

Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date	Datix ID
Executive Director of Finance & Procurement	Ensure sustainability in all that we do, economically, environmentally and socially.	Financial Stability Risk	Failure to remain in financial balance in 2021/22, when the significant non-recurring Covid funding received in 2020/21 is likely to reduce.	<p><b>IF:</b> The Health Board is not able to plan changes which enable current run rates of expenditure to align with the available funding for 2021/22</p> <p><b>Then:</b> The Health Board will not be able to develop a break-even financial plan for 2021/22 and deliver it.</p> <p>The context is that very significant non-recurring funding was allocated to the Health Board in 2020/21 which may not be at the same level in 2021/22</p> <p><b>Resulting in:</b> Potential deficit in 2021/22 leading to potential short term unsustainable cost reductions with associated risks, qualification of the accounts and potential Welsh Government regulatory action.</p> <p>The context is that very significant non-recurring funding was allocated to the Health Board in 2020/21 which may not be at the same level in 2021/22.</p>	<p>Arrangements are being put in place to develop the 2021/22 IMTP, including the Covid response, TTP, planned care and diagnostics, including prioritisation of planned changes within the available resources.</p> <p>Developing the Health Board's understanding and use of Value Based Healthcare principles to drive service planning and improvement.</p> <p>Developing a more project and programmatic approach to planning and delivery of efficiency savings schemes, with focus on pipeline schemes as well as schemes in delivery. Including the development and implementation of the CTM Improvement Plans.</p> <p>Routine monitoring arrangements in place.</p> <p>Regular reporting to Management Board and Planning, Performance &amp; Finance Committee and Board.</p>	<p>High level process and timetable agreed at December Management Board - <b>Completed.</b></p> <p>Implement CTM Improvement and Value Based Healthcare.</p> <p>Timescale: 31.3.2021</p>	Planning, Performance & Finance Committee	20	C4 x L5	12	↔	Updated every financial year. New risk updated 27.1.2021.	27.1.2021	31.3.2021	4060
Chief Operating Officer Bridgend Locality	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety and/or Psychological harm	Failure to sustain Child and Adolescent Mental Health Services	<p><b>IF:</b> The Health Board continues to face challenges in the CAMHS Service</p> <p><b>Then:</b> there could be an impact in maintaining a quality service</p> <p><b>Resulting in:</b> recruitment challenges, long waiting times and impact to the implementation of the new model of care.</p> <p>Difficulties remain in recruiting key staff and new model of care being implemented; waiting times for specialist CAMHS and the new neurodevelopmental service remains challenging.</p> <p>Rationale for target score: Increasing demands being placed on the Core CAHMS Services resulted in long waiting times and the service was experiencing difficulties in recruiting staff</p>	<ul style="list-style-type: none"> <li>Reported local and Network pressures across the CAHMS Network with variable problems dependant on the area of the network.</li> <li>Updates provided to Management Board on developing service model to address reported issues and additional investment secured to increase capacity within the service and to address service pressures. Waiting list initiatives in place whilst staff recruitment is being progressed.</li> <li>Service Model developed around Core CAHMS in Cwm Taf Morgannwg which includes agreement with General Paediatrics to take the lead on Neurodevelopmental Services and shared care protocols with Primary Care.</li> <li>New investment impact being routinely monitored</li> </ul> <p>A number of service reviews in relation to Ty Llidiard undertaken and monitored via Q,S&amp;R Committee</p>	<p>Commissioning discussions taking place across the Network in relation to service pressures and funding.</p> <p>Implementation of the Choice and Partnership Approach (CAPA) and being closely monitored.</p> <p>Internal Enhanced Monitoring Action Plan being progressed and monitored on a fortnightly basis by Bridgend ILG. Single Point of Access being developed. Full demand and capacity plans being developed with some assumptions about additional CAMHS demand as a consequence of the pandemic.</p>	Planning, Performance & Finance Committee	16	C4 x L4	9	↔	01/01/2015	18.11.2020	31.3.2021	4149
Chief Operating Officer	Provide high quality, evidence based, and accessible care.	Patient / Staff /Public Safety and/or Psychological harm	Failure to achieve the 4 and 12 hour emergency (A&E) waiting times targets	<p><b>IF:</b> The Health Board fails to achieve the 4 and 12 hour emergency (A&amp;E) waiting time targets.</p> <p><b>Then:</b> The Health Boards ability to provide safe high quality care will be reduced.</p> <p><b>Resulting in:</b> Compromised safety of patients, potential avoidable harm due to waiting time delays.</p> <p>Potential of harm to patients in delays waiting for treatment.</p>	<p>Need to strengthen minors streams at DGH sites to sustain improved delivery of performance against the 4, 8 and 12 hour targets. Also variable practice across A&amp;E departments.</p> <p>Consultant and middle grade gaps in RGH now filled.</p> <p>PCH DU report delivered and being enacted.</p> <p>PoW handover performance reviewed by DU &amp; EASC/CASC team and being enacted.</p> <p>PoW/RGH/PCH provided full Safety and Dignity analysis to September QSR committee and Safety Briefing sitrep model and SAFER being rolled out across sites.</p> <p>Programme of improvement work with AM&amp;ED, HR and Retinue teams to improve medical booking and staffing to raise shift fill (ADH initiative has been successful).</p> <p>Winter Plan in train through directorate and partners (RPB).</p> <p>Interim Site Management arrangements coming into place.</p> <p>Systems model in development.</p> <p>1) Clear discharge planning processes in place.</p> <p>2) Improvements in the patient flow and investments to support Winter planning.</p> <p>3) Stay Well At Home (SW@H) Service introduced and evaluated (6 month). Transformation funding will initiate Jan/Feb 2020.</p> <p>4) SW@H 2 developments and Enhanced Community Clusters being progressed through Transformation bid</p>	<p>The existing controls will be maintained and developed, with monitoring in place via internal ILG meetings and the monthly ILG meetings with Directors. Given the pressure upon the UHB in the covid-19 environment, the risk will remain at level 16, with review in March .</p>	Planning, Performance & Finance Committee & Quality & Safety	16	C4 x L4	12	↔	01/04/2013	11.01.2021	31.3.2021	4070

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4285	Chief Operating Officer	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects  Including systems and processes, Service /business interruption	Replacement of the auto remat system for processing of clothing and coats due to age.	(Facilities Risk Register 11476) ILG: CSO Facilities Hub If: Auto remat system requires upgrading as risk of breaking down and parts becoming scarce.  Then: Potential delay to laundry service for the organisation.  Resulting In: Business and service objectives not being completed and financial loss from service disruption.	Continue to maintain at cost including maintenance, overtime and parts where available.  Contingency Plan in place with options included such as using other equipment available, using another laundry and additional agency staff if required.  Undertaken gap analysis of laundry services against WHTM 01-04 and BS EN 14065: 2016.  Contingency plans reviewed, maintaining equipment as much as possible until parts are no longer available. Timescale for completion has been extended following confirmation on 07/12/2020 that the laundry service will move under NWSSP from 1st April 2021.	Purchase and installation of new system with capital funding required through SON. SON has been submitted and still awaiting response from CMG on funding decision. Timescale for completion has been extended following confirmation on 07/12/2020 that the laundry service will move under NWSSP from 1st April 2021. .  Due to the timescale to receive acceptance of the SON and install the remat system, together with an update provided by the Deputy Linen Services Manager that as of 01/04/2021 the new laundry site under the NWSSP transfer will already have a remat system in place, the decision has been made to not proceed with the remat system purchase and to reduce the risk to a moderate rating (4 severity x 3 likelihood = 12) as the likelihood of the risk of breaking down happening given the timescales to NWSSP transfer is less. <b>Timescale: 31/03/2021.</b>  <b>Based on this update the risk has been reduced to a moderate risk and will be monitored until NWSSP transfer of the laundry on 01/04/2021</b>	Planning, Performance & Finance Committee	12	8	↓ From 16	01/05/2018	09.02.2021	Based on this update the risk has been reduced to a moderate risk rating of 12 and will be monitored on Facilities Risk Register until NWSSP transfer of the laundry on 01/04/2021.

Closed Risks  
November 2020 (Management Board 18.11.2020)

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4113	Executive Director of Planning, Performance & ICT	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects  Including systems and processes, Service /business interruption	Risk of interruption to service sustainability, provision & destabilising the financial position re: Brexit	<b>IF:</b> the health board is impacted by a "no deal" Brexit.  <b>Then:</b> there could be an interruption to service delivery.  <b>Resulting in:</b> the inability to provide sustainable service delivery.	Full planning preparations aimed to be stood up in September. Due to these current developments and the Covid-19 Pandemic the risk has increased from that in previous planning periods.  Gap analysis/risk assessment on Brexit and Audit Wales self-assessment completed.  Service Group Business Continuity plans updated- particularly in Medicines Management; Facilities (food); ICT; Workforce; Estates; R&D  Working with other HBs and Welsh NHS Confederation learn lessons from other organisations and provide information on SharePoint to allow opportunities for staff across the HB to identify and areas of concern  Work nationally with Welsh Government, Local Resilience Forums and other HBs and Trusts to share business continuity plans. Continue with strong controls in place to ensure "business as usual" through robust business continuity plans. active on SRO and Health Securities groups  Emergency Planning, Preparedness & Response (EPPR) for the CTM sites	Service Groups to ensure their business continuity arrangements ensure sustainability in the event of any impact as a result of a "no deal" Brexit. Supported by the Emergency Planning Officer. This an ongoing action so no specific timescales have been assigned.	Planning, Performance & Finance Committee	8	8	Closed	01.11.2018	16.2.2021	Target risk score achieved. Local resilience forums in place. Business continuity arrangements in place to monitor impact and sustainability.