reporting Dashboard for financial information has been achieved. Work in underway to include non-financial information also into the monthly Finance Dashboard to a plan, and this is currently scheduled for completion in 31/01/2021. The training programme was initially paused due to essential financial work due to Covid response and will be picked up and refined with an estimate delivery date of 03 / 2022</p> <p>A reporting Dashboard for financial information has been achieved. Work in underway to include non-financial information also into the monthly Finance Dashboard to a plan, and this is currently scheduled for completion in 31/01/2021. The training programme was initially paused due to essential financial work due to Covid response and will be picked up and refined with an estimate delivery date of 03 / 2022</p> <p>Complete</p> <p>Complete, review undertaken</p> <p>Complete- review meetings now in place.</p> <p>No longer applicable, Capital agreed and authorised by WG for RAAC work.</p>	Sustainable Resources Committee	1	5	5	Treat	07-Nov-23

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
1574	Directorate Level Risk		USC: WGH	Cole-Williams, Janice	Cole-Williams, Janice	17-Jan-23	<p>There is a risk of the WGH Directorate failing to remain within their allocated budget</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans, manage the ongoing impact of the COVID-19 pandemic within available funding, manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on homecare drugs in order to prevent admissions into hospital have increased with significant long term detrimental impact on the Health Board's financial sustainability. Homecare drugs in order to prevent admissions into hospital also increased.</p> <p>Risk location, Health Board wide.</p>	<p>Understanding the underlying deficit. Work with budget holders to understand the impact of moving into post Covid and ongoing RAAC maintaining environment.</p> <p>Finance Business Partners support informed decision making and ensure there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Finance Business Partners review with Directorate the opportunities from the framework during 21-22 incorporating the lessons form learned operating in the Covid environment. Health Systems Evaluation Meetings with Director of Finance.</p> <p>TUEC and Homecare based care programmes being developed and implemented to reduce pressure on A&E, prevent admissions and aid discharges with care at home.</p> <p>Implementation of SAFER principles and frontier to facilitate inpatient flow.</p> <p>Ward closures x6 as af 27/09/2023. Mitigate of 57 beds against the 108 medical beds closed. Elective inpatient activity paused, likely until Spring 2024</p>	Finance inc. claims	6	4	5	20	<p>Work as a system to develop a systems IMTP that addresses the resource pressures within the Pembrokeshire system as a whole. Use USC, SDEC and the Enhanced Bridging Services to ensure optimal patient flow through the hospital and community system ensuring that patients are looked after in the most appropriate setting. This will ensure the best utilisation of resources and ensure the best outcomes for patients.</p> <p>RAAC necessitated relocation of 48 in patient beds from WGH to Cleddau ward in South Pems Community Hospital. These are beds to be occupied by patients who no longer have an acute heath need. This forms part of the broader ongoing frailty pathway work. The TUEC focus continues in the form of the working to establish a clinical streaming hub, enhanced acute response, frailty SDEC and virtual ward. A digital ward has been established from SDEC which adds a more robust process to follow up on diagnostic requests. Hot clinic schedule developed and implemented in Sept 23 releasing capacity in SDEC for its intended purpose.</p>	Cole-Williams, Janice	23/01/2024	<p>Monthly IPAR (unscheduled care report) length of stay data.</p> <p>Conveyance rates. Admission rates calls to streaming hub and outcomes.</p>	Sustainable Resources Committee	2	3	6	Treat	01-Nov-23

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
1571	Directorate Level Risk	Effective, Efficient, Equitable, Person Centred, Safe, Timely	USC: Radiology	Perry, Sarah	Roberts-Davies, Gail	01-Apr-22	<p>There is a risk of of further overspend against the Radiology's financial budget.</p> <p>This is caused by the inability to recruit / attract staff into service, exacerbated by the development of new clinical pathways without additional resource resulting in the use of:</p> <ul style="list-style-type: none"> •Everlight use to cover reporting capacity •High cost locum agency staff to cover Radiologists/Radiographers •Under-established medical radiologist workforce <p>In addition, there is the use of new technology, resulting in increased implementation costs.</p> <p>This will lead to an impact/affect on</p> <ul style="list-style-type: none"> •potential increased maintenance costs associated with investments. •Not being able to meet demands of the service •Inability to increase/decrease capacity in a responsive way due to restricted budgets in the current financial climate. •Increased waiting lists, and poor patient experience •Not meeting the Welsh Government targets in relation to waiting times for cancer and supporting diagnostics. •the ability to reduce current expenditure and realise savings within the Directorate, which is under scrutiny given that the Health Board is currently in targeted intervention. •the Directorate not being able to recruit to key posts resulting in the inability to deliver a safe, timely and effective interventional and specialist assessment services which may lead to detrimental impact to patients and additional pressures on other services across the Health Board. <p>There is also the increased likelihood of complaints and possible compensation payments.</p> <p>Risk location, Health Board wide.</p>	<p>There is a risk of of further overspend against the Radiology's financial budget.</p> <p>This is caused by the inability to recruit / attract staff into service, exacerbated by the development of new clinical pathways without additional resource resulting in the use of:</p> <ul style="list-style-type: none"> •Everlight use to cover reporting capacity •High cost locum agency staff to cover Radiologists/Radiographers •Under-established medical radiologist workforce <p>In addition, there is the use of new technology, resulting in increased implementation costs.</p> <p>This will lead to an impact/affect on</p> <ul style="list-style-type: none"> •potential increased maintenance costs associated with investments. •Not being able to meet demands of the service •Inability to increase/decrease capacity in a responsive way due to restricted budgets in the current financial climate.+L14 •Increased waiting lists, and poor patient experience •Not meeting the Welsh Government targets in relation to waiting times for cancer and supporting diagnostics. •the ability to reduce current expenditure and realise savings within the Directorate, which is under scrutiny given that the Health Board is currently in targeted intervention. •the Directorate not being able to recruit to key posts resulting in the inability to deliver a safe, timely and effective interventional and specialist assessment services which may lead to detrimental impact to patients and additional pressures on other services across the Health Board. <p>There is also the increased likelihood of complaints and possible compensation payments.</p> <p>Risk location, Health Board wide.</p>	Finance inc. claims	6	5	4	20	<p>To complete the Demand and Capacity Review</p> <p>Development of activity dashboard by the Digital Team</p> <p>Recruitment of Radiographers and Radiologists</p> <p>Directorate to review the ability to reduce the use of inter-company agency work which is above NHS pay scales</p>	<p>Roberts-Davies, Gail</p> <p>Beynon, Gareth</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p>	<p>30/11/2023</p> <p>28/04/2023-31/12/2023</p> <p>30/11/2023</p> <p>3-4/08/2023-31/01/2024</p>	<p>Capacity and Demand Review is still in progress.</p> <p>This is currently still under development.</p> <p>2 substantive radiologist (part-time) have been employed and in post. Further 4 locum consultant radiologist to cover a proportion of daytime and OOH have been advertised to reduce reliance on Everlight, with vacancy deadlines of September 2023.</p> <p>There has been successful recruitment substantively to CT and Ultrasound positions at GGH which historically have been filled by locum radiographers as at August 2023.</p> <p>Substantial position for PPH advertised in September 2023, with interviews scheduled for October 2023.</p> <p>Phase 2 scenario options are to be submitted to Executives by 18th August 2023, and pending decision will inform future progress against this action. However completion of this action is progressing slower than anticipated due to turnover of staff and onboarding timelines.</p>	Sustainable Resources Committee	3	4	12	Treat	16-Nov-23

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		USC: PPH	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 2023-24</p> <p>This is caused by Multiple factors including: - Increased RN shift fill rates - Demand exceeding capacity on site, resulting in reliance on high cost agency - Inability to discharge patients to the community leading to a greater number of patients who are deemed ready to leave. - High cost locum cover - Rising drugs costs - Requirement to comply with NICE guidance and Nurse Staffing Levels (NSL)</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>	Finance inc. claims	6	4	5	20	<p>Workforce review for MIU completed recruiting to band 4 roles.</p> <p>TUEC workstreams to avoid admissions and reduce LOS for frailty patients.</p>	Morgan, Olwen	30/11/2023	To be updated at the next review.	Sustainable Resources Committee	3	5	15	Treat	15-Nov-23
															31/03/2024	The workstream is still ongoing. Target by Exec Lead of December 2023 for 17 bed reduction for PPH.							

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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>	Finance inc. claims	6	4	4	16	<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>	Popham, Leon	Completed	<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>Budget setting briefing paper to be published for Executive review and approval ahead of the Delivering Improving Together Session on the 18th December.</p> <p>New action.</p>	Sustainable Resources Committee	1	4	4	Tolerate	13-Nov-23

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1688	Directorate Level Risk	Efficient	P,C,LTC: Medicines Management	Brown, Christopher	Brown, Christopher	28-Jun-23	<p>There is a risk of that the directorate may overspend against its delegated primary care drug budget.</p> <p>This is caused by national factors around drug pricing. Primarily category M (margin) profit clawback UK wide, agreed by Department of Health; unprecedented increase in concessionary list of drugs for 'No Cheaper Stock Obtainable' (NCSO) reflective of market economy; and general drug price increases due to supply issues at UK national level</p> <p>This will lead to an impact/affect on the ability to maintain within delegated budget and realise savings.</p> <p>Risk location, Health Board wide.</p>	<p>Timely financial reporting, utilising business intelligence tools.</p> <p>Monthly review of prescribing spend, including Clinical interpretation of the data.</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>Bi-monthly attendance by the Lead Pharmacist and senior finance business partner, at the All Wales Pharmacy and Finance Group to raise and challenge national directive decisions on cost with WG policy holders.</p> <p>Directorate continues to perform within its staffing budget without the need for locum or agency staff. There is a directorate specific vacancy control in place since May 2023 Primary care drug budget sits with the Pharmacy & Medicines Management Directorate resulting in an overspend to the directorate's position.</p> <p>Primary Care workplan is operationalised mitigating in part the costs associated with inflationary pressures.</p>	Finance inc. claims	6	3	5	15							Sustainable Resources Committee	1	5	5	Treat	16-Nov-23

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1646	Directorate Level Risk	Efficient, Equitable	USC: Pathology	Pery, 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 in 23/24.</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, which for 22/23 is forecast at approx. £250,000. With addition of respiratory panel testing this could increase further in 23/24 by approx. £400,000.</p> <p>Risk location, Health Board wide.</p>	<p>1. Regular SLA meetings to review spend</p> <p>2. Reviewed external testing sites</p> <p>3. Clinical Scientist test vetting</p> <p>4. Demand management in place to prevent sending duplicate samples.</p>	Finance inc. claims	6	4	3	12	Regional collaboration providing opportunities to repatriate tests.	Peters, Lee	31/10/2023 - 30/04/2024	To be updated at next review	Sustainable Resources Committee	3	2	6	Treat	27-Nov-23
														Review main SLAs to look at repatriating service	Peters, Lee	31/10/2023 - 30/04/2024	To be updated at next review						
														Standardising clinical haematology processes, reducing send away tests	Peters, Lee	31/08/2023 - 30/04/2024	To be updated at next review						
1748	Directorate Level Risk	Effective, Efficient, Equitable, Person Centred, Safe, Timely	Ceredigion	Skitt, Peter	Skitt, Peter	05-May-23	<p>There is a risk of that the directorate will overspend against its delegated budget (excluding opportunity deficit) in 2023-24</p> <p>This is caused by 1. Bank and agency usage to cover absences at Tregaron Community Hospital; operating at maximum capacity of 15 beds</p> <p>2. Increased bank and overtime within District Nursing Team to support sickness / vacancies over and above TOIL</p> <p>3. Increased Travel and Transport costs</p> <p>4. Cost pressure associated with commissioning interim beds to support hospital flow</p> <p>This will lead to an impact/affect on • Ability in remaining within Statutory Financial Duty in year</p> <p>• Impact on de-escalating from WG Target Intervention status</p> <p>Risk location, Health Board wide.</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 County Management meetings to focus on cost reduction / mitigating actions and further opportunities / risks</p> <p>Vacancy control panel in place to scrutinize alternative provision vs essential duties</p> <p>Integrated non-standard equipment request panel in place to scrutinize all applications</p>	Finance inc. claims	6	4	3	12	Review in detail in subjective areas of over-spend and provide set actions to reduce spend with consequence for Exec approval	Skitt, Peter	Completed	Paper submitted to Execs. Execs feedback was that the proposals were not acceptable.	Sustainable Resources Committee	2	3	6	Treat	16-Oct-23
														Implementing Organisational Change of community nursing services delivery	Evans, Tracey -	31/01/2024	Consultation process has commenced						
														County to re-consider subjective areas of over-spend and provide set actions to reduce spend with consequence for Exec approval.	Skitt, Peter	30/11/2023	Meetings with Business Partners have been arranged						

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964	Directorate Level Risk		Carmarthenshire	Pery, Sarah	Pery, Sarah	03-Aug-20	<p>There is a risk of of the Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans, manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>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. Finance Business Partners representatives attend Senior Management meetings.</p> <p>Improving Together sessions now in place with Director of Finance, and Exec team.</p>	Finance inc. claims	6	3	4	12						Sustainable Resources Committee	3	2	6	Treat	15-Nov-23

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983	Directorate Level Risk	Effective, Efficient, Equitable	USC: BGH	Willis, Matthew	Willis, Matthew	22-Jul-21	<p>There is a risk of of the BGH Directorate overspending against its allocated budget (excluding its opportunity deficit).</p> <p>This is caused by an increase in shift fill rate, increased medical absences and higher rate card payments, as well as the appointment of an additional agency Gastroenterologist to help reduce waiting lists and support single-handed service.</p> <p>This will lead to an impact/affect on the ability to remain within Statutory Financial Duty in year and de-escalating from WG Target Intervention status.</p> <p>Risk location, Health Board wide.</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>	Finance inc. claims	6	3	4	12	<p>A 3-year financial training programme is being developed for budget holders as part of the Health Board's three year Plan.</p> <p>A reporting dashboard is under development to improve the accessibility to financial and non-financial information for budget holders and to allow a better understanding of cost drivers. This will facilitate better and more informed decision making by budget holders.</p> <p>Income generation to offset current financial overspend</p> <p>Appoint agency locum substantively</p>	Jarman, Carwen	Completed	<p>The implementation of the training programme was put on hold during the pressured winter period, this has now been revisited and will need some revision and a programme of training shared and delivered for budget holders by 30th September 2021.</p> <p>A draft Reporting Dashboard has been created for M6 Financial Reporting, and send to budget holder. Awaiting feedback from key finance users and service, before rolling out the full interactive Dashboard. No change to original action completion date.</p> <p>Current run rate shows overspend relating to variable pay. There has been progress expanding the range of elective care options to generate income from neighbouring health boards. Further work is anticipated to increase this activity with the aim of improving the Directorate's financial position.</p> <p>Discussions with service managers, site team and executives to produce an attractive package to appoint the high cost locum consultant substantively. Consultant is due to sit assessment in January 2024 with a view to interview via panel in New Year 2024</p>	Sustainable Resources Committee	3	2	6	Treat	15-Nov-23

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
1545	Directorate Level Risk	Effective, Efficient, Equitable	Women and Children	Humphrey, Lisa	Humphrey, Lisa	01-Apr-22	<p>There is a risk of of further overspend against the Women and Children's financial budget.</p> <p>This is caused by •Premium locum spend due to ongoing recruitment issues •Agency and bank spend to cover surge in activity, particularly during the winter months •Impact of the review on the Paediatric pathway at WGH (PACU) and the requirement of additional locums at GGH •Increase in the cost of Paediatric drugs and diabetic consumables •requirement to comply with NICE guidance and Nurse Staffing Levels (NSL)</p> <p>This will lead to an impact/affect on the ability to reduce current expenditure and realise savings within the Directorate, which is under scrutiny given that the Health Board is currently in targeted intervention. There is also the potential impact on the delivery of safe and effective care to patients. There is also the increased likelihood of complaints and possible compensation payments.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> Finance Business Partner assigned to the Directorate, with weekly meetings in place with Directorate management, and ad hoc meetings as and when required Weekly review of nursing and medical staff rotas Regular job planning reviews Board engagement with the Paediatric Pathway Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend We are reducing the O&G spend and working with Medical Sustainability project Scrutiny of budget via Improving Together meetings 	Finance inc. claims	6	3	4	12	<p>Director of Finance to finalise dates for the Directorate to partake in Use of Resources scrutiny process</p> <p>Review of PACU Pathway</p> <p>Total review of premium variable pay in O&G along with review of substantive session paid against budget sessions.</p> <p>Review of SCBU agency overspend and identification of alternative model.</p> <p>To implement (allocate) the new electronic rota for Obs and Gynea (identified as pilot specialty).</p> <p>Implement a reduction of frequency of on call within O&G from 1:12 to 1:8. This will reduce the use of high cost locum and ad hoc variable pay</p> <p>Ensure recruitment of SAS doctors within acute paediatrics remains on track to deliver by November 2023. This will mitigate the use of high cost locum and ad hoc variable pay</p> <p>Ensure streamlining remain on course within paediatrics to mitigate the use of agency.</p>	<p>Humphrey, Lisa</p> <p>Davies, Nick</p> <p>Freeman, Lyndon</p> <p>Milward, Janet</p> <p>Humphrey, Lisa</p> <p>Freeman, Lyndon</p> <p>Davies, Nick</p> <p>Davies, Nick</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/03/2024</p> <p>30/11/2023-30/11/2023</p> <p>30/11/2023-30/11/2023</p> <p>31/01/2024</p> <p>30/11/2023</p>	<p>Use of resources meetings have been superseded by Improving together sessions.</p> <p>Progress to be provided at next review.</p> <p>We are reducing the O&G spend and working with Medical Sustainability project to implement an electronic rota which will improve efficiency and productivity, reduce spend on Ad hoc variable pay and improve staff wellbeing.</p> <p>Paper has been reviewed in the W&C Business meeting. Recommendation that all agency and bank costs be included at the new model cost.</p> <p>Leadership group along with medical sustainability group have produced a video describing the challenges of paper based rota systems and how they influence increases in spend associated with ad hoc variable pay, and how an electronic rota would improve productivity, efficiency , reduction in spend and increase in staff wellbeing. Video is to be presented at PODCC and SDODC. Date to be confirmed.</p> <p>To be provided on next review date</p> <p>Recruitment behind schedule due to Visas</p> <p>On track to deliver 5 nurses within the allocated time scale</p>	Sustainable Resources Committee	2	4	8	Treat	15-Nov-23

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1644	Directorate Level Risk	Equitable, Safe	USC: Pathology	Perry, Sarah	Jones*, Dylan	24-Jan-23	<p>There is a risk of overspending against funding allocated for Haematology drugs.</p> <p>This is caused by significant increase in drug usage and cost over the last 3+ years. The % increase during this period is approximately 65%, however, the allocated funding has not matched this increase in cost.</p> <p>This will lead to an impact/affect on financial overspend, which for 22/23 is forecast at approximately 0.5 million. With usage and costs this could increase further in 23/24.</p> <p>Risk location, Health Board wide.</p>	<p>Hired haematology pharmacist to review patient activity and drug usage. Activity and spend monitored monthly. Homecare options monitored regularly. Drug rebates opportunity regularly reviewed.</p> <p>Hired a pharmacist to cover the west of region (starting approx Sept-23).</p> <p>Funding provided in 23/24 to match 22/23 spend.</p>	Finance inc. claims	6	5	2	10	<p>SCPHN to be reviewed and development of an optimised staffing model</p> <p>Explore alternative models of care at BGH for O&G and paediatrics from a quality and cost-reducing perspective. Alternative models to be considered via ALG ODPG and CDG.</p> <p>Explore maternity pathway for residents access in SBUHB maternity services to repatriate therefore reducing LTA costs.</p>	Humphrey, Lisa	29/03/2024	In progress	Sustainable Resources Committee	3	2	6	Treat	16-Nov-23
													<p>Recruit haematology pharmacist for west of region</p>	Jones*, Dylan	Completed	Recruited							
													<p>Horizon scanning/patient review</p>	Jones*, Dylan	30/4/2023 31/03/2024	16/11/23 - Haematology Pharmacists are actively reviewing new drugs and are reviewing patients; action is on going.							
													<p>Increase funding for haematology drugs to reflect growth</p>	Jones*, Dylan	Completed	Funding for 23/24 has increased to reflect 22/23 drugs spend.							

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1636	Directorate Level Risk		Pembrokeshire	Evans, John	Hay, Sonia	10-Jan-23	<p>There is a risk of of Pembrokeshire County Directorate being unable to remain within their allocated budget</p> <p>This is caused by the increased expenditure on community bed, homebased care and travelling expenses as a result of increased demand within the County. This has also led to the need for community assessment beds for extra capacity and extra care being provided in the community due to delays from the local authority assessments.</p> <p>This will lead to an impact/affect on the Health Board's financial sustainability; a failure to identify and deliver robust and realistic recurrent savings plans; failure to manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or, identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>Risk location, Pembrokeshire.</p>	<p>Work has been done with the respective budget holders within the county to ensure all understand the impact of moving to post covid / recovery position.</p> <p>Finance Business Partners are working closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Finance Business Partners are reviewing with the Directorate opportunities incorporating the lessons learned operating in the Covid and post COVID environment. Directorate indicators have been developed to monitor performance and areas of opportunity.</p> <p>TUEC and Homecare based care programmes being used to reduce pressure on A&E, prevent admissions and aid discharges with care at home</p>	Finance inc. claims	6	3	3	9	Await outcome of finance allocation meeting to determine specific actions required and an update of the current risk score	Evans, John	Completed	Meeting planned 12/6/23	Sustainable Resources Committee	3	2	6	Treat	14-Aug-23
1423	Directorate Level Risk	Effective, Efficient	Cancer Services	Humphrey, Lisa	Bennett, Debra	04-Jul-22	<p>There is a risk of of overspending against funding allocated for Oncology drugs.</p> <p>This is caused by activity growth which has been noted nationally, and resulting excess drug costs against allocated budget, additionally new drugs approved by NICE have a 60 day implementation directive from Welsh Government in order to secure access to the High Cost Drug Fund.</p> <p>This will lead to an impact/affect on Financial forecasting estimates an overspend for Oncology for the year of £2.0m, based on SACT activity in year growth of 10% and cost 15% due to price increases.</p> <p>Risk location, Health Board wide.</p>	<p>Designated business partner and monthly financial forecast are monitored (DITS)</p> <p>Activity and spend monitored monthly.</p> <p>Homecare options are monitored regularly.</p> <p>Drug regimes are scrutinised to ensure value for money is obtained and optimal use of resource.</p> <p>Horizon scanning for alternative drug options.</p>	Finance inc. claims	6	3	3	9	<p>Meet with medicines management team regarding process for implementing newly approved NICE drugs following FAD - to include considerations of infrastructure needs in addition to flat drugs costs</p> <p>Explore option with Medicines Management re: input of new NICE high cost drugs (as SBUHB)</p> <p>Meet with new Head of Medicines Management to agree implementation of newly NICE approved high cost drugs.</p> <p>Meet with Head of Medicines Management to explore scale of opportunity with bio-simulars.</p>	Bennett, Debra	Completed	Meds management leading on setting up the process - awaiting structure	Sustainable Resources Committee	3	2	6	Treat	15-Nov-23
														Bennett, Debra	Completed	Initial meeting has been held - Meds Management and Oncology currently working through options. Ongoing							
														Bennett, Debra	04/10/2023 31/12/2023	Met in September and further meeting planned for December 2023.							
														Bennett, Debra	Completed	Met in September.							