

**CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to Strategic Development and Operational Delivery Committee (SDODC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Lee Davies, Director of Strategy and Planning Dr Ardiana Gjini, Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance & Risk

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

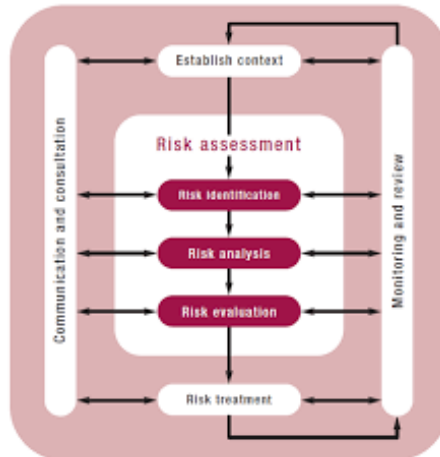
Sefyllfa / Situation

The 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 three risks presented in the attached Risk Register (Appendix 1) as of 16 May 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; and
- Risks have not been escalated to the Corporate Risk Register.

Two risks have been scored against the *Business objectives/projects* 'impact' domain and one risk has been scored against the *Service/Business interruption/disruption* 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 27 June 2024.

TOTAL NUMBER OF RISKS	3
NEW RISKS ADDED TO THE REPORT SINCE PREVIOUS MEETING	1
RISKS ESCALATED TO DIRECTORATE LEVEL	0
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')	2
HIGH (AMBER) RISKS (based on 'Current Risk Score')	1

NEW RISKS ADDED TO THE REPORT SINCE PREVIOUS MEETING

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

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1844 - Risk of not being able to provide a	01/05/24	Director of Public Health	5x4=20 (Reviewed 10/05/24)	Control measures will only manage sight on all priority areas stretched across a	2x3=6

timely and effective Public Health service due to limited Public Health Consultant capacity				pressured service at very senior level.	
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CLOSED / REASSIGNED RISKS

Since the previous report, two risks have been closed:

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)	24/11/23	Director of Public Health	5x4=20 (Reviewed 10/05/24)	Risk closed due to recurrent finance received to develop local health protection system. New challenges exist which may require new risk.	3x2=6
1668 - Risk of loss of Nuclear Medicine service due to ageing and unrepairable calibrator in Withybush Hospital (WGH) (USC: Radiology)	30/05/23	Director of Operations	4x5=20 (Reviewed 22/02/24)	Risk closed due to a new calibrator was purchased in January 2024 and has now been installed.	1x5=5

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	Update	Target Risk Score
340 - Risk of business cases not being funded	01/09/16	Director of Strategy and Planning	5x3=15 (Reviewed 01/05/24)	The limited Discretionary Capital Planning availability and the backlog on replacement of equipment,	2x3=6

<p>within required timescales due to pressure on Discretionary Capital (Strategic Development and Operational Planning: Planning)</p>				<p>estates and digital infrastructure, results in the organisation having to prioritise funding to manage organisational risks.</p>	
<p>1301 - Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team (Strategic Development and Operational Planning: Planning)</p>	<p>01/06/21</p>	<p>Director of Strategy and Planning</p>	<p>2x5=10 (Reviewed 25/01/24)</p>	<p>Additional staffing required to reduce this risk to a tolerable level. An initial review of the resources required has been undertaken.</p> <p>Furthermore, in recognition of the current financial challenges, two out of the three members of the Planning team are supporting the recovery effort. Consequently, the inception of the Recovery team has provided additional resources to support the remedial action plans.</p> <p>There is no allocation to support further recruitment.</p> <p>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 Service Plan. Therefore, this improves both the capacity and capabilities in the interim.</p>	<p>1x4=4</p>

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 16 May 2024:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5		1301 (→)			
MAJOR 4					1844 (NEW)
MODERATE 3					340 (→)
MINOR 2					
NEGLIGIBLE 1					

The table below details when the three 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

Risk numbers presented in red text denote those where a review of the risk is overdue, based on the data as at 16 May 2024.

	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	1844, 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 quarterly 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 quarterly basis, and cross-referenced 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 quarterly 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 and Assurance Audit Meeting (CCAAM), which is attended by the Director of Estates, Facilities and Capital Management, along with key Estates and Facilities colleagues including Head of Facilities Information and 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 **TAKE ASSURANCE** that all relevant controls and mitigating actions are in place; and.
- **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)	
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 Termiau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009) Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

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
1844	Directorate Level Risk	Effective, Equitable	Public Health	Lewis, Bethan	Davies, Raymond	01-May-24	<p>There is a risk of that the Hywel Dda Public Health Team will be unable to effectively support the Health board to deliver its priorities, as set out in the Health Board's Annual Plan 2024/25, and its public health responsibilities, including its statutory functions, such as responding effectively to any acute outbreaks adequately.</p> <p>This is caused by limited capacity within the Public Health Team with only one of four consultants in post.</p> <p>This will lead to an impact/affect on the oversight in relevant areas to improve health, prevent ill health and slow down on the long-term trends of increasing burden of ill health on the Health Board, poorly designed services that do not improve outcomes for individuals and communities, reduction of public confidence, increased scrutiny from media, regulators and WG. This will also result in challenges in managing the day-to-day activity and the line management arrangements within the Local Public Health Team.</p> <p>Risk location, Health Board wide.</p>	<p>Public Health function to be delivered by Dr Ardiana Gjini, Director of Public Health and Dr Michael Thomas, Consultant in Public Health Medicine.</p> <p>Workplan developed aligned to annual planning priorities delivery with key senior and extended leadership identified to lead within directorate.</p> <p>Deputised roles identified across all senior team members with oversight provided through Senior Leadership Team meetings weekly / fortnightly.</p>	Service/Business interruption/disruption	6	5	4	20	<p>Prioritise 'go live' with recruitment of substantive Consultant roles</p> <p>Explore fast track locum recruitment approach to recruiting to provide rapid cover whilst substantive recruitment running.</p> <p>Monitoring of planning objectives with team members assigned as leads to ensure timely escalation of any movement anticipate on achieving plan targets.</p>	Lewis, Bethan Lewis, Bethan Lewis, Bethan	17/05/2024 17/05/2024 30/06/2024	<p>Process commenced with vacancy request applications</p> <p>Process commenced with vacancy requests for locum cover</p> <p>New action</p>	Strategic Development and Operational Delivery Committee	2	3	6	Treat	10-May-24
340	Directorate Level Risk	Timely	Strategic Development and Operational Planning: Planning	Rosser, Eldeg	Stuart, Rachel	01-Sep-16	<p>There is a risk of the development of business cases for priority projects not being funded within required timescales.</p> <p>This is caused by by the pressure on Discretionary Capital increasing due to the funding of Health Board backlog pressures.</p> <p>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.</p> <p>Risk location, Health Board wide.</p>	<p>The Health Board is progressing with business cases within the constraints of DCP available.</p> <p>The prioritisation process for capital in 2024/25 has been undertaken and a report prepared for Executive Team in February 2024 and endorsed by SDODC in February 2024 and Board in March 2024. This will include an allocation for the development of business cases</p> <p>Work continues with the Business Ops Team to prioritise estates improvement schemes.</p> <p>The cost of business case development will be included in the final costs of the business cases and thereby refund into the business case development allocation in the DCP if approved.</p> <p>An initial allocation of £200k has been allocated for business case development in 2024/25 with £100k of this earmarked to complete the SARC and Aseptic BJC.</p>	Business objectives/projects	6	5	3	15	<p>Continue to work with the Ops Team, Planning and 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.</p>	Stuart, Rachel	Completed	<p>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 22/23 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.</p>	Strategic Development and Operational Delivery Committee	2	3	6	Treat	01-May-24

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								Opportunities for IRCF funding is regularly explored . The UHB's Community Schemes are incorporated into the 10 Year Regional Capital Plan developed by the West Wales Regional Partnership Board.						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 UHB 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 tranche 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 Assistance Director of Strategic Planning in the interim). Completed.						
														Submit paper to Executive Team in June 2023 to consider options available by the UHB to manage additional costs and re-prioritise the Capital allocation for 2023/24.	Rosser, Eideg	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 UHB 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.						

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1301	Directorate Level Risk	Effective	Strategic Development and Operational Planning: Planning	Ayres, Shaun	Ayres, Shaun	01-Jun-21	<p>There is a risk of insufficient capacity within the existing Planning Team to deliver Health Board objectives with regard to plans.</p> <p>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.</p> <p>This will lead to an impact/affect on delivering objectives as agreed in the Annual 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.</p> <p>Risk location, Health Board wide.</p>	<p>Permanent full time band 8c and 8a.</p> <p>We continue to work with other corporate teams, in particular Finance and Workforce, to develop the content of IMTPs/Annual plans.</p> <p>Deputy Director of Operational Planning and Commissioning commenced January 2023.</p> <p>Utilised Head of Commissioning to support Annual plan submission 23/24, due to limited resources to draw upon.</p> <p>Annual plan is reported to SDODC, SRC and ratified at Public Board.</p> <p>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.</p>	Business objectives/projects	6	2	5	10	<p>Review the costs and schedule of business cases to be progresses in 2024/25.</p> <p>Agree staffing resource required for strategic, operational and commissioning planning team.</p>	Rosser, Eideg	31/07/2024	To be updated.	Strategic Development and Operational Delivery Committee	1	4	4	Treat	25-Jan-24