Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	29 February 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Operational Risk Register
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations Huw Thomas, Director of Finance Lee Davies, Director of Strategy and Planning Sharon Daniel, Interim Director of Nursing, Quality & Patient Experience Dr Ardiana Gjini, Director of Public Health
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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

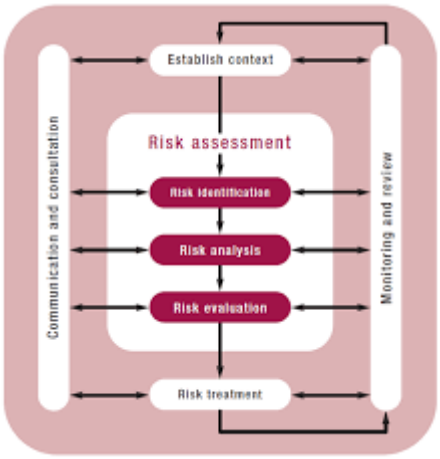
Sefyllfa / Situation

The Strategic Development and Operational Delivery Committee (SDODC) is responsible for providing assurance to the Board that risks aligned to the Committee are being identified, assessed and managed effectively.

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

Cefndir / Background

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



(Risk Management Process, ISO 31000)

Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group which will be responsible for securing assurance that risks within their remit are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

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

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

Relevant discussion should be reflected in the SDODC 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 SDODC's Terms of Reference state that it will:

- Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern eg where risk tolerance is exceeded, lack of timely action

- Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report
- Receive assurance through Sub-Committee Update Reports and other management/task and 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 four risks presented in the attached Risk Register (Appendix 1) as at 1 February 2024 have been extracted from Datix, based on the following criteria:

- The Strategic Development and Operational Delivery Committee 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

Two risks have been scored against the *Business objectives/projects* 'impact' domain, one risk against the Quality/Complaints/Audit domain, and one risk against the *Safety - Patient, Staff or Public* domain.

Below is a **summary** of the risks, ranked highest to lowest by current score, which meet the criteria for submission to the Strategic Development and Operational Delivery Committee on 29 February 2024.

TOTAL NUMBER OF RISKS	4
NEW RISKS ADDED TO THE REPORT SINCE PREVIOUS MEETING	1
RISKS ESCALATED TO DIRECTORATE LEVEL	1
RISKS REASSIGNED TO SDODC	0
INCREASE IN CURRENT RISK SCORE ⇧	0
NO CHANGE IN RISK SCORE ⇔	2
REDUCTION IN RISK SCORE ⇩	0
CLOSED/ REASSIGNED RISKS	2
EXTREME (RED) RISKS (based on 'Current Risk Score')	3
HIGH (AMBER) RISKS (based on 'Current Risk Score')	1

NEW RISKS ADDED TO THE REPORT SINCE PREVIOUS MEETING

Since the previous report, 2 new risks have been added to the report:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1789 - Risk of inability to maintain a system-wide multiagency Health Protection service due to uncertain funding (Public Health) **(New)**	24/11/23	Director of Public Health	**5x4=20** (Reviewed 08/01/24)	There is uncertainty regarding next financial year and recurrent years' funding allocation which is highly likely to result in severely reduced Health Protection service. The ability to surge as a rapid response to a COVID-19 or other infectious disease outbreaks on a large scale would be severely impacted.	**3x2=6**
1668 - Risk of loss of Nuclear Medicine service due to ageing and unrepairable calibrator in Withybush Hospital (WGH) (USC: Radiology) **(Escalated)**	30/05/23	Director of Operations	**4x5=20** (Reviewed 24/01/24)	Quality control tests performed on 7 November 2023 confirmed that the consequences for the entire Health Board would be significant if this equipment was to malfunction. The impact domain has been changed to Quality / Complaints / Audit and rescored with an impact of 5 (as the consequences would be catastrophic to the service if the risk was to materialise). The equipment cannot be repaired due to age, there is no backup available and the purchase of new equipment is the only option to offer full resilience and prevent loss of the nuclear medicine service. A new calibrator was purchased in January 2024 and delivery has now been confirmed by the site lead, with installation to commence in February 2024. Calibration is expected to take two weeks	**1x5=5**

				and when the equipment is in service, the risk is to be reviewed and possibly closed.	

CLOSED / REASSIGNED RISKS BEING REPORTED

Since the previous report, one risk has been closed and one risk has been reassigned to Strategic Development and Operational Delivery Committee (SDODC):

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Reason for risk closure or removal	Target Risk Score
1247 Risk to service delivery due to lack of suitable office and storage space for the Nursing Quality and Patient Experience (NQPE) teams (NQPE) **(Closed)**	04/10/21	Interim Director of Nursing, Quality and Patient Experience	**3x3=9** (Reviewed 26/09/23)	It was agreed at the Nursing, Quality and Patient Experience (NQPE) core team meeting in November 2023 that this risk can be closed as it is considered a managed issue.	**2X2=4**
1610 Risk of being unable to meet the increasing demand for data and analytics within the Health Board due to limited capacity (Finance: Performance) **(Reassigned to SRC)**	02/03/23	Director of Finance	**4x3=12** (Reviewed 23/01/24)	Following SDODC in October 2023, it has been confirmed that this risk should be reassigned to Sustainable Resources Committee (SRC) due to its direct relevance to digital operations.	**2x3=6**

NO CHANGE IN RISK SCORE

Since the previous report, two risks have had no change in risk score:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Rationale for the Current Risk Score (extracted from Datix)	Target Risk Score
340 - Risk of business cases not	01/09/16	Director of Strategy and Planning	**5x3=15** (Reviewed 30/01/24)	Additional constraints on capital allocations in 2023/24 will have a	**2x3=6**

being funded within required timescales due to pressure on Discretionary Capital (Strategic Development and Operational Planning: Planning)				significant impact on the timescales for funding availability to progress capital projects. A discussion was had at Capital Sub-Committee (CSC) on 25 May 2023 and a paper was presented to Executive Team on 21 June 2023 to consider the options available to the Health Board to manage these additional costs and re-prioritise the capital allocation for 2023/24. A decision was taken to reduce the allocation for business case development at the Executive Team. At the end of August 2023, Welsh Government (WG) released funding for Reinforced Autoclaved Aerated Concrete (RAAC) remedial works and Fire Enforcement Works in Withybush Hospital (WGH) which has enabled the Health Board to reinstate the business case development allocation in the Discretionary Capital Programme (DCP).	
1301- Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team (Strategic Development and Operational Planning: Planning)	01/06/21	Director of Strategy and Planning	**2x5=10** (Reviewed 25/01/24)	Additional staffing is required to reduce this risk to a tolerable level. An initial review of the resources required has been undertaken. The current response to the 2023/24 challenges has necessitated the inception of an Annual Plan Recovery team which is focused on developing mitigating action plans. Furthermore, in recognition of the current financial challenges, two of the three members of the planning team are supporting the recovery effort. Consequently, the inception of the recovery	**1x4=4**

				team has provided additional resources to support the remedial action plans. There is no allocation to support further recruitment within financial year 2023/24. The Transformation Programme Office (TPO) now sits under the Deputy Director of Operational Planning and Commissioning and as such, the resources within the TPO are supporting both the Annual Plan and the medium term direction through the Clinical Services Plan. Therefore, this improves both the capacity and capabilities in the interim.	

The Risk Register at Appendix 1 details the response to this risk, ie the Risk Action Plan.

The heatmap below has been obtained from the Risk Performance dashboard. The information reflects the risk information extracted from Datix on 6 February 2024:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5		1301 (→)		1668 (ESCALATED)	
MAJOR 4					1789 (NEW)
MODERATE 3					340 (→)
MINOR 2					
NEGLIGIBLE 1					

The table below details when the four Directorate level risks assigned to the SDODC were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly
- High Risks – Bi-monthly
- Moderate Risks – Six-monthly
- Low Risks – Annually

	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	1789, 1668, 340			
High	1301			
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 enables 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 risk themes of Capital – Digital, Capital – Estates and Capital – Equipment are aligned to Capital Sub-Committee. Themed risks are shared with the relevant theme owners on a bi-monthly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risk, and develop/improve organisational control, ie policies, procedures, systems, processes to reduce the risk to the Health Board.

The Capital-Equipment theme risk register is shared with the Business and Governance Manager, and Business and Governance Officer on a bi-monthly basis, who cross-reference with capital equipment bids already received. This information is utilised as part of a weighted-scoring system in order to support the prioritisation and allocation of submitted bids. If a bid is successful, risk leads are then contacted as a reminder to review and re-assess their risks based on this outcome.

The Capital-Digital theme risk register is shared with the senior Digital team and Capital Planning team on a bi-monthly basis. The Digital service refer to their themed risk registers for review purposes during senior management meetings. A large number of Digital's risks relate to end-of-life dates for Health Board ICT assets and the mitigating actions have a dependency on further capital investment to strengthen the organisation’s cyber posture via the effective mitigation and management of these risks.

The Capital-Estates theme risk register is reviewed on a monthly basis via the Central Compliance & Assurance Audit Meeting (CCAAM), which is attended by the Director of Estates, Facilities and Capital Management, along with key Estates & Facilities colleagues including Head of Facilities Information & Capital Management. The review highlights possible future Capital bids. These risks are also checked against the Capital Matrix (hosted by Capital Planning) to establish if bids have been submitted to address risks identified and where appropriate risks are discussed at the Capital meetings.

The Assurance and Risk team will continue to support risk theme owners to ensure appropriate review and oversight of risks to provide additional assurance around Health Board systems.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **REVIEW** and **SCRUTINISE** the risks included within this report to **SEEK 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

This in turn will enable the Committee to 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:	2.6 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 eg where risk tolerance is exceeded, lack of timely action.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in 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	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:	Risk Appetite - *the amount of risk that an organisation is willing to pursue or retain*' (ISO Guide 73, 2009) Risk Tolerance - *the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives* (ISO Guide 73, 2009)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol:	N/A

Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	

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 report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however impacts of each risk are outlined in risk description.
Cyfreithiol: Legal:	No direct impacts from 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 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
1668	Directorate Level Risk	Effective, Safe, Timely	USC: Radiology	Perry, Sarah	Roberts-Davies, Gail	30-mai-23	There is a risk of that the calibrator used to measure out radioactive tracers to administer to patients will fail. There is no option to repair this piece of equipment due to age. It was identified at the most recent Medical physics audit that it should be replaced. Failure in this piece of equipment will mean we are unable to run the service. This is caused by aged equipment that can no longer be repaired (20+ years). This will lead to an impact/affect on Loss of Nuclear medicine service. Risk location, Withybush General Hospital.	No control measure in place as there are no alternative equipment source solutions. (No back up equipment)	Quality/Complaints/Audit	6	4	5	20	Purchase new callibrator	Roberts-Davies, Gail	29/02/2024	Capital funding agreed and purchase made. The calibrator has been receipted however not received by Radiology as of 24/01/2024. The Facilities and Capital Management Team are helping to locate.	Strategic Development and Operational Delivery Committee	1	5	5	Treat	24-jan-24
1789	Directorate Level Risk	Safe	Public Health	Harris, Megan	Harris, Megan	24-nov-23	There is a risk of the Health Board will be unable to maintain a system-wide multiagency Health Protection service This is caused by uncertainty relating to future funding streams This will lead to an impact/affect on ability to support wider Public Health Wales Health Protection Team and wider work across the Health Board services to: Respond to infectious disease outbreaks Deliver timely and effective testing and sampling Provide timely and effective immunisation programmes Respond to and administer treatment pathways Risk location, Health Board wide.	Investment into staffing model for testing and immunisation on a permanent basis within Health Board aganst current non-recurring funding allocation, with transitional arrangements to absorb staffing into Health Board should funding not be secured. Regional Strategic Oversight Group ensuring prioritisation and monitoring of Health Protection service for west Wales. Hywel Dda Regional Health Protection Cell weekly operational meetings.	Safety - Patient, Staff or Public	6	5	4	20	When funding advised negotiations with partner agencies for allocations to be agreed	Gijini, Ardiana	31/03/2024	new action	Strategic Development and Operational Delivery Committee	3	2	6	Treat	08-jan-24
														Review of current and future estates requirements for service delivery	Lewis, Bethan	31/03/2024	new action						
														Workforce review underway to evaluate and develop sustainable 2-3 year staffing model for health protection including immunisation within Health Board teams	Lewis, Bethan	31/03/2024	new action						
														Evaluation of Local Authority Health Protection service and option appraisal of future model of delivery to achieve sustainable health protection system	Harris, Megan	31/03/2024	new action						

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
340	Directorate Level Risk	Timely	Strategic Development and Operational Planning: Planning	Rosser, Eldeg	Stuart, Rachel	01-sep-16	There is a risk of the development of business cases for priority projects not being funded within required timescales. This is caused by by the pressure on Discretionary Capital increasing due to the funding of Health Board backlog pressures. This will lead to an impact/affect on the Health Board possibly being unable to achieve those service improvements and developments included within the Annual Plan and or 3 year plan. Risk location, Health Board wide.	The Health Board is progressing with business cases within the constraints of DCP available. The prioritisation process for capital in 2023/24 has been undertaken and a report prepared for Executive Team in February 2023 and endorsed by SDODC in February 2023 and Board in March 2023. This includes an allocation for the development of business cases. Work continues with the Business Ops Team to prioritise estates improvement schemes. Agreed action and discussion with Welsh Government (WG) to secure approved business cases and thereby refund business case development costs into the DCP. The Initial Discretionary Capital allocation for 23/24 has been allocated to specific schemes, equipment and IT replacement. Opportunities for Integration and Rebalancing Capital Fund (IRCF) funding is regularly explored and two bids have recently been approved by the Regional Partnership Bpard (RPB) and submitted to WG for funding. The Health Board's Community Schemes will be incorporated into the 10 Year Regional Capital Plan being developed with West Wales Regional Partnership Board. Current pressures on the DCP might mean that the allocation approved by Board in March 2023 for Business Case development may need to be reduced in year to accommodate other pressures such as the implications of Reinforced Autoclaved Aerated Concrete (RAAC) on the Withybush Hospital (WGH) site. A paper was prepared for Executive Team's consideration detailing options available for managing these additional costs. A reduction in the allocation was approved by the Executive Team. Discussions with WG around the possible funding for RAAC and Fire Schemes were held. Funding has now been received from WG and the funding for the development of business cases has been re-instated within the DCP allocation for 2023/24.	Business objectives/projects	6	5	3	15	Continue to work with the Ops Team, Planning and Capital, Estates, and Information Management & Technology (CEIM&T) Sub Committee to ensure the prioritisation process enables priority business cases to be progressed within the DCP constraints without substantial adverse impact on Estates, equipment and IM&T funding requirements.	Stuart, Rachel	Completed	Work continues with the Business Ops Team to prioritise estates improvement schemes.Agreed action and discussion with WG to secure approved business cases and thereby refund business case development costs into the DCP.The initial Discretionary Capital allocation for 2022/23 has been allocated to specific schemes, equipment and IT replacement following a reduction in £1.8m. Opportunities are being explored with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub business cases.Currently risk tolerance score has been reviewed to reflect this. Completed.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	30-jan-24
														Business Case writers have been appointed for development of Primary and Community Care projects, following approval by Welsh Government.	Hughes, Samantha	Completed	Business Cases writers are appointed in line with relevant frameworks and governance structures for relevant Capital Projects. Completed.						
														Explore opportunities with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub's business cases.	Williams, Paul	Completed	Completed action- opportunities for IRCF funding is being regularly explored. Completed.						
														Explore utilisation of DCP for 2023/24 to enable the Health Board to also progress community hub business cases and business continuity business cases.	Williams, Paul	Completed	We have appointed business case writers to enable the Health Board to progress the next tranch of community schemes. The two bids for funding support have been submitted to the ICRF at WG for consideration following the RPBs endorsement in April 2023 (this action is with the Head of Capital Planning to implement, however as their name is not yet available on the Datix system, this action has been assigned to the Assistant Director of Strategic Planning in the interim). Completed.						

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
														Submit paper to Executive Team in June 2023 to consider options available by the Health Board to manage additional costs and re-prioritise the Capital allocation for 2023/24.	Rosser, Eldeg	Completed	Paper being prepared following discussion at Capital Sub Committee. A paper was submitted to the Executive Team in June 2023 which reprioritised the DCP allocation for 2023/24 to enable the Health Board to progress with the Fire Scheme in WGH and the RAAC surveys and remedial works in WGH. This will involve the slowing down of expenditure on the development of business cases. Paper submitted to July CSC.						
														Maintain dialogue with WG around the funding possibility for WGH Fire Phase 1 and RAAC.	Williams, Paul	Completed	Estates to provide costs information on both schemes to WG. Estates provided costs information on both schemes to WG and WG funding is now confirmed for both.						
1301	Directorate Level Risk	Effective	Strategic Development and Operational Planning: Planning	Ayres, Shaun	Ayres, Shaun	01-jun-21	There is a risk of of insufficient capacity within the existing Planning Team to deliver Health Board objectives with regard to plans. This is caused by the scope and extent of the planning function as being exceptionally large number of roles and responsibilities, and a review of capacity to meet National and Board objectives is required. This will lead to an impact/affect on delivering objectives as agreed in the Annual Plan/Integrated Medium Term Plan (IMTP); Health Board/Regional/National Planning; support for Business Cases; and being able to provide sufficient project/programme support and providing a sufficient level of governance and scrutiny to the planning cycle, providing commissioning support and compliance with best practice standards. Risk location, Health Board wide.	Permanent full time band 8c and 8a. We continue to work with other corporate teams, in particular Finance and Workforce, to develop the content of IMTPs/Annual plans. Deputy Director of Operational Planning and Commissioning commenced January 2023. Utilised Head of Commissioning to support Annual plan submission 2023/24, due to limited resources to draw upon. Annual plan is reported to SDODC, Sustainable Resources Committee (SRC) and ratified at Public Board. The Transformation Programme Office (TPO) now sits under the Deputy Director of Operational Planning and Commissioning and are supporting both the Annual Plan and the Medium Term direction through the Clinical Service Plan.	Business objectives/projects	6	2	5	10	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	~~30/06/2022~~ ~~30/09/2022~~ ~~31/03/2023~~ ~~31/07/2023~~ 30/04/2024	Commissioning team was brought into the Planning team as of January 2023, bringing some additional resource. The capacity and capability of the planning team has been highlighted in the targeted Intervention escalation of the Health Board (Planning and Finance). The timescale for this action has been pushed back to April 2024, due to being an unable to have an allocation to support any recruitment within this financial year 2023/24. The Transformation Programme Office (TPO) now sits under the Deputy Director of Operational Planning and Commissioning and are supporting both the Annual Plan and the Medium Term direction through the Clinical Service Plan. This improves both the capacity and capabilities in the interim.	Strategic Development and Operational Delivery Committee	1	4	4	Treat	25-jan-24