

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 May 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Corporate Risks Assigned to People, Organisational Development & Culture Committee (PODCC)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Executive Director of Workforce and Organisational Development/Interim Deputy Chief
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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

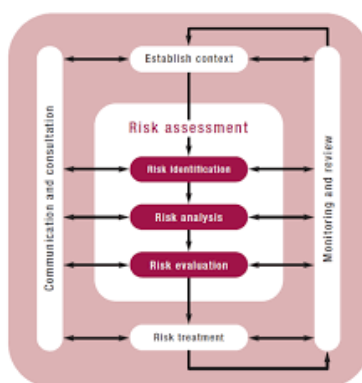
**ADRODDIAD SCAA  
SBAR REPORT**

**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.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, in order to achieve its objectives. This supersedes the previous approach agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks in order to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated / accepted unless further actions are identified or made possible (eg additional resources). If achieving the TRS is deemed unacceptable (i.e the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the Current Risk Score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for corporate risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

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:

3.1.13 To seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned allocated to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.

3.1.14 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	0	
De-escalated/Closed	0	
Increase in risk score ↑	0	
No change in risk score →	2	See Note 1
Reduction in risk score ↓	0	

### **Note 1 – No change in risk score**

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

<b>Risk Reference &amp; Title</b>	<b>Date risk identified</b>	<b>Lead Director</b>	<b>Current risk score</b>	<b>Update</b>	<b>Target Risk Score</b>
1978 - Risk of insufficiently skilled workforce to deliver services due to limited labour market	01/04/24	Director of Workforce & OD	<b>4x4=16</b> (Reviewed 29/04/25)	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 compared to identified "All Wales" benchmarks (c1-2% higher).  Staffing levels (acute & community) continue to operate below established	<b>3x4=12</b>

				<p>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, allied health professionals and healthcare support) 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. 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.</p> <p>A summary of the gaps to enable a stable workforce in each professional group are noted below: 1) nursing &amp; midwifery: a) Destabilisation of the nursing workforce linked to introduction of RNA (Registered Nursing Associate) role b) Destabilisation of the workforce due to the changes in job descriptions and bandings 2 &amp; 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</p>	
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				<p>wider workforce implication), midwifery (SCBU: Special Care Baby Unit) and health visiting (dependent on model of care to be provided locally).</p> <p>d) Risk profile for nursing based on retirement and turnover generally in each branch of nursing.</p> <p>2) Medical and Maps workforce (Medically Associated Professionals - Physician Associates, Anaesthetic Associates and Surgical Care Practitioners)</p> <p>a) Destabilisation of the medical workforce due to regulation of Anaesthesia Associate (AA) and Physician Associate (PA) roles</p> <p>b) Specific skills gaps related to high locum usage/recruitment gaps i.e. haematology c) Consultant cover in emergency departments of Glangwili General Hospital /Withybush General Hospital and mental health.</p> <p>c) Medical rate card issues leading to "internal bidding across sites and health boards"</p> <p>3) Allied health professionals - destabilisation of the workforce due to capacity potentially outstripping demand/high locum usage in physiotherapy (potential exacerbation by "recovery work"</p> <p>b) Specific establishment challenges in paediatric speech and language therapy (SALT) and dietetics.</p> <p>4) Healthcare Science destabilisation due to</p> <p>a) Lack of clarity on benefit of regional models</p>	
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				<p>identified b) gaps in pathology and radiology workforce per se with potential exacerbation of recovery work and possible consequential sickness increases, c) specific skill 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.</p> <p>5) Ability to create true multi-disciplinary workforces.</p> <p>6) Niche skills gaps due to an aging workforce and retirement risks in critical skills/niche specialities. However, 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 the Health Board will be able to mitigate.</p> <p>We have identified 98 direct workforce risks on the workforce themed risk register that require intervention and support, with an additional 100 risks that have workforce planning implications which require further exploration. This enables a proactive approach.</p>	
1821 - Risk to the welfare of Health Board staff due to	04/10/23	Director of Workforce & OD	<b>4x3=12</b> (Reviewed 08/04/25)	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	<b>2x3=6</b>

current demands				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 it has been noted that sickness absence rates are increasing.	
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### 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.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply

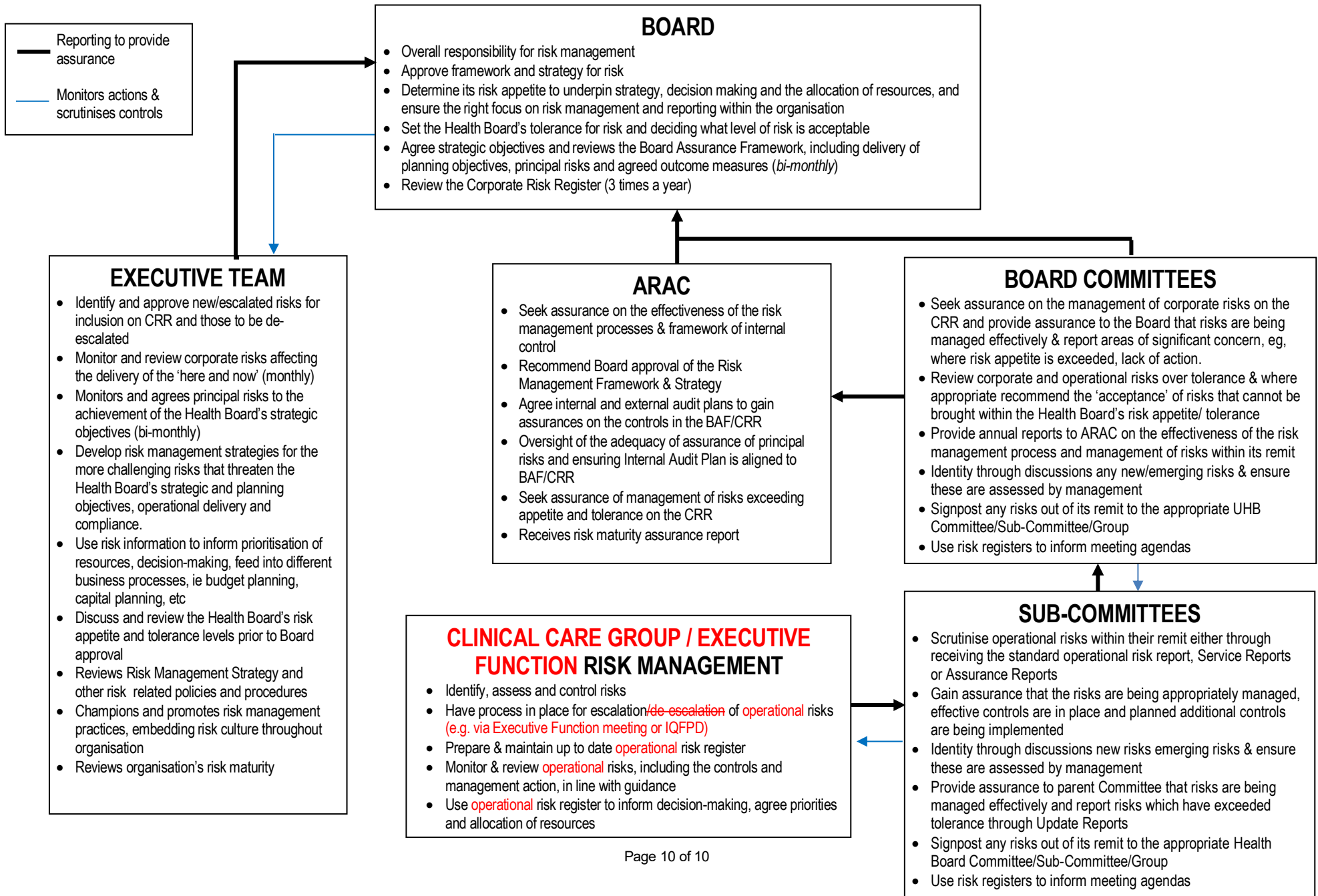
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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</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.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Gweithlu: Workforce:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.

<b>Risg: Risk:</b>	No direct impacts from report however organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol: Legal:</b>	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.
<b>Enw Da: Reputational:</b>	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.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts
<b>Cydraddoldeb: Equality:</b>	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 MAY 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Tolerance Level	Previous Risk Score	Risk Score May-25	Trend	Target Risk Score	Expected Date of achieving Target Risk Score
1978	Risk of insufficiently skilled workforce to deliver services due to limited labour market	Gostling, Lisa	Workforce/OD	8	4×4=16	4×4=16	→	3×4=12	NA
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	8	4×3=12	4×3=12	→	3×2=6	NA

**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	
<b>LOW</b>	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>MEDIUM</b>	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>HIGH</b>	Controls in place assessed as adequate/effective and in proportion to the risk
<b>INSUFFICIENT</b>	Insufficient information at present to judge the adequacy/effectiveness of the controls

<b>Date Risk Identified:</b>	Apr-24
<b>Strategic Objective:</b>	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

<b>Executive Director Owner:</b>	Gostling, Lisa	<b>Date of Review:</b>	Apr-25
<b>Lead Committee:</b>	People, Organisational Development and Culture Committee	<b>Date of Next Review:</b>	May-25

<b>Risk ID:</b>	<b>1978</b>	<b>Principal Risk Description:</b>	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.
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Workforce/OD
<b>Inherent Risk Score (L x I):</b>	5x4=20
<b>Current Risk Score (L x I):</b>	4x4=16
<b>Target Risk Score (L x I):</b>	3x4=12
<b>Expected Date To Achieve TRS:</b>	
<b>Tolerable Risk:</b>	8
<b>Trend:</b>	New risk

The chart displays three data series over a four-month period from Dec-24 to Apr-25. The Current Risk Score (red line) is constant at 16. The Target Risk Score (blue line) is constant at 12. The Tolerance Level (dashed black line) is constant at 8. The Current Risk Score is consistently above the Target Risk Score and significantly above the Tolerance Level.

**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 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

**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 based on season variation 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 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).

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,  
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.



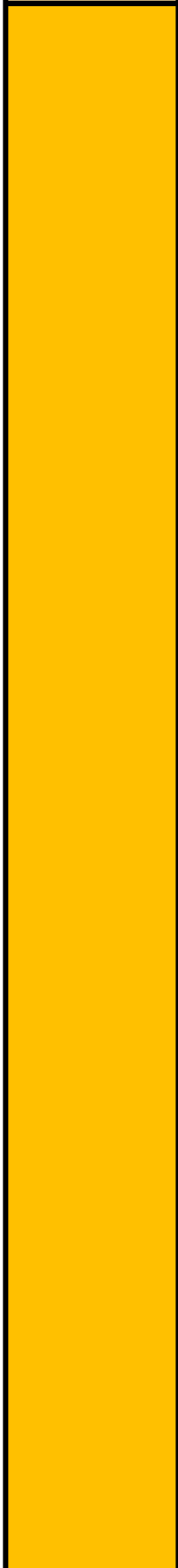



We have identified there are 98 direct workforce risks on the workforce themed risk register that require intervention and support with an additional 100 risks that have workforce planning implications which require further exploration. This enables a proactive approach.

CORPORATE RISK REGISTER SUMMARY MAY 2025

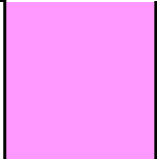
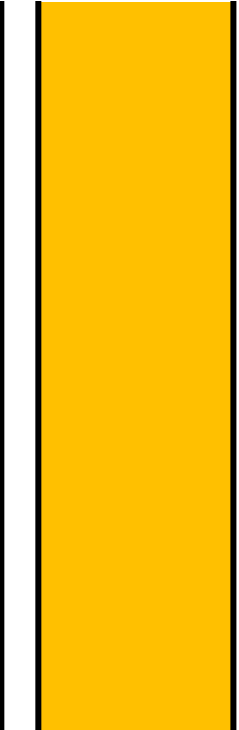






Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
<p>Organisational Governance Structure</p> <p>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 &amp; operational review of workforce (including Education Commissioning Assessment)</p> <p>Inter-People and Corporate Team &amp; Planning Objectives</p> <p>Establishment Control</p> <p>Agency usage</p> <p>Bank Utilisation &amp; 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 the highest areas of risk in terms of maintaining service delivery (People &amp; 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>Corporate Risks have been developed linked to Wellbeing as part of Risk Management approach.</p> <p>Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans</p>	<p>Workforce planning groups need time to mature and develop focus underpinning SPPEG.</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, 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.</p> <p>Tools to enable modelling in short, medium and long term to enable alignment of population health, labour market, internal labour market, activity &amp; performance analysis aligned to financial constraints (work arounds utilised but gaps/issues exist).</p> <p>Digital support with workforce planning to support speed in decision making at local, regional &amp; national levels.</p> <p>Critical analysis of people alignment to priorities for delivery within financial considerations for short, medium &amp; long term; striving to develop a Health Board/System wide approach.</p> <p>Approach has been strengthened and is ongoing.</p> <p>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 necessary reliance on educational</p>	<p>Draft Workforce Plan in Place for Each Professional Group identified to address concerns above &amp; monitored through relevant fora i.e. SPPEG, MDT Forum and PODCC</p> <p>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.</p> <p>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)</p> <p>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 &amp; spend" profile)</p>	<p>Walmsley, Tracy</p> <p>Walmsley, Tracy</p> <p>Walmsley, Tracy</p> <p>Walmsley, Tracy</p>	<p><del>31/03/2025</del> 31/05/2025</p> <p>31/05/2025</p> <p>31/05/2025</p> <p>30/06/2025</p>	<p>Good engagement has taken place with all professional leads. Reflected on alignment to Clinical Care Group structure and the need for the Forum that would review and align people plans to clinical service delivery in year and for the long term.</p> <p>As above to be continued and supported by Annual Plan Workforce Workshop 9 January 2025</p> <p>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.</p> <p>To link to Annual Plan &amp; Education Commissioning work; in train. Profiling of People Regeneration Framework required to inform, in train.</p>

## CORPORATE RISK REGISTER SUMMARY MAY 2025

SPPEG (Strategic People Planning & Education Group)	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.☒
	To mature and develop focus underpinning SPPEG and alignment to new Clinical Care Group structure.	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	Completed	Completed. Signed off by Execs.☒
		Recruitment plan aligned to each professional group (priority for medical for 25/26)☒	Walmsley, Tracy	<del>31/03/2025</del> 31/05/2025	Business as usual in most cases with the exception for international recruitment for medical ☒ ☒
		Education Plan aligned to each professional group (to 24/25 and reframed for 25/26)☒	Glanville, Amanda	<del>31/03/2025</del> 30/09/2025	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	Completed	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				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)	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. <sup>2</sup>	Walmsley, Tracy	Completed	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. Discussed with Strategic Workforce Planning Leads at HEIW and other Health Boards, agreement to pilot 2025/2026. <sup>2</sup>
	Risk management approach to Workforce themed Risks	1st				Overarching Implementation Plan & Assessment of Impact (Approach defined 30/9/23) and delivered no later than 31/03/25 to link to Annual Planning cycles (identified in Audit Wales initial draft report) <sup>2</sup>	Walmsley, Tracy	<del>31/03/2025</del> 31/05/2025	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. Awaiting guidance on how to approach Wales Audit office requirements in line with the current status of our development of clinical models to align to a strategic workforce plan. <sup>2</sup>	
	Strategic People Planning & Education Group	1st				Value & Sustainability Group to receive updates on variable pay and temporary staffing usage <sup>2</sup>	Walmsley, Tracy	Completed	Business as usual. Completed. <sup>2</sup>	
	Workforce levels monitored at Service Level, Professional Groups and Operational Delivery Group & Improving Together meetings	2nd				Pilot the Maturity Matrix independent assessment process across 2/3 Health Boards including Hywel Dda in 2025/2026.	Walmsley, Tracy	31/12/2025	New Action.	

CORPORATE RISK REGISTER SUMMARY MAY 2025

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 (report - Summer 2023)	3rd																				
Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans																					

<b>Date Risk Identified:</b>	Oct-23
<b>Strategic Objective:</b>	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

<b>Executive Director Owner:</b>	Gostling, Lisa	<b>Date of Review:</b>	Apr-25
<b>Lead Committee:</b>	People, Organisational Development and Culture Committee	<b>Date of Next Review:</b>	Jun-25

<b>Risk ID:</b>	<b>1821</b>	<b>Principal Risk Description:</b>	<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>
<b>Does this risk link to any Directorate (operational) risks?</b>		Workforce themed risk register	

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Workforce/OD
<b>Inherent Risk Score (L x I):</b>	5×4=20
<b>Current Risk Score (L x I):</b>	4×3=12
<b>Target Risk Score (L x I):</b>	3×2=6
<b>Expected Date To Achieve TRS:</b>	
<b>Tolerable Risk:</b>	8

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
Dec-24	12	6	8
Jan-25	12	6	8
Feb-25	12	6	8
Apr-25	12	6	8

<b>Trend:</b>	↔
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**Rationale for CURRENT Risk Score:**








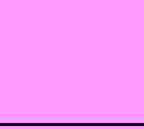
We are alert to the potential consequences of the Staff Welfare Risk, and are monitoring a number of areas/metrics to assess if the risk may be increasing e.g. turnover, absence etc. Careful consideration is being taken at different organisational levels to mitigate through organisational planning approaches to manage workload at management level and then the consequences upon staff wellbeing. The score has been increased from 9 to 12 in October 2024 as it has been noted that sickness absence rates are increasing.

**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)	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>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>	<p>Review of the WHC for the Non Pay Deal has identified specific gaps to be addressed and strengthened as identified under actions opposite.</p>	<p>Review the Staff Retention Discovery Work and ensure high level actions are delivered.</p>	<p>Gostling, Lisa</p>	<p>Completed</p>	<p>Deep dive report into the Retention Planning Objective and the Staff Retention Discovery report action plan was approved by PODCC in Dec 24. Completed.</p>
		<p>Ensure promotion of compassionate leadership principles through a) PADR quantity and quality b) compassionate management and leadership programmes c) localised cultural progression plans</p>	<p>Gostling, Lisa</p>	<p>Completed</p>	<p>Complete</p>
		<p>Review the Best Practice Guidance on Health &amp; Wellbeing Launched for All Wales by HEIW and map across actions to Hywel Dda Cultural Toolkit</p>	<p>Davies, Christine</p>	<p>Completed</p>	<p>Complete. Wellbeing Good Practice Guide mapped across to Hywel Dda Cultural Toolkit and available for access by managers and staff via the WOD Sharepoint page.</p>

CORPORATE RISK REGISTER SUMMARY MAY 2025

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES					
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Performance Dashboards	Wales Audit - Workforce Planning - External Audit	3rd			No specific papers. Recent papers to PODCC highlighted the deep dive on Workforce Themed Risks in October 2023.	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	Completed	All workforce themed risks are reviewed and highlighted to senior leadership team and People and OD committee on a regular basis. Last submission to PODCC in February 2025. <a href="#">?</a>	
	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	