

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 October 2021
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, Board Secretary Charlotte Beare, Head of Assurance and Risk

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

Er Sicrwydd/For Assurance

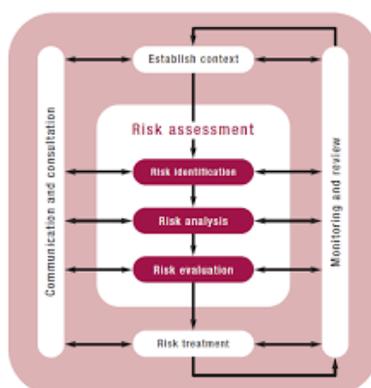
**ADRODDIAD SCAA
SBAR REPORT**

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 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.
- Identify 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 HDdUHB is outlined at Appendix 1.

Asesiad / Assessment

This is the first Corporate Risk Report to be presented to PODCC following the introduction of the new Committee structure introduced on 1 August 2021.

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 UHBs risk appetite/tolerance to the Board through the Committee Update Report.

There is 1 new risk currently aligned to PODCC (out of the 13 that are currently on the CRR) as the potential impacts of the risks relate to the workforce. This can be found at Appendix 2.

New Risk

There is one new risk that has been added since the Committee's inception.

Risk Ref & Title	Exec Lead	New/Escalated	Date	Reason
Risk 1219 - Insufficient workforce to deliver services required for "Recovery" and the continued response to COVID-19	Director of Workforce & OD	New	15/09/21	The Executive Team agreed to add a new risk to the Corporate Risk Register in respect of not having sufficient workforce to be able to deliver the Health Board Annual Recovery Plan for 2021/22. The current risk score is 16 reflecting the significance of this risk and the increasing demands on the registered nursing workforce. In addition, the result of an outbreak would see a significant number of key staff unavailable which would impact on service delivery and stretch service provision. Unfunded service provision could impact on an understanding of workforce availability and create misalignment of workforce availability.

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 HDdUHB is managing these risks effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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
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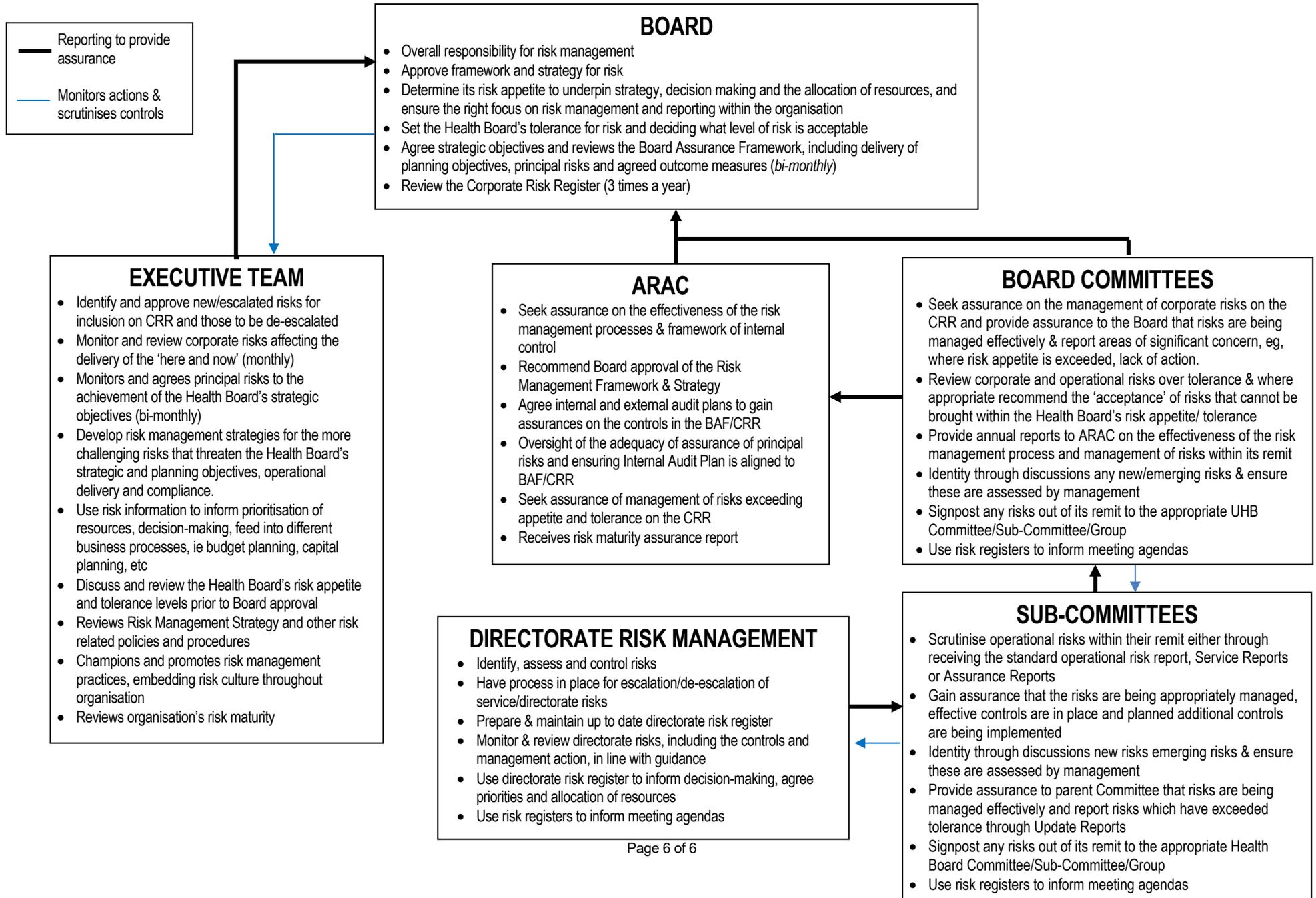
	<p>significant concern e.g. where risk tolerance is exceeded, lack of timely action.</p> <p>2.7 To recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce
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	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 Termiau: Glossary of Terms:	<p>Current Risk Score - Existing level of risk taking into account controls in place.</p> <p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – Risk Appetite Statement.</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture 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



Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Sep-20	Trend	Target Risk Score	Risk on page no...
1219	Insufficient workforce to deliver services required for "Recovery" and the continued response to COVID-19	Gostling, Lisa	Workforce & OD	8	N/A	4x4=16	New Risk	3x4=12	3

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		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

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:	May-21
Strategic Objective:	N/A - Operational Risk

Executive Director Owner:	Gostling, Lisa	Date of Review:	Sep-21
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Oct-21

Risk ID:	1219	Principal Risk Description:	There is a risk there will be insufficient workforce available to deliver services required for "Recovery" and the continued response to Covid and other respiratory infections, as outlined in the UHB's annual plans 2021/22. This is caused by new variants of COVID, increase in the severity and dispersal of respiratory viruses within the population (in children and adults) which could mean an increase in infections and outbreaks within acute, community and social care facilities. Further to this, a lack of alignment of information between service, workforce and finance on workforce requirements for unfunded service pathways could further jeopardise workforce availability in areas of need. This could lead to an impact/affect on the Health Board's ability to staff pathways for COVID, field hospitals, surge capacity within general hospitals, community hospitals, paediatric units effectively managing the impact from of outbreaks, delivering a mass vaccination programme and the delivery of planned care, as well as increased sickness absence directly, and increased self-isolation of staff, and limiting the ability to recruit new staff quickly to provide additional support.
Does this risk link to any Directorate (operational) risks?			1186

Risk Rating:(Likelihood x Impact)		No trend information available.
Domain:	Workforce/OD	
Inherent Risk Score (L x I):	5x4=20	
Current Risk Score (L x I):	4x4=16	
Target Risk Score (L x I):	3x4=12	
Tolerable Risk:	8	
Trend:		<i>New risk</i>

Rationale for CURRENT Risk Score:
Given the workforce starting position in terms of gaps within our Registered Nursing workforce, increasing demands to restart services, the current risk score is considered to be "likely" and has the potential to have a "major" impact. The result of an outbreak would see a significant number of key staff unavailable which would impact on service delivery and stretch service provision. Unfunded service provision could impact on understanding of workforce availability and create misalignment of workforce availability.

Rationale for TARGET Risk Score:
The Target Risk score indicates the likelihood of the risk occurring (to note there have been minor outbreaks of new variants in Wales) which depending on the efficacy of the vaccine against this, it may be that there could be concerns for the re-start of services or more specifically of a winter surge developing when recovery activity has fully commenced. Therefore the probability sits between 25-75% (and therefore is relatively unknown at this juncture) which we hope will be mitigated by the actions noted below. What is known is that services do have unfunded pathways and any resourcing activity has the potential to divert resources away from these areas (needs assessment is required.)

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
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Gaps in CONTROLS				
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	By Who	By When	Progress
	Further action necessary to address the controls gaps			

<p>Organisational Governance Structure</p> <p>People, Organisational Development and Culture Committee (PODCC)</p> <p>Workforce Planning Team</p> <p>Inter-Team & Professional Groups & Planning Objectives</p> <p>Establishment control</p> <p>Agency usage</p> <p>Bank Utilisation</p> <p>Efficient Rostering practice</p> <p>Roll out of new rostering system</p>	<p>An organisational wide escalation plan (based on a detailed assessment of Recovery Plans and workforce requirements, set against an escalation plan for COVID resurgence).</p> <p>Establishment control cannot be relied on due to temporary changes linked with covid and pathways.</p> <p>Linked with service pressures increased demand is placed in terms of workforce which has not been planned for delivery in year.</p>	<p>IMTP Plan addendum details - 1)Recovery Plan & Workforce Requirements 2) COVID Planning objectives & Workforce Requirements 3) Phased Plan for Covid escalation 4) New Programmes & Projects Timelines & Workforce Requirements explored for alignment to Recovery & COVID Plans. Monthly assessment of demand to be undertaken linked with service discussions in preparation for current demands and anticipated increased pressure in Winter.</p>	<p>Walmsley, Tracy</p>	<p>31/10/2021</p>	<p>Keeping abreast of workforce changes in terms of demand & supply i.e. bridging service, demountable at PPH, NSL</p>
		<p>Development of strategic recruitment strategy for delivery within year with monthly check of progress against actions</p>	<p>Thomas, Annmarie</p>	<p>31/10/2021</p>	<p>As above, and recruitment plan for bridging service in place awaiting confirmation of target numbers. Responding to specific requests for additional workforce requirements in a number of areas e.g. Family Liaison Officers, Facilities, Vaccination Service, TTP etc.</p>
		<p>Ongoing onboarding of a flexible contingent workforce in areas of need linked with approved service developments/ enhancements</p>	<p>Thomas, Annmarie</p>	<p>31/10/2021</p>	<p>C.140 HCSW onboarding for Bank. Rolling advert to support continuous recruitment for Bank Registered Nurses.</p>
		<p>Overview of organisation and service wide risks (assessment of each service area based on workforce availability).</p>	<p>Walmsley, Tracy</p>	<p>31/10/2021</p>	<p>Initial review of all Risks for Workforce - Tracy Walmsley and relevant HOS to be specified if a critical organisation wide impact identified.</p>
		<p>Assessment of services to be stood down and deployment options based on service needs. RSV Surge Planning in development as an example.</p>	<p>Walmsley, Tracy</p>	<p>30/10/2021</p>	<p>Working with LH and Team on RSV plans and wider workforce planning activity.</p>

Prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery	Thomas, Annmarie	31/10/2021	Working with NWSSP as joint work needed to overcome challenges of capacity across NHS Wales. HD recruitment team repatriating tasks to improve timelines. KPI performance currently exceeding targets in many indicators and best performance in Wales in many.
Maximise use of temporary workforce availability to include Bank, Overtime and Agency by undertaking monthly assessment of resourcing pipeline and continuous review of Bank HCSW recruitment	Thomas, Annmarie	31/03/2022	Temporary Workforce Utilisation maximised via continuous recruitment to bank, engagement with additional agencies on the framework, revisiting off-contract booking protocols. Flexible Incentive rate introduced for fixed period. C. 140 onboarding to Bank HCSW roles.
Temporary Workforce utilisation regularly reported.	Thomas, Annmarie	31/10/2021	Temporary Workforce Utilisation reports shared regularly to monitor levels of supply.
Align Funded Establishment & Unfunded posts to understand "workforce gap". Working with HON, CH on NSL levels alignment & HCSW gaps (funded & funded) with Finance colleagues.	Walmsley, Tracy	Completed	Completed assessment. Fed into Silver. Agreed to manage at risk for each service.
Develop team around the patient model. Group established and Plan on a Page developed. Band 4 roles being developed; will align to work above on funded and unfunded establishment.	Passey, Sian	31/10/2021	Work ongoing.

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	Engagement with HEIW & Universities on Medical, Nursing, AHP/HCS & Pharmacy programmes to include work linked to the Strategic Education Group and specific discussions with HEIW on more Band 4 roles and medical workforce planning. Regular contact with HEIW on all matters related to workforce planning - monthly & quarterly.	Walmsley, Tracy	30/09/2021	No specific feedback gathered on approach to workforce planning for medical workforce. Connected with Swansea University colleagues. Require support to access data on commissioning to align to locality.
	Medical workforce across USC being reviewed. Ensure baseline assessment is understood across UHB. Discussions on priority gaps/issues in Pembrokeshire progressing Further work in Carmarthen and Ceredigion being planned. (Also linked to appointments/approach to Physician Associates (PAs) in UHB.)	Walmsley, Tracy	31/03/2022	Work to be discussed further. PA work making progress - rotations of PA into Secondary & Primary Care being planned. 19 PA's will be in post in Hywel Dda HB in Nov21 - this will be one of the largest cohorts of PA's across Wales.
	Review need and work with all Wales colleagues to develop incentivisation for bank work to support in times of increased demand. If Wales wide incentive not agreed then support organisation to develop own local scheme which at each interval includes robust monitoring of success or otherwise	Morgan, Steve	30/11/2021	Awaiting All-Wales proposal to be developed and communicated. Interim Hywel Dda Flexible Incentive Rate introduced on a temp basis.
	Focus on Workforce Plan alignment to predicted/possible scenario. Assess risk and develop mitigating actions for future plans Utilising refreshed ECT/Allocate data in Temp Workforce Tool to update workforce plan and assess gaps. Iterative cycle to update monthly.	Walmsley, Tracy	31/10/2021	Scenario of 925 beds being followed. Workforce gap is significant to meet need.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level

Control RAG Rating (what the assurance is telling you about your controls)

Latest Papers (Committee & date)

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
	Further action necessary to address the gaps			

	Monitoring of workforce SIP and gaps in establishment control	1st				Specific Workforce Planning group	Workforce Planning Assurance group to be established	Walmsley, Tracy	31/12/2021	TOR drafted to be agreed.
	Workforce levels monitored at Bronze Workforce Group and reported to Silver and Gold	2nd					Re-develop workforce plan based on gaps present to Workforce Bronze	Walmsley, Tracy	Completed	Actions above feed into this activity/HCSW FTC COVID also reviewed
	PODCC - IMTP Plan, Planning Sub Group	2nd								
	Workforce Planning Internal Audit (Substantial Assurance)	3rd								