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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	03 February 2022
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

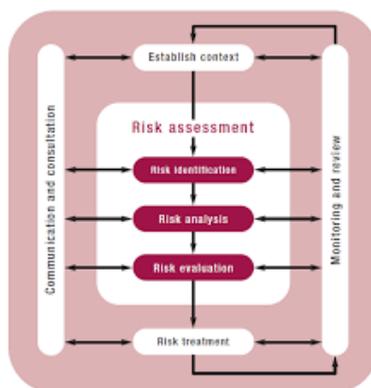| |
|---|
| **Pwrpas yr Adroddiad** (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate) |
| Er Sicrwydd/For Assurance |

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation
The People, Organisational Development & Culture Committee (PODCC) is asked to request assurance from the lead Executive Director for 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 <u>corporate level</u> 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 HDdUHB is outlined in 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 UHBs risk appetite/tolerance to the Board through the Committee Update Report.

There is 1 risk currently aligned to PODCC (out of the 14 that are currently on the CRR) as the potential impacts of the risk relate to the workforce. This is outlined in Appendix 2.

Increase/decreases in Current Risk Score

Since the previous report to PODCC in October 2021, the risk has increased as per below.

Risk	Risk Owner	Previous Risk Score	Current Risk Score Feb-22	Date	Reason
Risk 1219 - Insufficient workforce to deliver services required for "Recovery" and the continued response to COVID-19	Director of Workforce & OD	4x4=16	5x4=20 ↑	13/01/2022	This risk has increased to 20 (the likelihood has increased to "almost certain" and has the potential to have a "major" impact) since the previous report as the latest wave has led to a significant number of key staff unavailable for work from staff sickness and self-isolation. Staffing levels (acute & community) continue to operate well below established levels due to both vacancies and sickness/absence with the nurse staffing escalation policy applied. Unfunded service provision could impact on understanding of workforce availability and create misalignment of workforce availability.

Argymhelliad / Recommendation

PODCC is requested 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.

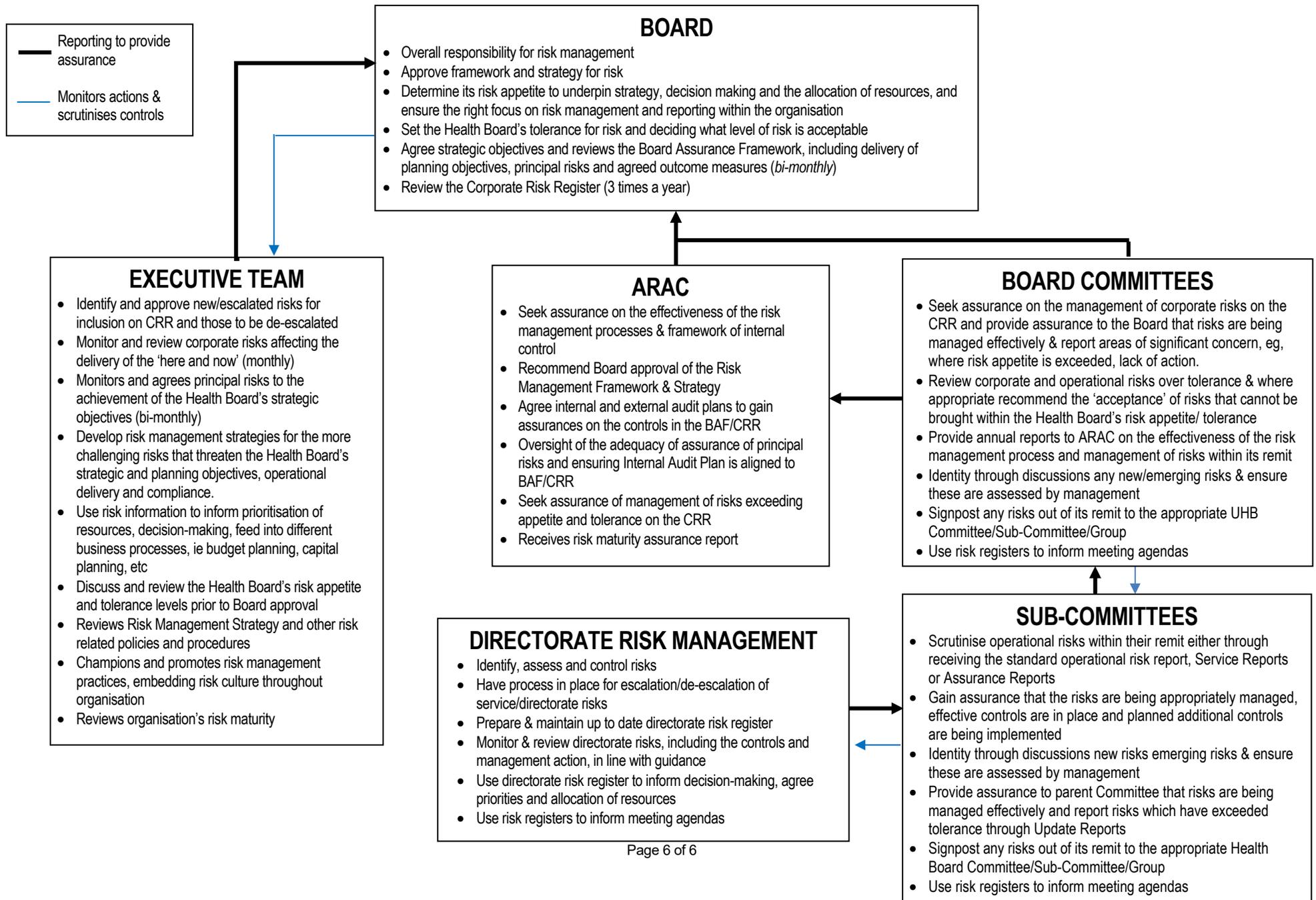| Amcanion: (rhaid cwblhau) Objectives: (must be completed)		
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.6	To seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of 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.

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 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 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

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

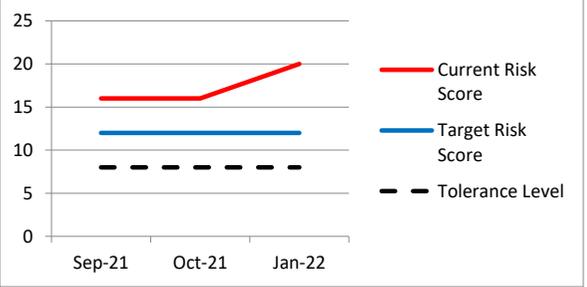CORPORATE RISK REGISTER SUMMARY JANUARY 2022

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Jan-22	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	4x4=16	5×4=20	↑	3×4=12	

Date Risk Identified:	May-21		Executive Director Owner:	Gostling, Lisa	Date of Review:	Jan-22
Strategic Objective:	Not Applicable - Operational Risk		Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Feb-22

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-19, 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-19, 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.

Risk Rating:(Likelihood x Impact)

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

Does this risk link to any Directorate (operational) risks?	1186

Trend:

Rationale for CURRENT Risk Score:

This risk has increased to 20 (the likelihood has increased to "almost certain" and has the potential to have a "major" impact) since the previous report as the latest wave has led to a significant number of key staff unavailable for work from staff sickness and self-isolation. Staffing levels (acute & community) continue to operate well below established levels due to both vacancies and sickness/absence with the nurse staffing escalation policy applied. 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 75-90% as the recent out break of Omicron has transpired. 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.

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

Organisational Governance Structure People, Organisational Development and Culture Committee (PODCC) Workforce Planning Team Inter-Team & Professional Groups & 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)	An organisational wide escalation plan (based on a detailed assessment of Recovery Plans and workforce requirements, set against an escalation plan for COVID-19 resurgence). Establishment control cannot be relied on due to temporary changes linked with covid and pathways. Linked with service pressures increased demand is placed in terms of workforce which has not been planned for delivery in year.	IMTP Plan addendum details - 1)Recovery Plan & Workforce Requirements 2) COVID-19 Planning objectives & Workforce Requirements 3) Phased Plan for COVID-19 escalation 4) New Programmes & Projects Timelines & Workforce Requirements explored for alignment to Recovery & COVID-19 Plans. Monthly assessment of demand to be undertaken linked with service discussions in preparation for current demands and anticipated increased pressure in Winter.	Walmsley, Tracy	~~31/10/2021~~ ~~30/11/2021~~ ~~31/01/2022~~ 28/02/2022	Keeping abreast of workforce changes in terms of demand & supply i.e. bridging service, demountable at Prince Phillip Hospital (PPH), Nurse Staffing Levels Act (NSL). Vaccination Booster programme demand & supply summary undertaken and actions in place i.e. resourcing, deployment, volunteering and national connectivity i.e. Military Aid to the Civil Authorities (MACA) & Welsh Ambulance Service NHS Trust (WAST). Test, Trace, Protect (TTP) & other COVID-19 related services being monitored via groups. Will align all services through Integrated Medium Term Plan (IMTP) Planning Process.
Continuous process of assessment of services to be stood down and deployment options based on service needs Continuous prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery Temporary Workforce Utilisation reports shared regularly to monitor levels of supply.		Development of strategic recruitment strategy for delivery within year with monthly check of progress against actions.	Thomas, Annmarie	Completed	Recruitment plan for bridging service actioned. Responding to specific requests for additional workforce requirements in a number of areas e.g. Family Liaison Officers, Facilities, Vaccination Service, TTP etc. Strategy in progress and will be linked to IMTP Workforce Planning Methodology (Minimum Data Set (MDS) for Welsh Government etc). Strategy submitted to Executive Team/Board 25/11/21. Further development ongoing linked to IMTP. Need to understand "additionality" required. Ongoing work to align to workforce plan demand. See reference Mass Vaccination Service (MVC) Booster above.

Assessment of services to be stood down and deployment options based on service needs.	Walmsley, Tracy	~~15/11/2021~~ ~~30/12/21 (review)~~ 30/01/22 (review)	RSV Surge Plan completed by 31/10/21. Developing workforce plan for field hospital (FH) if reopening is required. No plans to open FH as at 13/01/22 communicated - demand & risk assessment undertaken alongside sources of workforce supply Please see note on Booster Vaccination Programme above. Local Options Framework in place and being enacted.
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.
Align Funded Establishment & Unfunded posts to understand "workforce gap". Working with Head of Nursing (HON), Chris Hayes on NSL levels alignment & Health Care Support Worker (HCSW) gaps (funded & funded) with Finance colleagues.	Walmsley, Tracy	Completed	Completed assessment. Fed into Silver Tactical Group. 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~~ ~~30/01/2022~~ 28/02/2022	Work ongoing. Capacity to support development noted as a concern. Alignment of resources and support needed. Discussions ongoing on how to develop and support programme of work. Initial meeting to reflect support needed for Jan 22. Meeting scheduled for Feb 22.

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~~ ~~30/01/2022~~ 28/02/2022	Met September will continue to connect with All Wales workforce planning network. Require support to access data on commissioning to align to locality and develop alignment to Education & Commissioning Work. Issues raised at All WF Network in December x 2 sessions dedicated to addressing feedback and closing loop on data with HEIW. Tool to link to Supply & Attrition in Progress. Meeting planned with HEIW for 24/01/22 aligned to planned E&C template to be completed by 31/01/22. NB This is adding pressure on services to complete in timely and accurate manner. All Wales WFP Network meetings scheduled for 18/01/22 - will raise there.	
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 Nov 21 - this will be one of the largest cohorts of PA's across Wales. EOI from PA's for 22/23 being developed - decision on corporate/local funding will be required. Capacity to progress work on medical workforce planning from all partners - assessing approach.	

Action	Owner	Date	Progress
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	Morgan, Steve	Completed	All Wales Advisory Notice received and HB proposal drafted. Document submitted to Executives for final approval 22nd December 2021. Proposal signed off by Executives on 22nd Dec 2021. Scheme now operational.
Focus on Workforce Plan alignment to predicted/possible scenario. Assess risk and develop mitigating actions for future plans utilising refreshed Establishment Control Tool (ECT)/Allocate data in Temp Workforce Tool to update workforce plan and assess gaps. Iterative cycle to update monthly.	Walmsley, Tracy	~~31/10/2021~~ ~~15/11/2021~~ ~~30/12/2021 *~~ review again 31/01/21	Scenario of 925 beds being followed. Workforce gap is significant to meet need. Ongoing meetings with services to develop workforce plan and flag issues. Will feed into Workforce Planning Service Oversight Group when established. Link to IMTP, Governance
Digital support with workforce planning to support speed in decision making	Walmsley, Tracy	31/03/2022	Immediate - Digital support access for absence monitoring reporting. Mid Term - accessing support from colleagues on future approach to tool based approach. Longer term - national all Wales approach may be instigated. Discussions at all levels taking place.

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	Required Assurance 			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level				Further action necessary to address the gaps			

	Activity						Group	Action	Owner	Date	Commentary
	Monitoring of workforce staff in post (SIP) and gaps in establishment control	1st					Specific Workforce Planning Group	Workforce Planning Assurance group to be established	Walmsley, Tracy	~~31/12/2021~~ ~~30/01/2022~~ 28/02/2022	Discussed with Lisa Gostling (12/01/22) as Quality, Safety & Experience Committee (QSEC), PODCC and Sustainable Resourced Committee (SRC) all have links to workforce planning implications. Workforce "Conscience" Group in place acting as "oversight" group with working Terms of Reference (ToR) to be reviewed in line with concepts of emergency, tactical, operational and strategic workforce planning. A Framework for Workforce Planning (WFP) in development for Health & Social Care requires alignment and clarity against internal organisational approaches. Local WFP Groups emerging within directorates supported by Workforce & Organisational Development, e.g. Mental Health & Learning Disabilities as part of IMTP. Draft TOR in place to be reviewed corporately. A number of strands of work need to be drawn together: Overseas Registered Nurse programme, Grow Your Own and Retention as per Board paper
	Workforce levels monitored at Professional Oversight Group for Workforce Planning & Service Oversight Group for Workforce Planning	2nd						Re-develop workforce plan based on gaps present to Workforce Bronze	Walmsley, Tracy	Completed	Actions above feed into this activity/HCSW fixed term contract (FTC) COVID-19 also reviewed

PODCC - IMTP Plan, Planning Sub Group	2nd						Defined links to operational, tactical and strategic resources to align across all enablers - digital workforce, risk, QI, Service improvement to re-design workforce and embed significant service change to create workforce sustainability in short, medium and long term.	Walmsley, Tracy	31/01/2022	Meeting to be set up - diary availability is January 2022. Meeting held 11/01/22. Ongoing discussion.
Workforce Planning Internal Audit (Substantial Assurance)	3rd						Workforce Planning Internal Audit (24 Jan 2022) Population Health, Strategic & Engagement lenses on maturity of WFP being considered.	Walmsley, Tracy	28/02/2022	2nd and broader workforce planning audit in progress to be reviewed on 24/01/22. Any actions will follow if identified.

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 you have sufficient sources of assurance not what those sources are telling you
	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

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.	Major patient safety implications if findings are not acted on.		
		Reduced performance if unresolved.			
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.

Category		Green	Yellow	Orange	Red
			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. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/ improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/delivery requirements. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Low achievement of performance/delivery requirements. Severely critical report.
Adverse Publicity or Reputation	Rumours. Potential for public concern.	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). 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. Risk of claim remote.	Loss of 0.1–0.25 per cent of budget. Claim less than £10,000.	Loss of 0.25–0.5 per cent of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget. Claim(s) between £100,000 and £1 million.	Non-delivery of key objective/ Loss of >1 per cent of budget. 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. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas within a location and possible flow onto other locations.	Loss/interruption of >1 week. All operational areas of a location compromised. Other locations may be affected.	Permanent loss of service or facility. 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 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 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.