

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 June 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, Assistant Director of Assurance and Risk

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

Er Sicrwydd/For Assurance

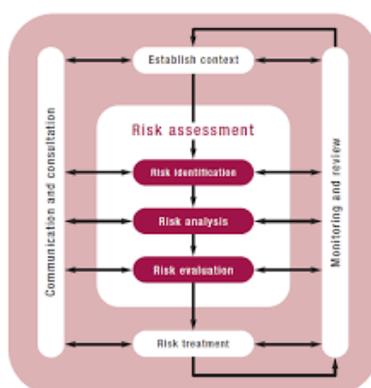
**ADRODDIAD SCAA
SBAR REPORT**

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

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

These risks have been identified by individual Directors via a top down and bottom up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant operational risks escalated that are of significant concern and require corporate oversight and management.

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

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

The process for risk reporting and monitoring within HDdUHB is outlined at Appendix 1.

Asesiad / Assessment

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 15 that are currently on the CRR) as the potential impacts of the risks relate to the workforce. This can be found at Appendix 2.

Changes Since Previous Report

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

Note 1 – New Risks

Since the previous report in February 2022, 1 new risk has been added to the CRR:

Risk	Lead Director	New/ Escalated	Date	Reason
Risk 1406 - Risk of insufficient skilled workforce to deliver services outlined in Annual Plan 22/23 & deliver UHB strategic vision by 2030	Director of Workforce & OD	New	04/05/22	This corporate risk was approved by the Executive Risk Group on 04/05/22. This risk has been scored as 16 (the likelihood "likely" and has the potential to have a "major" impact) as the number of key staff unavailable for work from staff sickness and self-isolation is still as high. The reasons for which may also impact on staff resilience and ability to maintain performance. 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. There is still a significant risk of workforce misalignment with activity and required competence levels.

Note 2 – De-escalated/Closed Risks

Since the previous report, 1 corporate risk aligned to this Committee have been closed.

Risk Ref & Title	Lead Director	Closed/ De-escalated	Date	Reason
Risk 1219 - Insufficient workforce to deliver services required for "Recovery" and	Director of Workforce & OD	Closed	04/05/22	The Executive Risk Group agreed to close this risk as it relates to the previous financial year (2021/22) and has been replaced by new risk associated with

the continued response to COVID-19				the workforce requirements for 2022/23.
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Corporate risk 1406 has been linked to a number of Directorate level risks where workforce is a key contributory factor in the Operations and Primary Care, Community and Long Term Care Directorate (appendix 3 provides the high level analysis of these risks). Further work needs to be undertaken to ensure this includes all risks where staffing is a contributory factor (e.g., to include risks from other services such as Public Health, Medical Directorate, etc).

Workforce themed risks are shared with the Workforce and Organisational Development Directorate to allow them to maintain oversight and provide necessary guidance to those responsible for the risk and develop/improve organisational controls, i.e. policies, procedures, systems, processes, to reduce the risk to HDdUHB.

Argymhelliad / Recommendation

PODCC is asked to seek assurance that:

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

This in turn will enable PODCC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that HDdUHB is managing these risks effectively.

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

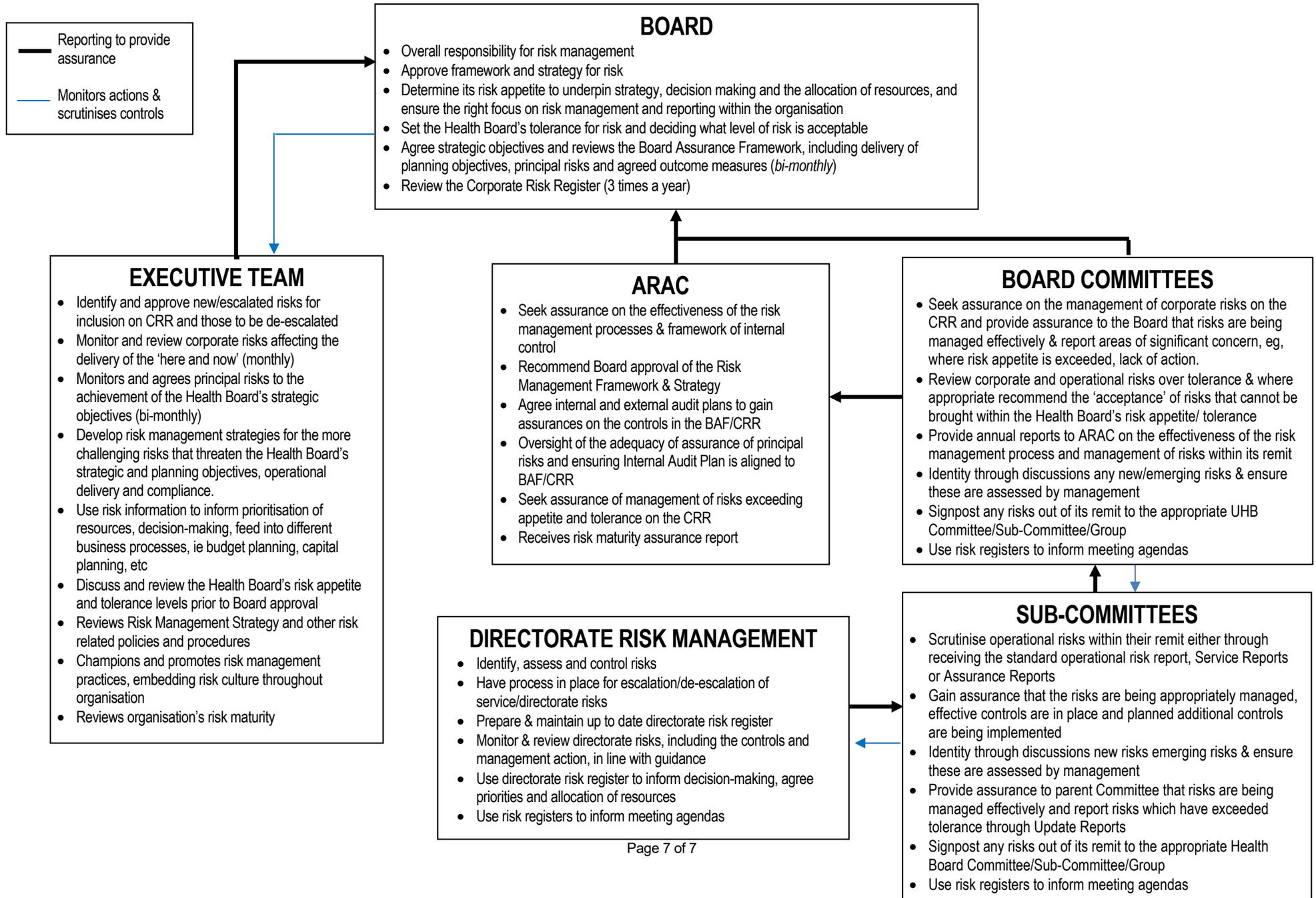
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	10. Not Applicable

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:	<p>Current Risk Score - Existing level of risk taking into account controls in place.</p> <p>Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.</p> <p>Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – Risk Appetite Statement.</p>
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 JUNE 2022

Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Jun-22	Trend	Target Risk Score	Risk on page no...
1406	Risk of insufficient skilled workforce to deliver services outlined in Annual Plan 22/23 & deliver UHB strategic vision by 2030	Gostling, Lisa	Workforce/OD	8	N/A	4x4=16	New risk	3x4=12	2

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-22
Strategic Objective:	N/A - Operational Risk

Executive Director Owner:	Gostling, Lisa	Date of Review:	May-22
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Jun-22

Risk ID:	1406	Principal Risk Description:	There is a risk there will be insufficient skilled 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 2022/23, and activities to future proof workforce solutions are not taken within 2022-2025 time frame for the development and delivery of the UHB's strategic ambitions to 2030. This is caused by possible new variants of COVID, increases 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, and due to increased knowledge of workforce requirements and an inability to foresee risks, realign funding and create new workforce models of delivery of service provision. This could lead to an impact/affect on the UHB's ability to staff pathways for COVID, surge capacity and new models of care within general hospitals, community hospitals, delivering the respiratory 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 and train staff quickly to provide additional support in the short, medium and long term.
Does this risk link to any Directorate (operational) risks?		205, 86, 820, 232, 1298, 1281, 906, 90, 632, 525, 1223, 1083, 111, 114, 199, 523, 136, 1238, 200, 180, 1245, 1224, 1309, 1152, 1211, 565, 105, 119, 118, 928, 1305, 852, 1295, 1292, 1377, 842, 138	

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

Rationale for CURRENT Risk Score:
This risk has been scored as 16 (the likelihood has decreased to "likely" and has the potential to have a "major" impact) as the number of key staff unavailable for work from staff sickness and self-isolation is still as high. The reasons for which may also impact on staff resilience and ability to maintain performance. 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. There is still a significant risk of workforce misalignment with activity and required competence levels.

Rationale for TARGET Risk Score:
The Target Risk score indicates the likelihood of the risk occurring (COVID-19 absence continues to be high at c9% but lower than peak at 12% but has not returned to pre-pandemic levels of c5%). Other intelligence leads as to be alert to workforce issues as evidence suggests that patient acuity is increasing and therefore workforce requirements will increase by proxy until new models/methods to reduce or manage complexity can be identified. Also, it may be that there could be concerns for the 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% 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 mitigate actions noted below predominantly through our interventions under the Regeneration Framework in the short term and for the medium to long term begin to realign available workforce to new service design and models of care. This risk is wider than a 12 month period as actions taken or not taken today will have a long term legacy on our available future workforce and capacity/capability to manage the associated challenges of service & workforce redesign.

Key CONTROLS Currently in Place: (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>Workforce Conscious Group (to change to Workforce Planning and Education Assurance Group in 22/23)</p> <p>Workforce Professional Planning Groups (Nursing, Medical and Therapies and Health Care Sciences Planning Groups and the Team around the Patient Group in place)</p> <p>Workforce Planning Team acting in strategic & tactical capacity; development of the Workforce Regeneration Intervention Framework to align operational, tactical and strategic activity.</p> <p>Organisational Gap Analysis based on a 10 year profile developed Inter-Workforce 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>An organisational wide escalation assessment in place identifies gap but not detailed in year solutions (working through Recovery Plans and workforce requirements, set against an escalation plan for service developments).</p> <p>Workforce planning groups need time to mature and develop focus.</p> <p>Insufficient capacity/capability in workforce planning within team and across organisation.</p> <p>Establishment control cannot be relied on as one source of truth for information as a) partially due to temporary changes linked with COVID-19 and pathways, b) 9 sources of information not all feed into the establishment control tool and c) data management issues in ESR, eg, single employer status for our medical workforce.</p>	<p>IMTP Plan Workforce Technical document has been drafted and further details required by June 2022 to include specifics on</p> <p>1) Recovery Plan & Workforce Requirements</p> <p>2) Ongoing COVID Response Planning & Workforce Requirements</p> <p>3) Phased Plan for COVID-19 escalation - considered business as usual</p> <p>4) New Programmes & Projects Timelines & Workforce Requirements explored for alignment to Recovery & COVID Plans.</p> <p>5) Linked to the Target Operating Model</p> <p>6) Maintain alignment between emergency, operational, tactical, regional and strategic plans related to workforce</p>	<p>Walmsley, Tracy</p>	<p>31/07/2022</p>	<p>Workforce Plans to be reviewed based on Target Operating Model. Baseline IMTP (gap analysis) complete by end of Mar22. Full plan to be developed by Jul22. Service engagement required. Link in to professional planning groups. Review of groups, meetings & attendances to manage capacity to engage to enable alignment on critical aspects & higher risks.</p>
		<p>Implementation of the nursing workforce plan (Buy (Resourcing), Build (Development) & (Retention) delivery within year with monthly check of progress against actions assured by the Nursing Workforce Planning Group</p>	<p>Gostling, Lisa</p>	<p>31/03/2023</p>	<p>Plans are in place and actions being developed to support retention. Development of a Workforce Planning & Education Assurance Group to embed ongoing work. Detailed plans in place and currently on track, with specific focus on areas of concern i.e. resourcing.</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 (ODPD)</p> <p>Targeted prioritisation of recruitment/onboarding of new employees to the highest areas of risk in terms of maintaining service delivery (WFOD Strategic Group)</p> <p>Temporary Workforce Utilisation reports shared regularly to monitor levels of supply.</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>Linked with service pressures increased demand is placed in terms of workforce which has not been planned for delivery in year.</p> <p>Critical analysis of workforce alignment to priorities for delivery within financial considerations for short medium & long term.</p> <p>A robust framework of competency based workforce planning and related training to underpin the Team around the Patient initiatives and new model development of care.</p>	<p>Development of professional led workforce plans to align to in year tactical & operational plans linked to the overarching Strategic 10 year Workforce Plan.</p>	<p>Walmsley, Tracy</p>	<p>31/03/2023</p>	<p>TOR for Overarching Workforce Planning & Education Assurance Group and specific groups previously established to feed in i.e. Nursing Workforce Planning and Team around the Patient. Groups and alignment of work for: medical (inc Psychology) & associated medical professionals workforce; AHP/HCS inc Pharmacy group; Ancillary & Estates; and Digital & Administrative. Workforce Regeneration Framework to provide alignment of work streams.</p>
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Engagement with HEIW & Universities on Medical, Nursing, AHP/HCS & Pharmacy programmes to include work linked to the Strategic Workforce Planning & Education Group and specific discussions with HEIW on entrenched commissioning issues due to provision or rurality. Regular contact with HEIW on all matters related to workforce planning & education based - monthly & quarterly.	Walmsley, Tracy	31/03/2023	Education & Commissioning response for 2022 shared in Mar22 with HEIW, follow up actions where issues have presented in relation to outturn being explored i.e. Psychology. Ongoing plan & specifics based on a critical analysis of IMTP by professional leads and service plans over a 5 year time frame.
Development of community workforce model (quarterly monitoring will be embedded to feedback on progress).	Walmsley, Tracy	31/03/2023	Linking with County Directors and HEIW on primary & community workforce infrastructure and design methodology.
Analysis, design and development of the infrastructure to develop the a new model of care i.e. OBC and Social Model of Health i.e. resource requirements, alignment to current structure and service design programmes (workforce planning for workforce, planning/project management, communications & engagement, clinical oversight)	Williams, Paul	31/03/2023	Resource identification has been reviewed and a phased plan of implementation agreed by Executive Team. Requires alignment of new resources within current operating model/infrastructure to make best use of resource and manage risks.
Digital support with workforce planning to support speed in decision making at local, regional & national levels. (Regeneration Framework adopted as a national model). Interdependent need to link population health, external labour market analysis, activity modelling, internal labour market analysis to pathway design, patient outcomes and staffing models based on appropriate assumptions, scenario planning and financial models.	Walmsley, Tracy	31/03/2023	Mapping of resources required, reprioritising work to enable development (may impact on other work priorities if additional investment not possible). Working with Chair of Team around the Patient Group to facilitate. Discussed with LG (12/01/22) as QSEAC, PODCC and SURC all have links to workforce planning implications. Workforce Planning Conscious Assurance group in place acting as "oversight". group. National, regional and local (strategic and operational) WFP Groups emerging supported by WFP Team eg MH, LD, CYP, UEC, etc. Draft TOR in place to be reviewed corporately as per controls. A number of strands of work need to be drawn together as per actions above as control measures & gaps.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level
	Monitoring of workforce SIP and gaps in establishment control	1st	█
	Workforce Planning Conscience Group to be developed in the Workforce Planning & Education Assurance Group (22/23)	1st	█
	Workforce levels monitored at Professional Groups for Workforce Planning Group and Operational Delivery Group	2nd	█
	PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd	█
	Workforce Planning Internal Audit (Substantial Assurance) 2021/22	3rd	█

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
Continuous development mechanisms	Develop & utilise maturity matrix to continue to assess capacity & capability needs & evaluate work	Walmsley, Tracy	31/03/2023	Scoping previously complete to develop further.

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? <small>(how many times will the adverse consequence being assessed actually be realised?)</small>	This will probably never happen/recur (except in very exceptional circumstances). Not expected to occur for years.*	Do not expect it to happen/recur but it is possible that it may do so. Expected to occur at least annually.*	It might happen or recur occasionally. Expected to occur at least monthly.*	It might happen or recur occasionally. Expected to occur at least weekly.*	It will undoubtedly happen/recur, possibly frequently. Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? <small>(what is the chance the adverse consequence will occur in a given reference period?)</small>	(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. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days.	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days.	Incident leading to death. 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. Agency reportable incident. An event which impacts on a small number of patients.	Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	An event which impacts on a large 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. Local resolution.	Formal complaint - Escalation.	Multiple complaints/ independent review. Low achievement of performance/delivery requirements.	Gross failure of patient safety if findings not acted on. Inquest/ombudsman inquiry.
		Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance if unresolved.	Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Critical report.	Gross failure to meet national standards/performance requirements.
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). Low staff morale.	Unsafe staffing level or competence (>5 days). Loss of key staff.	Ongoing unsafe staffing levels or competence. Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty. Improvement notices.	Prosecution. Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.

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

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE 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.

DIRECTORATE LEVEL RISKS ACROSS ACUTE @25/05/22 (Excludes Corporate & Service)	Key factor(s)	BGH*	GGH&CARD IOLOGY*	PPH*	WGH*	SCH CARE*	W&C*	CANCER*	RADIOLOGY*	PATHOLOGY*	MHLD	CERE	PEMBS	CARM	PC, LTC & MM
Nurse staffing vacancies	Staffing (nursing)	205	86	820	232								1298	1281	906
Falls	Staffing (nursing)		90												
Delivery of Eye Care Measures	Staffing (medical)					632									
BGH Theatres	Staffing (other)					525									
OOH Radiology	Staffing (other)								1223						
Sustainability of Cancer Services	Staffing (medical)														
Increased waiting times	Staffing Environment Flow					1083									
Radiology diagnostics	Staffing (other)								111						
Radiology diagnostics	Staffing (medical)								114						
Medical Staffing (general)	Staffing (medical)	199				523					136				
Respiratory consultant	Staffing (medical)	1238													
Medical Staffing (Middle Grades)	Staffing (medical)	200													
Thrombectomy	Staffing (medical) External														
Stroke therapy provision (BH wide)	Staffing (medical) & (other)														
AMD & Glaucoma	Staffing (nursing)					180									
Delays in assessment & review of community paediatric pts	Staffing (medical)							1245							
Complex needs packages for children	Staffing (other)							1224							
Long term unfilled consultant Cellular Pathologist vacancies	Staffing (medical)									1309					
Maintain delivery of normal Pathology Service	Staffing (other)									1152					
Mandatory training compliance	Staffing (nursing)		1211												
Reduction in Bed Capacity	Staffing (nursing)		565												
Respiratory diagnostic waiting times	Staffing (other)		105												
Cardiac diagnostics waiting times	Staffing (other)		119												
Cardiac pacing waiting times	Staffing (medical)		118												
Cardiology waiting times (new & FU)	Staffing (other)		928												
Sustainability of Oncology services across HDUHB	Staffing (medical)							1305							
Domiciliary Care	Staffing (other)											852	1295		
Business continuity in IPC situations	Staffing (nursing) (other)												1292		
Datix investigation delays	Staffing (nursing) (other)												1377		
Sustainable service for Children & Young People	Staffing (other)										842				
Psychology staffing	Staffing(medical)(nursing)(other)										138				