



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 October 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Operational Risk Register
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	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
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rachel Williams, Head of Assurance and Risk

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

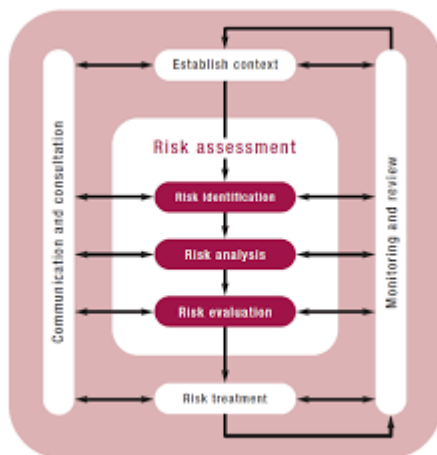
#### Sefyllfa / Situation

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

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

#### Cefndir / Background

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



(Risk Management Process, ISO 31000)

Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the

prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

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

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

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

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

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

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

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

#### Asesiad / Assessment

The SDODC's Terms of Reference state that it will:

- Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern eg where risk tolerance is exceeded, lack of timely action
- Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report

- Receive assurance through Sub-Committee Update Reports and other management/task and finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate)

The four risks presented in the attached Risk Register (Appendix 1) as at 4 October 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

Two risks have been scored against the *Business objectives/projects* 'impact' domain, and two risks 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 26 October 2023.

TOTAL NUMBER OF RISKS	4
NEW RISKS ENTERED ON DATIX	0
RISKS REASSIGNED TO SDODC	0
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ⇔	4
REDUCTION IN RISK SCORE ↓	0
CLOSED RISKS	1
EXTREME (RED) RISKS (based on 'Current Risk Score')	1
HIGH (AMBER) RISKS (based on 'Current Risk Score')	3

### CLOSED RISKS BEING REPORTED

Since the previous report, one risk has been closed:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Reason for risk closure or removal	Target Risk Score
1126 - Women and Children Phase II Project Risk	01/04/21	Director of Operations	<b>2x4=8</b> (Reviewed 22/09/23)	The last few sections of the Women and Children Phase II scheme in Glangwili Hospital have now been delivered.	<b>2x4=8</b>

### NO CHANGE IN RISK SCORE

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

<b>Risk Reference &amp; Title</b>	<b>Date risk identified</b>	<b>Lead Director</b>	<b>Current risk score</b>	<b>Rationale for the Current Risk Score (extracted from Datix)</b>	<b>Target Risk Score</b>
1610 - Risk of being unable to meet the increasing demand for data and analytics within the Health Board due to limited capacity	02/03/23	Director of Finance	<b>4x3=12</b> (Reviewed 28/09/2023)	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. The current score is based on the fact that statutory reporting and urgent requests are currently being met, however, as of September 2023, there are 86 dashboard requests in progress or pending.	<b>2x3=6</b>
1247- Risk to service delivery due to lack of suitable office and storage space for the Nursing Quality and Patient Experience (NQPE) teams *	04/10/21	Director of Nursing, Quality and Patient Experience	<b>3x3=9</b> (Reviewed 26/09/2023)	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 Quality Improvement/ Communication/Waiting List Support Team have now moved into new accommodation (April 2023). This risk will be reviewed at the October 2022 NQPE core team meeting to establish if the risk score can be reduced further.	<b>2x2=4</b>
340 - Risk of business cases not being funded	01/09/16	Director of Strategy and Planning	<b>5x3=15</b> (Reviewed 19/09/2023)	Additional constraints on capital allocations in 2023/24, will have a significant impact on the	<b>2x3=6</b>

within required timescales due to pressure on Discretionary Capital				timescales for funding availability to progress capital projects. A discussion was had at Capital Sub-Committee (CSC) on 25 May 2023 and a paper was presented to Executive Team on 21 June 2023 to consider the options available to the Health Board to manage these additional costs and re-prioritise the Capital allocation for 2023/34. A decision was taken to reduce the allocation for business case development at the Executive Team. At the end of August 2023, Welsh Government (WG) released funding for Reinforced Autoclaved Aerated Concrete (RAAC) remedial works and Fire Enforcement Works in Withybush Hospital (WH) which has enabled the Health Board to reinstate the business case development allocation in the Discretionary Capital Programme (DCP).	
1301- Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team	01/06/21	Director of Strategy and Planning	<b>2x5=10</b> (Reviewed 15/09/2023)	Additional staffing is required to reduce this risk to a tolerable level. An initial review on the resources required has been undertaken. As at September 2023, the current response to the 2023/24 challenges has necessitated the inception of an Annual Plan Recovery team which is focused on developing mitigating action plans. Furthermore, in recognition of the current financial challenges, two out of the three members of the planning team are supporting the recovery effort. Consequently, the inception of the recovery	<b>1x4=4</b>

				team has provided additional resources to support the remedial action plans. There is no allocation to support any recruitment within this financial year 2023/24.	
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*\*The risk treatment for risk 1247 was formally approved to be noted as 'tolerated' on Datix at the Strategic Development and Operational Delivery Committee (SDODC) on 26 June 2023.*

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 3 October 2023:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5		1301 (→)			
MAJOR 4					
MODERATE 3			1247 (→)	1610 (→)	340 (→)
MINOR 2					
NEGLECTIBLE 1					

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

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

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
<b>Extreme</b>	340			
<b>High</b>	1610, 1301, 1247			
<b>Moderate</b>				
<b>Low</b>				

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 a holistic approach to risk management is undertaken, and

enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

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

#### **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.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.6 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern eg where risk tolerance is exceeded, lack of timely action.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable
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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)
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)	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Gweithlu:</b> <b>Workforce:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Risg:</b> <b>Risk:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Cyfreithiol:</b> <b>Legal:</b>	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.
<b>Enw Da:</b> <b>Reputational:</b>	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.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.



**Cydraddoldeb:  
Equality:**

Has EqlA screening been undertaken? No  
Has a full EqlA 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
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 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.</p> <p>Work continues with the Business Ops Team to prioritise estates improvement schemes.</p> <p>Agreed action and discussion with WG to secure approved business cases and thereby refund business case development costs into the DCP.</p> <p>The Initial Discretionary Capital allocation for 23/24 has been allocated to specific schemes, equipment and IT replacement.</p> <p>Opportunities for IRCF funding is regularly explored and 2 bids have recently been approved by the RPB and submitted to WG for funding. The UHB's Community Schemes will be incorporated into the 10 Year Regional Capital Plan being developed with West Wales Regional Partnership Board.</p> <p>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 was prepared for Executive Team consideration detailing options available for managing these additional costs. A reduction in the allocation was approved by the Executive Team. Discussions with WG around the possible funding for RAAC and Fire Schemes were held. Funding has now been received from WG and the funding for the development of business cases has been re-instated within the DCP allocation for 2023/24.</p>	Business objectives/projects	6	5	3	15	<p>Continue to work with the Ops Team, Planning and Capital, Estates, and Information Management and Technology (CEIM&amp;T) Sub Committee to ensure the prioritisation process enables priority business cases to be progressed within the Discretionary Capital Programme (DCP) constraints without substantial adverse impact on Estates, equipment and Information Management and Technology (IM&amp;T) funding requirements.</p> <p>Business Case writers have been appointed for development of Primary and Community Care projects, following approval by Welsh Government.</p>	Stuart, Rachel	Completed	<p>Work continues with the Business Ops Team to prioritise estates improvement schemes.Agreed action and discussion with Welsh Government (WG) to secure approved business cases and thereby refund business case development costs into the DCP.The initial DiscretionaryCapital allocation for 2022/23 has been allocated to specific schemes, equipment and IT replacement following a reduction in £1.8m. Opportunities are being explored with partners to access the Integration and Rebalancing Capital Fund to progress some of the Community Integrated Hub business cases.Currently risk tolerance score has been reviewed to reflect this. Completed.</p> <p>Business Cases writers are appointed in line with relevant frameworks and governance structures for relevant Capital Projects. Completed.</p>	Strategic Development and Operational Delivery Committee	2	3	6	Treat	19-sep-23

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														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 Integration and Rebalancing Capital Funding (IRCF) is being regularly explored. Completed.						
														Explore utilisation of DCP for 2023/24 to enable HDdUHB 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 Regional Partnership Board's (RPB) 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 HDdUHB to manage additional costs and re-prioritise the Capital allocation for 2023/34.	Rosser, Eldeg	Completed	Paper being prepared following discussion at Capital Sub Committee. A paper was submitted to the Executive Team in June 2023 which reprioritised the DCP allocation for 2023/24 to enable HDdUHB to progress with the Fire Scheme in Withybush Hospital (WH) and the Reinforced Autoclave Aerated Concrete (RAAC) surveys and remedial works in WH. This will involve the slowing down of expenditure on the development of business						
														Maintain dialogue with WG around the funding possibility for WH 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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1610	Directorate Level Risk	Effective, Efficient, Equitable, Person Centred, Safe, Timely	Finance: Performance	Evans, Catherine	Evans, Catherine	02-mar-23	<p>There is a risk of 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.</p> <p>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.</p> <p>Reporting Requests:</p> <p>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.</p> <p>Dashboard / Data requests:</p> <p>The Directorate Improving Together Sessions also afford an opportunity for teams to identify any areas of concern. Both Ceredigion UEC and MH&amp;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</p>	<p>We have reviewed the work of the team and have tried to scale back reporting levels to a statutory minimum.</p> <p>We are trying to signpost people to existing self-serve data sources through the Our Performanc dashboards.</p> <p>We have established a prioritisation process to ensure that time and effort is spent on requests that are most important for the health board.</p> <p>Continual review of processes to identify measures and reports that can be stood down or undertaken more efficiently to free up capacity. Viewing figures in place for dashboards, and review being undertaken to assess existing commitments and workloads.</p>	Service/Business interruption/disruption	6	4	3	12	<p>Continue to review processes to identify measures and reports that can be stood down or undertaken more efficiently to free up capacity.</p> <p>Progress discussions and actions around increasing capacity in the team.</p> <p>Explore how we attract and build skills within the team</p> <p>Develop a Data Strategy to outline the date needs within the Health Board and align a workplan for delivery</p>	Evans, Catherine	Completed	<p>Viewing figures in place for dashboards, and review being undertaken to assess existing commitments and workloads.</p> <p>Review comments from Workforce on new job description.</p> <p>Picked up as part of Personal Appraisal Development Review (PADR) and relevant training identified. Training has commenced, however financial constraints may restrict progress.</p> <p>Discussions currently taking place on Data Strategy.</p>	Strategic Development and Operational Delivery Committee	2	3	6	Treat	28-sep-23

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
							<p>This will lead to an impact/affect on a capacity issue and risk to meet all demands in a timely way.</p> <p>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.</p> <p>Risk location, Health Board wide.</p>							Develop Business Continuity Plan (BCP).	Evans, Catherine	30/11/2023	Discussions have begun and a draft BCP is being developed with BC team.						
1301	Directorate Level Risk	Effective	Strategic Development and Operational Planning	Ayres, Shaun	Ayres, Shaun	01-jun-21	<p>There is a risk of 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>	Business objectives/projects	6	2	5	10	Agree staffing resource required for strategic, operational and commissioning planning team.	Ayres, Shaun	30/06/2022-30/09/2022 31/03/2023-31/07/2023-30/04/2024	Commissioning team 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).  The timescale for this action has been pushed back to April 2024, due to being an unable to to have an allocation to support any recruitment within this financial year 2023/24.	Strategic Development and Operational Delivery Committee	1	4	4	Treat	15-sep-23

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
1247	Directorate Level Risk	Effective, Efficient, Safe, Timely	Nursing, Quality and Patient Experience (NQPE)	Rayani, Mandy	Daniel, Sharon	04-okt-21	<p>There is a risk of disruption in services and impact on staff well-being due to lack of suitable office and storage space.</p> <p>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.</p> <p>This will lead to an impact/affect on incident investigation and Covid review. Lack of training facilities to accommodate resus training. Lack of accommodation for corporate nursing team to support students in practice. Timely access to patient notes which cannot be removed from Health Board premises. Staff well-being due to enforced home working arrangements in some areas. 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.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Wthybush General Hospital.</p>	<p>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.</p>	Service/Business interruption/disruption	6	3	3	9	<p>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.</p> <p>Scope equipment requirements for hybrid working model across the Directorate.</p> <p>Determine the extent to which additional accommodation is required for the QAST (quality assurance team).</p>	Daniel, Sharon  Daniel, Sharon  Steele, Cathie	Completed  Completed	<p>Action complete- 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. Awaiting response from Director of Operations and Director of Strategy and Planning.</p> <p>All staff have the right equipment to work from home.</p> <p>Action complete- Accommodation requirements for QAST team have been communicated. Awaiting response from Director of Operations and Director of Strategy and Planning.</p>	Strategic Development and Operational Delivery Committee	2	2	4	Tolerate	26-sep-23