

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Executive Director of Finance & Procurement	Ensure sustainability in all that we do, economically, environmentally and socially.	Financial Stability Risk	Failure to remain in financial balance in 2021/22.	IF: The Health Board is not able to plan changes which enable current run rates of expenditure to align with the available funding for 2021/22 (including Covid funding and Planned Care recovery funding) Then: The Health Board will not be able to develop a break-even financial plan for 2021/22 and deliver it. The context is that the draft plan for 21/22 currently shows a deficit of £19.8m which entirely relates to Q3 and Q4, since the Health Board has only received Covid funding for non programme costs for Q1 and Q2 only. Resulting in: Potential deficit in 2021/22 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action. The context is that very significant non-recurring funding was allocated to the Health Board in 2020/21 which may not be at the same level in 2021/22, and 21/22 funding within initial allocations is predicated on a return to levels of efficiency savings close to pre-Covid levels.	Arrangements are being put in place to further develop the 2021/22 IMTP and financial plan, including the Covid response, TTP, planned care and diagnostics, including prioritisation of planned changes within the available resources. Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Routine monitoring arrangements in place. Regular reporting to Management Board and Planning, Performance & Finance Committee and Board.	Review bottom up savings plans and budget setting proposals received May/June. Develop the further savings planning process identified by the COO and DoF for implementation in July onwards. Further discussions needed with Welsh Government to understand likely funding position for 21/22.	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	27.01.2021	10.05.2021	30.06.2021	4060
Executive Director of Finance & Procurement	Ensure sustainability in all that we do, economically, environmentally and socially.	Financial Stability Risk	Failure to achieve or reduce the planned recurrent deficit of £33.9m at the end of 2021/22.	IF: The Health Board is not able to plan changes which enable current run rates of expenditure to align with the expected available funding for 2022/23. Then: The Health Board will not be able to develop a break-even financial plan for 2022/23 and deliver it. The context is that a key issue beyond 21/22 is the recurrent impact of the plan in 22/23 when it is likely that the non recurring funding for Covid in 21/22 will end or significantly reduce as well as non recurring Transformation funding ending. Resulting in: Potential deficit in 2022/23 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action.	Arrangements are being put in place to develop the 2021/22 IMTP, including the Covid response, TTP, planned care and diagnostics, including prioritisation of planned changes within the available resources. Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement going forward. Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans. Routine monitoring arrangements in place. Regular reporting of the forecast recurring position to Management Board and Planning, Performance & Finance Committee and Board.	Review bottom up savings plans and budget setting proposals received May/June. Develop the further savings planning process identified by the COO and DoF for implementation in July onwards. Further discussions needed with Welsh Government to understand likely funding position for 22/23.	Planning, Performance & Finance Committee	20	C4 x L5	12 C4 x L3	↔	10.5.2021	10.5.2021	30.06.2021	4629
Chief Operating Officer Bridgend Integrated Locality Group	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain Child and Adolescent Mental Health Services	IF: The Health Board continues to face challenges in the CAMHS Service Then: there could be an impact in maintaining a quality service Resulting in: recruitment challenges, long waiting times and impact to the implementation of the new model of care. Difficulties remain in recruiting key staff and new model of care being implemented; waiting times for specialist CAMHS and the new neurodevelopmental service remains challenging. Rationale for target score: Increasing demands being placed on the Core CAMHS Services resulted in long waiting times and the service was experiencing difficulties in recruiting staff	<ul style="list-style-type: none">Reported local and Network pressures across the CAHMS Network with variable problems dependant on the area of the network.Updates provided to Management Board on developing service model to address reported issues and additional investment secured to increase capacity within the service and to address service pressures. Waiting list initiatives in place whilst staff recruitment is being progressed.Service Model developed around Core CAHMS in Cwm Taf Morgannwg which includes agreement with General Paediatrics to take the lead on Neurodevelopmental Services and shared care protocols with Primary Care.New investment impact being routinely monitored A number of service reviews in relation to Ty Llidard undertaken and monitored via Q,S&R Committee	Commissioning discussions taking place across the Network in relation to service pressures and funding. Implementation of the Choice and Partnership Approach (CAPA) and being closely monitored. Internal Enhanced Monitoring Action Plan being progressed and monitored on a fortnightly basis by Bridgend ILG. Single Point of Access being developed. Full demand and capacity plans being developed with some assumptions about additional CAMHS demand as a consequence of the pandemic. Update June 2021 - CSG and ILG continue to develop and progress business case proposals to improve service provision and access and recruitment / retention initiatives.	Planning, Performance & Finance Committee	16	C4 x L4	9 (C3xL3)	↔	01/01/2015	08.06.2021	31.07.2021	4149

Datix ID	Executive Portfolio	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	Trend	Opened	Last reviewed	Comments
4070	Chief Operating Officer	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to achieve the 4 and 12 hour emergency (A&E) waiting times targets	IF: The Health Board fails to achieve the 4 and 12 hour emergency (A&E) waiting time targets. Then: The Health Boards ability to provide safe high quality care will be reduced. Resulting in: Compromised safety of patients, potential avoidable harm due to waiting time delays. Potential of harm to patients in delays waiting for treatment.	Need to strengthen minors streams at DGH sites to sustain improved delivery of performance against the 4, 8 and 12 hour targets. Also variable practice across A&E departments. Consultant and middle grade gaps in RGH now filled. PCH DU report delivered and being enacted. PoW handover performance reviewed by DU & EASC/CASC team and being enacted. PoW/RGH/PCH provided full Safety and Dignity analysis to September QSR committee and Safety Briefing sitrep model and SAFER being rolled out across sites. Programme of improvement work with AM&ED, HR and Retinue teams to improve medical booking and staffing to raise shift fill (ADH initiative has been successful). Winter Plan in train through directorate and partners (RPB). Interim Site Management arrangements coming into place. Systems model in development. 1) Clear discharge planning processes in place. 2) Improvements in the patient flow and investments to support Winter planning. 3) Stay Well At Home (SW@H) Service introduced and evaluated (6 month). Transformation funding will initiate Jan/Feb 2020. 4) SW@H 2 developments and Enhanced Community Clusters being progressed through Transformation bid.	The existing controls will be maintained and developed, with monitoring in place via internal ILG meetings and the monthly ILG meetings with Directors. Given the pressure upon the UHB in the covid-19 environment, the risk will remain at level 16, with review in March .	Planning, Performance & Finance Committee & Quality & Safety	16	12	To Close	01.04.2013	04.06.2021	Closed as risk amalgamated with Risk ID 4458 - Failure to Deliver Emergency Department Metrics (including 15 minute Handover and 4 and 12 hour breaches.)