![GIG CYMRU NHS WALES logo — Bwrdd Iechyd Prifysgol Hywel Dda University Health Board]

PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL **PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 June 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Corporate Risks Assigned to People, Organisational Development & Culture Committee (PODCC)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Director of Workforce and Organisational Development (OD)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Joanne Wilson, Director of Corporate Governance Charlotte Wilmshurst, Assistant Director of Assurance and Risk

| **Pwrpas yr Adroddiad** (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate) |
|---|
| Er Sicrwydd/For Assurance |

ADRODDIAD SCAA **SBAR REPORT**

Sefyllfa / Situation

The Committee is asked to request assurance from the lead Executive Director for the People, Organisational Development & Culture Committee (PODCC) that the corporate risks in the attached report 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.
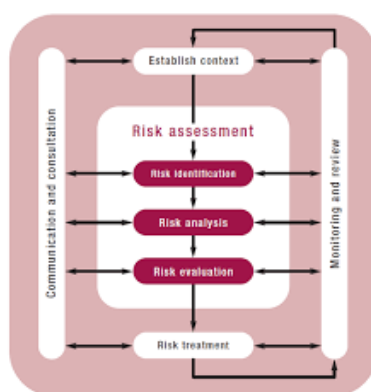
(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of underlined corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of principal risks on the Board Assurance Framework (BAF)/Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.

- Reviewing principal and operational risks over tolerance and, where appropriate, recommend the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB) risk appetite/tolerance to the Board.
- Provide annual reports to Audit and Risk Assurance Committee (ARAC) on the effectiveness of the risk management process and management of risks within its remit.
- Identity through discussions any new/emerging risks and ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate HDdUHB Committee.
- Use risk registers to inform meeting agendas.

These risks have been identified by individual Directors via a top down and bottom up approach and are either:
- Associated with the delivery of the Health Board objectives; or
- Significant operational risks escalated that are of significant concern and require corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised, and an assessment made as to the level of assurance it provides, taking into account the validity and reliability i.e. source, timeliness, methodology behind its generation and its compatibility with other assurances. This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence regarding the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within the Health Board is outlined at Appendix 1.

Asesiad / Assessment

The PODCC Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state that:

2.6   To 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.

2.7   To recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.

2.8   To receive assurance through Sub-Committee Update Reports and other management 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).

There is <u>one</u>1 risk currently aligned to PODCC (out of the 18 that are currently on the CRR) as the potential impacts of the risks relate to the workforce. This can be found at Appendix 2.

Changes Since Previous Report

Total Number of Risks	1		
New risks	1	*See Note 1*	
De-escalated/Closed	1	*See Note 2*	
Increase in risk score ↑	0		
No change in risk score →	0		
Reduction in risk score ↓	0		

Note 1 – New risk
Since the previous report, the following risk has been added to Datix:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1649 - Insufficient skilled workforce to deliver services outlined in the Annual Plan 23/24 and deliver UHB strategic vision by 2030	26/04/23	Director of Workforce & OD	**4x4=16** (Reviewed 26/04/23)	This was approved by the Executive Risk Group in May ahead of Board on 25 May 2023. The risk has been scored as 16 (the likelihood is "likely" and has the potential to have a "major" impact) as the number of staff impacted from staff sickness is still high at April 2023 compared to pre-pandemic levels (c2-3% higher). However, there has been a general improvement over the previous 12 months. Staffing levels (acute & community) continue to operate below established levels due to both vacancies and sickness/absence, and use of bank and agency. There is still a significant risk of workforce misalignment with activity and required competence levels. Further work has been undertaken to understand the level of risk across each staff	**3x4=12**

| | | | | group, speciality and site to fully comprehend the level of risk the organisation carries as a whole. It is hoped as further action is taken through stabilisation, Improving Together and workforce planning to reduce the risk score during 2023/24. | |

Note 2 - Closed risks

Since the previous report, the following risk has been closed:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Reason for risk closure or removal	Target Risk Score
1406 - Risk of insufficient skilled workforce to deliver services outlined in Annual Plan 22/23 & deliver UHB strategic vision by 2030	01/04/22	Director of Workforce & OD	**4x4=16** (Date closed 26/04/23)	Risk now superseded by 1649 (above) - Insufficient skilled workforce to deliver services outlined in the Annual Plan 23/24 and deliver UHB strategic vision by 2030 for the current financial year	**3x4=12**

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 second2[nd] 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.

Workforce themed risks are shared with the Workforce and Organisational Development Directorate 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 controls, 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

PODCC is asked to seek assurance that:
- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable PODCC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.
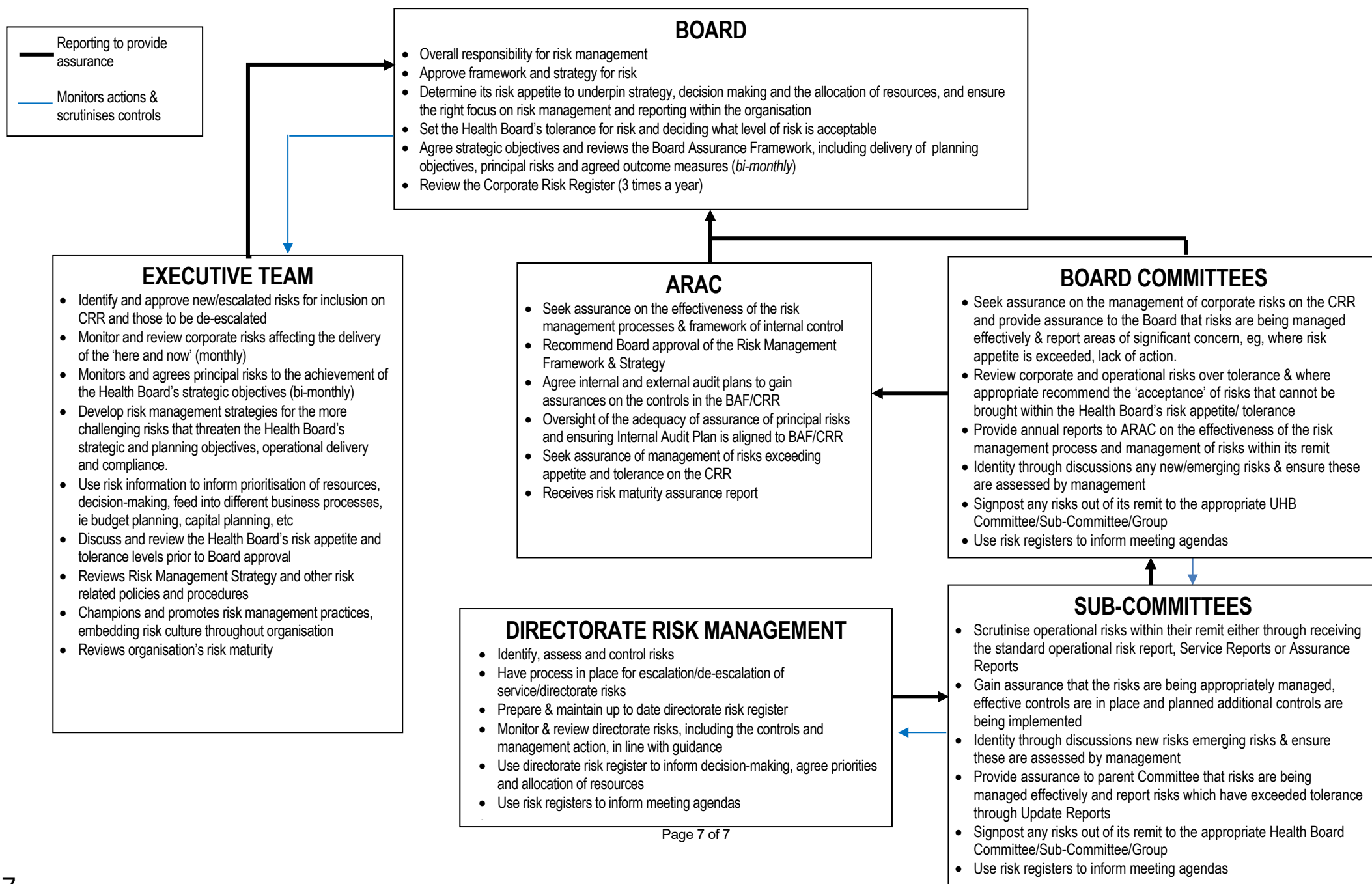
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report
Galluogwyr Ansawdd: Enablers of Quality: [Quality and Engagement Act (sharepoint.com)](sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Parthau Ansawdd: Domains of Quality [Quality and Engagement Act (sharepoint.com)](sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022](#)	10. Not Applicable Choose an item. Choose an item. Choose an item.

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:	Current Risk Score - Existing level of risk taking into account controls in place. Target Risk Score - The ultimate level of risk that is desired by the organisation when planned controls (or actions) have been implemented. Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – [Risk Appetite Statement.](#)

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Relevant Executive Directors.

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
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure

Legend:
- Reporting to provide assurance
- Monitors actions & scrutinises controls

BOARD

- Overall responsibility for risk management
- Approve framework and strategy for risk
- Determine its risk appetite to underpin strategy, decision making and the allocation of resources, and ensure the right focus on risk management and reporting within the organisation
- Set the Health Board's tolerance for risk and deciding what level of risk is acceptable
- Agree strategic objectives and reviews the Board Assurance Framework, including delivery of planning objectives, principal risks and agreed outcome measures (*bi-monthly*)
- Review the Corporate Risk Register (3 times a year)

EXECUTIVE TEAM

- Identify and approve new/escalated risks for inclusion on CRR and those to be de-escalated
- Monitor and review corporate risks affecting the delivery of the 'here and now' (monthly)
- Monitors and agrees principal risks to the achievement of the Health Board's strategic objectives (bi-monthly)
- Develop risk management strategies for the more challenging risks that threaten the Health Board's strategic and planning objectives, operational delivery and compliance.
- Use risk information to inform prioritisation of resources, decision-making, feed into different business processes, ie budget planning, capital planning, etc
- Discuss and review the Health Board's risk appetite and tolerance levels prior to Board approval
- Reviews Risk Management Strategy and other risk related policies and procedures
- Champions and promotes risk management practices, embedding risk culture throughout organisation
- Reviews organisation's risk maturity

ARAC

- Seek assurance on the effectiveness of the risk management processes & framework of internal control
- Recommend Board approval of the Risk Management Framework & Strategy
- Agree internal and external audit plans to gain assurances on the controls in the BAF/CRR
- Oversight of the adequacy of assurance of principal risks and ensuring Internal Audit Plan is aligned to BAF/CRR
- Seek assurance of management of risks exceeding appetite and tolerance on the CRR
- Receives risk maturity assurance report

BOARD COMMITTEES

- Seek assurance on the management of corporate risks on the CRR and provide assurance to the Board that risks are being managed effectively & report areas of significant concern, eg, where risk appetite is exceeded, lack of action.
- Review corporate and operational risks over tolerance & where appropriate recommend the 'acceptance' of risks that cannot be brought within the Health Board's risk appetite/ tolerance
- Provide annual reports to ARAC on the effectiveness of the risk management process and management of risks within its remit
- Identity through discussions any new/emerging risks & ensure these are assessed by management
- Signpost any risks out of its remit to the appropriate UHB Committee/Sub-Committee/Group
- Use risk registers to inform meeting agendas

DIRECTORATE RISK MANAGEMENT

- Identify, assess and control risks
- Have process in place for escalation/de-escalation of service/directorate risks
- Prepare & maintain up to date directorate risk register
- Monitor & review directorate risks, including the controls and management action, in line with guidance
- Use directorate risk register to inform decision-making, agree priorities and allocation of resources
- Use risk registers to inform meeting agendas

SUB-COMMITTEES

- Scrutinise operational risks within their remit either through receiving the standard operational risk report, Service Reports or Assurance Reports
- Gain assurance that the risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented
- Identity through discussions new risks emerging risks & ensure these are assessed by management
- Provide assurance to parent Committee that risks are being managed effectively and report risks which have exceeded tolerance through Update Reports
- Signpost any risks out of its remit to the appropriate Health Board Committee/Sub-Committee/Group
- Use risk registers to inform meeting agendas

CORPORATE RISK REGISTER SUMMARY JUNE 2023

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Jun-23	Trend	Target Risk Score	Risk on page no...
1649	Insufficient skilled workforce to deliver services outlined in the Annual Plan 23/24 and deliver UHB strategic vision by 2030	Gostling, Lisa	Workforce/OD	8	4×4=16	4×4=16	NEW	3×4=12	6

RISK SCORING MATRIX

Likelihood x Impact = Risk Score

Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	(0-5%*)	(5-25%*)	(25-75%*)	(75-95%*)	(>95%*)
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				

Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days.	Increase in length of hospital stay by >15 days.	An event which impacts on a large number of patients.
			Agency reportable incident.	Mismanagement of patient care with long-term effects.	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved. Reduced performance if unresolved.	Major patient safety implications if findings are not acted on.		
Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.

| Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Inequalities/ Equity	Minimal or no impact on our attempts to reduce health inequalities/improve health equity	Minor impact on our attempts to reduce health inequalities or lack of clarity on the impact we are having on health equity	Moderate impact on our attempts to reduce health inequalities or lack of sufficient information that would demonstrate that we are not widening the gap. Indications that we are having no positive impact on health improvement or health equity	Major impact on our attempts to reduce health inequalities. Validated data suggesting we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required	NB Assurance Map will tell you if
Detailed review of relevant information	you have sufficient sources of
Medium level review	assurance not what those sources
Cursory or narrow scope of review	are telling you

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Apr-23		Executive Director Owner:	Gostling, Lisa	Date of Review:	Apr-23
Strategic Objective:			Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	May-23

Risk ID:	1649	Principal Risk Description:	There is a risk there will be insufficient skilled workforce available to meet our Ministerial Priorities across all areas (UEC, Planned Care, Cancer and Mental Health etc). This is caused by the imbalance between the demand and supply of workforce. External demand is caused by increases in patient morbidity and life expectancy, and also by a contracting labour market. This is further exacerbated by the rurality of the Health Board, an ageing estates infrastructure, financial pressures and staff morale and wellbeing. This could lead to an impact/affect on workforce plans and capacity to respond, there may be an inability to foresee risks, to realign funding and create new workforce models for delivery of service provision. Without a sufficiently skilled workforce, then we may not be able to take actions to future proof and implement the necessary solutions within 2023-2026 time frame for the development and delivery of the UHB's strategic ambitions to 2030. In addition, this may lead to the inability to meet statutory and professional requirements in terms of safe staffing levels that are needed to deliver quality patient care.

Risk Rating:(Likelihood x Impact) — No trend information available.

Domain:	Workforce/OD
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Tolerable Risk:	8

Does this risk link to any Directorate (operational) risks?	205, 86, 820, 232, 1298, 1281, 906, 90, 632, 525, 1223, 1083, 111, 114, 199, 523, 1238, 200, 180, 1245, 1224, 1309, 1152, 1211, 105, 119, 118, 1305, 1295, 1377, 842, 138, 153, 156, 939, 940, 1409, 1419, 628, 1316, 1317, 340, 1301, 1663

Trend:	*New risk*

Rationale for CURRENT Risk Score:

This risk has been scored as 16 (the likelihood is "likely" and has the potential to have a "major" impact) as the number of staff impacted from staff sickness is still high at Apr23 compared to pre-Covid levels (c2-3% higher) however, there has been a general improvement over the last 12 months. Staffing levels (acute & community) continue to operate below established levels due to both vacancies and sickness/absence, and use of bank and agency. There is still a significant risk of workforce misalignment with activity and required competence levels. Further work has been undertaken to understand the level of risk across each staff group, speciality and site to fully comprehend the level of risk the organisation carries as a whole. It is hoped as further action is taken through stabilisation, Improving Together and workforce planning to reduce the risk score during 2023/24.

Rationale for TARGET Risk Score:

The Target Risk score indicates the likelihood of the risk occurring (absence continues to be high at c7% but lower than peak at 12% but has not returned to pre-pandemic levels of c5%). Other intelligence leads as to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. Also, it may be that there could be concerns for the specific services and/or the annual risk of a winter surge developing when at full capacity for recovery/ministerial priorities as we have a "finite" resource in our people that can only be stretched so far without causing detriment. Therefore, the probability sits between 75-90% when taking account of multiple factors - respiratory infections, increased patient acuity, the longer term impacts of COVID-19 on the population i.e. inability to access services needed, and workforce resilience. We hope we will be able to take mitigated actions noted below predominantly through our interventions under the Regeneration Framework in the short term and for the medium to long term begin to realign available workforce to new service design and models of care. This risk is wider than a 12 month period as actions taken or not taken today will have a long term legacy on our available future workforce and capacity/capability to manage the associated challenges of service & workforce redesign.

Key CONTROLS Currently in Place:	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Organisational Governance Structure People, Organisational Development and Culture Committee (PODCC) Strategic People Planning and Education Group (SPPEG) & underpinning Governance Structure for People Planning & Education to create an organisation wide assessment for our 10 year strategy Improving Together approach to be align to People Planning approach supported by People Planning Team to create an organisational wide approach to in year service challenges Organisational Gap Analysis based on a 10 year profile developed and annual assessment strategic & operational review of workforce (including Education Commissioning Assessment) Inter-People and Corporate Team & Planning Objectives Establishment Control Agency usage Bank Utilisation & ongoing onboarding of supply Efficient Rostering practice Roll out of new rostering system Overview of organisation and service wide risks (assessment of each service area based on workforce availability) Continuous process of assessment of services to be stood down and deployment options based on service needs (ODPD)	Workforce planning groups need time to mature and develop focus underpinning SPPEG Capacity and capability in people planning within team and across organisation required Establishment control cannot be relied on as one source of truth for information as a) partially due to temporary changes linked with pathways, b) 9 sources of information not all feed into the establishment control tool and c) data management issues in ESR, eg, single employer status for our medical workforce. Tools to enable modelling in short, medium and long term to enable alignment of population health, labour market, internal labour market, activity & performance analysis aligned to financial constraints (work arounds utilised but gaps/issues exist). Critical analysis of people alignment to priorities for delivery within financial considerations for short, medium & long term.	Development of All Professions led people plans to align to in year tactical & operational plans linked to the overarching Strategic 10 year Workforce Plan. (See carried forward action below)	Walmsley, Tracy	31/03/2023	Improving Together alignment to overarching professional groups to create alignment to in year tactical & operational issues; to be summarised and fed into Strategic People Planning & Education Group for quarterly monitoring. Summary of status of all professional groups in place via the development of the Workforce Technical Document. Stabilisation programme supporting specific services/sites - alignment required to 3-10 year strategy via development of People Road Map (Linked to People Planning Objectives 2c - Overarching workforce, od and partnership workforce plan) 1-3 year workforce plans in place testing "robustness" through assessment of risk and service change proposals.
		Analysis of all service levels workforce & od risks within 1-3 year timeline, and where appropriate to 10 year timeline.	Walmsley, Tracy	30/06/2023	Paper summarising all W&OD risks will be issued to SPPEG for review and assessment of agreed prioritisation of actions.
		Develop Career Progression Opportunities for all that want them aligned to the overarching workforce plan & strategy (ensuring underpinning methods and processes support this activity i.e. education commissioning)	Glanville, Amanda	30/07/2023	Plan on a page developed.

Targeted prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery (People & OD Strategic Group) Temporary People Utilisation reports shared regularly to monitor levels of supply	A robust framework of competency based people planning and related training to underpin the Team around the Patient initiatives and new model development of care.	Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at March 2023 submission to Welsh Government.	Walmsley, Tracy	05/09/2023	Education & Commissioning response for 2023 shared in Mar23 with HEIW. Queries & gaps raised by People Planning Colleagues and HEIW. Follow up actions in place. Ongoing plan & specifics based on a critical analysis of IMTP by professional leads and service plans over a 5 year time frame. 2023/24 Education Commissioning Template for 2026/27 outturn will be completed and updated as requested by HEIW by 26 Apr23. Ongoing dialogue between service/education leads/HEIW in place. (Linked to People Planning Objectives 1b, 2c.) Critical issues paper to be developed from submission and discussion for meeting with HEIW on 9th May 2023 to include Psychology, Radiology (Sonography - Ultrasound) etc.
		Further develop training resources and capacity to support managers with workforce planning challenges to alleviate risks	Walmsley, Tracy	~~31/07/2023~~ 30/09/2023	Initial training programme drafted; dates in diary Jul to Sep23. Linking with Risk Team to ensure aligned process including awareness raising and support.
		Approach to future community workforce development model requires alignment to UEC, Primary Care and Community Programmes of work & teams.	Walmsley, Tracy	31/07/2023	Baselines in place; design methodology required and bought into by group. Progress: stalled due to "definition" of community and underpinning frameworks. May be other opportunities to reflect on work linking to social model approaches. Requires an assessment of approach and capacity to move forward. Work with leads to define "what and how".

Analysis, design and development of the infrastructure and governance to develop the a new model of care i.e. OBC and Social Model of Health i.e. resource requirements, alignment to current structure and service design programmes (workforce planning for workforce, planning/project management, communications & engagement, clinical oversight).	Williams, Paul	30/09/2023	Resource identification has been reviewed and a phased plan of implementation agreed by Executive Team. Requires alignment of new resources within current operating model/infrastructure to make best use of resource and manage risks. Progress: no further update on specific as Clinical Review with WG in progress and will be complete by Aug23. A re-assessment will be needed aligned to work that will start within the "pathways" and PMO/TPO. Consideration of governance mechanisms to support alleviation of strategic workforce risks (7-10 years)
Digital support with workforce planning to support speed in decision making at local, regional & national levels. (Regeneration Framework adopted as a national model). Interdependent need to link population health, external labour market analysis, demand & capacity and activity modelling, internal labour market analysis to pathway design, patient outcomes and staffing models based on appropriate assumptions, scenario planning and financial models. (objective 2c c link " quantitative and qualitative workforce intelligence").	Walmsley, Tracy	30/09/2023	HEIW developing National Observatory in 2023/24. Data Design & Solution Project Manager in post. Exploring approach to workforce data linked to People Planning Objective 2c and Improving Together and BAF work.
Stabilisation Plans across critical professional groups.	Gostling, Lisa	31/03/2024	Nursing Plan in place monitored via the Workforce Regeneration Framework and Nursing Workforce Groups. Links to 2b - workforce effectiveness stabilisation programme. To review following risks assessment and priorisation work.
Agree actions to mitigate strategic risks of workforce supply based on assessment paper	Gostling, Lisa	31/03/2024	Risk assessment in progress
Test "WFP" Project Support Role within a Directorate to strengthen operational and strategic workforce planning: Women & Children	Walmsley, Tracy	30/11/2023	Meeting with LH held to test aligned to Improving Together action identified. Initial introduction planned mid May 2023 for a 6 month trial period.

| | | | | Methodology to support new and enhanced roles scoped and implemented. | Walmsley, Tracy | 30/07/2023 | Linked to Pepople Planning objectives 23/24 - plan on a page in development. Alignment of learning to date from role design, team around the patient, quality improvement and value based healthcare to be assessment. |
| | | | | Interrogate financial establishment/SIP to ensure "a source of truth" and align to identified and prioritised risks (operational and strategic). | Spratt, Andrew | 31/03/2024 | Meeting to review risk to be set up. |

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance ▪ / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
	Monitoring of workforce SIP and gaps in establishment control	1st				Assessment & continuous development mechanisms	Draft Maturity Matrix to be tested in SPPEG May23	Walmsley, Tracy	31/05/2023	Draft developed to be tested in SPPEG May23.
	Strategic People Planning & Education Group	1st								
	Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd								
	PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd								
	Workforce Planning Internal Audit (Substantial Assurance) 2021/22. Ongoing Audit by WAO in progress Jan to March 2023	3rd								
	Wales Audit Office review of Workforce Planning (Fieldwork underway - report expected Summer 2023)	3rd								