

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	03 April 2023
<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, Director of Workforce and Organisational Development (OD)
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Director of Corporate Governance 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

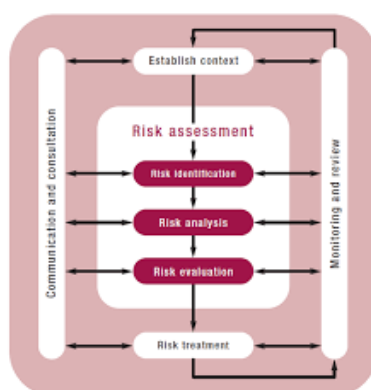
### ADRODDIAD SCAA SBAR REPORT

#### 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 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 17 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
New risks	0
De-escalated/Closed	0
Increase in risk score ↑	0
No change in risk score →	1
Reduction in risk score ↓	0
Extreme (red) risks (based on 'Current Risk Score')	1
High (Amber) risks (based on 'Current Risk Score')	0

See Note 1

### Note 1 – No change in risk score

The score of the following risk remains the same since it was reported at the previous meeting.

Risk Reference and Title	Date Risk Identified	Executive Director	Current Risk Score	Update	Target Risk Score
1406 - Risk of insufficient skilled workforce to deliver services outlined in Annual Plan 22/23 & deliver UHB strategic vision by 2030	01/04/22	Director of Workforce and Organisational Development	<b>4x4=16</b> → (reviewed 08/03/23)	This risk has been maintained 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, although there has been a slight improvement. 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. Further work has been undertaken to understand the level of	<b>4x4=12</b>

				risk across each staff group, specialty and site to fully comprehend the level of risk the organisation as a whole. It is hoped as further action is taken for stabilisation and workforce planning the risk score will be reduced during 2023/24.	
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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.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>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.</p> <p>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.</p>
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 Choose an item. Choose an item. Choose an item.

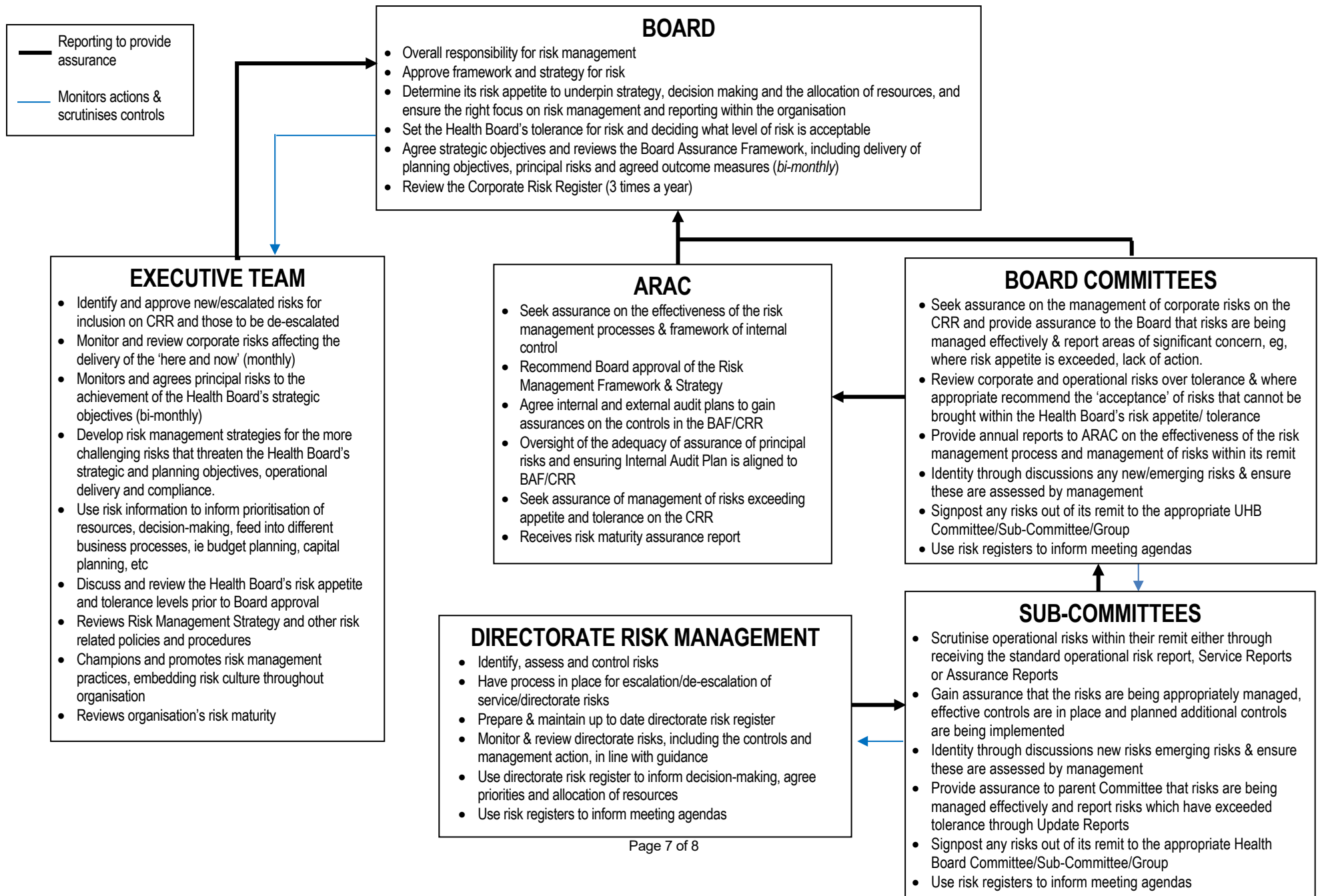
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable Choose an item. Choose an item. Choose an item.

<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 Termiau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place.  Target Risk Score - The ultimate level of risk that is desired by the organisation when <u>planned</u> controls (or actions) have been implemented.  Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – <a href="#">Risk Appetite Statement</a> .
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Relevant Executive Directors.

<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:</b> <b>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:</b> <b>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:</b> <b>Privacy:</b>	No direct impacts
<b>Cydraddoldeb:</b> <b>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







Appendix 2 - CORPORATE RISK REGISTER SUMMARY MARCH 2023

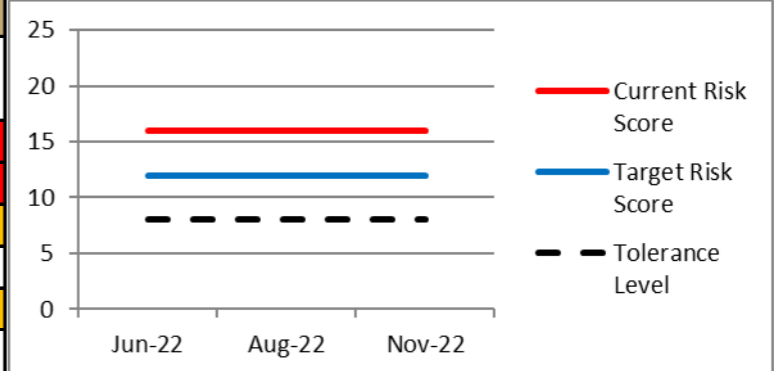
Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Mar-23	Trend	Target Risk Score	Risk on page no...
1406	Risk of insufficient skilled workforce to deliver services outlined in Annual Plan 22/23 & deliver UHB strategic vision by 2030	Gostling, Lisa	Workforce/OD	8	4x4=16	4x4=16	→	3x4=12	13

Date Risk Identified:	Apr-22
Strategic Objective:	N/A - Operational Risk

Executive Director Owner:	Gostling, Lisa	Date of Review:	Mar-23
Lead Committee:	People, Organisational Development and Culture Committee	Date of Next Review:	Apr-23

Risk ID:	1406	Principal Risk Description:	There is a risk there will be insufficient skilled workforce available to deliver services required for "Recovery" to meet our Ministerial Priorities across all areas (UEC, Planned Care, Cancer and Mental Health etc) and the continued response to an endemic approach to COVID and other respiratory infections, as outlined in the UHB's annual plans 2022/23 and continued into 2023/24. If there is insufficient skilled workforce then we may not be able to take actions to future proof the workforce and implement the necessary solutions within 2022-2025 time frame for the development and delivery of the UHB's strategic ambitions to 2030. This is caused by unforeseen 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. In assessment of our workforce plans and capacity to respond, there may be 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 unforeseen COVID variants, surge capacity and new models of care within general hospitals, community hospitals, delivery of an integrated vaccination programme and the need to increase capacity in planned care, alongside an increase in sickness absence directly, and possible self-isolation of staff which may limit the ability to recruit, retain and develop staff to provide deliver services 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, 1238, 200, 180, 1245, 1224, 1309, 1152, 1211, 105, 119, 118, 1305, 1295, 1377, 842, 138, 153, 156, 939, 940, 1409, 1419, 628, 1316, 1317, 340, 1301	

Risk Rating:(Likelihood x Impact)	
Domain:	Workforce/OD
Inherent Risk Score (L x I):	5x4=20
Current Risk Score (L x I):	4x4=16
Target Risk Score (L x I):	3x4=12
Tolerable Risk:	8
Trend:	
↔	



**Rationale for CURRENT Risk Score:**

This risk has been maintain 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, although there has been a slight improvement. 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. Further work has been undertaken to understand the level of risk across each staff group, specialty and site to fully comprehend the level of risk the organisation as a whole. Further work is now in progress to understand the level of risk across each staff group, specialty and site to fully comprehend the level of risk the organisation as a whole. It is hoped as further action is taken for stabilisation and workforce planning the risk score will be reduced during 2023/24.

**Rationale for TARGET Risk Score:**

The Target Risk score indicates the likelihood of the risk occurring (absence continues to be high at c7% 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 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 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)

Organisational Governance Structure

People, Organisational Development and Culture Committee (PODCC)

Workforce Conscious Group (to change to People Planning and Education Group in 23/24)

Workforce Professional Planning Groups (Nursing, Medical and Therapies and Health Care Sciences Planning Groups and the Team around the Patient Group in place)

People Planning Team acting in strategic & tactical capacity; development of the People Regeneration Intervention Framework to align operational, tactical and strategic activity.

Organisational Gap Analysis based on a 10 year profile developed Inter-People and Corporate Team & Planning Objectives

Establishment Control

Agency usage

Bank Utilisation & ongoing onboarding of supply



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>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</p>	<p>Development of professional led workforce plans to align to in year tactical &amp; 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 &amp; 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) &amp; associated medical professionals workforce; AHP/HCS inc Pharmacy group; Ancillary &amp; Estates; and Digital &amp; Administrative. Workforce Regeneration Framework to provide alignment of work streams. Progress identified in People Technical Document 2023/24. Not all groups will be in place by March 2023 but engagement on approach is in progress on how best to facilitate within resource and organisational structure of meetings i.e. through "improving together" follow up actions and focused plan developed.</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 (ODPD)</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>and c) data management issues in ESR, eg, single employer status for our medical workforce.</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>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 &amp; long term.</p>	<p>Engagement with HEIW &amp; Universities on Medical, Nursing, AHP/HCS &amp; Pharmacy programmes to include work linked to the Strategic Workforce Planning &amp; 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 &amp; education based - monthly &amp; quarterly.</p>	<p>Walmsley, Tracy</p>	<p>31/03/2023</p>	<p>Education &amp; 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 &amp; specifics based on a critical analysis of IMTP by professional leads and service plans over a 5 year time frame. Progress: 2023/24 Education Commissioning Template will be complete by 10 March 23/24 and will be submitted to HEIW. Ongoing dialogue between service/education leads/Heiw in place - will need to reflect on a risk based approach to addressing challenges. This will be flagged in the People Technical document for 2023/24 and will form an action plan for 2023/24.</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 community workforce model (quarterly monitoring will be embedded to feedback on progress).</p>	<p>Walmsley, Tracy</p>	<p>31/03/2023</p>	<p>Linking with County Directors and HEIW on primary &amp; community workforce infrastructure and design methodology. Progress: stalled due to "definition" of community and underpinning frameworks. May be other opportunities to reflect on work linking to social model approaches. Requires an assessment of approach and capacity to move forward.</p>
		<p>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 &amp; engagement, clinical oversight)</p>	<p>Williams, Paul</p>	<p>31/03/2023</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 August 2023. A re-assessment will be needed aligned to work that will start within the "pathways" and PMO/TPO.</p>

<p>Digital support with workforce planning to support speed in decision making at local, regional &amp; 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.</p>	<p>Walmsley, Tracy</p>	<p>31/03/2023</p>	<p>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 to be replaced by Strategic People Planning &amp; Education Group and underpinning "people planning" and "educational infrastructure" to support career progression, role design etc National, regional and local (strategic and operational) groups in place i.e. ARCH pathways, National People Planning Groups. People Planning Groups emerging supported by PP Team by professional group and service eg MH, LD, CYP to seek to align. 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 &amp; gaps. Digital work to support these groups now in place but in limited in PP Team and needs careful prioritisation of work and management methods i.e. working with other teams - P7 OD and wider corporate teams.</p>
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<p>IMTP Plan Workforce Technical document has been drafted and further details required by June 2022 to include specifics on 1)Recovery Plan &amp; Workforce Requirements 2) Ongoing COVID Response Planning &amp; Workforce Requirements 3) Phased Plan for COVID-19 escalation - considered business as usual 4) New Programmes &amp; Projects Timelines &amp; Workforce Requirements explored for alignment to Recovery &amp; COVID Plans. 5) Linked to the Target Operating Model 6) Maintain alignment between emergency, operational, tactical, regional and strategic plans related to workforce</p>	<p>Walmsley, Tracy</p>	<p><del>31/07/2022</del> 31/03/2023</p>	<p>Document Review complete - gaps in knowledge reference Target Operating model). Other papers aligned also being shared with PODCC).</p> <p>People Plans to be reviewed based on Target Operating Model (Gap unable to close at present reference strategic mid term intent). Baseline IMTP (gap analysis) complete by end of Mar22. Full plan developed by Jul22. Review of groups, meetings &amp; attendances to manage capacity to engage to enable alignment on critical aspects &amp; higher risks. Update November 2022 - People Technical Document &amp; MDS to be sent to PODCC committee. RE Target Operating Model not evolved; TI implications impacted. Cyclical engagement with services commencing ref Education &amp; Commissioning. Under 6) Maintained connection to emergency, tactical, regional and strategic plans and feeding back to appropriate leads &amp; working groups i.e. ARCH programmes. All current work will flow into annual workforce technical with wider implications explored i.e. emergency, tactical, operational and strategic. Annual People Technical document to be complete by 20 March with detailed analysis by Directorate to be shared and quality assured by Directorate/service leads to commence approach for 23/24 developments.</p>
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						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	Gostling, Lisa	31/03/2023	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.
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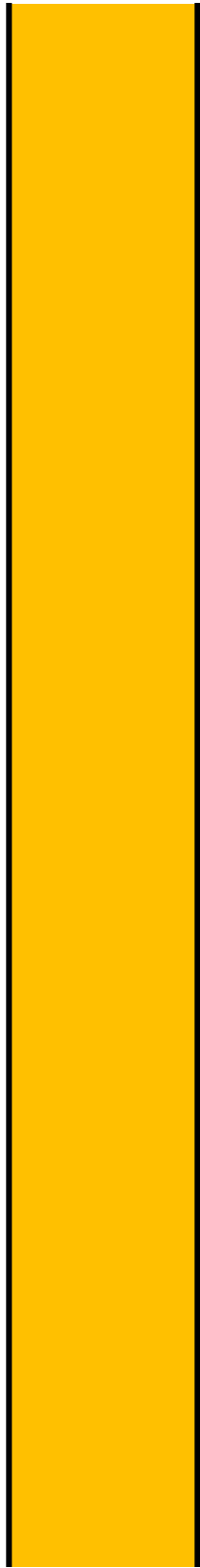
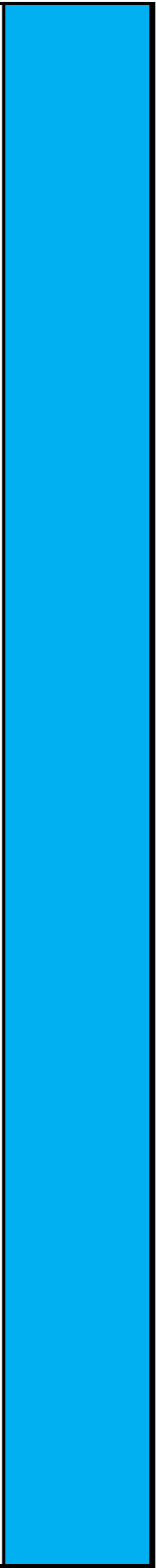
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance  Current Level			Identified Gaps in Assurance:	How are the 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				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).	Develop & utilise maturity matrix to continue to assess capacity & capability needs & evaluate work	Walmsley, Tracy	31/03/2023	Scoping previously complete to develop further.
	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 and Operational Delivery Group	2nd				<p>workforce planning groups need time to mature and develop focus.</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 and c) data management issues in ESR, eg, single employer status for our medical workforce.</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</p>				
PODCC - IMTP Plan, and process mapped through Planning Sub Group	2nd								



Workforce Planning Internal Audit (Substantial Assurance) 2021/22. Ongoing Audit by WAO in progress Jan to March 2023

3rd



utilised but gaps/issues exist).




Linked with service pressures increased demand is placed in terms of people which has not been planned for delivery in year.

Critical analysis of people alignment to priorities for delivery within financial considerations for short medium & long term.

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.


**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

## RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
<b>Frequency - How often might it/does it happen?</b> <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.*
<small>* time-framed descriptors of frequency</small>					
<b>Probability - Will it happen or not?</b> <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%*)
<small>*used to assign a probability score for risks related to time-limited or one off projects or business objectives.</small>					
Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
<b>Safety of Patients, Staff or Public</b>	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.
		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.	Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
<b>Quality, Complaints or Audit</b>	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.
<b>Workforce &amp; OD</b>	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.
<b>Statutory Duty or Inspections</b>	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
			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.

<b>Adverse Publicity or Reputation</b>	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.
<b>Business Objectives or Projects</b>	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.
<b>Finance including Claims</b>	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.
<b>Service or Business interruption or disruption</b>	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.
<b>Environmental</b>	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
<b>Health Inequalities/ Equity</b>	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	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	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
<b>15-25</b>	<b>Extreme</b>	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.
<b>8-12</b>	<b>High</b>	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.
<b>4-6</b>	<b>Moderate</b>	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.
<b>1-3</b>	<b>Low</b>	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.