Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Dec-20	Trend	Target Risk Score	Risk on page no...
624	Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives	Thomas, Huw	Business objectives/projects	6	5x4=20	5x4=20	↔	4x4=16 Accepted	3
1018	Delivery of Q3/4 Operating Plan – Insufficient workforce to support delivery of essential services	Gostling, Lisa	Workforce/OD	8	N/A	4x4=16	New risk	3x4=12	8
1027	Delivery of the Quarter 3/4 Operating Plan - Delivery of integrated community and acute unscheduled care services	Carruthers, Andrew	Safety - Patient, Staff or Public	6	N/A	4x4=16	New risk	3x4=12	10
1028	Delivery of Q3/4 Operating Plan - Risk that Primary Care contractors may not be able to operate	Paterson, Jill	Quality/Complaints/Audit	8	N/A	4x4=16	New risk	3x4=12	13
1030	Reputational risk if the Health Board is perceived to not deliver the mass vaccination programme	Jervis, Ros	Adverse publicity/reputation	8	NA	3×4=12	New risk	2×4=8	15
451	Cyber Security Breach	Thomas, Huw	Service/Business interruption/disruption	6	3x4=12	3x4=12	↔	3x4=12	17
371	Inability to meet WG target for clinical coding and decision-making will be based on inaccurate/incomplete information	Thomas, Huw	Business objectives/projects	6	3x4=12	3x3=9	↓	3x2=6	21
633	Ability to meet the 1% improvement target per month for waiting times for 2020/21 for the new Single Cancer Pathway	Carruthers, Andrew	Quality/Complaints/Audit	8	3x3=9	3x3=9	↔	3x2=6	24
854	Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand	Moore, Steve	Adverse publicity/reputation	8	2x3=6	2x3=6	↔	2x3=6	27

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Ma	Tends to be detailed
2nd Line	Corporate O	Less detailed but
3rd Line	Independen	Often less detail but truly

Key - Assurance Required	*NB Assurance Map will tell you if you have*
Detailed review of relevant in	
Medium level review	
Cursory or narrow scope of re	

Key - Control RAG rating	
LOW	Significant concerns ove
MEDIUM	Some areas of concern o
HIGH	Controls in place assesse
INSUFFICIENT	Insufficient information a

Date Risk Identified:	sep-18			Executive Director Owner:	Thomas, Huw	Date of Review:	nov-20
Strategic Objective:	6. Sustainable use of resources			Lead Committee:	People, Planning and Performance Assurance Committee	Date of Next Review:	des-20

Risk ID:	624	Principal Risk Description:	There is a risk the UHB will not be able to maintain and address either the backlog maintenance or development of its estate, medical equipment and digital infrastructure, that it is safe and fit for purpose. This is caused by insufficient capital, both from the All Wales Capital Programme and Discretionary Capital allocation. This could lead to an impact/affect on delivery of strategic objectives, service improvement/development and delivery of day to day patient care.

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	5×4=20
Target Risk Score (L x I):	4×4=16
30/05/2019 - Board 'Accept' Target Risk	
Tolerable Risk:	6
Trend:	↔

Does this risk link to any Directorate (operational) risks?	Yes

Rationale for CURRENT Risk Score:

This risk has increased due to the use of All Wales Capital resources in the management of COVID-19 response. Although there are a number of controls in place, the risk cannot be managed within the current capital allocation and the risk to that allocation has the potential to increase should discretionary capital have to be used to support Covid-19 related expenditure. Any All Wales Capital schemes intended for funding in 2020/21 but not yet approved, are now unlikely to be funded in 2020/21.

Rationale for TARGET Risk Score:

The target risk score of 16 reflects the actions and processes planned and controls in place to help mitigate the risk.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
* There is an annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process. * The Business Planning & Performance Committee (BPPAC) and Capital Estates & IM&T Sub Committee (CEIM&T) (to date with IM membership and wide stakeholder engagement in prioritisation process), receive reports and recommendations on the prioritisation and allocation of available capital. * When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB. * Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds. * Retention of a medical equipment capital contingency to manage urgent issues of repair or replacement. * Review of regulatory reports which have a capital component ie. HIW, WAO, CHC. * Investigating the potential for 'Charitable' funding rather than Discretionary Capital Programme as appropriate. * Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) and regular dialogue through Capital Review meetings to understand the impact of All Wales Capital being required to support COVID 19 management, and any knock on impact on the 2020/21 DCP.. * Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority issues through the annual planning cycle. * Reports to CE&IMT SC set out priorities for imaging equipment and established a much firmer baseline position in relation to medical devices backlog. * Committed and planned capital expenditure associated with the COVID-19 pandemic has been shared with WG.	Capital funding is significantly short of the level required to deal with backlog maintenance programme for estates, digital & equipment. An Estates Strategy aligned to the Board approved Health and Care Strategy. Uncertainty over the full funding by WG of COVID-19 related capital expenditure which if not fully funded will impact on 2020/21 DCP. An updated Strategic Outline Programme for Digital Services to provide a forward look and also the backlog maintenance	Undertake backlog maintenance through the All Wales Capital programme for new equipment, digital and estates infrastructure. The Strategy is to apply discretionary capital in a prioritised way within the UHB however to take advantage of all Wales capital schemes where possible and any additional in-year capital allocations.	Thomas, Huw	Completed	As previously reported, significant pressures remain on the All Wales Capital Programme which limits flexibility in relation to backlog capital. The equipment and digital allocations were supplemented by the allocation of year end monies from WG in 2019/20.
		Development of a medical devices inventory.	Rees, Gareth	Completed	The medical devices inventory has been updated and reflects the higher than anticipated capital spend on equipment backlog issues in 2019/20. This has been the subject of a CEIM&T report and will be used to prioritise the equipment backlog taking into account items also purchased in response to the management of Covid-19 pressures.
		The annual planning cycle identifies key capital enabling plans and priorities. The 2019/20 planning cycle will also include the start of the development of an Estates Strategy in support of the clinical strategy which will establish the timing and scope of key estate developments which will help address backlog issues across the UHB.This element will be taken forward as part of the Programme Business Case for AHMWW and finalised in the Outline Business Case planned for 2021/22.	Thomas, Huw	~~31/03/2020~~ 31/12/2020 31/03/2021 30/06/2021	Evidenced in work in support of implementation of 'A Healthier Mid & West Wales' and inclusion in the Infrastructure and Investment Enabling Plan produced as part of the 2019/20 and planned to be produced for the 2020/21 Planning Cycle; the Pre Programme Business Case shared with WG Qtr3 2019/20; the Programme Business Case is planned for completion Qtr 1 2021/22.

Respond to Welsh Government request of 24Jul19 requesting a prioritised imaging equipment which could be provided 2019/20 (deadline for submission is 7th August 2019). Completion of these schemes has been delayed due to Covid 19 related issues.	Thomas, Huw	Completed	List was submitted to WG and funding has been allocated which has resulted in new digital general x-ray room equipment in both PPH and WGH plus new fluoroscopy equipment in GGH August 2020. In addition, an allocation has been agreed to allow the replacement of the WGH MRI in 2020/21. This is likely to be delivered early 2021/22. The opportunity has also been taken to procure short term capacity through a demountable 2nd CT scanner for Glangwili.
Following the submission of the Strategic Medical Device Replacement report to the CEIM&T Sub-Committee, discussions need to be had with Welsh Government colleagues at the Capital Review Meeting (CRM) on 30Jul19 about the progression of a business case for funding to help address priority backlog areas.	Thomas, Huw	Completed	Completed - As stated above, following the higher than anticipated levels of investment in 2019/20 and 2020/21 in imaging and general equipment backlog, the medical devices inventory is now to be re-assessed to establish priority requirements for 2021/22. It is likely that DCP funds will need to be supplemented through a bid for All Wales capital to support essential replacements in 2021/22.
Estate Major Infrastructure backlog has been the subject of a draft Programme Business Case (PBC) which is now being refreshed following the TCS outcome with the purpose to address essential infrastructure backlog on hospital sites pending new developments as part of the UHB Health & Care Strategy.	Thomas, Huw	~~31/03/2020~~ 31/03/2021	The Programme Business Case has been shared in draft with WG and with the Executive Team and IMs. This has now been endorsed at the October 2020 PPPAC before final approval and submission to WG. Given the AWC position, funding appears unlikely during 2020/21.

Digital Bids have been forwarded to Welsh Government to access the £25m in capital and revenue funding available in 2019/20. This is intended however for innovation and the digital backlog issues contained in the PBC submitted to Welsh Government along with other UHBs in 2017 remains unresolved.	Thomas, Huw	Completed	Further digital allocations are anticipated in 2020/21. The digital expenditure related to the COVID-19 response has been the subject of a WG allocation letter to the UHB.
Discussions with WG through the Capital Review Meetings and finance will continue to address the controls associated with COVID-19 related capital funding. The working assumption is that spending will be fully funded by WG however there are identified pressures which are not yet funded. These will be discussed further at the Sept CRM.	Thomas, Huw	30/09/2020	Capital schedules have been shared with WG as they have evolved and the open and transparent approach will continue as new COVID related capital pressures are identified. A decision is awaited on a request for further capital support in support of backlog and Covid-19 related pressures which is expected to be known in Nov20.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance against plan & budget.	Reports of delivery against capital plan & budget	1st			* DCP and Capital Governance Report - PPPAC Oct20 and CEIM&T Sub-Committee Sep20 * Radiolog					
	Capital Audit Tracker in place to track implementation of audit recommendations	1st								
	Monitoring returns to WG include Capital Resource Limit	1st								

Datix & risk reporting at an operational management level	1st			y Equipment Risk CEIM&T Sub-Committee Jan20&Sep20 * Strategic Medical Device Replacement CEIM&T Sub-Committee Jun19 * Estate Infrastructure					
BPPAC & CEIM&T Sub-Committee reporting (supported by sub-groups)	2nd								
Bi-monthly Capital Review Meetings with WG to discuss/monitor Capital Programme	2nd								
NWSSP Capital & PFI Reports on capital audit	3rd								
WAO Structured Assessment 2017	3rd								

Date Risk Identified:	nov-20	Executive Director Owner:	Gostling, Lisa	Date of	nov-20
Strategic Objective:	Delivery of the Quarter 3/4 Operating Plan	Lead Committee:	People, Planning and Performance Assurance Committee	Date of	des-20

Risk ID:	1018	Principal Risk Description:	There is a risk there will be insufficient workforce available to deliver services required for the quarter 3 and 4 plans. This is caused by an increase in Covid infections and outbreaks within acute, community and social care facilities which could lead to increased sickness absence directly due to COVID, increased self isolation of staff, and the ability to recruit new staff quickly to provide additional support. This could lead to an impact/affect

Risk Rating:(Likelihood x Impact)		No trend information available.
Domain:	Workforce/OD	
Inherent Risk Score (L x I):	5×4=20	
Current Risk Score (L x I):	4×4=16	
Target Risk Score (L x I):	3×4=12	
Tolerable Risk:	8	
Trend:	*New risk*	

Does this risk link to any Directorate (operational) risks?

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
Given the workforce starting position in terms of gaps within our Registered Nursing workforce, increasing demands to open surge facilities, the current risk score is considered to be "likely" and has the potential to have a "major" impact. The result of an outbreak would see a significant number of key staff unavailable which would impact on service delivery and stretch service provision.	The Target Risk score indicates the likelihood of the risk occurring (and to note there have been minor outbreaks occurring weekly) which suggests this may continue, therefore the probability sits between 25-75% which we hope will be mitigated by the actions noted below.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Bronze, Silver & Gold Command structure, PPPAC Workforce Planning Task & Finish Group	An organisational wide escalation plan	Flexible deployment plans for each service area/and organisationally	Walmsley, Tracy	31/12/2020	Work underway.
		Ongoing onboarding of a flexible contingent workforce in areas of need i.e. cleanliness/infection control activity, fundamentals of care	Walmsley, Tracy	31/01/2021	Continuous cycle of review and adapt based on assessed need.
		Risk assessment of each service area based on workforce availability.	Walmsley, Tracy	31/12/2020	Work underway.
		Assessment of corporate lead deployment options.	Walmsley, Tracy	31/12/2020	Initial review of workforce available. Requires alignment to operational needs and risk assessments to be
		Introduction of partnership agreement with key agencies to stabilise agency workforce to continue to fill establishment gaps	Walmsley, Tracy	31/12/2020	Work is underway to develop agreement for Pembrokeshire and

Prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery	Walmsley, Tracy	31/12/2020	Bi-weekly prioritisation taking place within Workforce & OD Team.
Maximise use of temporary workforce availability to include Bank, Overtime and Agency	Walmsley, Tracy	31/12/2020	Work underway.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
None identified.	Workforce Planning Task & Finish Group	1st					Undertake workforce planning audit	Walmsley, Tracy	31/12/2020	Underway.
	Workforce levels monitored at Bronze Workforce Group and reported to Silver and	2nd								
	Workforce and Q3/Q4 plan overseen by People, Planning & Performance Assurance Committee	2nd								

Date Risk Identified:	nov-20			Executive Director Owner:	Carruthers, Andrew	Dat e of	des-20
Strategic Objective:	Delivery of the Quarter 3/4 Operating Plan			Lead Committee:	People, Planning and Performance Assurance Committee	Dat e of	jan-20

Risk ID:	1027	Principal Risk Description:	There is a risk there will be disruption to the delivery of essential services set out in the Q3/4 Operating Plan. This is caused by increasing fragility within the unscheduled care system, the impact of COVID-19 on available bed and staffing resources and delays in discharges that are beyond the remit of the Health Board. This could lead to an impact/affect on the quality of care provided to patients, significant clinical deterioration, delays in
Does this risk link to any Directorate (operational) risks?			yes

Risk Rating:(Likelihood x Impact)		No trend information available.
Domain:	Safety - Patient, Staff or Public	
Inherent Risk Score (L x I):	5×4=20	
Current Risk Score (L x I):	4×4=16	
Target Risk Score (L x I):	3×4=12	
Tolerable Risk:	6	
Trend:	*New risk*	

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
As the 2nd wave of the COVID-19 pandemic has progressed, the risk has increased due to reduced availability of bed and staffing resources across community and acute sectors as a consequence of COVID 19 incidence and outbreaks. This has reduced staffed bed availability across both sectors and has led to increasing delays in the discharge pathway and increasing delays for patients accessing unscheduled care services due to reduced capacity at ED departments.	Across the UK, there is a significant challenge across the unscheduled care system. The target score of 12 is based on the planned work to help prevent the return of extreme pressures in the post COVID-19 period.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# Comprehensive daily management systems in place to manage unscheduled care risks on daily basis including multiple daily multi-site calls in times of escalation. # Reviews of patients admitted to surged areas to ensure patient acuity and dependency is monitored and controlled. # Surge beds continue as per escalation and risk assessment of site demand and acuity (where staffing allows). A daily review of the use of surge beds via patient flow meetings to facilitate step down of beds. # Discharge lounge takes patients who are being discharged. # The staffing position continues to be monitored on a daily basis in accordance with safe staffing principles. # Regular reviews of long stay patients over 7 days at weekly meetings across all hospital sites. # Regular training on discharge planning and complex care management is provided to ward based staff through Community Discharge Liaison teams, Social services and the Long Term Care Team support. # Delivery plans in place supported by daily, weekly and monthly monitoring arrangements. # Escalation plans for acute and community hospitals (within limits of staffing availability). # Winter Plans developed to manage whole system pressures. # Joint workplan with Welsh Ambulance Services NHS Trust. # 111 implemented across Hywel Dda. # Transformation fund bids in relation to crisis response being implemented across the Health Board. # IP&C support for care homes to avoid outbreaks. # Care Home Risk and Escalation Policy. # Ability to deploy Health Board staff where workforce compromise is immediately threatening to continuation of care for residents. # Care Home risk & Escalation Policy to be applied to support failing care homes as required. # COVID-19 IP&C Outbreak policy in place to coordinate management of infection outbreaks, led by site HoNs (supported by IP&C teams). # Integrated whole system, cross-sector Winter Preparedness Plan	# Fragility of Care Home Sector exacerbated by Covid related issues such as financial viability, increasing number of care home bed voids following outbreaks. # Fragility of Domiciliary care due to recruitment and retention of staff exacerbated by increased staff absences due to the TTP process. # Inability to secure GP medical oversight for step down/ intermediate care beds. # Inability to secure multidisciplinary resource to support discharge to assess model in the community. # Insufficient informatics support to enhance Complex Discharge caseload management tool. # Nurse staffing availability to ensure safe levels of care as a consequence vacancies and COVID 19 related absence across acute and community care.	To appoint HCSWs as supernummary aligned to the acure response teams to support failing community care capacity.	Dawson, Rhian	31/01/2021	Internal staff have been asked to put in Expressions of Interest.
		To consider alternative models of medical oversight i.e appointment of GP locums aligned to acute physicians	Dawson, Rhian	31/01/2021	Going out externally to appoint sessional GPs.
		Refer CRR 1018 detailing actions to address insufficient workforce to support delivery of essential services.	Gostling, Lisa	31/12/2020	Ref CRR 1018 for detailed progress.
		To appoint additional support to lead on enhancement/ implementation of the Complex Discharge caseload management tool (SharePoint).	Dawson, Rhian	31/01/2021	Agreed utilise slippage to appoint an IT consultant to support this work.
		To remind services to of the need to undertake robust sickness absence management to ensure staff are able to return to work safely and promptly.	Jones, Keith	31/12/2020	Operational Managers to ensure this is happening.
		To encourage and support staff to participate in the UHB's Covid-19 vaccination programme.	Carruthers, Andrew	31/01/2021	Operational Managers to ensure this is happening.

agreed Oct20.	# Reduced acute bed availability due to impact of COVID-19 outbreaks and reduced staffing availability # COVID-19 has further	To support asymptomatic testing pathfinders.	Carruthers, Andrew	31/01/2021	Operational Managers to ensure this is happening.

ASSURANCE MAP						Gaps in ASSURANCES				
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**	**Control RAG Rating (what the assurance is telling you about your controls)**	**Latest Papers (Committee & date)**	**Identified Gaps in Assurance:**	**How are the Gaps in ASSURANCE will be addressed. Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
Performance indicators for Tier 1 targets. A suite of unscheduled care metrics have been developed to measure the system performance.	Medically optimised and ready to transfer patients are reported 3 times daily on situation reports	1st				None identified.				
	Daily performance data overseen by service management	1st								
	Delivery Plans overseen by Unscheduled Care Improvement Programme	2nd								
	Bi-annual reports to PPPAC on progress on delivery plans and outcomes (and to Board via update report)	2nd								
	Fortnightly monitoring of Winter Plan 2020 delivery.	2nd								
	IPAR Performance Report to PPPAC & Board	2nd								
	WAST IA Report Handover of Care	3rd								
	11 x Delivery Unit Reviews into Unscheduled Care	3rd								
	Delivery Unit Report on Complex Discharge	3rd								

Date Risk Identified:	nov-20	Executive Director Owner:	Paterson, Jill	Date of	des-20
Strategic Objective:	Delivery of the Quarter 3/4 Operating Plan	Lead Committee:	People, Planning and Performance Assurance Committee	Date of	feb-21

Risk ID:	1028	Principal Risk Description:	There is a risk that Primary Care Contractors may not be able to open their Practices. This is caused by levels of COVID-19 infection rates amongst staff and/or staff needing to isolate as a result of being identified through the TTP process. This could lead to an impact/affect on the provision of direct patient care which could result in patients seeking services elsewhere e.g. A&E, MIU increasing the pressures on the Unscheduled Care system.

Risk Rating:(Likelihood x Impact)		No trend information available.
Domain:	Quality/Complaints/Audit	
Inherent Risk Score (L x I):	4×4=16	
Current Risk Score (L x I):	3×4=12	
Target Risk Score (L x I):	1×4=4	
Tolerable Risk:	8	
Trend:	*New risk*	

Does this risk link to any Directorate (operational) risks?	

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
With current community transmission rates increasing the likelihood of staff infection rates or contact traceability has increased. Despite ongoing sharing of IP&C guidance, social distancing rules etc it is impossible to manage the impact on an individual contractor basis.	If all appropriate measures are in place in line with guidance then the risk of transmission within the workplace would be significantly reduced thus limiting the number of staff who are not available to work.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Business continuity plans in place and reviewed recently; Clusters invited to provide a gap analysis of IT to support remote working that enables some level of service provision to be maintained if the practice has to close;	As independent contractors there is little that can be done by the Health Board to enforce best practice and reduce risk across the	Continued messaging and sharing of lessons learned from incidents in primary care	Bond, Rhian	Completed	Letter sent to all contractors

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
None identified	Escalation tool in use with weekly welfare calls to GMS practices	1st				Escalation tool is a self assessment process therefore not all issues might be documented or during times of increased	Local intelligence through the primary care support managers on how their	Bond, Rhian	31/12/2020	On week 2 of the system being in place. Process in
	PCIP Escalation Tool	1st					Escalation tool and welfare call process being developed for other	Bond, Rhian	31/12/2020	Work underway.
	Primary Care Bronze and Tactical	1st								

Date Risk Identified:	des-20	Executive Director Owner:	Jervis, Ros	Date of	des-20
Strategic Objective:	Delivery of the Quarter 3/4 Operating Plan	Lead Committee:	People, Planning and Performance Assurance Committee	Date of	feb-21

Risk ID:	1030	Principal Risk Description:	There is a risk to the Health Board's reputational should there be a perception of non-delivery of any part of the COVID-19 Vaccination Programme. This is caused by significant and ever changing planning and delivery parameters such as workforce requirements and vaccination availability. Geographical coverage for both workforce and venue requirements adds additional dimensions and complexity. These challenges are impacted by

Risk Rating:(Likelihood x Impact)	
Domain:	Adverse publicity/reputation
Inherent Risk Score (L x I):	3×4=12
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	*New risk*

No trend information available.

Does this risk link to any Directorate (operational) risks?	

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
High level of uncertainty, and rapidly changing advice and guidance as the programme commences and knowledge of these novel vaccines evolves. Unknown and rapidly emerging expectations from staff, stakeholders and the public requiring appropriate management.	As the programme delivery embeds, and initial uncertainties settle and knowledge/understanding of each vaccine and their individual characteristics improve. Expectations of individuals within our workforce and our communities will be better understood and supported over time.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Command & control structures in place with appropriate governance arrangements as part of the Immunisations & Vaccinations structures.	Awaiting full functionality of national WIS (Welsh Immunisation System) to	Awaiting confirmation of vaccine delivery schedule to inform planned programme roll out.	Jervis, Ros	31.12.2020	Awaiting confirmation

ASSURANCE MAP						Gaps in ASSURANCES				
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**	**Control RAG Rating (what the assurance is telling you about your controls**	**Latest Papers (Committee & date)**	**Identified Gaps in Assurance:**	**How are the Gaps in ASSURANCE will be addressed** **Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
Regular reporting of progress and position to National Covid Vaccine Board (CVB).	Regular reporting into Hywel Dda Tactical (Silver) Group	2nd				None identified.				
	Regular updates to Executive Team and Integrated Executive Group	2nd								
	Regular reporting into Dyfed Powys Local Resilience Forum	2nd								

	Core member of, and regular reporting to (including daily sitreps), the National Covid Vaccine Delivery Board (CVB)	2nd								

Date Risk Identified:	mai-17	Executive Director Owner:	Thomas, Huw	Date of Review:	nov-20
Strategic Objective:	N/A - Operational Risk	Lead Committee:	People, Planning and Performance Assurance Committee	Date of Next Review:	des-20

Risk ID:	451	Principal Risk Description:	There is a risk the Health Board experiencing a cyber security breach. This is caused by a lack of defined patch management policy, lack of management on non-ICT managed equipment on network, end of life equipment no longer receiving security patching from the software vendor, lack of software tools to identify software vulnerabilities and staff awareness of cyber threats/entry points. This could lead to an impact/affect on a disruption in service to our users cause by the flooding of our networks of virus traffic, loss of access to data caused by virus activity and damage to server operating systems.

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	3×4=12
30/05/2019 - Board 'Accept' Target Risk	
Tolerable Risk:	6
Trend:	⟷

Does this risk link to any Directorate (operational) risks?	451, 356

Rationale for CURRENT Risk Score:

There are daily threats to systems which are managed by NWIS and UHB. Current patching levels within the UHB of is on average 91% for desktop/laptops and 89% for the server infrastructure (November 20). The patching levels fluctuate during the month depending on the number of updates released by the 3rd party vendor. Alongside the fluctuations there is lack of capacity to undertake this continuous work at the pace required. Impact score is 4 as a cyber-attack has the potential to severely disrupt service provision across all sites for a significant amount of time, however the processes and controls in place have reduced the likelihood due to the improvements in patching.

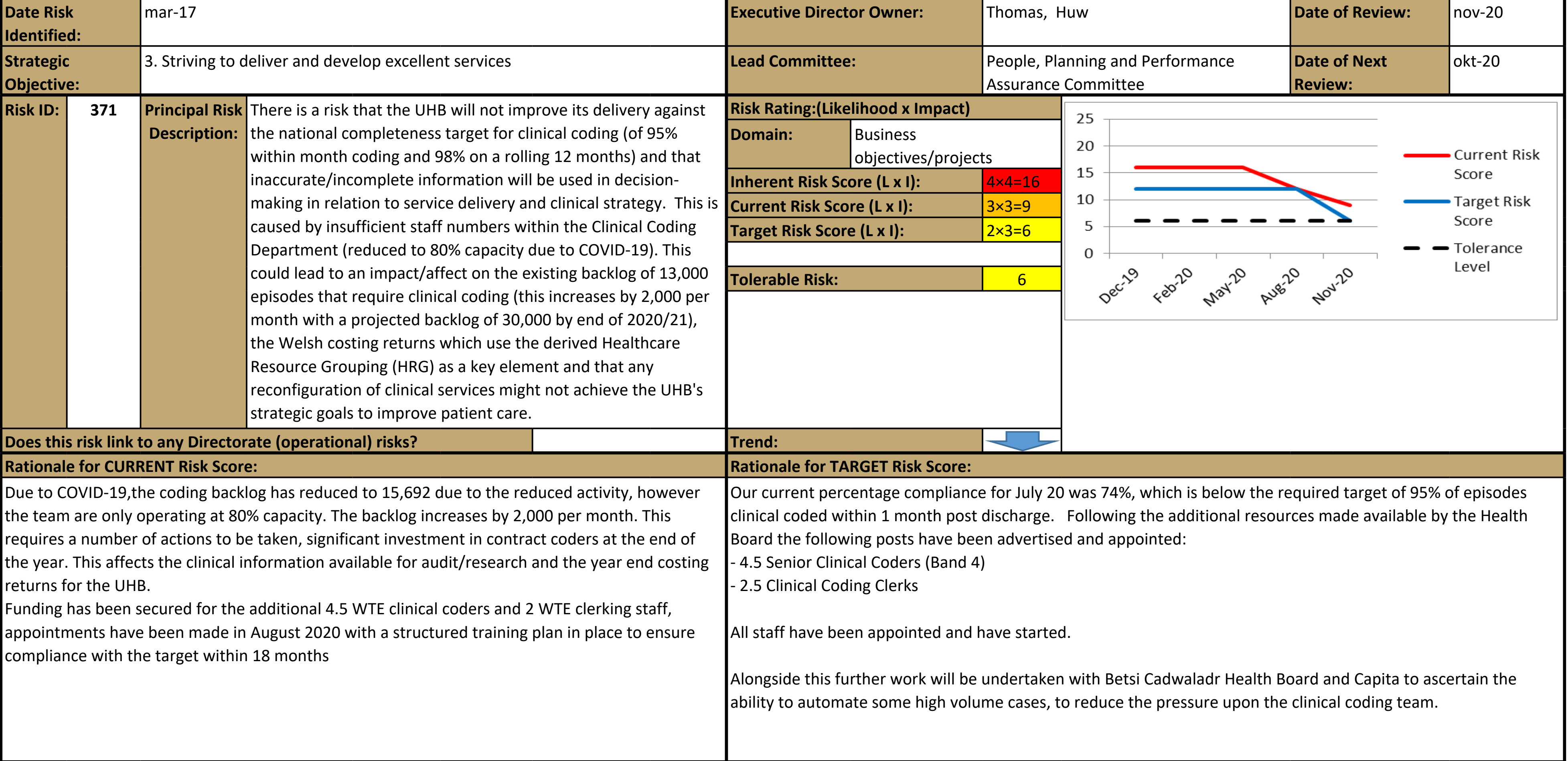
Rationale for TARGET Risk Score:

Increased patching levels will help to reduce to impact of disruption from a cyber threat. However this work is continuous and is dependent on obtaining the appropriate level of resources to undertake the patching anti-virus work at pace. The target risk score of 12 reflects the wider risk to other applications not Microsoft. The Board have accepted that there is an inherent cyber risk to the organisation, and have therefore accepted that the risk cannot be reduced lower than 12.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Controls have been identified as part of the national Cyber Security Task & Finish Group. Continued rollout of the patches supplied by third party companies, such as Microsoft, Citrix, etc. £1.4m national investment in national software to improve robustness of NWIS. Further Task and Finish Group established to review the future patching arrangements within NHS Wales - this will lead future work locally to implement recommendations. Capital funding has been made available by WG in 2018/19 to improve cyber security - this will be used to purchase required software/equipment for penetration testing. Additional UHB funding.	Lack of comprehensive patching across all systems used in UHB. Lack of staffing capacity to undertake continuous patching at pace. Lack of dedicated maintenance windows for updating critical clinical systems.	Work with system owners to arrange suitable system down-time or disruption.	Solloway, Paul	Ongoing	Patching policies have been created however little progress has been made due to lack of resources. Service catalogue creation is progressing well and this will be amalgamated with Information Asset Owners group to agree down-time for the key local systems. However patching KPI's will not be met until sufficient technical resources are in place.
		Continue to implement the recommendations of the Stratia report	Solloway, Paul	Ongoing	The additional resources will be targeted towards the recommendations
		Implement the national products previously purchased (i.e. Security Information Event Management (SIEM)	Solloway, Paul	Ongoing	The additional resources will be targeted towards the recommendations
		Hire agency staff until such time that a permanent resource can be appointed.	Tracey, Anthony	30/11/2020	The first round of appointments did not provide suitable candidates so agency staff will be used to provide progression of the recommendations.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
No of cyber incidents. Current patching levels in UHB. No of maintenance windows agreed with system owners. Removal of legacy equipment.	Department monitoring of KPIs	1st			External Security Assessment - IGSC - Jul 18 Update on WAO IT follow-up - ARAC - Oct19	National accreditation.	Progress the attainment of certificates and assurances as outlined by the National Cyber Security Centre (NCSC)	Tracey, Anthony	Ongoing	Regular reports on progress on External assessment to IGSC
	IGSC monitoring of cyber security workplan addressing recent internal and external audits/assessments	2nd								
	IGSC monitoring of National External Security Assessment	2nd								
	Follow-up Information Backup, Disaster Recovery & Business Continuity and Data Quality: Update on Progress	3rd								
	NHS Wales External Security Assessment - Assessment Report and Security Improvement Plan for Hywel Dda University Health Board (HDUHB) Oct17	3rd								
	WAO IT risk assessment (part of Structured Assessment 2018	3rd								
	Internal Audit IM&T Security Policy & Procedures Follow-Up - Reasonable Assurance	3rd								

	IM&T Assurance - Follow Up - Reasonable Assurance - May20	3rd								
	Cyber Security (Stratia Report) - Reasonable Assurance - Feb20	3rd								



Date Risk Identified:	mar-17	**Executive Director Owner:**	Thomas, Huw
Date of Review:	nov-20	**Date of Next Review:**	okt-20
Strategic Objective:	3. Striving to deliver and develop excellent services	**Lead Committee:**	People, Planning and Performance Assurance Committee
Risk ID:	371	**Principal Risk Description:**	There is a risk that the UHB will not improve its delivery against the national completeness target for clinical coding (of 95% within month coding and 98% on a rolling 12 months) and that inaccurate/incomplete information will be used in decision-making in relation to service delivery and clinical strategy. This is caused by insufficient staff numbers within the Clinical Coding Department (reduced to 80% capacity due to COVID-19). This could lead to an impact/affect on the existing backlog of 13,000 episodes that require clinical coding (this increases by 2,000 per month with a projected backlog of 30,000 by end of 2020/21), the Welsh costing returns which use the derived Healthcare Resource Grouping (HRG) as a key element and that any reconfiguration of clinical services might not achieve the UHB's strategic goals to improve patient care.

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×3=9
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	↓

Does this risk link to any Directorate (operational) risks?

Rationale for CURRENT Risk Score:

Due to COVID-19,the coding backlog has reduced to 15,692 due to the reduced activity, however the team are only operating at 80% capacity. The backlog increases by 2,000 per month. This requires a number of actions to be taken, significant investment in contract coders at the end of the year. This affects the clinical information available for audit/research and the year end costing returns for the UHB.
Funding has been secured for the additional 4.5 WTE clinical coders and 2 WTE clerking staff, appointments have been made in August 2020 with a structured training plan in place to ensure compliance with the target within 18 months

Rationale for TARGET Risk Score:

Our current percentage compliance for July 20 was 74%, which is below the required target of 95% of episodes clinical coded within 1 month post discharge. Following the additional resources made available by the Health Board the following posts have been advertised and appointed:
- 4.5 Senior Clinical Coders (Band 4)
- 2.5 Clinical Coding Clerks

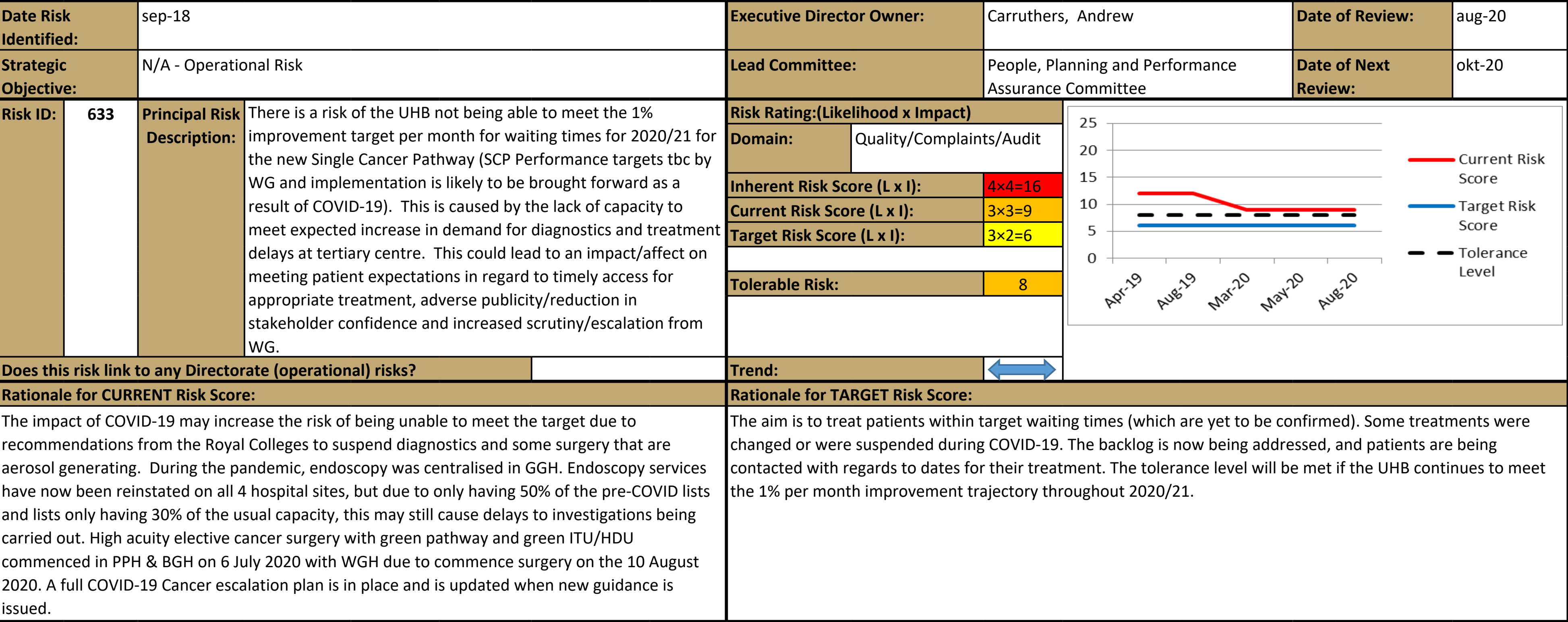
All staff have been appointed and have started.

Alongside this further work will be undertaken with Betsi Cadwaladr Health Board and Capita to ascertain the ability to automate some high volume cases, to reduce the pressure upon the clinical coding team.

<table>
<tr><th rowspan="2">Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)</th><th colspan="5">Gaps in CONTROLS</th></tr>
<tr><th>Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that</th><th>How and when the Gap in control be addressed
Further action necessary to address the controls gaps</th><th>By Who</th><th>By When</th><th>Progress</th></tr>
<tr><td rowspan="3"># Processes have been reviewed to identify any improvements that can be made to current working practices. The review has been unsuccessful in identifying any gains.
The coding backlog is monitored on a regular basis and reported via the IPAR and the Quality Indicators Group. Establishing the cost of contract coders to deal with the current backlog as a short term measure.
Overtime is being implemented to address some of the short fall in the completeness factor.
Reminders to end users of coded information that completeness levels does not meet national targets.
Notes are moved across the Health Board to support the teams that have less than required resources.
An outsourcing tender has been awarded to GSA for the coding of the Hywel Dda backlog, with a completion date of 27th June 2019, which is the requirement for the statutory costing returns.</td><td rowspan="3">Resourcing the clinical coding team, to take account of underlying growth

A revised workforce plan for the succession planning for the department</td><td>Develop a workforce plan to address current shortfall and address future staffing/succession needs (current shortfall is calculated as 5.5wte clinical coders and 2.5 WTE clerks)</td><td>Beynon, Gareth</td><td>Completed</td><td>Funding for additional staff has been approved with posts due to be advertised.</td></tr>
<tr><td>Additional funding has been provided to the Clinical Coding Team for 1 additional coder</td><td>Beynon, Gareth</td><td>Completed</td><td>The interviews for a fully trained coder were unsuccessful, therefore a further job advert was release for a trainee coder. Interviews for a trainee coder took place on the 10Dec19, and we appointed 2 trainee coders, however it should be noted that it will take 18 months for the individual to be fully trained and therefore the impact upon the coding backlog will not be seen until the individual is fully trained.</td></tr>
<tr><td>A further tender will be placed out to market for a weekend contract coder</td><td>Beynon, Gareth</td><td>Completed</td><td>The contract weekend coders, began on 02Nov19 and are targeting the backlog cases. Due to COVID-19 the contractor is not currently available.</td></tr>
</table>

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Number of episodes coded Number of episodes outstanding 95% of episodes coded within 1 month of discharge 98% of episodes coded in a rolling 12 months	Department monitoring of KPIs	1st			Information Governance Sub-Committee Jul18, Sep18, Nov18, Feb19, Apr19, May19, Jul19, Sep19 WAO Clinical Coding Follow-up	None identified				
	IGSC monitoring of Clinical Coding Targets	2nd								
	WAO Follow-up Report on Clinical Coding - Apr19	3rd								



Date Risk Identified:	sep-18	Executive Director Owner:	Carruthers, Andrew	Date of Review:	aug-20
Strategic Objective:	N/A - Operational Risk	Lead Committee:	People, Planning and Performance Assurance Committee	Date of Next Review:	okt-20

Risk ID:	633	Principal Risk Description:	There is a risk of the UHB not being able to meet the 1% improvement target per month for waiting times for 2020/21 for the new Single Cancer Pathway (SCP Performance targets tbc by WG and implementation is likely to be brought forward as a result of COVID-19). This is caused by the lack of capacity to meet expected increase in demand for diagnostics and treatment delays at tertiary centre. This could lead to an impact/affect on meeting patient expectations in regard to timely access for appropriate treatment, adverse publicity/reduction in stakeholder confidence and increased scrutiny/escalation from WG.

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×3=9
Target Risk Score (L x I):	3×2=6
Tolerable Risk:	8
Trend:	⟷

Does this risk link to any Directorate (operational) risks?	

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
The impact of COVID-19 may increase the risk of being unable to meet the target due to recommendations from the Royal Colleges to suspend diagnostics and some surgery that are aerosol generating. During the pandemic, endoscopy was centralised in GGH. Endoscopy services have now been reinstated on all 4 hospital sites, but due to only having 50% of the pre-COVID lists and lists only having 30% of the usual capacity, this may still cause delays to investigations being carried out. High acuity elective cancer surgery with green pathway and green ITU/HDU commenced in PPH & BGH on 6 July 2020 with WGH due to commence surgery on the 10 August 2020. A full COVID-19 Cancer escalation plan is in place and is updated when new guidance is issued.	The aim is to treat patients within target waiting times (which are yet to be confirmed). Some treatments were changed or were suspended during COVID-19. The backlog is now being addressed, and patients are being contacted with regards to dates for their treatment. The tolerance level will be met if the UHB continues to meet the 1% per month improvement trajectory throughout 2020/21.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Working with all Wales Cancer Network to gain full understanding of implications of new pathway. Implementation Group established, reporting to Cancer Board with awareness / engagement sessions held on each hospital site. Shadow monitoring in place. Further Demand & Capacity exercise planned 2020/21 with support from Delivery Unit. New Cancer tracking module in W-PAS now fully operational as of Dec19 with tracking team in place from Dec19 to allow patients to proactively tracked through treatment pathways. Routine daily communication feed from ED to cancer information team which helps identify the point of suspicion. COVID-19 escalation plan in place. Monitoring data of patients whose treatments have changed or suspended (some through patient choice) as a result of COVID-19. A 4-week follow up process has been implemented for these. Utilisation the private sector for surgery during COVID-19. Joint working with regional colleagues to offer patients on a tertiary pathway surgery locally. Resumed aerosol generated diagnostics cross all 4 hospital sites. Reinstated high acuity elective Cancer surgery with green pathway and green ITU/HDU has commenced on PPH and BHG sites as of 06/07/2020, and WGH planned from 10/08/20.	Anticipated significant gaps within key diagnostic services to address required levels of activity to support SCP - unlikely to be addressed by August 2019 Full engagement for all supporting services. Performance is lower than USC/NUSC published performance. Key diagnostic information systems do not support effective demand / capacity planning. Need for new, streamlined optimal clinical pathways to reduce diagnostic demand and expedite assessment pathways.	Demand & capacity assessment work continuing. Solutions will necessitate regional cooperation to address anticipated capacity gaps.	Humphrey, Lisa	~~31/03/2020~~ 31/03/2021	Initial planned work with Delivery Unit suspended and will be under constant review in light of COVID and recovery planning phase.
		See above re diagnostic services plus improved systems to support identification of 'date of suspicion'.	Humphrey, Lisa	~~31/03/2019~~ 31/08/2019 31/07/2020 31/10/2020	HB performance compares well with other HBs however below current USC/NUSC performance level. Ongoing work in progress with OPD, Diagnostic & ED teams along with the informatics department to improve real time identification of date of suspicion.Informatics are beginning to pick up routine reporting requests which were on hold due to COVID-19.
		Each MDT to review and adopt recommended optimal tumour site specific pathways	Humphrey, Lisa	~~31/08/2020~~ 30/09/2020	Each MDT is currently assessing implications of published proposed pathways. A Macmillan Cancer Quality Improvement Manager post which was developed to work with the teams with regards to implementing the new pathways is now vacant. Agreement over funding was delayed as a result of COVID-19. The recruitment process has started however there are small delays due to annual leave.

Explore opportunities for alternative providers to address tertiary centre delays for cancer treatment.	Humphrey, Lisa	Completed	Some arrangements were agreed however these have been suspended due to COVID-19, however COVID has provided opportunities to enable new arrangements to be put in place with regional centres.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Deliverable indicator targets - 1% improvement per month during 2020/21. Shadow performance data.	Daily/weekly/monthly/ monitoring arrangements by management	1st			* Implementation of Single Cancer Pathway Report - BPPAC - Feb20 * IPAR Report Mth3- Board - Jul20 * COVID-19 Impact on Cancer Services - Board - May20 * Cancer Updated to QSEAC	No gaps identified.				
	Executive Performance Reviews (suspended due to COVID-19)	2nd								
	Service plans in response to COVID-19 overseen and agreed by Bronze Acute & Gold	2nd								
	IPAR Performance Report to PPPAC & Board	2nd								
	Monthly oversight by Delivery Unit, WG	3rd								

Date Risk Identified:	apr-20			Executive Director Owner:	Moore, Steve	Date of Review:	okt-20
Strategic Objective:	5. Safe and sustainable and accessible and kind care			Lead Committee:	People, Planning and Performance Assurance Committee	Date of Next Review:	des-20
Risk ID:	854	Principal Risk Description:	There is a risk that UHB's response to COVID-19 proves to be larger than needed for actual demand. This is caused by incorrect modelling assumptions or changes in the progression of the pandemic. This could lead to an impact/affect on abortive costs and possible reputational damage.	Risk Rating:(Likelihood x Impact)			
				Domain:	Adverse publicity/reputation		
				Inherent Risk Score (L x I):	5×3=15		
				Current Risk Score (L x I):	2×3=6		
				Target Risk Score (L x I):	2×3=6		
				Tolerable Risk:	8		
Does this risk link to any Directorate (operational) risks?				Trend:	↔		

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
Likelihood recognises that limits to our ability to grow our bed base reduce the risk of over capacity and our modelling is informing the scale of gap. It also reflects revised planning assumptions from Welsh Government (WG) for winter COVID-19 demand which will be close to available Field Hospital capacity. The WG funding process for COVID-19 has been clarified and our current forecast outturn is in line with pre-covid plans at £25m.	Planning has been based on current planning assumptions and the Public Health Plan being effective. Target risk score has been met.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Modelling cell established to provide regular updates on planning numbers, linked into the Welsh Government modelling group and other Health Boards. Welsh Government direction to risk over provision rather than under provision will limit reputational damage. All developments subject to a business case approach to ensure value for money is considered alongside other issues. Board oversight and sign off of decision-making at all levels of the Command Structure. Good Communications with Community Health Council, local politicians					

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Delivery of £25m deficit at year end.	Response to COVID-19 reviewed through Command and Control Structure	2nd			Responding to the COVID-19 Pandemic - Board - Apr20, May20, Jun20, Jul20 & Sep20 Finance Report Month M06 - FC - Oct20 Q1 Covid-19 Costs	Internal and External Audit Plans in 20/21 are being reviewed to incorporate review of organisational response to COVID-19.				
	Board oversight of Response to COVID-19	2nd								
	Finance Committee (FC) review of COVID-19 costs as part of monthly finance report	2nd								
	WG support (to date) of UHB response to COVID-19	3rd								
	KPMG Review of Field Hospital Provision - Expected Sep20	3rd								

RISK SCORING MATRIX

Likelihood x Impact = Risk Score

Likelihood	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days.	Increase in length of hospital stay by >15 days.	An event which impacts on a large number of patients.
			Agency reportable incident.	Mismanagement of patient care with long-term effects.	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
		Reduced performance if unresolved.			
Workforce & OD	Short-term low staffing level that temporarily reduces service quality	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.

	(< 1 day).		Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage
					Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on

RISK MATRIX

	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	**Extreme**	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	**High**	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	**Moderate**	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	**Low**	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.