

## CORPORATE RISK REGISTER SUMMARY OCTOBER 2025

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Oct-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
1978	Risk of insufficiently skilled workforce to deliver services due to limited labour market	Gostling, Lisa	Workforce/OD	4×4=16	4×4=16	→	3×4=12	31/03/2026	<a href="#">6</a>
1821	Risk to the welfare of Health Board staff due to current demands	Gostling, Lisa	Workforce/OD	3×3=9	4×3=12	↑	2×3=6	31/03/2026	<a href="#">13</a>

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).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
* time-framed descriptors of frequency					
<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%*)
*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
<b>Safety of Patients, Staff or Public</b>	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	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.
<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.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
Reduced performance if unresolved.					

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<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).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	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.	Prosecution.
			Improvement notices.	Improvement notices.	Complete systems change required.
			Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
<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 Equity</b>	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that 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.

**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 1. Thriving Teams 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>	Sep-25
<b>Lead Committee:</b>	People, Organisational Development and Culture Committee	<b>Date of Next Review:</b>	Oct-25

<b>Risk ID:</b>	<b>1978</b>	<b>Corporate Risk Description:</b>	There is a risk there 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>			1186

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Workforce/OD
<b>Inherent Risk Score (L x I):</b>	4x4=16
<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>	31/03/2026
<b>Trend:</b>	

Month	Current Risk Score	Target Risk Score	Tolerance Level
Dec-24	16	12	8
Jan-25	16	12	8
Feb-25	16	12	8
Apr-25	16	12	8
May-25	12	12	8
Jun-25	12	12	8
Jul-25	16	12	8
Aug-25	16	12	8
Sep-25	16	12	8
Oct-25	16	12	8

**Rationale for CURRENT Risk Score:**

Staff sickness rate are fluctuating (reducing and increasing in different spaces) and our establishment levels are increasing. The use of contingent workforce is fluctuating and plans i.e. agency and variable pay spend has reduced significantly over the last 12 months. Further work has been undertaken to understand the level of risk across each staff group (Nursing, Medical, Allied Health Professions and Health Care Support Workers) to comprehend the level of risk by each group. It is hoped as further action is taken through stabilisation programmes & Clinical Services Plan (operational & strategic workforce planning) and Improving Together, we will be able to reduce the risk score during 2025/26.

**Rationale for TARGET Risk Score:**

The TRS reflects a reduction in the likelihood & impact of the risk occurring. 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. 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 these factors. We hope we will be able to take mitigated actions 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 and workforce redesign. Taking account of our rurality, demographics and population health, a score of 12 is achievable within constraints identified. ☒

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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</p>	<p>To mature and develop focus underpinning SPPEG and alignment to new Clinical Care Group structure to ensure that service workforce establishments have the correct skill mix/skills mix etc</p> <p>Digital infrastructure currently not in place to support the short, medium and long term analysis and modelling for workforce and triangulation of data sources to develop coherent scenario plans based on available evidence.</p>	<p>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>Walmsley, Tracy</p>	<p><del>31/03/2025</del> 30/03/2026</p>	<p>Built into medical stabilisation and reports to V&amp;S; Refreshed as part of annual planning cycle; continuous review. Challenge in consolidating 70+ operational plans aligned to professional identify and strategic direction. Requires "Forum" for dialogue and design. Planning Coordination Group acting in interim capacity. Draft Plans completed - final versions will be in place by March 26 (Revised action)</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>Walmsley, Tracy</p>	<p><del>31/05/2025</del> 30/03/2026</p>	<p>Plans in train for September 2025 with review by groups i.e. SPPEG by February 2026 (due to agenda moved from December 2025)</p>

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<p>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 Workforce Planning and related subgroups i.e. Medical retention, MAPS etc</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>SPPEG (Strategic People Planning &amp; Education Group)</p> <p>From April 2025, new operational governance structure implemented allowing clinical care groups to escalate concerns to IQFPDG.</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>Walmsley, Tracy</p>	<p><del>31/05/2025</del> 30/12/2025</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. Primary Care Workforce Planner in post from March 2025. Challenges with engagement acknowledged. A summary report developed compiling challenges and opportunities has been developed. Meetings held with PC; revised approach determined. Paper to SPEGG Dec 2025</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><del>30/06/2025</del> 30/12/2025</p>	<p>May need to align to National group. National Group meeting took place in July 2025. Consensus on value achieved; on mechanics more challenging discussions. ? ?</p>
	<p>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.</p>	<p>Walmsley, Tracy</p>	<p><del>31/03/2026</del> 31/03/2026</p>	<p>Roll out of Job Planning &amp; Allocate across professional groups; plans required to a) strengthen current approach and b) develop for new professional groups as prioritised against resources. Workshop with Allocate Held. Business Plan to be developed for AHP/HCS. Medical progressing with challenges. OOH service progressing with challenges.</p>
	<p>Completion of Education Commissioning Plan to HEIW and critical assessment to known service level plans as at January 2025 submission to Welsh Government.</p>	<p>Walmsley, Tracy</p>	<p>Completed</p>	<p>Completed. Signed off by Execs.</p>

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Recruitment plan aligned to each professional group (priority for medical for 25/26) <sup>2</sup>	Walmsley, Tracy	Completed	Business as usual in most cases with the exception for international recruitment for medical. Developed and implemented up to August 2026. New plan being developed for 2nd International Cohort by 30 September 2025. No posts put forward to date for International Recruitment. Monies to be returned to WG - Finalising with Medical Directorate. Annual cycle now started to re-assess all professional group position.
Education Plan aligned to each professional group (to 24/25 and reframed for 25/26) <sup>2</sup>	Glanville, Amanda	<del>31/03/2025</del> 30/11/2026	Analysis in train, based on in year and projections. To be tested by 30 September 2025; work capacity to be assessed. Further work needed to put training plans in place based on TNA. Actions for study leave/higher wards part of BAU
Retention Plan aligned to each professional group (to 24/25 and reframed for 25/26) <sup>2</sup>	Davies, Christine	Completed	Update paper on Staff Retention presented to PODCC to provide assurance in February 2025 <sup>2</sup>
Evaluation of effectiveness of plans 24/25 & Lessons Learnt. (to 24/25 and reframed for 25/26) <sup>2</sup>	Walmsley, Tracy	Completed	Built into medical stabilisation and reports to V&S <sup>2</sup>
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 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.	Walmsley, Tracy	31/03/2026	Competency based workforce planning was undertaken in 2022/23 with support from HEIW. Refresh of training needed prior to delivery. Delivery may need to commence from March 2026 due to team levels. <sup>2</sup>

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		Machanisms & Process for International Recruitment to be devised to enable transparency and engagement	Walmsley, Tracy	31/12/2025	New Action. Engagement with NWSSP/Medical Director to clarify WG position. Meet with HEIW. Design process from local to national in line with partners.
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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				Assessment & continuous development mechanisms linked to Capacity and Capability (including any negative impacts on Wellbeing)	Maturity Matrix developed 31 June 20024 a) ongoing assessment & testing b) locally, c)regionally, d)nationally  The intention over the next 12 months to achieve output a) and b) by March 2025, output c) by September 2025 and d) by December 2025 with any refinements of process/mechanics/content achieved by March 2026.	Walmsley, Tracy	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.

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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 (AW) initial draft report) Refresh of Strategy to be aligned. In draft.	Walmsley, Tracy	<del>31/03/2025</del> 30/03/2026	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. Meeting With AW Auditor to agree "close off" based on evidence available. For example, current Workforce plan, MDS and People Plans. The issue is related to the 10 Year Strategy and Implementation Plan for Workforce. The Clinical Services Plan (CSP) work is critical here. Completion Date revised to 30 April 2026 to account for CSP. Met with WAO lead. Draft Paper to be signed off & uploaded.
Strategic People Planning & Education Group	1st					Value & Sustainability Group to receive updates on variable pay and temporary staffing usage	Walmsley, Tracy	Completed	Business as usual. Completed.
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. Refreshing matrix based on All Wales Feedback. Meeting July 2025/26 of subgroup to agree process for pilot process. Being fed into AWOD for SWFP.
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								

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Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans									
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<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>	Aug-25
<b>Lead Committee:</b>	People, Organisational Development and Culture Committee	<b>Date of Next Review:</b>	Oct-25

<b>Risk ID:</b>	<b>1821</b>	<b>Corporate 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>	5x4=20
<b>Current Risk Score (L x I):</b>	4x3=12
<b>Target Risk Score (L x I):</b>	2x3=6
<b>Expected Date To Achieve TRS:</b>	31/03/2026

**Trend:**

Legend:  
— Current Risk Score  
— Target Risk Score  
- - - Tolerance Level

**Rationale for CURRENT Risk Score:**  
 The existing control measures currently in place described above, plus action taken to address the gaps in controls within the action plan have all been completed within the last 12-months and have mitigated the risk score. New actions have been added to reflect work in place to further mitigate the risk and to achieve the target risk score.

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

**Key CONTROLS Currently in Place:**  
 (The existing controls and processes in place to manage the risk)

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.

Forums in place with Executive oversight to review performance against objectives - Core Delivery Group, Directorate Improving Together Sessions, Clinical Services Plan.

Formal governance arrangements via Board and its sub-committees by Executives and Independent Members - People, Organisational Development and Culture Committee, Strategic Development and

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
Delivery of the WOD Planning Objective relating to the delivering a positive workplace culture.	Review the Staff Retention Discovery Work and ensure high level actions are delivered.	Gostling, Lisa	Completed	Deep dive report into the Retention Planning Objective and the Staff Retention Discovery report action plan was approved by PODCC in Dec 24. Completed.
	Ensure promotion of compassionate leadership principles through a) PADR quantity and quality b) compassionate management and leadership programmes c) localised cultural progression plans	Gostling, Lisa	Completed	Complete

<p>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 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>
	<p>Increase the Health Board response rate to national NHS Staff Survey in 2025.</p>	<p>Davies, Christine</p>	<p>31/03/2026</p>	<p>Plans are in the early stages of a Communications phase to support staff engagement in the 2025 NHS Staff survey due in October 2025. An update on action will be provided at the end of December 2025.</p>
	<p>Implementation of Stabilisation Programmes.</p>	<p>Walmsley, Tracy</p>	<p>31/03/2026</p>	<p>Nursing and Medical Stabilisation Plans are in place with new developments being identified to address on a weekly basis.</p>
	<p>Progress the work of the EDI Task force building an inclusive and respectful organisational culture.</p>	<p>Bird, Anna</p>	<p>31/03/2026</p>	<p>The EDI Taskforce has met on two occasions and a core group met on 13th August 2025 and an overview and recommendations for priority areas of focus were presented to Board Seminar on 21st August 2025. An update will also be on the agenda for public Board in September 2025. Three key workstreams have been agreed and will be taken forward over the next six months:</p> <ol style="list-style-type: none"> <li>1. Board Allyship</li> <li>2. Engagement and co-production</li> <li>3. Data and intelligence</li> </ol> <p>The EDI Taskforce has scheduled an online "Big Conversation" event which will take place on 6th Nov. A further update will be provided in March 2026</p>

CORPORATE RISK REGISTER SUMMARY OCTOBER 2025

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	
Performance Dashboards	Wales Audit - Workforce Planning - External Audit	3rd			Cultural Progression Report to PODCC meeting in May 2025 NHS Staff Survey Report to PODCC meeting in May 2025 Workforce Metrics on sickness absence monitored monthly via Escalation processes Culture Overview Report presented to PODCC meeting in August 2025 Speak Up, Make Meaningful Change update report presented to PODCC meeting in August 2025		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.	
	Core Delivery Group	1st									
	Directorate/Executive Improving Together Sessions	1st									
	Workforce & OD Leadership Team Meetings (Risk led)	2nd									
	PODCC	3rd									
	Executive Team meetings (Risk led)	1st									
	Escalation Framework Meetings	1st									
	TI and JET assurance meetings										