

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 October 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to Strategic Development and Operational Delivery Committee (SDODC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	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**

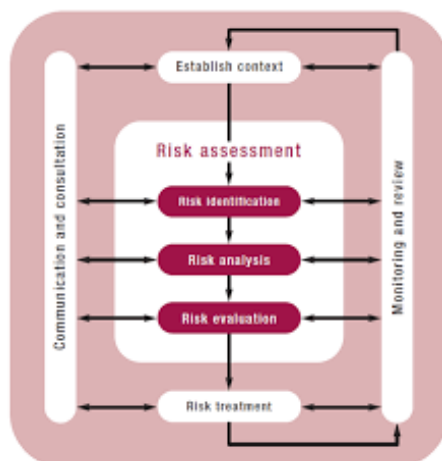
Sefyllfa / Situation

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 risks within the Corporate Risk Register (CRR) and Directorate Risk Registers 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 the Sub-Committee Update 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 six risks presented in the attached Risk Register (Appendix 1) as of 1 October 2024 have been extracted from Datix, based on the following criteria:

- SDODC 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 Corporate Risk Register.

Two risks have been scored against the *Business objectives/projects* 'impact' domain, two risks have been scored against the *Health Equity* 'impact' domain, one risk has been scored against the *Service/Business interruption/disruption* 'impact' domain and one risk has been scored against the *Finance inc. claims* 'impact' 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 31 October 2024.

Total Number of Open Risks	6	
New Risks Added to the Report Since Previous Meeting	3	See note 1
De-escalated/Closed Risks	0	
Increase in Risk Score ↑	0	
Decrease in Risk Score ↓	1	See note 2
No Change in Risk Score →	2	See note 3
EXTREME (RED) Risks (based on Current Risk Score)	4	
HIGH (AMBER) Risks (based on Current Risk Score)	2	

Note 1 - New Risks Added to the Report Since Previous Meeting

Three new risks have been added since the previous report:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1882 - Risk that the Starting & Developing Well team will be unable to deliver objectives	16/04/24	Director of Public Health	5x4=20 (Reviewed 03/09/24)	The funding for the programme's Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB) Implementation Lead role will be lost, resulting in the removal of this 1 x Full Time Equivalent (FTE)	2x3=6

due to cessation of Public Health Wales (PHW) Funding				Band 7 role, indirectly impacting upon the ability of the Health Promoting School Co-ordinators to meet their service objectives across the Health Board. A small programme delivery budget will also be lost. Contingency plans are being developed and control measures are being explored but these are not yet in place.	
1877 - Risk of financial impact on service delivery due to lack of recurring funding for Prevention and Early Years from Welsh Government	24/06/24	Director of Public Health	4x4=16 (Reviewed 03/09/24)	Highly likely given recent discussions that funding may not be continued post March 2025. Inability to sustain services would provide a major impact on delivery of health improvement and health equity.	2x4=8
1931 – Risk that funding allocated for Public Health services will not be available when required due to financial improvement measures.	01/08/24	Director of Public Health	4x3=12 (Reviewed 30/09/24)	Whilst the controls are designed to help mitigate the impact of this risk, the rationale for the high risk score is due to current controls only having a limited effect as the financial improvement measures are not recognising the ring fenced and grant funded budgets within Public Health Directorate for exemption.	2x3=6

Note 2 – Decrease in risk score:

There has been a decrease in the current risk score of the following risk since the previous meeting:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1301 - Risk to delivery of Health Board	01/06/21	Director of Strategy	3x3=9 (Reviewed 21/08/24)	In response to the organisation's escalated status requiring targeted	2x3=6

<p>objectives due to insufficient capacity and capability within the Planning Team</p>		<p>and Planning</p>		<p>intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, an organisational response has been implemented that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, which is vital in supporting the delivery of the annual plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressal of emergent issues.</p> <p>The centralised team, comprising of skilled professionals from different areas of the Health Board, brings a wealth of expertise and experience to the table. By operating as a central team, they can effectively coordinate efforts, monitor progress, and make informed decisions to keep the Annual Plan on track. This agile approach allows for swift adaptations to changing circumstances, ensuring that resources are allocated where they are needed most and that any potential obstacles are addressed proactively.</p>	
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			<p>Additionally, the Transformation Programme Office (TPO) team, which sits under the Deputy Director of Operational Planning and Commissioning, provides supplementary resources and expertise. This team's involvement is crucial, focusing specifically on Fragile Services—a priority that is directly supported through the TPO. By working hand in hand with the centralised team, the TPO contributes valuable insights and support, particularly in areas that require specialised attention. This integration is instrumental in fortifying the planning framework, ensuring that strategic and operational initiatives are cohesively supported and efficiently executed.</p> <p>Given the prevailing financial climate, expanding the planning team further is not currently viable. However, by leveraging the skills and knowledge of the centralised team and the TPO, the Directorate are confident in their ability to effectively manage the Annual Plan and drive the necessary changes to support the Health Board. This organisational response forms the method for managing the risk associated with operating a relatively small Corporate Planning team and ensures that despite financial limitations, the Directorate are committed to maintaining robust governance and oversight.</p>	
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Note 3 - 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
1844 - Risk of not being able to provide a timely and effective Public Health service due to limited Public Health Consultant capacity	01/05/24	Director of Public Health	5x4=20 (Reviewed 03/09/24)	Control measures will only manage sight on all priority areas stretched across a pressured service at very senior level.	2x3=6
340 - Risk of business cases not being funded within required timescales due to pressure on Discretionary Capital (DCP)	01/09/16	Director of Strategy and Planning	5x3=15 (Reviewed 07/10/24)	The limited DCP availability and the backlog on replacement of equipment, estates and digital infrastructure, results in the organisation having to prioritise funding to manage organisational risks.	2x3=6

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 1 October 2024:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					
MAJOR 4				1877 (NEW)	1844 (→), 1882 (NEW)
MODERATE 3			1301 (↓)	1931 (NEW)	340 (→)
MINOR 2					

NEGLIGIBLE
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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 of 1 October 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	340, 1882, 1877, 1844			
High	1931	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 provides assurance that an 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 the Capital Sub-Committee (CSC). 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 Operations Directorate Business and Governance Manager and Business and Governance Officer on a quarterly basis, who cross-reference with capital equipment bids already received. This information is utilised as part of a weighted-scoring system 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 Head of Operations, along with key Estates and Facilities colleagues including the 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 **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:	Included within report.
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 - <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)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

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	Prioritise 'go live' with recruitment of substantive Consultant roles	Lewis, Bethan	Completed	Process commenced with vacancy request applications, hoping to go live with recruitment of substantive Consultant in Health Protection Post by end of week. Went live to advert 26.7.2024	Strategic Development and Operational Delivery Committee	2	3	6	Treat	03-Sep-24
1882	Directorate Level Risk	Effective, Equitable, Person Centred, Timely	Public Health: Health Improvement & Wellbeing	Lewis, Bethan	Williams, Ben	16-Apr-24	<p>There is a risk of that the 'Starting and Developing Well' team will be unable to deliver their objectives for the national PHW, 'Whole School Approach to Emotional & Mental Wellbeing (WSAEMWB)' programme.</p> <p>This is caused by Welsh Government discontinuing the grant funding for the national programme which will cease on 31st March 2025.</p> <p>This will lead to an impact/affect on the capacity of the Public Health 'Starting & Developing Well' team to deliver their objectives in supporting all schools to self-evaluate and action plan for whole school approach EMWB in line with Welsh Government's statutory framework. Influencing local mental health and wellbeing priorities via county level strategic groups, delivering a cluster-based approach to support primary school engagement with the WSAEMWB and develop pathways and support programmes available to young people (16-24 years) around their emotional and mental wellbeing.</p> <p>The lack of service provision will negatively impact the health and wellbeing of children and young people across the Hywel Dda region, as well as negatively impacting the Health Board's finances and reputation.</p> <p>Risk location, Health Board wide.</p>	There are no existing control measures in place.	Health Equity	8	5	4	20	Explore the opportunity to fund associated staff post from core (Business as usual) funding from 1st April 2025	Lewis, Bethan	3+14/2/2024 03/10/2024	Ongoing review of funding opportunities	Strategic Development and Operational Delivery Committee	2	3	6	Treat	03-Sep-24

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1877	Directorate Level Risk	Equitable, Person Centred, Safe	Public Health	Lewis, Bethan	Williams, Ben	24-Jun-24	<p>There is a risk of that the prevention & early years funding from Welsh Government will not be recurring post 2025.</p> <p>This is caused by the lack of confirmation by Welsh Government relating to this funding stream.</p> <p>This will lead to an impact/affect on services currently funded against this allocation on a permanent basis, such as, tobacco control services, youth health team.</p> <p>Risk location, Health Board wide.</p>	<p>Ensure any new posts allocated against this funding stream are fixed term.</p> <p>Exploring options across services and partner agencies of recurring funding streams to support these services maintain delivery.</p>	Health Equity	8	4	4	16	Work with Workforce Team to scope impact of funding ending including financial, quality, safety and equity impacts.	Lewis, Bethan	31/10/2024	In progress	Strategic Development and Operational Delivery Committee	2	4	8	Treat	03-Sep-24
340	Directorate Level Risk	Timely	Strategic Development and Operational Planning: Planning	Rosser, Eideg	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 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> <p>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.</p>	Business objectives/projects	6	5	3	15	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.	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 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.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	07-Oct-24

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1931	Directorate Level Risk	Effective, Efficient, Equitable, Timely	Public Health	Lewis, Bethan	Lewis, Bethan	01-Aug-24	<p>There is a risk of that funding allocated through ring fenced, grants, or core budgets for public health services that require a fluctuating approach to spending opportunities are not available following each monthly financial update.</p> <p>A further risk is that any of the funding from these budgets used in updating HDUHB financial recovery will have to be redressed.</p> <p>This is caused by the financial improvement measure whereby there will be a rebuttable presumption that any budget underspend realised in a given month will be recorded as a non-recurrent saving in that month and preventing a fluctuating approach to spending against demands in service delivery.</p> <p>This will lead to an impact/affect on the ability of the Public Health Directorate to deliver on service areas under the relevant planning objectives, and will impend the ability of meeting the executive objectives.</p> <p>There are significant multiagency led workstreams affected, including: substance misuse, Healthy Schools and pre-schools, prevention including early years and health protection.</p> <p>On a number of these budgets the Health Board is only one of the partners for the funded project but acts as a 'bank' for the partnership, hence any underspent is subject to the partnership not just the UHB.</p> <p>The public health workforce budget is also ring fenced (under TUPE Oct 2022).</p> <p>There is also an impact on the reputation of the Health Board due to the multi agency approach to approval of spending areas across several of these funding streams and need for close monitoring of compliance to Welsh Government.</p> <p>Risk location, Health Board wide.</p>	<p>All service leads meet monthly with Finance Business Partner and ensure forecast spending is updated and relevant to needs of service.</p> <p>Review of service level finance meetings scrutinised by DPH / Interim Assistant Director PH to ensure forecast relevant and capture sufficient service demand impact.</p>	Finance inc. claims	6	4	3	12	Explore the opportunity to include ring fenced and grant funded budgets onto the exclusion criteria for financial improvement measures for directorate.	Lewis, Bethan	Completed	Confirmation received by Director of Finance that budgets will be ring fenced and excluded from measures going forward for remainder of year post month 5.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	30-Sep-24
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 strategic, operational and capital plans.</p> <p>This is caused by the scope and extent of the planning function as being exceptionally large given the scale of the change programme required for the organisation to deliver its objectives. A review of capacity to meet National and Board objectives is required to support this.</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 Operational teams and 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>Deputy Director of Operational Planning and Commissioning commenced January 2023.</p> <p>The Planning Directorate continue to work with other corporate teams, in particular Finance and Workforce, to develop the content of IMTPs/Annual plans.</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	3	3	9	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	Completed	In response to our organisation's escalated status requiring targeted intervention, it has not been feasible to expand the Strategic and Operational Planning Team as initially envisioned. However, we have implemented an organisational response that involves assembling a centralised team drawn from various sectors across the Health Board. The expectation is that this team will operate under a Project Management Office (PMO) style approach, this approach is vital in supporting the delivery of the annual plan and going further where possible to support the de-escalation of the Health Board. This structure ensures that the plan is not only delivered but also supported by adequately resourced and agile response capabilities, enabling dynamic allocation of resources and prompt addressal of emergent issues.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	21-Aug-24