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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER WORKFORCE & OD RISKS June 2022



Datix ID Number: 843 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 3 Target Date: 31st March 2023		Current Risk Rating 4 x 5 = 20																																								
Objective: Excellent Staff		Director Lead: Debbie Eytayo, Director of Workforce and OD Assuring Committee: Workforce and OD Committee																																										
Risk: Workforce recruitment of medical & dental staff		Date last reviewed: June 2022																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 4 x 5 = 20 Target: 4 x 3 = 12		<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>12</td><td>20</td></tr> <tr><td>Aug-21</td><td>12</td><td>20</td></tr> <tr><td>Sep-21</td><td>12</td><td>20</td></tr> <tr><td>Oct-21</td><td>12</td><td>20</td></tr> <tr><td>Nov-21</td><td>12</td><td>20</td></tr> <tr><td>Dec-21</td><td>12</td><td>20</td></tr> <tr><td>Jan-22</td><td>12</td><td>20</td></tr> <tr><td>Feb-22</td><td>12</td><td>20</td></tr> <tr><td>Mar-22</td><td>12</td><td>20</td></tr> <tr><td>Apr-22</td><td>12</td><td>20</td></tr> <tr><td>May-22</td><td>12</td><td>20</td></tr> <tr><td>Jun-22</td><td>12</td><td>20</td></tr> </tbody> </table>				Month	Target Score	Risk Score	Jul-21	12	20	Aug-21	12	20	Sep-21	12	20	Oct-21	12	20	Nov-21	12	20	Dec-21	12	20	Jan-22	12	20	Feb-22	12	20	Mar-22	12	20	Apr-22	12	20	May-22	12	20	Jun-22	12	20
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Level of Control = 70%		Rationale for current score: National shortages of numbers in some areas can lead to: <ul style="list-style-type: none"> • Inability to recruit sufficient numbers of trainees to fulfil rotas on all sites • Inability to attract non training grades to complete rotas • Inability to fill Consultant grade posts in some specialties with adverse effects on patient safety and employer relations. Inability to recruit sufficient registered nursing staff. 																																										
Date added to the HB risk register April 2012		Rationale for target score: This remains a challenge and is also a national problem.																																										
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																									
<ul style="list-style-type: none"> • Regular monitoring of recruitment position with reports to Executive Team and Board via Medical Director and Medical Workforce Board. • Specialty based local workforce boards established to monitor and control specific issues. The new HB Workforce & OD Committee will seek assurance of medical workforce plans to maintain services. • Engagement of the Deanery about recruitment position. • Weekly workforce delivery meetings with CEO to review progress against critical medical and clinical posts • Working with specialist agency and head hunters to improve chances to fill hard to recruit posts • Plan to work with a marketing agency to develop a branding and attraction campaign for the health board. 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> <tr> <td>The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> <tr> <td>Continue to recruit internationally.</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> <tr> <td>Continue to work with head hunters</td> <td>Director W&OD</td> <td>31/03/2023</td> </tr> </tbody> </table>			Action	Lead	Deadline	Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment	Director W&OD	31/03/2023	The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.	Director W&OD	31/03/2023	Continue to recruit internationally.	Director W&OD	31/03/2023	Continue to work with head hunters	Director W&OD	31/03/2023																								
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Assurances (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> • General situation monitored through W&OD Committee • Communication with Deanery • Recruitment campaigns • Monitoring by Executive Teams and specialty based local workforce boards • Workforce planning and deployment taskforce meetings with service groups • Weekly workforce delivery meetings with CEO as above 			Gaps in assurance (What additional assurances should we seek?) Locum cover Adequate supply of doctors who can work in this country Ability to flexibly deploy doctors in training. Dedicated work between workforce and finance to review and confirm budgeted medical workforce establishment by service group to confirm SIP and vacancy factor.																																									
Additional Comments / Progress Notes																																												
May 2022: Action Targets and Gaps in Assurance updated. June 2022: No updates to report this month.																																												

Datix ID Number: 1759 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 51 Target Date: 30th September 2022		Current Risk Rating 5 x 4 = 20																																								
Objective: Excellent Staff		Director Lead: Gareth Howells, Executive Director of Nursing Assuring Committee: Workforce and OD Committee																																										
Risk: Non Compliance with Nurse Staffing Levels Act (2016)		Date last reviewed: June 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 4 x 2 = 8		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>8</td><td>20</td></tr> <tr><td>Aug-21</td><td>8</td><td>20</td></tr> <tr><td>Sep-21</td><td>8</td><td>20</td></tr> <tr><td>Oct-21</td><td>8</td><td>20</td></tr> <tr><td>Nov-21</td><td>8</td><td>20</td></tr> <tr><td>Dec-21</td><td>8</td><td>20</td></tr> <tr><td>Jan-22</td><td>8</td><td>25</td></tr> <tr><td>Feb-22</td><td>8</td><td>20</td></tr> <tr><td>Mar-22</td><td>8</td><td>20</td></tr> <tr><td>Apr-22</td><td>8</td><td>20</td></tr> <tr><td>May-22</td><td>8</td><td>20</td></tr> <tr><td>Jun-22</td><td>8</td><td>20</td></tr> </tbody> </table>				Month	Target Score	Risk Score	Jul-21	8	20	Aug-21	8	20	Sep-21	8	20	Oct-21	8	20	Nov-21	8	20	Dec-21	8	20	Jan-22	8	25	Feb-22	8	20	Mar-22	8	20	Apr-22	8	20	May-22	8	20	Jun-22	8	20
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Level of Control = 80%																																												
Date added to the HB risk register November 2018																																												
Rationale for current score: <ul style="list-style-type: none"> Risk remains high, despite improvements to COVID related sickness and shielding staff. Cladding works in Singleton Hospital have increased risk. Pressures at Morriston site remain high. 		Rationale for target score: <ul style="list-style-type: none"> The Health Board is ensuring we have the structures and processes in place to provide reassurance under the Act and are allocating resources accordingly. Health Boards are duty bound to take all reasonable steps to maintain nurse staffing levels. Student Streamlining will provide additional qualified nurses to the workforce, overseas recruitment continues. Cladding work at Singleton Hospital might still be ongoing by 31.10.22 																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
The Health board has put the following controls in place: <ul style="list-style-type: none"> Designated person confirmed as Director of Nursing & Patient Experience. The responsibility for decisions relating to the maintenance of the nurse staffing level rests with the Health Board should be based on evidence provided by and the professional opinions of the Executive Directors with the portfolios of Nursing, Finance, Workforce, and Operations. The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally apprised. The Health Board NSA Steering group continues to meet on a monthly basis, ensuring risks are presented at each meeting, chaired by the Interim Deputy Director of Nursing and reports to NMB and Workforce & Organisational Development Committee Health Board has representation at the All-Wales Nurse Staffing Group and its sub groups Bi-annual calculations undertaken across all acute Service Delivery Units for calculating and reporting nurse staffing requirements Mandatory Assurance Report submitted to November Board, May Assurance Board Paper currently being prepared, for draft submission to March Nurse Staffing Group Workforce planning & redesign, training and development. recruitment and retention continues. Weekly Workforce meeting for each Service Group, on a rotation basis, re-instated w/c 15th November 2021, every fifth week all Service groups to attend for Transformation work. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Student Streamlining and Overseas recruitment</td> <td>Executive Director of Nursing</td> <td>31/10/2022 Monthly ongoing</td> </tr> <tr> <td>The Board should ensure a system is in place that allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster. Implementation of Safecare, commenced 1st February, roll out plan is 32 weeks.</td> <td>Executive Director of Nursing</td> <td>01/11/2022 Monthly ongoing</td> </tr> </tbody> </table>		Action	Lead	Deadline	Student Streamlining and Overseas recruitment	Executive Director of Nursing	31/10/2022 Monthly ongoing	The Board should ensure a system is in place that allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster. Implementation of Safecare, commenced 1 st February, roll out plan is 32 weeks.	Executive Director of Nursing	01/11/2022 Monthly ongoing																																
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<ul style="list-style-type: none"> • Student Streamlining and Overseas recruitment continues. • Robust roster scrutiny is undertaken to optimise nursing workforce • Implementation of SafeCare underway. Roll out to first 5 wards in MHSG commenced 1st February 2022. All Wales SOP has been supported by All Wales NSA Group and remains a working document as implementation of Safecare continues and understanding evolves. • Workforce Plans have been developed by each Service Group to agree staffing in light of escalation to surge & super surge due to COVID-19, with consideration of all reasonable steps. • Service groups continue daily staffing huddles and daily staffing tool and escalate as appropriate • Risk register reviewed monthly. 			
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Ongoing robust recruitment and retention plans in place to reduce vacancies in key clinical areas, which is in line with the Health Board recruitment plan. • Accurate reporting of Acuity data and governance around sign off. • Agreed establishments to be funded. • E-Rostering implemented and roster scrutiny undertaken, ensuring effective staff allocation • All Wales Templates are visible informing patients/visitors of planned roster. • At least Yearly Board reports outlining compliance and any key risks. • Mandatory Assurance report to Board in May. • Monitoring arrangements • HB NSA and NMB • Patient Information available on all Section 25B wards 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <ul style="list-style-type: none"> • Issue raised regarding Information Technology barriers around the capture of data required for the Act on an All- Wales and Health Board basis. • Implementation of SafeCare end of this year potential to cause additional work at ward level, particularly around the bi-annual acuity data collection, planned support from corporate nursing team to reduce impact as much as possible. • Ongoing work across Wales to ensure IT systems are compatible with each other for operational and reporting purposes. 		
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>27.06.2022 – No change from previous month’s risk scores. Monthly NSA Steering Group discussed scores and corporate risk remains at 20. MHSG score = 20, NPTSHSG Adults = 20, Paediatrics and Neonatal = 20, maternity = 20, District nursing = 20, Mental Health = 15.</p> <p>June Acuity audit underway.</p> <p>Safecare roll out continues in line with plans, aiming for completion November 2022.</p> <p>Service groups report that student streamlining has been successful.</p> <p>Improving COVID related sickness and most shielding colleagues now returned to work, some in different capacity.</p> <p>Vacancies reported on 15.6.22 are 336 Band 5 and 132 Band 2.</p>			

Datix ID Number: 2377 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 76 Target Date: 30th September 2022		Current Risk Rating 5 x 2 = 10																																								
Objective: Partnerships for Care		Director Lead: Debbie Eytayo, Director of Workforce & OD Assuring Committee: Workforce & OD Committee, Health & Safety Committee Date last reviewed: June 2022																																										
Risk: Partnership Working There are some remaining tensions between the Health Board and some trade union partners within SBUHB particularly in response to the supply of PPE which has the potential to create unrest in the workforce and hamper an effective response to COVID-19.		Rationale for current score: From the beginning of the Covid outbreak staff side including the BMA have been extremely critical of the HB position and demanded that the HB operate outside of national guidance, demanding widespread use of higher levels of PPE than the all Wales position allows. They engaged with external media and voiced their concerns in very direct and critical terms, threatening to involve the Minister. Whilst the degree to which these interjections continue to be raised in the health board Partnership Forum and Local Negotiating Committee has reduced, their position has not fundamentally changed. As Wales learns to manage in a post Pandemic environment this risk is expected to reduce further. There had been a local campaign actively encouraging union members to raise retrospective Datix incident for any staff who had a positive Covid test. This has generated circa 1600 Datix entries. LPF meetings had increased in frequency during the height of the pandemic and as of March 2022 are reducing to normal bi-monthly arrangements. This risk will be reviewed in a month's time to take account of the new revised risk assessment which is to be published imminently as well as plans to manage Covid as an endemic.																																										
Risk Rating (consequence x likelihood): Initial: 5 x 5 = 25 Current: 5 x 2 = 10 Target: 5 x 1 = 5		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>5</td><td>15</td></tr> <tr><td>Aug-21</td><td>5</td><td>15</td></tr> <tr><td>Sep-21</td><td>5</td><td>15</td></tr> <tr><td>Oct-21</td><td>5</td><td>15</td></tr> <tr><td>Nov-21</td><td>5</td><td>15</td></tr> <tr><td>Dec-21</td><td>5</td><td>15</td></tr> <tr><td>Jan-22</td><td>5</td><td>15</td></tr> <tr><td>Feb-22</td><td>5</td><td>15</td></tr> <tr><td>Mar-22</td><td>5</td><td>15</td></tr> <tr><td>Apr-22</td><td>5</td><td>10</td></tr> <tr><td>May-22</td><td>5</td><td>10</td></tr> <tr><td>Jun-22</td><td>5</td><td>10</td></tr> </tbody> </table>				Month	Target Score	Risk Score	Jul-21	5	15	Aug-21	5	15	Sep-21	5	15	Oct-21	5	15	Nov-21	5	15	Dec-21	5	15	Jan-22	5	15	Feb-22	5	15	Mar-22	5	15	Apr-22	5	10	May-22	5	10	Jun-22	5	10
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Level of Control = 25%		Rationale for target score: Ideally staff side would support the HB position re PPE in line with PHW guidance. In doing so they would reassure staff and reduce their levels of general concern and anxiety regarding Covid Protection.																																										
Date added to the HB risk register May 2021																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> After a near two years of fortnightly and then monthly meetings the frequency of PF has recently reverted to normal bimonthly arrangements as the Covid related content has now reduced 		Action		Lead																																								
		Develop an effective working relationship		Assistant Director of Workforce & OD																																								
				Deadline 31/09/2022																																								

<p>significantly. Sub group meeting frequency is unchanged and will service to fill any gap or need to provide more frequent contact between staff side and HB management.</p> <ul style="list-style-type: none"> • Employees continue to be encouraged to raise concerns via existing mechanisms. • HB will continue to utilise the briefings process to be transparent about issues such as PPE to improve confidence in the supply and availability. • Chief Executive and other Executive Directors will attend HB Partnership Forum on a regular basis. Partnership principles and ways of working will be emphasised as the most effective approach to secure progress. • The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum. Frequent meetings will continue to take place, supplemented by local discussions when required. 			
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Monitored through range of contact points with staff side organisation mainly LPF and other routine meetings interaction with staff side. Reduction in direct action by staff side and the issue of PPE not being consistently raised through formal channels media etc. 	<p>Gaps in assurance (What additional assurances should we seek?) N/A</p>		
<p style="text-align: center;">Additional Comments / Progress Notes.</p> <p>01.04.22 – Two actions completed - The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum. Commission IPA services to provide a series of Partnership workshops for senior managers and Reps to explore the relationship and develop plan for improvement.</p> <p>20.04.22 - Staff side sub-group action complete - Two facilitated sessions took place in October 2021 with Staffside Colleagues, HR colleagues, Executives and Service Groups reps, on what partnership working in SBU looks like and any improvements that are required. An action plan was derived on the back of the sessions which has been agreed and signed off by the Director of Workforce and OD and the Staff Side Chair. The action plan has been taken through Health Board Partnership Forum and will be overseen through that forum. Further work has also been undertaken on the Health Board Partnership Forum with clear escalation framework produced for agenda items.</p> <p>17.05.2022 - As the HB moves to manage Covid as endemic we have still seen some concerns raised at PF by staff side covering PPE issues in this transitional period. However these concerns have not been on the same scale or intensity as previously seen at the height of the pandemic. The risk score has not been adjusted but over the coming months the score is expected to reduce and the risk as framed reviewed with a view to closure.</p>			

Datix ID Number: 2569 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 77 Target Date: 30th September 2022		Current Risk Rating 3 x 4 = 12																																								
Objective: Excellent Staff		Director Lead: Debbie Eytayo, Director of Workforce & OD Assuring Committee: Workforce & OD Committee Date last reviewed: June 2022																																										
Risk: Workforce Resilience Culmination of the pressure and impact on staff wellbeing - both physical and mental relating to Covid Pandemic. Local prevalence of Covid infections increasing positive testing and the debilitating effect of the second wave impacting staff. Impact direct in terms of Covid / related sickness (symptomatic Absence) and self-isolation (Asymptomatic). Increased staff absence impact on the pressures for those still in work.																																												
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Level of Control = 25%		Rationale for target score: All organisations would wish for their staff to be resilient to the impact of working within their organisation. The significant ongoing impact of Covid would never be zero but through a range of interventions in place we would hope to minimise the impact on staff to an acceptable level.																																										
Date added to the HB risk register May 2021																																												
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> Additional recurrent Wellbeing funding support gained (1/4/22) as a result of successful Business Case to aid delivering the Staff Post-Covid Wellbeing Strategy. This focuses on enhanced interventions for individual trauma support, group support and related training for the team. A TRiM (trauma risk management) team has been established to roll out TRiM to priority areas and support services after adverse and critical events. 70 staff have been trained and over 1,768 staff have undertaken the REACT MH training. Additional resource to support the Occupational Health Long Covid clinics has also been gained (currently until March 31st 2023) to support staff to manage their health and return to work with bespoke advice and adjustments, as appropriate. 550 wellbeing Champions trained to support and signpost staff to wellbeing services. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>OH Case conferences renamed 'Employee Support Reviews.' SOP developed and to be introduced to improve dialogue with all parties to support employees return to work.</td> <td>Professional Head of Staff Health & Wellbeing</td> <td>29th July 2022</td> </tr> </tbody> </table>		Action	Lead	Deadline	OH Case conferences renamed 'Employee Support Reviews.' SOP developed and to be introduced to improve dialogue with all parties to support employees return to work.	Professional Head of Staff Health & Wellbeing	29 th July 2022																																			
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<ul style="list-style-type: none"> Occupational health providing advice for staff return to work after Covid-19 and supporting the WF risk assessment. 			
<p>Assurances (How do we know if the things we are doing are having an impact?) Monitoring of Sick absence (long, short term and Covid related), staff impacted by CEV and the numbers of staff seeking to access the supporting mechanisms already in place.</p>	<p>Gaps in assurance (What additional assurances should we seek?) N/A</p>		
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>24.06.22 – Employee Support Reviews to be introduced July 2022. Working with HR colleagues to ensure TRiM and Wellbeing Champion resource is aligned with high areas of sickness absence.</p> <p>29.06.2022 – One action completed - Covid Risk Assessment tool has been reviewed by WG, OH Case conferences renamed ‘Employee Support Reviews.’ SOP developed and to be introduced to improve dialogue with all parties to support employees return to work.</p>			

Datix ID Number: 2788 Health Care Standards: 7.1 Workforce		HBR Ref Number: 81 Target Date: 31st October 2022		Current Risk Rating 4 x 5 = 20																																							
Objective: Best value outcomes		Director Lead: Gareth Howells, Executive Director of Nursing Assuring Committee: Quality & Safety Committee For Information: Workforce & OD Committee		Date last reviewed: June 2022																																							
Risk: Critical staffing levels – Midwifery Midwifery absence rates are outside of 26.9% uplift leading to difficulty in maintaining midwifery rotas in the hospital and community setting.		Rationale for current score: Midwifery absence fluctuating between 35 and 39% in April 2022. Vacancies exist within the service however two rounds of recruitment for Band 6 midwives have failed to appoint to the vacancies available. There is an increase in attrition rates for promotion and opportunities in neighbouring health boards. A national RCM survey reports an increasing in the number of midwives retiring and leaving the profession which is reflected in SBUHB.		Rationale for target score: We can provide assurance of fully funded and appointed rotas other than for short term sickness reports.																																							
Risk Rating (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 4 x 4 = 16	<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td>12</td><td>25</td></tr> <tr><td>Aug-21</td><td>16</td><td>25</td></tr> <tr><td>Sep-21</td><td>16</td><td>25</td></tr> <tr><td>Oct-21</td><td>16</td><td>25</td></tr> <tr><td>Nov-21</td><td>16</td><td>25</td></tr> <tr><td>Dec-21</td><td>16</td><td>20</td></tr> <tr><td>Jan-22</td><td>16</td><td>20</td></tr> <tr><td>Feb-22</td><td>16</td><td>20</td></tr> <tr><td>Mar-22</td><td>16</td><td>20</td></tr> <tr><td>Apr-22</td><td>16</td><td>20</td></tr> <tr><td>May-22</td><td>16</td><td>20</td></tr> <tr><td>Jun-22</td><td>16</td><td>20</td></tr> </tbody> </table>				Month	Target Score	Risk Score	Jul-21	12	25	Aug-21	16	25	Sep-21	16	25	Oct-21	16	25	Nov-21	16	25	Dec-21	16	20	Jan-22	16	20	Feb-22	16	20	Mar-22	16	20	Apr-22	16	20	May-22	16	20	Jun-22	16	20
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Date added to the risk register 12/10/2021																																											
Controls (What are we currently doing about the risk?)			Mitigating actions (What more should we do?)																																								
<ul style="list-style-type: none"> All midwives are working at the hours they require up to full time. Specialist midwives and management redeployed to support clinical care as required Escalation meeting twice a week to review rotas and reallocate staff as required Morning safety huddle for community midwifery teams Recruitment for experienced band 6 midwives. 5.2 in train. Advertisement for further experienced midwives on TRAC Recruitment of graduate midwives via streamlining in train. 12 Midwives due to be employed October 2022 Daily Midwifery acuity prepared and circulated to senior midwifery management All additional shifts offered via Bank, additional hours and overtime Continue to suspend services in the FMU at NPT Offer of additional support worker shifts particularly in the postnatal area for additional support for women 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Shortlist for band 6 midwifery vacancies following closure date</td> <td>Deputy Head of Midwifery</td> <td>10/05/2022</td> </tr> <tr> <td>Complete recruitment for band 6 midwives</td> <td>Deputy Head of Midwifery</td> <td>30/06/2022</td> </tr> <tr> <td>SBAR to be prepared for vacancy panel to advertise for Band 5 midwives where band 6 recruitment cannot be achieved</td> <td>Head of Midwifery</td> <td>31/05/2022</td> </tr> <tr> <td>Complete workforce paper with HR and finance to establish vacancy position and develop vacancy tracker going forward</td> <td>Head of Midwifery</td> <td>30/06/2022</td> </tr> <tr> <td>Complete Birthrate+ Cymru assessment</td> <td>Head of Midwifery</td> <td>30/06/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	Shortlist for band 6 midwifery vacancies following closure date	Deputy Head of Midwifery	10/05/2022	Complete recruitment for band 6 midwives	Deputy Head of Midwifery	30/06/2022	SBAR to be prepared for vacancy panel to advertise for Band 5 midwives where band 6 recruitment cannot be achieved	Head of Midwifery	31/05/2022	Complete workforce paper with HR and finance to establish vacancy position and develop vacancy tracker going forward	Head of Midwifery	30/06/2022	Complete Birthrate+ Cymru assessment	Head of Midwifery	30/06/2022																				
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Assurances (How do we know if the things we are doing are having an impact?) We will be able to maintain safe staffing rotas and women and families will receive safe and effective care			Gaps in assurance (What additional assurances should we seek?) Incorporate Birthrate+ Cymru required staffing levels when available.																																								

<p>wherever they chose to birth. We will report increased staff satisfaction. We will have a reduction in complaints to the service. we will have reduced sickness rates. We will be able to effectively support secondments for staff development without depleting the clinical service. Long term sickness and maternity leave will not impact on our ability to sustain staffing levels within the clinical areas.</p>	<p>To restructure the management SIP for robust management and governance including succession planning for management roles in line with RCM recommendations Evidence has shown midwifery led intrapartum services have high value from reduced intervention rates and improved satisfaction/experience as well as financial benefits as births in midwifery led intrapartum care has lower financial cost to obstetric unit births. SBU are reporting an increase in the caesarean section rates year on year.</p>
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Additional Comments / Progress Notes

- HoM working with WG and BR+ as a stakeholder for BR+ Cymru project.
 - Representatives for the WG Digital Cymru project for single maternity information system to reduce duplication and thereby introduce time savings.
 - National Midwifery Workforce summit being held 30th May 2022 led by CMO due to national midwifery staffing position and models of care
- Update 03.05.2022 - staff unavailability remains over 30%. Recruitment undertaken 3.2wte appointed with a further 1.0wte interview to be undertaken w/c 3/05/2022. further appointment to Infant feeding coordinator role will release seconded midwife back to service. Recruitment in progress with regular updates. Band 5 graduate midwives remain on uplift hours up to full time. Staff escalation meeting now three times weekly. Staff engagement event for NPT Birth centre on 26/04/2022. Plan to reopen birth centre 23/05/2022. Email circulated by HOM for information. Further meeting arranged with Service Group to consider way forward w/c 9/05/2022. Outcome of meeting to be communicated with staff.
- Update 23.06.2022 - Clinical midwifery staffing unavailability now 48%. peak annual leave in the summer months and increase in Covid cases, long term sickness impacting on ability to maintain rosters.
- The recruitment drive for band 6 midwives include 4.2 wte from April with no suitable applicants with advert closing 1st June 2022. advert to be reposted on trac to include all registered midwives.
- Increase in communication from community midwives who are exhausted at the hours they are working to maintain service and provide on-call cover on an ongoing basis in addition to their contracted hours.
- Meeting held with community midwifery teams 23/06/2022 to advise the ongoing excessive hours being worked are not acceptable. the management team are reviewing how we will maintain service during the three months until September 2022 when a number of graduate midwives will join the service - our next optimistic recruitment (if all register with the NMC in a timely manner).
- SBARS completed and sent to professional and service group leaders in relation to critical midwifery staffing, streamlining and backfill for mat leave and secondments.
- Discussion held with RCM representative to apprise of situation.

Datix ID Number: 2554 Health & Care Standard: Standard 5.1 Timely Access		HBR Ref Number: 82 Target Date: 1 st December 2023		Current Risk Rating 4 x 4 = 16																																								
Objective: Best Value Outcomes from High Quality Care		Director Lead: Richard Evans, Executive Medical Director Assuring Committee: Performance & Finance Committee For Information: Quality & Safety Committee, Workforce & OD Committee																																										
Risk: Risk of closure of Burns service if Burns Anaesthetic Consultant cover not sustained There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, potentially resulting in closure to this regional service, harm to those patients would require access to it when closed and the associated reputational damage. This is caused by: <ul style="list-style-type: none"> • Significant reduction in Burns anaesthetic consultant numbers due to retirement and long-term sickness • Inability to recruit to substantive burns anaesthetic posts • The reliance on temporary cover by General intensive care consultants, and Consultants from the Morriston General on-call and Paediatric Anaesthesia rotas, to cover while building work is completed in order to co-locate the burns service on General ITU • Reliance on capital funding from Welsh Government to support the co-location of the service 		Date last reviewed: June 2022																																										
Risk Rating (consequence x likelihood): Initial: 4 x 3 = 12 Current: 4 x 4 = 16 Target: 3 x 1 = 3		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Jul-21</td><td></td><td>3</td></tr> <tr><td>Aug-21</td><td></td><td>3</td></tr> <tr><td>Sep-21</td><td></td><td>3</td></tr> <tr><td>Oct-21</td><td></td><td>3</td></tr> <tr><td>Nov-21</td><td></td><td>3</td></tr> <tr><td>Dec-21</td><td>25</td><td>3</td></tr> <tr><td>Jan-22</td><td>20</td><td>3</td></tr> <tr><td>Feb-22</td><td>20</td><td>3</td></tr> <tr><td>Mar-22</td><td>20</td><td>3</td></tr> <tr><td>Apr-22</td><td>20</td><td>3</td></tr> <tr><td>May-22</td><td>16</td><td>3</td></tr> <tr><td>Jun-22</td><td>16</td><td>3</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Jul-21		3	Aug-21		3	Sep-21		3	Oct-21		3	Nov-21		3	Dec-21	25	3	Jan-22	20	3	Feb-22	20	3	Mar-22	20	3	Apr-22	20	3	May-22	16	3	Jun-22	16	3	Rationale for current score: This risk was increased due to closure of the Burns Unit due to staffing levels, and reduced from 25 to 20 having secured the agreement of the general ITU consultants to provide cross-cover while enabling capital works are completed. Propose reduce risk to 16 now and reduce to 12 when funding confirmed by WG.	
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Level of Control =		Rationale for target score: This is a small clinical service with staff with highly specialised skills. While a small service may always be vulnerable to challenges (eg staff) the intention will be to operate a more resilient clinical model that is supported by other clinical groups.																																										
Date added to the HB risk register December 2021																																												
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> • The general ITU consultants, and some Consultants from the Morriston General and Paediatric Anaesthetists to support the Burns service on a temporary basis, supporting the remaining burns anaesthetic colleagues to provide cover for the Burns service. • The agreement reached is that they will cover the current Burns Unit on Tempest ward at Morriston hospital for 6-9 months while capital work is underway on general ITU to enable co-location of the service. • Capital works will be completed by mid-2023 to co-locate the burns patients within the GICU footprint. • WHSSC as commissioners of the service have been kept fully informed, as has the South West (UK) Regional Burns Network • Other UK burns units have ICU co-located with Burns ICU, removing the need for dual certified consultants 		Mitigating actions (What more should we do?) <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>WG have agreed funding in principle for capital works to progress. Scoping document submitted to WG and discussions ongoing about expediting a decision on an outline/full business case.</td> <td>Morriston Service Group</td> <td>30th November 2022</td> </tr> </tbody> </table>				Action	Lead	Deadline	WG have agreed funding in principle for capital works to progress. Scoping document submitted to WG and discussions ongoing about expediting a decision on an outline/full business case.	Morriston Service Group	30 th November 2022																																	
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<p>Assurances (How do we know if the things we are doing are having an impact?) Effect on patients of the temporary closure of the burns service in Swansea is mitigated by maintaining an urgent assessment/stabilisation service for patients in Wales with severe burns, with onward transfer for inpatient care to another unit in the UK following the initial assessment. The service reopened fully on 14/02/2022.</p>	<p>Gaps in assurance (What additional assurances should we seek?)</p>
<p style="text-align: center;">Additional Comments / Progress Notes</p> <p>31.03.22: The service reopened fully on 14/02/2022. Action completed - Securing the agreement of GITU consultants to cover pending completion of capital work. 13/05/22: Scoping document submitted to WG; meeting 17/05/22 to agree timescale for submission of business case. Risk score reviewed – interim arrangements working well; no concerns raised. Propose reduce risk to 16 now and reduce to 12 when funding confirmed by WG. 27.06.22 – Action complete: Submission of bid for capital funding to Welsh Government for both phases of work required.</p>	

Risk Score Calculation

For each risk identified, the LIKELIHOOD & CONSEQUENCE mechanism will be utilised. Essentially this examines each of the risks and attempts to assess the likelihood of the event occurring (PROBABILITY) and the effect it could have on the Health Board (IMPACT). This process ensures that the Health Board will be focusing on those risks which require immediate attention rather than spending time on areas which are, relatively, a lower priority.

Risk Matrix	LIKELIHOOD (*)				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25