

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	16 December 2024
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/Interim Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	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

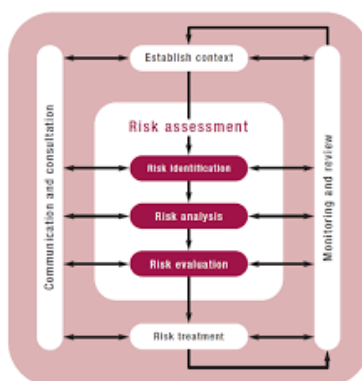
**ADRODDIAD SCAA
SBAR REPORT**

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 corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of risks on the 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 corporate 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.
- 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 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 are 2 risks currently aligned to PODCC (out of the 21 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	2	
New risks	1	See Note 1
De-escalated/Closed	1	See Note 2
Increase in risk score ↑	1	See Note 3
No change in risk score →	0	
Reduction in risk score ↓	0	

Note 1 – New risks

Since the previous report, the following risk has been added to the register.

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
Risk of insufficiently skilled workforce to deliver services due to limited labour market	01/04/24	Director of Workforce & OD	4x4=16 (Reviewed 06/12/24)	<p>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 in October 2024 compared to identified All Wales benchmarks (c1-2% higher).</p> <p>Staffing levels across acute and community sites continue to operate below established levels due to vacancies and sickness/absence which is supplemented by additional hours, bank and agency. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professionals (AHPs) and Health Care Support (HCS)) to comprehend the level of risk by each group.</p> <p>It is hoped as further action is taken through stabilisation, the Improving Together framework, and workforce planning to reduce the risk score during</p>	3x4=12

				<p>2024/25. However, it should also be noted that due to the Health Board's current financial position, and considering the wider financial context, this may result in the potential increase in risk score once Board decisions have been finalised regarding the utilisation of agency, bank and locum workforce.</p> <p>A summary of the gaps to enable a stable workforce in each professional group are noted below: 1) Nursing & Midwifery: a) Destabilisation of the nursing workforce linked to introduction of RNA role b) Destabilisation of the workforce due to the changes in Job Descriptions and Bandings 2 & 3 (leading to potential litigation) with potential implications for higher bands, c) gaps in specific nursing skills sets i.e. Public Health (new role), Critical Care, Theatres (although wider workforce implication), Midwifery (SCBU) and Health Visiting (dependent on model of care to be provided locally). d) Risk profile for nursing based on retirement and turnover generally in each branch of nursing 2) Medical and Maps Workforce a) Destabilisation of the medical workforce due to regulation of AA, PA roles b) Specific skills gaps related to High Locum Usage/Recruitment Gaps i.e. Haematology c) Consultant cover in ED GGH/WGH and Mental Health. c) Medical rate card issues leading to "internal bidding across sites and</p>	
--	--	--	--	--	--

				<p>HB's 3) Allied Health Professionals - destabilisation of the workforce due to capacity potentially outstripping demand/high locum usage in Physiotherapy (potential exacerbation by "recovery work" b) Specific establishment challenges in Paediatric SALT & Dietetics 4) Healthcare Science destabilisation due to a) Lack of clarity on benefit of regional models identified b) gaps in Pathology and Radiology workforce per se with potential exacerbation of recovery work and possible consequential sickness increases (12% in month for GGH), c) specific skills set challenges in sub specialities i.e. Sonography where national challenges exist d) connected implications on broader workstreams i.e. Cancer pathways i.e. Interventional Radiology. 5) Ability to create true multi disciplinary workforces. 6) Niche skills gaps due to an aging workforce and retirement risks in critical skills/niche specialities.</p> <p>However, that said, through a risk management approach and the aligned stabilisation programmes, there is growing confidence that with focused management effort, at a local, regional and national level we will be able to mitigate.</p>	
--	--	--	--	---	--

Note 2 – De-escalated/Closed risk

Since the previous report, the following risk has been removed from the register:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
------------------------	----------------------	---------------	--------------------	--------	-------------------

1649 - Risk of insufficiently skilled workforce to deliver services in Annual Plan 23/24 due to limited labour market.	26/04/23	Director of Workforce & OD	4x4=16 (Reviewed 25/07/24)	Risk agreed for closure at Executive Risk Group in December 2024, superseded by risk 1978 - Risk of insufficiently skilled workforce to deliver services due to limited labour market	3x4=12
--	----------	----------------------------	--------------------------------------	---	---------------

Note 3 – Increase in risk score

Since the previous report, the following risk has increased in risk score:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1821 - Risk to the welfare of Health Board staff due to current demands	04/10/23	Director of Workforce & OD	4x3=12 (Reviewed 25/10/24)	<p>We are alert to the potential consequences of the Staff Welfare Risk and are monitoring a number of areas / metrics to assess if the risk may be increasing e.g., turnover, absence etc.</p> <p>Careful consideration is being taken at different organisational levels to mitigate through organisational planning approaches to manage workload at management level and then the consequences upon staff wellbeing. The score has been increased from 9 to 12 as, recently it has been noted that sickness absence rates are increasing, hence an increase in the current risk score.</p>	2x3=6

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; and
- 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.

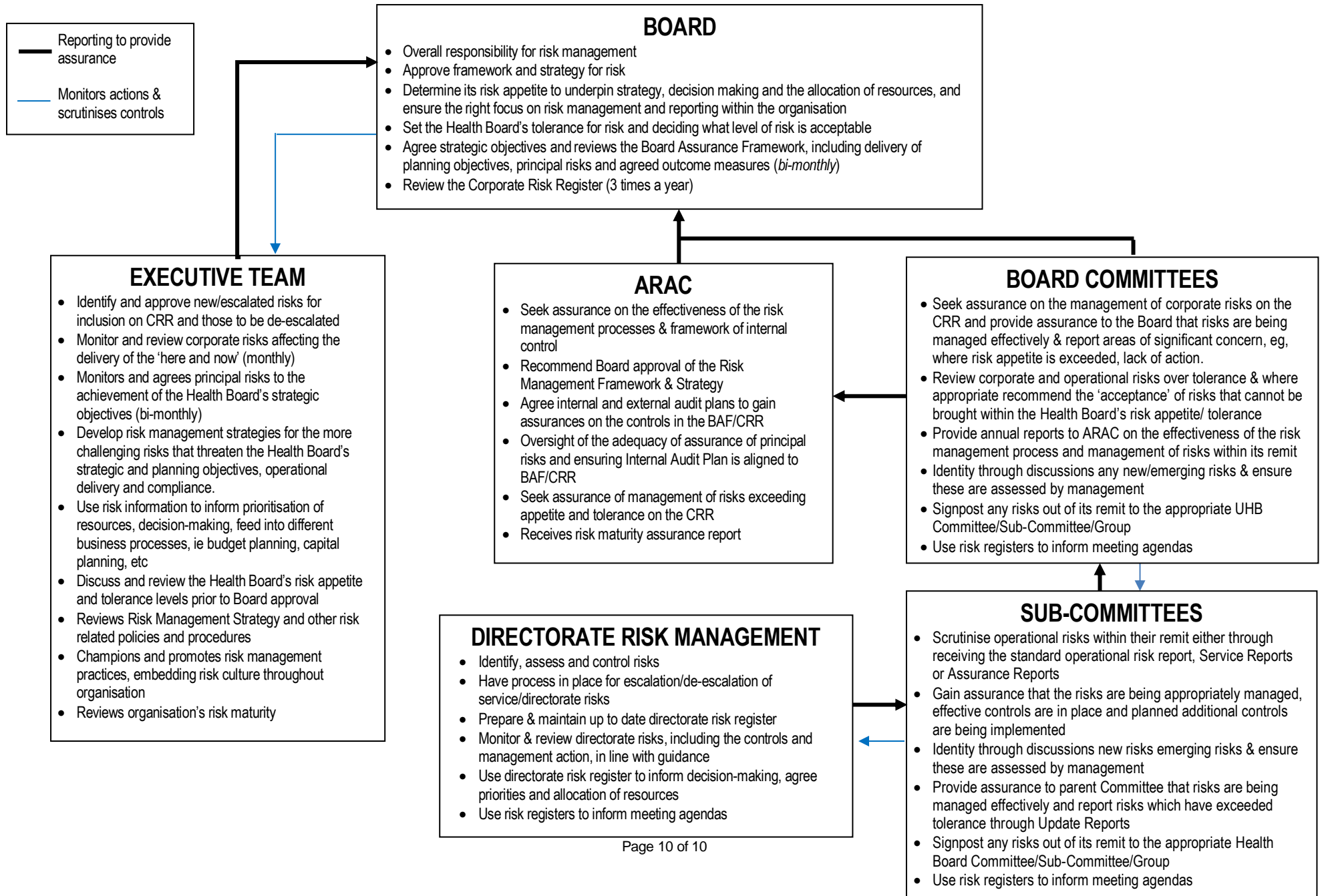
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To seek assurance on the management of the corporate risks allocated to the Committee and provide assurance to the Board that corporate risks are being managed and monitored effectively, reporting any areas of significant concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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:	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 <u>planned</u> controls (or actions) have been implemented.

	Tolerable risk – this is the level of risk that the Board agreed for each domain in January 2024 – 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



Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Nov-24	Trend	Target Risk Score	Risk on page no...
1978	Risk of insufficiently skilled workforce to deliver services idue to limited labour market	Gostling, Lisa	Workforce/OD	8	NA	4x4=16	New risk	3x4=12	3
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	8	4x3=12	4x3=12	→	3x2=6	7

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:	Apr-24
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

Executive Director Owner:	Gostling, Lisa	Date of Review:	Dec-24
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Jan-25

Risk ID:	1978	Principal Risk Description:	There is a risk here will be insufficient skilled workforce within each of our professional groups (Nursing, Medical, Allied Health Professionals AHP, HCS, Pharmacists and Dental). This is caused by the scarce supply of healthcare professionals and a shrinking labour market, which is further exacerbated by the Health Board's current vacancy rates. This could lead to an impact/affect on the quality of care provided to patients, delays in care and poorer patient outcomes and experience. 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.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
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:	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 high still in Oct -24 compared to identified All Wales benchmarks (c1-2% higher). Staffing levels (acute & community) continue to operate below established levels due to both vacancies and sickness/absence which is supplemented by additional hours, bank and agency. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, AHP and HCS) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation, Improving Together and workforce planning to reduce the risk score during 2024/25. However it should also be noted that due to the Health Board's current financial position and considering the wider financial context; this may result in the potential requirement to increase the risk score to 20 once board decisions have been finalised regarding the utilisation of agency, bank and locum workforce. A summary of the gaps to enable a stable workforce in each professional group are noted below: 1) Nursing & Midwifery: a) Destabilisation of the nursing workforce linked to introduction of RNA role b) Destabilisation of the workforce due to the changes in Job Descriptions and Bandings 2 & 3 (leading to potential litigation) with potential implications for higher bands, c) gaps in specific nursing skills sets i.e. Public Health (new role), Critical Care, Theatres (although wider workforce implication), Midwifery (SCBU) and Health Visiting (dependent on model of care to be provided locally). d) Risk profile for nursing based on retirement and turnover generally in each branch of nursing 2) Medical and Maps Workforce a) Destabilisation of the medical workforce due to regulation of AA, PA roles b) Specific skills gaps related to High Locum Usage/Recruitment Gaps i.e. Haematology c) Consultant cover in ED GGH/WGH and Mental Health. c) Medical rate card issues leading to "internal bidding across sites and HB's 3) Allied Health Professionals - destabilisation of the workforce due to capacity potentially outstripping demand/high locum usage in Physiotherapy (potential exacerbation by "recovery work" b) Specific establishment challenges in Paediatric SALT & Dietetics 4) Healthcare Science destabilisation due to a) Lack of clarity on benefit of regional models identified b) gaps in Pathology and Radiology workforce per se with potential exacerbation of recovery work and possible consequential sickness increases (12% in month for GGH), c) specific skills set challenges in sub specialities i.e. Sonography where national challenges exist d) connected implications on broader workstreams i.e. Cancer pathways i.e. Interventional Radiology. 5) Ability to create true multi disciplinary workforces. 6) Niche skills gaps due to an aging workforce and retirement risks in critical skills/niche specialities. However, that said, through a risk management approach and the aligned stabilisation programmes, there is growing confidence that with focused management effort, at a local, regional and national level we will be able to mitigate.

Rationale for TARGET Risk Score:

The Target Risk score indicates the likelihood of the risk occurring (absence target 4.8%). Other intelligence leads the Health Board 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 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 (linked to Principal Risk 1186 - Attract, retain and develop staff with the right skills).

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
Organisational Governance Structure
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 (CDG)
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
Align and iterate to implementation groups i.e. Medical retention.
Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans
Digital support with workforce planning to support speed in decision making at local, regional & national levels.


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
Recruitment Plan in place to appoint to substantive workforce.	Draft Workforce Plan in Place for Each Professional Group identified to address concerns above & monitored through relevant fora i.e. SPPEG, MDT Forum and PODCC	Walmsley, Tracy	31/03/2025	In progress, analysis of professional groups and alignment to Workforce Planning Forum supported by professional leads to be put in place December for sign off of approach to align to Education Commissioning for HEIW.
Workforce planning groups need time to mature and develop focus underpinning SPPEG.				
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, c) data management issues in ESR, e.g., single employer status for some of our medical workforce and d) Changes in the funded establishment not reflective of "on the ground" situations.	Each Professional Workforce Plan in place with an implementation action plan developed within 25/26. (This will be maintained as an iterative plan with ongoing monitoring and review by relevant fora i.e. SPPEG, MDT Forum and PODCC. The Professional groups relate to each "Staff Group" identified under ESR i.e. Estates and Ancillary, Admin and Clerical (although service level plans may need specific tailoring), Nursing and Midwifery, Medical and Dental, Healthcare Science, Allied Health Professionals, and Additional Professional and Technical.	Walmsley, Tracy	31/05/2025	As above to be continued and supported by Annual Plan Workforce Workshop 9 January 2025
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).	Design an approach to primary and community workforce model for 25/26 against agreed priorities for Primary Workforce Planner and Annual Planning Objectives (NB Requires alignment to UEC, Primary Care and Community Programmes of work)	Walmsley, Tracy	31/05/2025	Ongoing, requires "Forum" to align Service, Programmes and Strategy discussion for Workforce to develop integrated approach to link with Workforce Planning Forum and Professional Group Plans. Appointment of Primary Care workforce planner to complement team appointed 4/12/24.
Critical analysis of people alignment to priorities for delivery within financial considerations for short, medium & long term; striving to develop a Health Board/System wide approach	Create task and finish group to analyse establishment control and develop tool to accurately reflect staffing requirements in partnership with Finance to ensure effective alignment to workforce changes and future profiling to include Education and Commissioning (3 year forward workforce "shape & spend" profile)	Walmsley, Tracy	30/06/2025	To link to Annual Plan & Education Commissioning work; in train. Profiling of People Regeneration Framework required to inform, in train.
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. Essential and				

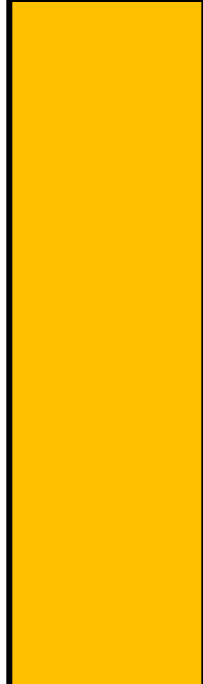
Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach.

Close Out Report completed for PODCC 15 April 2024; Further actions identified will be included in the Workforce Plan and associated recruitment, retention or development plans.

necessary reliance on educational frameworks rather than new role development, which is an evolutionary aspiration. Practical next steps will be assessed linking into skills gaps within the workforce and the educational infrastructure to support.

Ensure effective methods of workforce utilisation across each professional group in place: Nursing, Medical, AHP and HCS. Critically assess and design plan for work that can be implemented by end of March 2026.	Walmsley, Tracy	31/03/2026	Roll out of Job Planning & Allocate across professional groups; plans required to a) strengthen current approach and b) develop for new professional groups as prioritised against resources. AHP/HCS workshop intended for Jan/Feb 2025.
Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at January 2025 submission to Welsh Government.	Walmsley, Tracy	31/03/2025	In progress, roll out of meetings and Workshop in January followed by Workforce Planning Forum to enable critical sign off; need to assess alignment to "Professional Leaders Forum"
Recruitment plan aligned to each professional group (priority for medical for 25/26)	Walmsley, Tracy	31/03/2025	Analysis in train, based on in year and projections
Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Glanville, Amanda	31/03/2025	Analysis in train, based on in year and projections
Retention Plan aligned to each professional group (to 24/25 and reframed for 25/26)	Davies, Christine	31/03/2025	Analysis in train, based on in year and projections
Evaluation of effectiveness of plans 24/25 & Lessons Learnt. (to 24/25 and reframed for 25/26)	Walmsley, Tracy	30/06/2025	Analysis in train; medical stabilisation plan in development.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance
			Current Level
	Monitoring of workforce SIP and gaps in establishment control	1st	 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 Further action necessary to address the gaps	By Who	By When	Progress
Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Maturity Matrix developed 31 June 2024 a) ongoing assessment & testing b) locally, c) regionally, d) nationally The intention over the next 12 months to achieve output a) and b) by March 2025, output c) by September 2025 and d) by December 2025 with any refinements of process/mechanics/content achieved by March 2026.	Walmsley, Tracy	31/03/2025	External stakeholder engagement ongoing i.e. other SWP colleagues and HEIW. Shared with HEIW, Strategic Workforce Planning Institute. Discussed with HEIW in November 2024 as part of Strategic Engagement. Meeting with regional colleagues separately to link in as part of regional work programmes. Shared in November 2024 meeting of Regional Network - scheduled for review in workshop January 2025.

Risk management approach to Workforce themed Risks	1st		
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) April 2022	3rd		
Wales Audit Office review of Workforce Planning (Fieldwork underway - report expected Summer 2023)	3rd		

Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/25 to link to Annual Planning cycles (identified in Audit Wales initial draft report)	Walmsley, Tracy	31/03/2025	Workforce Plan will take account of the needs to address the actions in the Wales Audit Office Report. Assessment of work by Service, Professional and People Pillar to develop a costed plan for P&OD and HB.
Value & Sustainability Group to receive updates on variable pay and temporary staffing usage	Walmsley, Tracy	31/03/2025	Regular updates presented: standard agenda item agenda.

Date Risk Identified:	Oct-23
Strategic Objective:	1. Putting people at the heart of everything we do and 2. Working together to be the best we can be and 3. Striving to deliver and develop excellent services

Executive Director Owner:	Gostling, Lisa	Date of Review:	Oct-24
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Dec-24

Risk ID:	1821	Principal Risk Description:	<p>There is a risk that staff will have a poor experience while at work. This is caused by the inability of leaders to lead compassionately due the current climate within which the Health Board is operating within and competing demands.</p> <p>This could lead to an impact/affect on the work life balance, morale and satisfaction of staff at work, and negatively impact the culture which staff experience at work. This could cause detriment to staff wellbeing and create a negative cycle which could lead to increased employee relations issues, team dysfunction, increased sickness absence and a higher number of staff choosing to leave the organisation with a negative effect on staff engagement, productivity and performance.</p>
Does this risk link to any Directorate (operational) risks?		Workforce themed risk register	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x3=12
Target Risk Score (L x I):	3x2=6
Tolerable Risk:	8
Trend:	↔







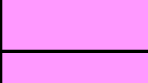
Month	Current Risk Score	Target Risk Score	Tolerance Level
May-24	9	6	8
Jun-24	9	6	8
Jul-24	9	6	8
Aug-24	9	6	8
Oct-24	12	6	8
Nov-24	12	6	8

Rationale for CURRENT Risk Score:
 We are alert to the potential consequences of the Staff Welfare Risk; and are monitoring a number of areas/metrics to assess if the risk may be increasing e.g. turnover, absence etc. Careful consideration is being taken at different organisational levels to mitigate through organisational planning approaches to manage workload at management level and then the consequences upon staff wellbeing. The score has been increased from 9 to 12 as, recently it has been noted that sickness absence rates are increasing, hence an increase in the current risk score.

Rationale for TARGET Risk Score:
 The target risk score is based on assessment of the work ongoing across the Health Board within the management and executive tiers to ensure clarity and focus of work programmes. Reviewing and streamlining where appropriate. The actions below are across all staff groups and focus on specific actions that are within the gift of the Workforce and OD function to drive and support with managers.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
<p>Policies and procedures, which are readily available to staff via the Health Board intranet and the Wellbeing Single Portal. This provides guidance and resources for managers and staff.</p> <p>Forums in place with Executive oversight to review performance against objectives - Core Delivery Group, Directorate Improving Together Sessions, Clinical Services Plan</p> <p>Formal governance arrangements via Board and its sub-committees by Executives and Independent Members - People, Organisational Development and Culture Committee, Strategic Development and Operational Delivery Committee.</p> <p>Performance dashboards to monitor sickness, vacancies, grievances</p> <p>Structure of Workforce and Organisational Development Directorate encompasses a number of pillars with a focus on supporting staff, promoting healthy working cultures, and providing support and resources</p>

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
Review of the WHC for the Non Pay Deal has identified specific gaps to be addressed and strengthened as identified under actions opposite.	Review the Staff Retention Discovery Work and ensure high level actions are delivered.	Gostling, Lisa	31/12/2024	In progress. Retention planning objective deep dive on agenda for PODCC in December 2024.
	Ensure promotion of compassionate leadership principles through a) PADR quantity and quality b) compassionate management and leadership programmes c) localised cultural progression plans	Gostling, Lisa	31/12/2024	In progress
	Review the Best Practice Guidance on Health & Wellbeing Launched for All Wales by HEIW and map across actions to Hywel Dda Cultural Toolkit	Davies, Christine	30/09/2024 28/02/2025	In progress Actions reviewed and communications plan implemented, mapping into Cultural Toolkits in progress

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
Performance Dashboards	Wales Audit - Workforce Planning - External Audit	3rd	
	Core Delivery Group	1st	
	Directorate Improving Together Sessions	1st	
	Workforce & OD Leadership Team Meetings (Risk led)	2nd	
	PODCC	3rd	
	Executive Team meetings (Risk led)	1st	
	Escalation Framework Meetings	1st	

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


Latest Papers (Committee & date)
No specific papers. Recent papers to PODCC highlighted the deep dive on Workforce Themed Risks in October 2023.

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
Monitoring of actions aligned to wider PO and alignment to Wellbeing for Management and Staff	Evaluation of Action Plans to be fed back to PODCC	Walmsley, Tracy	30/09/2024 30/03/2025	Paper shared with WOD Leadership Team for PODCC in review of risk. ☑