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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 October 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Operational Risk Register
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Claire Bird, Assurance and Risk Officer

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

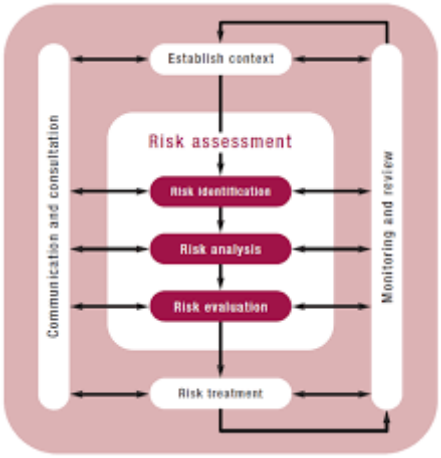
Sefyllfa / Situation

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 risks 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 UHBs 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 2 risks presented in the attached Risk Register (Appendix 1) as at 8th October 2021 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 27th September 2018;
- Risks have been approved at Directorate level on Datix;
- Risks have not been escalated to the CRR.

1 risk has been scored against the *Business objectives/projects* 'impact' domain, and 1 risk has been scored against *Service/Business interruption/disruption* 'impact' domain.

Below is a **summary** of the 2 risks, ranked highest to lowest by current score, which meet the criteria for submission to the Strategic Development and Operational Delivery Committee on 26th October 2021.

TOTAL NUMBER OF RISKS	2
NEW RISKS ENTERED ON DATIX 1126 - Women & Children Phase II Project Risk- Directorate, mitigating actions will be done by Capital and Estates Teams.	1
INCREASE IN CURRENT RISK SCORE ⇧	0
NO CHANGE IN RISK SCORE ⇔	1
REDUCTION IN RISK SCORE ⇩	0
REMOVED RISKS 337 Regional Joint Planning & Delivery Forum & A Regional Collaborative for Health (ARCH) – *risk has reduced in score and therefore no longer hits criteria for reporting.*	1
EXTREME (RED) RISKS (based on 'Current Risk Score')	1
HIGH (AMBER) RISKS (based on 'Current Risk Score')	1

The summary table below has been extracted from the Datix system:

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the Current Risk Score	Target Risk Score
245	01/12/11	Inadequate facilities to store patient records and investment in electronic solution for sustainable solution. ***(Previously aligned to People, Planning and***	Central Operations	20 ⇔	Acute and mental health services are no longer able to transfer records for storage to the UHB's offsite facility. As a result of historical abuse and blood transfusion cases, further weeding and destruction programmes have been curtailed exacerbating the current situation. The	4

		Performance Assurance Committee)			relocation of deceased and non-active records has also ceased from all main hospital localities.	
1126	01/04/21	Women & Children Phase II Project Risk- Directorate, mitigating actions will be done by Capital and Estates Teams. ***(Previously aligned to People, Planning and Performance Assurance Committee)***	Women and Children	8 **NEW**	Further monitoring of Contractors until Phase 11 completed.	4

The Risk Register at Appendix 1 details the responses to each risk, i.e. the Risk Action Plan.

The heatmap below has been obtained from the Risk Performance dashboard. An Incident Response Improvement System (IRIS) account is required in order to access the Risk Performance dashboard, which can be obtained by completing this online form. The information reflects the risk information extracted from Datix on 4th October 2021 based on the following criteria:

- SDODC has been selected by the risk lead as the 'Assuring Committee' on Datix;
- Risks are at Directorate level on Datix; and
- Risks are of all tolerance levels. (SDODC has 5 Directorate Level risks assigned to it, of which 2 are above tolerance (as noted in the table above)).

Below is a heatmap of the 5 Directorate level risks assigned to SDODC*):*

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					
MAJOR 4		1126			245
MODERATE 3		337, 627			
MINOR 2		270			
NEGLIGIBLE 1					

The table below details when the 5 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 noted in red text in the table below denote those where a review of the risk is overdue, based on the data as at 8th October 2021

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 3-6 months	Risks updated within last 6-12 months
Extreme	245			
High	1126			
Moderate			270 337	627
Low				

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.

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
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	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 organisations are expected to have effective risk management systems in place.
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
245	Directorate Level Risk	Standard 3.5 Record Keeping	Central Operations: Health Records	Rees, Gareth	Bennett, Mr Steven	01-Dec-11	There is a risk of avoidable interruption to business continuity affecting all clinical teams. This is caused by poor and inadequate facilities within the Health Records Service with insufficient storage capacity to meet patient records demand added to a lack of investment in electronic systems to deliver a sustainable model. This will lead to an impact/affect on patient record service rendering it unable to store records securely with potential for loss, damage or inappropriate disclosure of patient records leading to breach of confidentiality, review and sanction by the ICO, significant service disruption with several localities compromised, indirect adverse impact to patient safety arising from inappropriate clinical decisions, leading to poor patient care, complaints and litigation. Risk location, Health Board wide.	# Annual weeding and destruction programme agreed and facilitated across the Health Board up to 2018/19. # Electronic clinic systems including: PACS (radiology), LIMS (Pathology), WAP e-referrals, CANIS (Cancer), Diabetes 3, Selma, Myrddin & Secretarial systems/shared drives (Clinic Letters). # Alteration to current racking and purchase of additional racking at GGH. Resourcing of additional racking for the offsite facility. # Agreed and approved Health Records strategies, policies and procedures (approved Aug15). # Electronic Records Project Group undertaking scoping work for Turnaround Project for long term solution (Sep18). # Health Records Modernisation Programme Group reviewing records management arrangements and e-working (May 19) # Overtime process for condensing offsite storage facility supported by BPPAC and Exec Team.	Service/Business interruption/disruption	6	5	4	20	Implement the agreed weeding plan for 2018/2019.	Bennett, Mr Steven	Completed	All non active 2016 records have now been relocated from the Health Records departments to the offsite storage facility.	Strategic Development and Operational Delivery Committee	1	4	4	Treat	06-Oct-21
														Implementation of the weeding and destruction plan 2017/2018.	Bennett, Mr Steven	Completed	The weeding plan for 2017/2018 was agreed and the plan was implemented in priority order. The plan has now been completed for all hospital localities removing and relocating all non-current records from 2015. The weeding programme for 2018/19 was unable to be undertaken due to the public inquiry into infected blood products during 1970s and 1980s.						
														Full implementation of Welsh Admin Portal (WAP) electronic referral system.	Tracey, Anthony	31/12/2018 31/03/2020 31/03/2021 31/07/2021	The e-referral has now been fully implemented within 18 specialties across the health board. 3 specialties are ready to go live,3 specialties have started mapping and 2 specialties are in the configuration stage.						
														Develop a business case for the implementation of a scanning solution to deal with long term issue.	Rees, Gareth	31/03/2019 31/03/2021 31/07/2021 31/12/2021 30/06/22	Agreed funding has been provided for a 3 year period to commence to the implementation of an EPR within the Health Board. Plans are currently ongoing to recruit a designated project manager and to complete a business process assessment with an external organisation that will provide more detailed and definitive information. This will provide the critical basis for the development of a business case.						
														Re-establish Health Records Group.	Bennett, Mr Steven	Completed	First meeting of the Health Records Group took place on the 19th October 2018.						

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														Include on Internal Audit Plan.	Wilson, Joanne	Completed	Already included on IA Plan 2018/19 - planned for Q3.						
														Development of an implementation plan to improve management of storage arrangements for current records by information asset owners across the UHB.	Bennett, Mr Steven	Completed	Implementation plan has been endorsed by the Executive Team in Dec18 however funding resources will need to be appropriately supported to deliver the outcomes.						
														Develop a Health Records management paper identifying current issues and including an options appraisal to resolve the interim lack of storage capacity for presentation at BPPAC and Exec team.	Bennett, Mr Steven	Completed	Paper submitted to BPPAC on 27th June 2019 and option 5 within the paper noted by group members as most appropriate option. Paper also presented at Executive Team by Deputy CEO & Director of Operations for approval.						
														Implementation of the agreed overtime process for condensing records at the Health Records storage facility.	Bennett, Mr Steven	Completed	Process implemented on 13th July 2019, with agreed reviews every 5 weeks.						
														Implementation of agreed weeding plan for 2019/2020	Bennett, Mr Steven	Completed	All 2017 and 2018 non active records have now been relocated to the offsite storage facility.						
														Implementation of a scanning solution	Rees, Gareth	31/03/2023	Agreed funding has been provided for a 3 year period to commence to the implementation of an EPR within the Health Board. Plans are currently ongoing to recruit a designated project manager and to complete a business process assessment with an external organisation that will provide more detailed and definitive information. This will provide the critical basis for the development of a business case.						

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														Identify additional storage capacity to negate the immediate risk within the health records service.	Bennett, Mr Steven	31/03/2022	A suitable storage facility has been identified on an industrial estate in Llanelli. An initial review has been completed with a draft Heads of Terms developed by the estates team. Further discussions are underway with the landlord and shared services.						

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1126	Directorate Level Risk		Women and Children	Jones, Keith	Humphrey, Lisa	01-Apr-21	There is a risk of 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 will lead to them 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.	Humphrey, Lisa	30/07/2021 31/12/2021	Risk to be submitted to next SDODC.	Strategic Development and Operational Delivery Committee	1	4	4	Treat	06-Oct-21
														Continued monitoring of the position using current mechanisms in place into the final phase of the project with continued vigilance on the controls noted.	Elliott, Rob	30/07/2021 31/12/2021	Meeting to review and update progress booked for 15/10/21.						