

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risks Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development
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

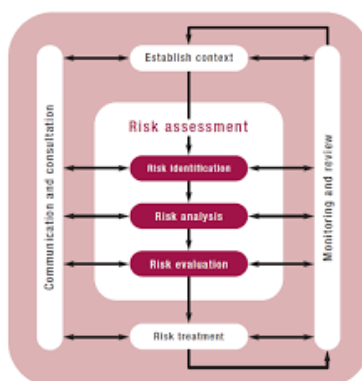
**ADRODDIAD SCAA
SBAR REPORT**

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 ie 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 allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern eg 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 two risks currently aligned to PODCC (out of the 23 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	0	
De-escalated/Closed	1	See Note 1
Increase in risk score ↑	0	
No change in risk score →	2	See Note 2
Reduction in risk score ↓	0	

Note 1 – De-escalated / Closed Risks

Since the previous Corporate Risk Report provided to PODCC, the following risk has been closed:

Risk Reference and Title	Date risk identified	Lead Director	Reason for risk closure or removal
1822 - Risk to the welfare of senior management due to current demands	04/10/23	Director of Workforce & OD	The Executive Team approved closure of this risk in July 2024, with risk 1821 (Risk to the welfare of Health Board staff due to current demands) subsequently reviewed to be inclusive of all staff.

Note 2 - No change in risk score

Since the previous report, there has been no change in the following risk score:

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 2023/24 due to limited labour market.	26 April 2023	Director of Workforce & OD	4x4=16 (Reviewed 25 July 2024)	<p><i>Discussions are underway to determine how the workforce challenge should be represented on the CRR.</i></p> <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 as at March 2024, compared to pre-Covid levels (1-2% higher), however, there has been a general improvement over the last 12 months. Staffing levels (Acute & Community) continue to operate below established levels due to both vacancies and</p>	3x4=12

				<p>sickness/absence, and use of bank and agency.</p> <p>There is still a significant risk of workforce misalignment with activity and required competence levels.</p> <p>Further work has been undertaken to understand the level of risk across each staff group, speciality, and site to fully comprehend the level of risk the organisation carries as a whole. It is hoped as further action is taken through stabilisation, Improving Together and workforce planning to reduce the risk score during 2023/2024.</p> <p>However, it should also be noted that due to the Health Board's current financial position and considering the wider financial context (the extent and impact of which at this time is not fully known), this may result in the potential requirement to increase the risk score to 20 when Board decisions have been finalised regarding the utilisation of agency, bank and locum staff workforce.</p>	
1821 - Risk to the welfare of Health Board staff due to current demands	4 October 2023	Director of Workforce & OD	3x3=9 (Reviewed 29 May 2024)	<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</p>	2x3=6

				organisational planning approaches to manage workload at management level and then the consequences upon staff wellbeing.	
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Argymhelliad / Recommendation

The PODCC is asked to **RECEIVE 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)

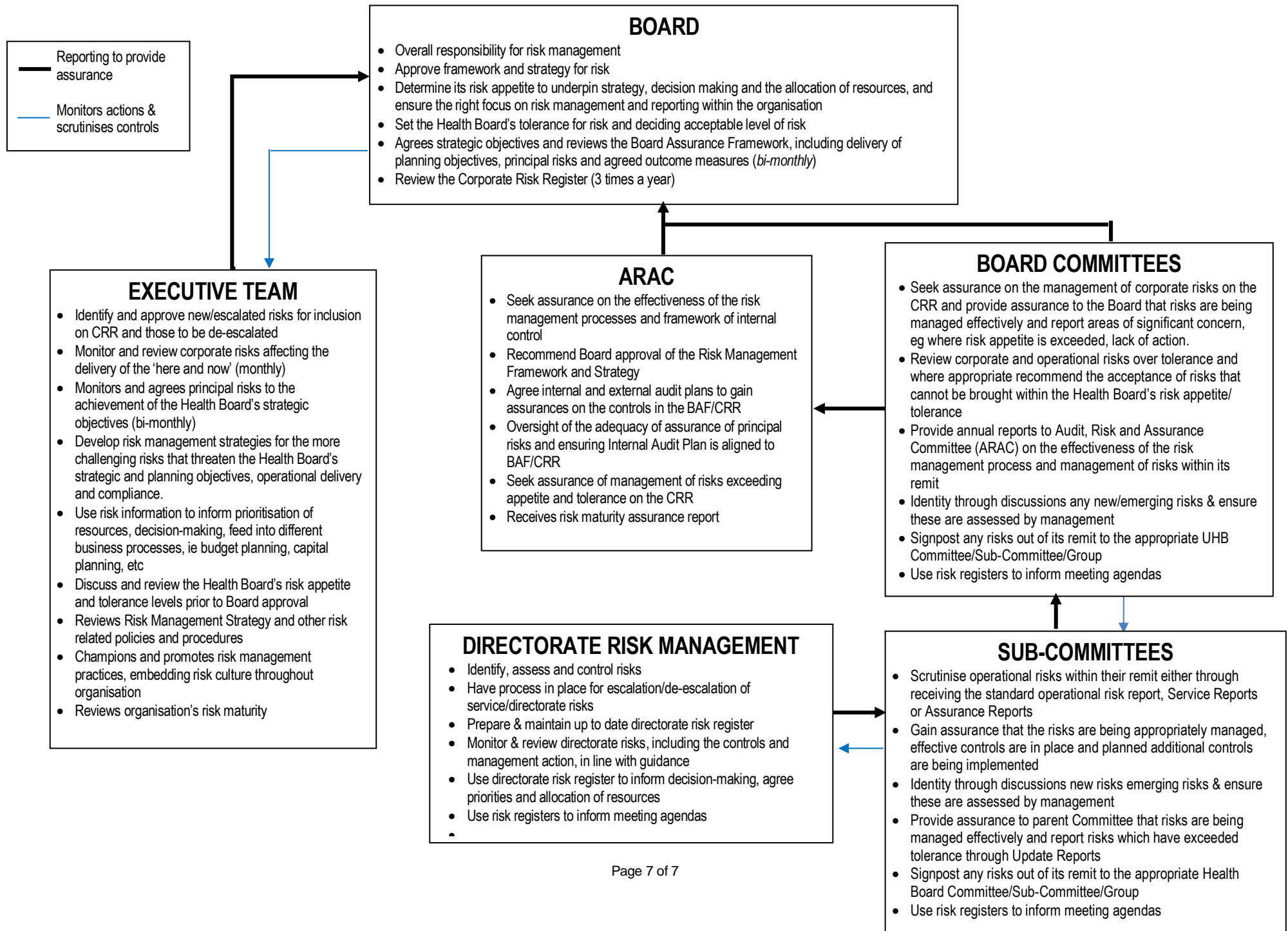
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To seek assurance on the management of the corporate risks allocated to the Committee and provide assurance to the Board that corporate risks are being managed and monitored effectively, reporting any areas of significant concern.
Cyfeirnod 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 Termau: 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 January 2024 – Risk Appetite Statement.</p>
Partion / 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






CORPORATE RISK REGISTER SUMMARY JULY 2024

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Jul-24	Trend	Target Risk Score	Risk on page no...
1649	Risk of insufficiently skilled workforce to deliver services in Annual Plan 23/24 due to limited labour market	Gostling, Lisa	Workforce/OD	8	4x4=16	4x4=16	→	3x4=12	3
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	8	3x3=9	3x3=9	→	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	

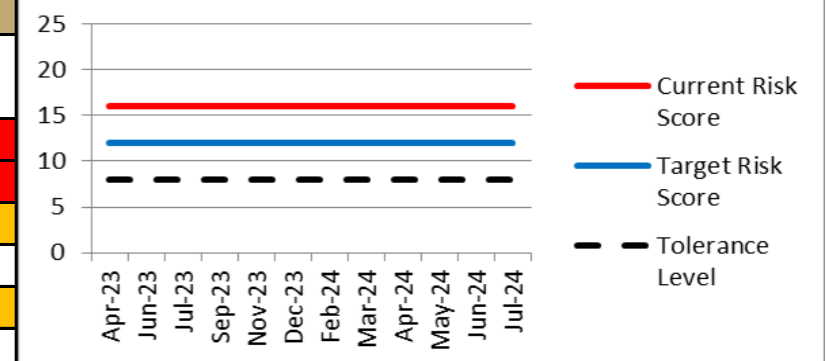
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective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

Date Risk Identified:	Apr-23
Strategic Objective:	

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

Risk ID:	1649	Principal Risk Description:	There is a risk there will be insufficient skilled workforce available to meet our Ministerial Priorities across all areas (UEC, Planned Care, Cancer and Mental Health etc). This is caused by the 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. And further impact on the health and wellbeing of teams.
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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



Does this risk link to any Directorate (operational) risks?	
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Trend:	↔
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

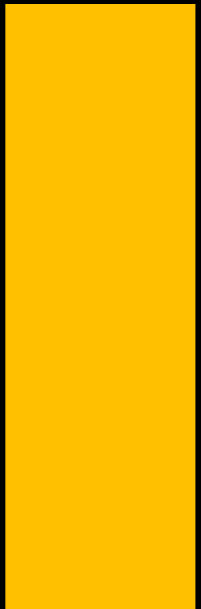

Rationale for CURRENT Risk Score:
 This risk has been scored as 16 (the likelihood is "likely" and has the potential to have a "major" impact) as the number of staff impacted from staff sickness is still high at Mar-24 compared to pre-Covid levels (c1-2% higher) however, there has been a general improvement over the last 12 months. Staffing levels (acute & community) continue to operate below established levels due to both vacancies and sickness/absence, and use of bank and agency. There is still a significant risk of workforce misalignment with activity and required competence levels. Further work has been undertaken to understand the level of risk across each staff group, speciality and site to fully comprehend the level of risk the organisation carries as a whole. It is hoped as further action is taken through stabilisation, Improving Together and workforce planning to reduce the risk score during 2023/24. However it should also be noted that due to the Health Boards current financial position and considering the wider financial context; (the extent and impact of which at this time is not fully known); 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 staff workforce.

Rationale for TARGET Risk Score:
 The Target Risk score indicates the likelihood of the risk occurring (absence target 4.8%). Other intelligence leads as to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. Also, it may be that there could be concerns for the specific services and/or the annual risk of a winter surge developing when at full capacity for recovery/ministerial priorities as we have a "finite" resource in our people that can only be stretched so far without causing detriment. Therefore, the probability sits between 75-90% when taking account of multiple factors - respiratory infections, increased patient acuity, the longer term impacts of COVID-19 on the population i.e. inability to access services needed, and workforce resilience. We hope we will be able to take mitigated actions noted below predominantly through our interventions under the Regeneration Framework in the short term and for the medium to long term begin to realign available workforce to new service design and models of care. This risk is wider than a 12 month period as actions taken or not taken today will have a long term legacy on our available future workforce and capacity/capability to manage the associated challenges of service & workforce redesign (linked to Principal Risks 1186 and 1188).

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	By Who	By When	Progress
<p>Organisational Governance Structure</p> <p>People, Organisational Development and Culture Committee (PODCC)</p> <p>Strategic People Planning and Education Group (SPPEG) & underpinning Governance Structure for People Planning & Education to create an organisation wide assessment for our 10 year strategy</p> <p>Professional Leaders Forum now in place and Medically Associated Professionals Task & Finish Group alongside instigation of Allied Health professionals Performance, Planning and Utilisation Group (Check name) In addition the Variable Pay Group is leading on the WHC</p> <p>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</p> <p>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</p> <p>Establishment Control</p> <p>Agency usage</p> <p>Bank Utilisation & ongoing onboarding of supply</p> <p>Efficient Rostering practice</p> <p>Roll out of new rostering system</p> <p>Overview of organisation and service wide risks (assessment of each service area based on workforce availability)</p> <p>Continuous process of assessment of services to be stood down and deployment options based on service needs (CDG)</p> <p>Targeted prioritisation of recruitment/onboarding of new employees to</p>	<p>Workforce planning groups need time to mature and develop focus underpinning SPPEG.</p> <p>Capacity and capability in people planning within team and across organisation required.</p> <p>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, eg, single employer status for our medical workforce and d) Changes in the funded establishment not reflective of "on the ground" situations.</p> <p>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).</p> <p>Critical analysis of people alignment to priorities for delivery within financial considerations for short, medium & long term.</p> <p>A robust framework of competency based people planning and related training to underpin the Team around the Patient initiatives and new model</p>	<p>Approach to future community workforce development model requires alignment to UEC, Primary Care and Community Programmes of work & teams. (PO2c.2v)</p> <p>Analysis, design and development of the infrastructure and governance to develop the a new model of care i.e. OBC and Social Model of Health i.e. resource requirements, alignment to current structure and service design programmes (workforce planning for workforce, planning/project management, communications & engagement, clinical oversight).</p>	<p>Walmsley, Tracy</p> <p>Williams, Paul</p>	<p>31/07/2023-31/03/2024 30/09/2024</p> <p>30/09/2023-31/03/2024</p>	<p>Difficulties remain in understanding the workforce model for UEC and needs input from programme. Engagement ongoing. Primary Care Workforce Planner has been successfully bid for by Primary Care and will align to this work. A job description has been developed, with the expectation that the post will be appointed to by September 2024. Action to be revised for 2024/5 to align with Clinical Services Plan and wider programmes.</p> <p>Resource identification has been reviewed and a phased plan of implementation agreed by Executive Team. Requires alignment of new resources within current operating model/infrastructure to make best use of resource and manage risks. Progress: no further update on specific as Clinical Review with WG in progress and will be complete by Aug23. A re-assessment will be needed aligned to work that will start within the "pathways" and PMO/TPO. Consideration of governance mechanisms to support alleviation of strategic workforce risks (7-10 years). Discussion now needed on next steps. Action superseded by current events/feedback from WG & TI. To be revised and aligned to Clinical Services plan and Stabilisation work.</p>

CORPORATE RISK REGISTER SUMMARY JULY 2024

<p>the highest areas of risk in terms of maintaining service delivery (People & OD Strategic Group)</p> <p>Temporary People Utilisation reports shared regularly to monitor levels of supply</p> <p>Align and iterate to implementation groups i.e. Medical retention.</p> <p>Annual completion and submission of Education Commissioning Plan to HEIW and critical assessment to known service level plans</p> <p>Digital support with workforce planning to support speed in decision making at local, regional & national levels.</p> <p>Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach.</p> <p>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.</p>	<p>development of care. Essential and 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. This will inform Workforce Plan.</p>	<p>Interrogate financial establishment/SIP to ensure "a source of truth" and align to identified and prioritised risks (operational and strategic).</p>	<p>Walmsley, Tracy</p>	<p>31/03/2024</p>	<p>Meeting to review risk to be set up to link in "Stabilisation" and wider Establishment Concerns (links to Principal Risk 1186). Ongoing dialogue with Finance and critical stabilisation related WOD Teams. Based on Operational Workforce Plan discussions a paper to be drafted and presented to Executive Team April 2024 to outline challenges. Revision of Risk needed in line with this action i.e. "confidence in integrity of alignment of data sets".</p> <p>As per July 2024, meeting with Financial Business Partners assigned to teams across the organisation to ensure CIP plans are robust and recurring.</p>
		<p>1a.6 Enhance HB offer to improve lives of local population by social responsibility initiatives i.e. volunteering/employment pathways etc</p>	<p>James, Michelle</p>	<p>31/07/2023 30/11/2023 29/02/2024 31/03/2024</p>	<p>Links to 1a.3</p> <ul style="list-style-type: none"> •Future Workforce Operational Group has been created; •Mapping & analysis of data has begun to inform future campaigns; •Choose us and Care 24 bids have been submitted.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Monitoring of workforce SIP and gaps in establishment control	1st				Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Draft Maturity Matrix and "Panel" approach to be tested	Walmsley, Tracy	Completed	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.
	Risk management approach to Workforce themed Risks	1st				Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/24 to link to Annual Planning cycles (identified in Audit Wales initial draft report)	Walmsley, Tracy	Completed	Workforce Plan will take account of the needs to address the actions in the Wales Audit Office Report.	

CORPORATE RISK REGISTER SUMMARY JULY 2024

Strategic People Planning & Education Group	1st					Maturity Matrix to be tested with an external panel and assessed for 3rd part scrutiny within HB.	Walmsley, Tracy	31/05/2024	External stakeholder engagement ongoing i.e. other SWP colleagues and HEIW. Meeting HEIW 1 May 2024 for discussion on panel set up. Meeting with regional colleagues separately to link in s part of regional work programmes.
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								

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:	May-24
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Jul-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?			

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	3x3=9
Target Risk Score (L x I):	3x2=6
Tolerable Risk:	8
Trend:	↔


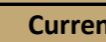





Month	Current Risk Score	Target Risk Score	Tolerance Level
May-24	9	6	8
Jun-24	9	6	8

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.☒

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 of WHC for Non-Pay Deal and Action Plan developed for implementation.	Gostling, Lisa	31/07/2024	In progress
	Review the Staff Retention Discovery Work and ensure high level actions are delivered.	Gostling, Lisa	31/12/2024	In progress
	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 of Best Practice Guidance on Health & Wellbeing Launched for All Wales by HEIW.	Davies, Christine	30/09/2024	In progress
	Develop Action Plan for the Best Practice Guide on Health & Wellbeing	Davies, Christine	30/11/2024	To be planned

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	
	Staff Wellbeing Internal Audit	2nd	
	Workforce & OD Leadership Team Meetings (Risk led)	2nd	
	PODCC	3rd	
	Executive Team meetings (Risk led)	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 Further action necessary to address the gaps	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	Paper shared with WOD Leadership Team for PODCC in review of risk.