GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Register
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations Huw Thomas, Director of Finance Lee Davies, Director of Strategy and Planning Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**
SBAR REPORT

Sefyllfa / Situation

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

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

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place, to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place.
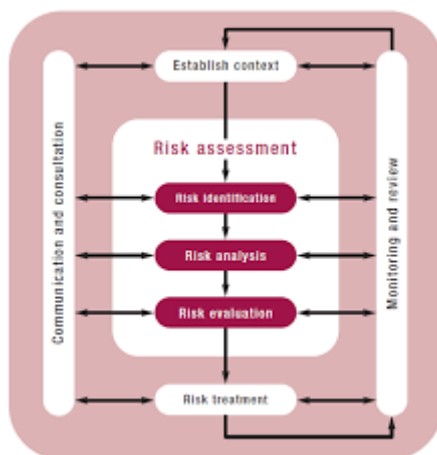
(Risk Management Process, ISO 31000)

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

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

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

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

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

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

Relevant discussion should be reflected in the SDODC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see Risk Appetite Statement) and any other risks, as appropriate.

Asesiad / Assessment

The SDODC's Terms of Reference state that it will:
- Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and

provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. 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; and
- Receive assurance through Sub-Committee Update Reports and other management/task & 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 5 risks presented in the attached Risk Register (Appendix 1) as at 1 June 2023 have been extracted from Datix, based on the following criteria:

- The Strategic Development and Operational Delivery Committee has been selected by the Risk Lead as the 'Assuring Committee' on Datix;
- The current risk score exceeds the tolerance level, as discussed and agreed by the Board on 27 September 2018;
- Risks have been approved at Directorate level on Datix;
- Risks have not been escalated to the CRR.

2 risks have been scored against the *Business objectives/projects* 'impact' domain, 2 risks against the *Service/Business interruption/disruption* domain and 1 risk against the *Finance inc. claims* 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 26 June 2023.

TOTAL NUMBER OF RISKS	5
NEW RISKS ENTERED ON DATIX	1
RISKS REASSIGNED TO SDODC	2
INCREASE IN CURRENT RISK SCORE ⇧	1
NO CHANGE IN RISK SCORE ⇔	1
REDUCTION IN RISK SCORE ⇩	0
REMOVED RISKS	0
EXTREME (RED) RISKS (based on 'Current Risk Score')	1
HIGH (AMBER) RISKS (based on 'Current Risk Score')	4

NEW RISKS BEING REPORTED
Since the previous report, 2 risks have been reassigned to SDODC and 1 new risk has been added to Datix:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
340 - Health Board wide risk: Development of Business Cases. *(Previously assigned to Capital Sub Committee)*	01/09/16	Director of Strategy and Planning	**5x3=15** (Reviewed 01/06/23)	Additional constraints on capital allocations in 2023/24 will have a significant impact on the timescales for funding availability to progress capital projects. A discussion took place at Capital Sub-Committee (CSC) on 25 May 2023 and a paper is being prepared for Executive Team on 21 June 2023 to consider the options available by the Health Board to manage these additional costs and re-prioritise the Capital allocation for 2023/34.	**2x3=6**
1610 - Increasing demand for data and analytics within the Health Board *(NEW) **	02/03/23	Director of Finance	**4x3=12** (Reviewed 24/04/23)	The Health Board already has control measures in place to minimise the impact of the risk and an action plan has been developed to try and reduce the likelihood of this risk occurring. Addressing the business continuity issues and increasing capacity is key.	**2x3=6**
1247 - Accommodation for the Director of Nursing Quality, and Patient Experience Teams ** *(Previously assigned to Capital Sub Committee)*	04/10/21	Director of Nursing, Quality and Patient Experience	**3x3=9** (Reviewed 21/04/23)	There is a lack of suitable control measures available and gaps in control. The Quality Assurance and Safety Team and Patient Experience Team (including concerns) have been managing this risk for a significant period of time. The current accommodation available will be further restricted if further recruitment and workforce additions are identified as being needed. Impact has reduced as the QI/communication/waiting list support team have	**2x2=4**

					now moved into new accommodation (April 2023).	

*Following the Executive Risk Group meeting held on 7th June 2023, the Director of Finance has committed to review this risk

**The risk treatment for risk 1247 has been approved to be tolerated by the Director of Nursing, Quality and Patient Experience as the Directorate are still seeking accommodation options, with all possible actions already taken. This risk has been managed for a significant period of time. It is noted that the current accommodation available will be further restricted should additional recruitment and workforce additions identified as being needed. SDODC is asked to consider and agree acceptance of this risk, prior to approval by the Board, in line with guidance as noted in the Risk Management Framework, and included in Appendix 2.

INCREASE IN CURRENT RISK SCORE
Since the previous report, one risk has had an increase in current risk score:

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
1301 - Strategic Planning Resource and Capacity.	01/06/21	Director of Strategy and Planning	2x4=8	2x5=10 (Reviewed 25/05/23)	Additional staff are required to reduce this risk to a tolerable level. As of May 2023, an initial review around the resources required has been undertaken, however before the structure is finalised by the Deputy Director of Operational Planning and Commissioning, the Health Board are awaiting the recommendations from the Welsh Government review into the planning directorate capability and capacity.	1x4=4

NO CHANGE IN RISK SCORE
Since the previous report, one risk has had no change in risk score:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1126 - Women & Children Phase II Project Risk	01/04/21	Director of Operations	**2x4=8** (Reviewed 15/03/23)	Further monitoring of Contractors is being undertaken until Phase 2 is completed. There is no indication of contractor, Tilbury Douglas, not completing the scheme. Further works have been identified. Regular reviews in place. If the risk materialised, this would have a significant implication both financially, and with a time delay in the completion of the project, which would influence the overall risk score.	**2x4=8**

The Risk Register at Appendix 1 details the response to this risk, i.e. 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 1st June 2023:

HYWEL DDA RISK HEAT MAP

	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5		1301 (↑)			
MAJOR 4		1126 (→)			
MODERATE 3			1247 (NEW)	1610 (NEW)	340 (NEW)
MINOR 2					
NEGLIGIBLE 1					

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

- Extreme Risks – Monthly.
- High Risks – Bi-monthly.

- Moderate Risks – Six-monthly.
- Low Risks – Annually.

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
Extreme		340		
High	1301	1610, 1247	1126	
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 2nd line of defence. Risk themes provides assurance that a holistic approach to risk management is undertaken, and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The risk themes of Capital – Digital, Capital – Estates and Capital – Equipment are aligned to Capital Sub-Committee. Themed risks are shared with the relevant theme owners on a bi-monthly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risk, and develop/improve organisational control, i.e policies, procedures, systems, processes to reduce the risk to the Health Board. The Assurance and Risk Team are currently requesting theme leads to provide assurance of the review of themed risks.

Argymhelliad / Recommendation

SDODC 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.
- To approve the risk treatment as "tolerated" for risk 1247 - Accommodation for the Director of Nursing Quality, and Patient Experience Teams.

This in turn will enable the Committee to provide the necessary assurance to the Board that these risks are being managed effectively.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.6 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report

Parthau Ansawdd: Domains of Quality [Quality and Engagement Act (sharepoint.com)](sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: [Quality and Engagement Act (sharepoint.com)](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](link)	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/ owners
Rhestr Termau: Glossary of Terms:	Risk Appetite - *the amount of risk that an organisation is willing to pursue or retain*' (ISO Guide 73, 2009) Risk Tolerance - *the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives* (ISO Guide 73, 2009)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	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	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
340	Directorate Level Risk		Strategic Development and Operational Planning: Planning	Williams, Paul	Stuart, Rachel	01-Sep-16	There is a risk the development of business cases for priority projects not being funded within required timescales. This is caused by by the pressure on Discretionary Capital increasing due to the funding of Health Board backlog pressures. This will lead to an impact/affect on the Health Board possibly being unable to achieve those service improvements and developments included within the Annual Plan and or 3 year plan. Risk location, Health Board wide.	The Health Board is progressing with business cases within the constraints of DCP available. The prioritisation process for capital in 2023/24 has been undertaken and a report prepared for Executive Team in February 2023 and endorsed by SDODC in February 2023 and Board in March 2023. This will includes an allocation for the development of business cases. Work continues with the Business Ops Team to prioritise estates improvement schemes. Agreed action and discussion with WG to secure approved business cases and thereby refund business case development costs into the DCP. The Initial Discretionary Capital allocation for 23/24 has been allocated to specific schemes, equipment and IT replacement. Opportunities for IRCF funding is regularly explored. The UHB's Community Schemes will be incorporated into the 10 Year Capital Plan being developed with West Wales Care Partnership. Current pressures on the DCP might mean that the allocation approved by Board in March 2023 for Business Case development may need to be reduced in year to accommodate other pressures such as the implications of RAAC on the WGH site. A paper is currently being prepared for Executive Team consideration detailing options available for managing these additional costs. s Care Partnership.	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.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	01-Jun-23
														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.						
														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 Hughes, Samantha	Completed	Completed action- opportunities for IRCF funding is being regularly explored.						

Risk Ref	Status of Risk	Health and Care Standards	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
														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 tranch of community schemes. The two bids for funding support have been submitted to the ICRF at WG for consideration following the RPBs endorsement in April 2023 (this action is with the Head of Capital Planning to implement, however as their name is not yet available on the Datix system, this action has been assigned to the Assistance Director of Strategic Planning in the interim).						
														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 2023/34.	Williams, Paul	30-Jun-23	Paper being prepared following discussion at Capital Sub Committee.						
1610	Directorate Level Risk		Finance: Performance	Evans, Catherine	Evans, Catherine	02-Mar-23	There is a risk of the Performance team and wider directorate being unable to meet all the reporting demands and data requests of the Health Board in a timely way. This is caused by the performance team and wider directorate increasingly dealing with more ad hoc requests for support in relation to data, reporting and trajectories. Reporting Requests: With the introduction of the Directorate Improving Together Sessions and the Health Board being in Enhanced Monitoring and Targeted Intervention, these have impacted on the number of reports being requested. Dashboard / Data requests: The Directorate Improving Together Sessions also afford an opportunity for teams to identify any areas of concern. Both Ceredigion UEC and MH&LD flagged that they had specific needs for additional support in relation to demand and capacity planning. The Planned Care team also said they also have a need for additional support in relation to theatre data. As these sessions are planned through the year, it is likely that these requests will keep coming and this demand will grow. These requests are likely to result in the development of specific dashboards or additional information being added to dashboards. We have limited capacity for addressing these demands.	1. We have reviewed the work of the team and have tried to scale back reporting levels to a statutory minimum 2. We are seeking some additional funding to help increase the capacity of the team 3. We are trying to signpost people to existing data sources in the interim through the "Our Performance" dashboards 4. We have established a prioritisation process to ensure that time and effort is spent on requests that are most important for the health board	Service/Business interruption/disruption	6	4	3	12	Continue to review processes to identify measures and reports that can be stood down or undertaken more efficiently to free up capacity.	Evans, Catherine	31/08/2023	Viewing figures in place for dashboards, and review being undertaken to assess existing commitments and workloads.	Strategic Development and Operational Delivery Committee	2	3	6	Treat	24-Apr-23
														Progress discussions and actions around increasing capacity in the team.	Evans, Catherine	31/07/2023	Review comments from Workforce on new job description.						

Risk Ref	Status of Risk	Health and Care Standards	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
							This will lead to an impact/affect on a capacity issue and risk to meet all demands in a timely way. We have a number of statutory reporting responsibilities to Welsh Government which may be impacted. If data / analytical support is not provided to teams then ultimately this may impact on their ability to operationally plan, which will have knock on consequences for staff, patients, financial implication, not achieving goals as set out in our plan. Risk location, Health Board wide.							Explore how we attract and build skills within the team	Evans, Catherine	31/08/2023	Picked up as part of PADR and relevant training identified and will be undertaken.						
1301	Directorate Level Risk		Strategic Development and Operational Planning: Planning	Ayres, Shaun	Ayres, Shaun	01-Jun-21	There is a risk of insufficient capacity within the existing Planning Team to deliver Health Board objectives with regard to plans. This is caused by the scope and extent of the planning function as being exceptionally large number of roles and responsibilities, and a review of capacity to meet National and Board objectives is required. This will lead to an impact/affect on delivering objectives as agreed in the Annual Plan/IMTP; Health Board/Regional/National Planning; support for Business Cases; and being able to provide sufficient project/programme support and providing a sufficient level of governance and scrutiny to the planning cycle, providing commissioning support and compliance with best practice standards. Risk location, Health Board wide.	Permanent full time band 8c and 8a. We continue to work with other corporate teams, in particular Finance and Workforce, to develop the content of IMTPs/Annual plans. Deputy Director of Operational Planning and Commissioning started January 2023. Utilised Head of Commissioning to support Annual plan submission 23/24, due to limited resources to draw upon. Annual plan is reported to SDODC, SRC and ratified at Public Board.	Business objectives/projects	6	2	5	10	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	30/06/2022 30/09/2022 31/03/2023 31/07/2023	Commissioning team has been brought into the Planning team as of January 2023, bringing some additional resource. The capacity and capability of the planning team has been highlighted in the targeted Intervention escalation of the Health Board (Planning and Finance). As of May 2023 an initial review around the resources required has been undertaken, however before the structure is ratified by the Deputy Director of Operational Planning and Commissioning, we are awaiting the recommendations from the Welsh Government review into the planning directorate capability and capacity.	Strategic Development and Operational Delivery Committee	1	4	4	Treat	25-May-23

Risk Ref	Status of Risk	Health and Care Standards	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
1247	Directorate Level Risk	Standard 7.1 Workforce	Nursing, Quality and Patient Experience (NQPE)	Rayani, Mandy	Daniel, Sharon	04-Oct-21	There is a risk disruption in services and impact on staff well-being due to lack of suitable office and storage space. This is caused by a lack of available office accommodation on acute hospital sites for all team members as well as aging office accommodation (e.g. Teilo Ward has a fire risk notice and PPH Audit/Datix Portacabin had corrosion on the base and thermal control issues). Access is required to patient notes which cannot be taken off site, and also printing and postage requirements on site is required, and therefore remote working is not a full time option. Currently accommodation priority is given to acute services and specialty teams. Lack of training facilities to accommodate resus training. Lack of accommodation for corporate nursing team to support students in practice. This will lead to an impact/affect on staff well-being because staff are working from home as their choice to come into work is not available also the current accommodation could be in different locations to their core team. Therefore the opportunity to have on the spot discussions with colleagues and face to face support from managers and colleagues is lost. This is concerning as the nature of the work can be distressing. Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.	The principles for a remote working policy will be applied to address some of the lack of space associated with this risk but will require use of rotas for desk availability. Use of office space on a temporary basis (there has been a request that the office space return to the original department). Business case for document management system to assist legal team. Continuing to work in according with the agile working approach.	Service/Business interruption/disruption	6	3	3	9	Ensure that the accommodation requirements for the Director of Nursing Quality and Patient Experience Team are fed into the appropriate accommodation discussions with the purpose of securing appropriate and adequate accommodation. Scope equipment requirements for hybrid working model across the Directorate. Determine the extent to which additional accommodation is required for the QAST (quality assurance team) team.	Daniel, Sharon Daniel, Sharon Steele, Cathie	31/03/2022 31/06/2022 31/05/2023 **Completed** 30/06/2023	Accommodation requirements for the Director of Nursing Quality and Patient Experience Team have been raised. However the strategic plan for accommodation has not been finalised. All staff have the right equipment to work from home. Progress to be provided at the next review.	Strategic Development and Operational Delivery Committee	2	2	4	Tolerate	21-Apr-23

SDODC Risk Register

Risk Ref	Status of Risk	Health and Care Standards	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
1126	Directorate Level Risk		Women and Children	Jones, Keith	Humphrey, Lisa	01-Apr-21	There is a risk that the supply chain partner and their financiers could choose to walk away from the contract to deliver the last few sections of the W&C Phase II scheme in Glangwili. This is caused by due to the time delays on the scheme which is a performance issue for the Supply Chain Partner and are currently operating in pain/without payment for the last months of the contract. This will lead to an impact/affect on the HB having to find another contractor to complete the scheme. This could also impact on the financial cost of delivering the scheme within the existing resources identified. Risk location, Glangwili General Hospital.	Monthly meetings are being held between the Estates Director and National Leads at Tilbury Douglas (TD). Assurance being sought from Tilbury Douglas by NWSSP Estates around their commitment to deliver the scheme and a formal response has been requested by the Health Board. Meetings are being held between Tilbury Douglas and NWSSP Estates around Performance and the Designed for Life Framework. Impact of Tilbury Douglas being removed from the national framework in Wales if they pulled out of this project. This would be a consequential risk of them losing the opportunity to bid for future work in NHS Wales.	Business objectives/projects	6	2	4	8	Escalate this risk through the structure to the appropriate Committee. Continued monitoring and escalation in place during final phase of project	Humphrey, Lisa Elliott, Rob	Completed 30/07/2021 31/12/2021 30/06/2023 31/07/2023	Completed. Report presented to SDODC in Oct21. Meetings have been held with TD on the 15/10/21, 08/11/2021, 26/11/2021 and 06/12/2021. TD handed over Section 2 21st December 2021 and the final phase will commence on 4th April 2022. A further meeting is to be organised as progress is being made on the final phase. The current scheme completion date is June 2023. Meetings have also been held with the DfL Framework managers from NWSSP to discuss TD and confirmed that TD continue to bid successfully for work on the BfW Framework. Managers from NWSSP to discuss TD and confirmed that TD continue to bid successfully for work on the BfW Framework. Progress on the current phase of the project is going well.We are seeing an improving position on performance and programming from TD. This is also being recognised in current Audit report.	Strategic Development and Operational Delivery Committee	2	4	8	Treat	15-Mar-23

Risk Evaluation (accepting a risk)

Is the risk within tolerance for this type of risk?

NB Refer to [Risk Appetite and Tolerance Statement](#)

No →

Can the activity giving rise to the risk be terminated without giving rise to a higher risk?

No →

Does the Risk Owner have the resources (financial, people, etc) to reduce this risk to within risk tolerance/risk appetite?

No →

Escalate risk through management structures to next level.

Does this level have the ability to agree additional risk management strategies to reduce the risk, ie, invest resources to bring this risk within tolerance?

No →

Does this level agree that there are sufficient controls in place to mitigate the <u>impacts</u> of the risk if it does materialise, ie, have we taken all possible action to reduce the level of loss, limit the damage and contain costs to the UHB?

No →

Feedback to Risk Owner to take the appropriate actions to mitigate impacts of risk

Yes →

Risk to be accepted as per table below and escalation guidance in appendix 1 and reported on Datix. When requesting acceptance of risks, Risk Owners must set out current controls and their effectiveness, and reasons why no further action can be taken, and assurance that the UHB is prepared, as far as reasonably practicable, if risk materialises.

Risks	Acceptance of risks above HB tolerance
Principal risks	Board**
Corporate risks	Board**
Directorate risks	Board Committee**
Service Risks	Executive Director

*** Executive Risk Owner must agree acceptance of risk above UHB tolerance, and report this decision to the Executive Team. The decision will also be reported to the relevant Board/Committee through the operational or corporate risk report.*

Yes →

Risk Owner to continue to treat the risk to bring within tolerance

Yes →

Risk Owner to continue to treat the risk to bring within tolerance

Yes →

Stop the activity

Yes →

Management decision to continue to treat the risk to bring it in line with risk appetite OR not to treat the risk, ie, not take any further action to reduce/mitigate risk