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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>13 April 2021</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Workforce &amp; OD Risk Register Report</b>		
<b>Report Author</b>	Jacqui Evans, Interim Assistant Head Risk & Assurance		
<b>Report Sponsor</b>	Pam Wenger, Director of Corporate Governance		
<b>Presented by</b>	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to inform the Workforce & OD Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Workforce & OD Committee.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The updated risk register was presented to the Audit Committee on the 9 March 2021, and to the Board on the 25 March 2021,</li> <li>• There are a total of 34 risks on the HBRR. No new risks have been added since November 2020, with one risk having been closed and removed as the position on the funding to support the response to the Covid-19 pandemic is now clear (risk 71),</li> <li>• The HBRR currently contains three risks assigned to the Workforce &amp; OD Committee. One of these risks has now been closed, and will be removed from the HBRR in April: <ul style="list-style-type: none"> <li>○ 3 – Workforce Recruitment,</li> <li>○ 51 – Nurse Staffing (Wales) Act,</li> <li>○ 62 – Sustainable Corporate Services - Closed</li> </ul> </li> <li>• In recognition that Covid-19 is a significant “issue” for the Health Board, a specific Covid-19 risk register has been introduced, which is overseen by the Covid-19 Gold meetings with the risks being reviewed and updated on a weekly basis.</li> <li>• There are a total of 23 risks on the Covid-19 Gold Command Risk Register, 5 of which are currently closed. Four new risks have been added since November 2020,</li> <li>• The risk management framework is currently subject to an Internal Audit assessment which started on the 23 February 2021,</li> <li>• The next quarterly update on the HBRR will be presented to the Health Board in June 2021.</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>

<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the updates to the Health Board Risk Register and seek assurance on specific risks and/or process as appropriate;</li> <li>• <b>NOTE</b> the updates to the Covid-19 Gold Command risk register;</li> <li>• <b>DISCUSS</b> the risks assigned to the Workforce &amp; OD Committee and endorse the mitigating action being taken to manage the risks.</li> </ul>
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## WORKFORCE & OD RISK REGISTER REPORT

### 1. INTRODUCTION

The purpose of this report is to inform the Workforce & OD Committee of the risks from the Health Board Risk Register (HBRR) assigned to the Workforce & OD Committee.

### 2. BACKGROUND

#### 2.1 Health Board Risk Register (HBRR)

Swansea Bay University Health Board (SBUHB) is committed to providing safe and effective, high quality healthcare. We mandate a culture and environment, which minimises and actively seeks to reduce risk and promotes the health, safety and well-being of patients, staff, visitors and the general public.

All staff have a responsibility for promoting risk management, adhering to SBUHB policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. SBUHB encourages staff to take ownership of their responsibilities through a two-way communication process, with appropriate training and support, to identify and manage risk.

The Health Board Risk Register (HBRR) is intended to summarise the key 'live' extreme risks facing the Health Board and the actions being taken to mitigate them.

Each Health Board risk has a lead Executive Director who is responsible for ensuring there are mechanisms in place for identifying, managing and alerting the Board to significant risks within their areas of responsibility through regular, timely and accurate reports to the Senior Leadership Team/Executive Team, relevant Board Committees and the Board.

The HBRR is presented at **Appendix 1** for information.

#### 2.2 Covid 19 Risk Register

The Covid-19 risk register focusses on the management of key risks related to managing the response to the Pandemic. The Covid-19 risk register is presented at **Appendix 2** for information.

### 3. MANAGEMENT OF WORKFORCE & OD RISKS

#### 3.1 HBRR Workforce & OD Risks

There are three risks from the HBRR that are assigned to the Workforce & OD Committee which are outlined in table 1 below (1 of which has now been closed):

Table 1 – HBRR Risk Assigned to the Workforce & OD Committee

Risk	Exec Lead	Current Score	Target Score	Change
<b>3 - Workforce Recruitment</b> Failure to recruit medical & dental staff	Director of Workforce and OD	20	12	→
<b>Update</b>	No Update to report			
<b>Recommendation</b>	No change			
Risk	Exec Lead	Current Score	Target Score	Change
<b>51 - Nurse Staffing (Wales) Act</b> Risk of Non Compliance with the Nurse Staffing (Wales) Act Reduced from 25 to 20	Director of Nursing	20	12	↓
<b>Update</b>	<p>Discussed in Nurse Staffing Act Meeting 5.2.21 formally agreed to reduce the score from 25 to 20 based on evidence provided from Delivery Groups Risk Assessments report improved staffing levels decreased Covid pressures.</p> <p>Morrison Singleton &amp; NPT Risk Score 20 MH&amp;LD 15 DN and HV 12.</p> <p>Remains high level of vacancies but significant improvement in the Covid- 19 absenteeism.</p> <p>A daily staffing tool is completed to provide an overview of the staffing situation in each Delivery Group this supports the decision making process with deployment of staff daily.</p> <p>Roster Scrutiny Panels operate to ensure the rostering Policy and Standards are fully implemented and are being reviewed to encompass triangulation with key quality indicators.</p> <p>The Covid 19 outbreaks in the care homes have had significant impact on the DN service resulting in the DN services supporting the care homes both day and night. Care home support required from the DN is predicted to lessen.</p> <p>Daily Silver Workforce Nurse Staffing Logistics Cell meeting has been reduced to twice weekly. Monday focuses Nurse Staffing Wednesday focuses on Grip and Control of Nurse rosters.</p> <p>Corporate Nurse Staffing 7 day a week rota has been stood down.</p> <p>Nurse Staffing Risk Paper updated monthly for Senior Leadership meetings Transforming Programme &amp; Plan. Grip &amp; Control Efficiency, Modernising Nursing and Valuing Nursing.</p> <p>Recruitment of staff remains a key focus especially HCSW which is seen as a more accessible staff group. Assistant Practitioners are in the process of being recruited to support the Delivery Groups.</p>			

	Student streamlining and Overseas recruitment continues. Visibility of Nursing Leaders within the clinical areas to early identify areas at risk and mitigate where possible. Wellbeing and support services have been enhanced to support staff. Funding has been agreed to continue the Health Board Reflect Reset and Reflect Wellbeing study day for staff. The NMC have published bite size wellbeing information for staff these have been shared through the Health Board NMB meeting.			
<b>Recommendation</b>	Risk score reduced from 25 to 20. No further change			
<b>Risk</b>	<b>Exec Lead</b>	<b>Current Score</b>	<b>Target Score</b>	<b>Change</b>
<b>62 - Sustainable Corporate Services</b> Health Board's Annual Plan and organisational strategy, and with the skills, capability, behaviours and tools to successfully deliver in support of the whole organisation, and to do so in a way which respects and promotes the health and well-being of our staff and their work-life balance	<b>Director of Workforce and OD</b>	1	12	↓
<b>Update</b>	The Health Board funded a number of critical posts in 2019. It is therefore proposed to close this corporate risk as investment was made in some key posts. PW <b>*CLOSED*</b>			
<b>Recommendation</b>	Closed			

The Committee is requested to accept the two HBRR entry risks, subject to any changes, to oversee, scrutinise and challenge in terms of actions being taken to minimise the risks and ensure the agenda is set to cover these areas of risks to enable reporting to the Board.

### 3.2 Operational Workforce & OD Risks

Each Service Group and Directorate hold their own risk registers, which outline the operational risks facing each Service Group/Directorate.

Any Operational risks relating to Workforce & OD can be escalated to the Risk Scrutiny Panel which will co-opt a member of the Workforce & OD team to consider the risk, controls in place and action to be taken to mitigate the risk and whether the risk should be considered for inclusion on the Health Board Risk Register.

### 4. COVID 19 RISK REGISTER

In recognition that Covid-19 is an "issue" which the Health Board is managing, a separate Risk Register has been established in the Datix risk management system to capture the Covid 19 risks which are overseen by the Covid-19 Gold Command group. The risks are reviewed and updated on a weekly basis. The Covid 19 Risk Register is presented at **Appendix 2** for information.

There are currently twenty-three risks on the Covid-19 Gold Risk Register, five of which are reported as currently closed. Four new risks have been added since November 2020:

- **R\_COV\_009b - Workforce Recruitment** added 13 November 2020 as despite efforts to recruit staff into substantive, agency, bank and other roles the HB fails to meet the expanding requirement to replace staff Covid related or increase staff resource as a consequence of new staff resource needs,
- **R\_COV\_019a - Opening of Field Hospital** (revised model - December 2020) added on the 11<sup>th</sup> December 2020 due to risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place,
- **R\_COV\_019b - Opening of Field Hospital** (revised model - December 2020) added on the 11<sup>th</sup> December 2020 due to risk of patient harm if the field hospital is opened without adequate assurance that the clinical and workforce models are robust and that appropriate policies and procedures are in place
- **R\_COV\_020 - Workforce Resilience** – added on the 16 December 2020 due to the culmination of the pressure and impact on staff wellbeing - both physical and mental relating to the Covid 19 Pandemic.

Table 3 – Covid-19 Risks - Workforce & OD

Risk Ref	Description of risk identified	Current Score	Key Actions to Mitigate Risk	Lead Committee
R_COV_004	<p><b>Covid related sick absence</b></p> <p>Exec Lead Director of Workforce &amp; OD</p> <p>Number of staff who are absent from work through self-isolation or family illness will impact on ability to deliver safe care for patients; and will impact on ability to keep capacity open and to staff surge and super surge capacity.</p> <p>NOTE This risk ONLY captures the total of staff absence as reported weekly to WG risk score reflects the position in comparison with wave one position which peaked at 1700 staff absent.</p>	5	<ul style="list-style-type: none"> <li>• Workforce silver is leading a recruitment drive to secure additional workforce; robust occupational health service in place to identify and test staff quickly and get them back to work.</li> </ul> <p>Discussion at Gold 15.03.21- This had been reviewed and reduced in line with changes to COVID-related sickness absence. Risk has been reviewed this week and is as low as it is likely to go for the foreseeable future. – <b>It has Reduced from Amber 15 to Yellow 5.</b></p> <p>Discussion at Gold 22.03.21: No alteration to post-MA risk score required currently.</p>	Workforce & OD Committee
R_COV_009a	<p><b>Workforce Shortages</b></p> <p>Exec Lead Director of Workforce &amp; OD</p> <p>Measures the risk to service provision, deployment plans and HB strategic workforce related developments i.e. surge capacity, field hospital / Imms programme in the context of the number of available staff. Factors impacting cover Covid and general sick absence, deployment restrictions</p>	10	<p>Additional workforce is being recruited through national and local campaigns including the return of retired NHS professionals</p> <p>Corporate Recruitment drive to secure additional workforce across substantive, bank and agency underway externally and internally. Robust occupational health service</p>	Workforce & OD Committee

	relating to staff covid risk assessment, general turnover, Outbreaks. Key risk areas where specific workforce shortages impact is the greatest e.g. ITU, A&E, Covid wards are reflected in the overall score.		increased and in place to support staff in terms of general wellbeing. OH supporting internal Track and Trace.  Discussion at Gold:15.03.2021: Risk has been reviewed this week and is as low as it is likely to go for the foreseeable future. Reduced from 25 to 10  Discussion at Gold 22.03.21: No alteration to post-MA risk score required currently. Scores correspond to other, related risks noted.	
R_COV_009b	<b><u>Workforce Recruitment</u></b>  Exec Lead Director of Workforce & OD  Despite efforts to recruit staff into substantive, agency, bank and other roles the HB fails to meet the expanding requirement to replace staff covid related or increase staff resource as a consequence of new staff resource needs. The workforce staff recruitment/supply risk has been assessment NOT just against the existing HB plans which had already highlighted the HB difficulties with staffing super surge. The risk score reflects the risks with meeting every and all existing confirmed requirement. The risk includes the internal risk given the pressures on relatively small departments who need to support recruitment. There is significant pressure on the pool of Non registered staff in the SW of Wales with HBs and LA all recruiting from the same pool, this impacts not only on the availability but quality of candidates.	8	<ul style="list-style-type: none"> <li>Additional workforce are being recruited through national and local campaigns including the return of retired NHS professionals</li> </ul> Discussion at Gold:15.03.2021: Risk has been reviewed this week and is as low as it is likely to go for the foreseeable future. Reduced from 25 to 8 Discussion at Gold 22.03.21: No alteration to post-MA risk score required currently. Scores correspond to other, related risks noted.	<b>Workforce &amp; OD Committee</b>
R_COV_012	<b><u>Partnership Working</u></b>  Exec Lead Director of Workforce & OD  There are growing 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	25	<ul style="list-style-type: none"> <li>The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.</li> </ul> Discussion at Gold 15.03.21: No alteration to post-MA risk score required currently.	<b>Workforce &amp; OD Committee</b>

	workforce and hamper an effective response to COVID-19.		<p>Issues continue to be raised in this arena, hence the requirement to maintain a high score.</p> <p>Discussion at Gold 22.03.21: No alteration to post-MA risk score required currently. Group discussed consistently high position of risk score leaving no room for further escalation should situations worsen. Noted that sufficiently robust mitigating actions required if the score is to remain this high. JRQ reluctant to support reduction of the score in light of recent difficulty in relations with TUs, who have been threatening instigating Ministerial action. JRQ to discuss this with KJ.</p>	
R_COV_020	<p><b><u>Workforce Reliance (added 16/12/20)</u></b></p> <p><u>Exec Lead – Chief Operating Officer</u></p> <p>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.</p>	25	<ul style="list-style-type: none"> <li>Additional Wellbeing support facilitated by limited L&amp;D Coaches and Wellbeing team.</li> <li>Occupational Health open over the bank holidays to support staff testing, urgent advice giving and contact tracing.</li> </ul> <p>Discussion at Gold 15.03.21: No alteration to post-MA risk score required currently</p> <p>Discussion at Gold 22.03.21: No alteration to post-MA risk score required. For review as response moves to the next phase which is seeing less staff absence.</p>	<b>Workforce &amp; OD Committee</b>

#### 4. GOVERNANCE & RISK

##### 4.1 Risk Appetite & Tolerance Levels

Members of the Board agreed that the risk appetite, whilst dealing with Covid-19, would increase to **20** and above for an initial period of 3 months. The risk appetite of 20 and above has remained in place since the start of the pandemic. These arrangements will be reviewed regularly by the Executive Team, Audit Committee and the Board. It is proposed that the risk appetite remain at 20 with a regular review every three months.

An Internal Audit assessment of risk management processes commenced in February 2021 and the findings will be reported to the Audit Committee.

## 4.2 Risk Management Group (RMG)

The Risk Management Group meet on a quarterly basis and oversee the escalation of all risks and report to the Senior Leadership Team (SLT) on progress (these arrangements were suspended during the pandemic, and recommenced in March 2021).

The Group last met on the 9 March 2021 and:

- Reviewed the HBRR and high level Covid-19 Risk Register;
- Considered the updated Risk Management Policy,
- Considered and updated the Groups Terms of Reference;
- Considered and updated the Risk management policy; and
- Received an update on the Board Assurance Framework;
- The Director of Corporate Governance requested that Executive Directors/Service Directors review their existing operational risks on the Datix Risk Module (taking into account the positive /negative impacts that Covid-19 may have had on them).

The next meeting is on the 4 May 2021.

To ensure effective governance the Risk & Assurance team are supporting the Executive Directors/Service Directors to review and manage their risks, and ensuring regular reporting of the updates to the Executive Team, the Audit Committee and the Board for review.

## 4.3 Risk Scrutiny Panel

The Risk Scrutiny Panel meet on a monthly basis and oversee the escalation of all risks and ensure the risk management process is followed. The Panel ensure the effectiveness of the Health Board's risk management system and consider risks rated as 20 and above (usually 16 and above, but 20 and above based on the 20 and above risk appetite) and review on a monthly basis a trigger of risks rated 16 and above received from the Service groups and Corporate Directorates, and consider themes of risks emerging from Service Group/Service/Department Level which are below 16 although collectively could require escalation to the Risk Management Group (RMG)/Senior Leadership Team (SLT) for consideration for inclusion on the HBRR.

The Risk Scrutiny panel last met on the 22 February and 22 March 2021 respectively and considered risk exception reports from the Service Groups and Corporate Directorates.

## 5. FINANCIAL IMPLICATIONS

There are financial implications to minimising the risks entered on the HBRR in relation to significant revenue implication around strengthening resources in the Health Board, Units and in Departments. Capital monies will also be required in relation to supporting the improvements required and further detail is provided in the individual entry on the HBRR.

## 6. RECOMMENDATION

Members are asked to:

- **NOTE** the updates to the Health Board Risk Register and seek assurance on specific risks and/or process as appropriate;



- **NOTE** the updates to the Covid-19 Gold Command risk register;
- **DISCUSS** the risks assigned to the Workforce & OD Committee and endorse the mitigating action being taken to manage the risks..

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
The management of occupational health, safety and wellbeing is now central to the effective running of the NHS. There is strong evidence linking patient safety, patient experiences and the quality of care with the safety, health and wellbeing of the workforce.		
<b>Financial Implications</b>		
The risks outlined within this report have resource implications which are being addressed by the respective Executive Director leads and taken into consideration as part of the Board's risk management processes.		
<b>Legal Implications (including equality and diversity assessment)</b>		
It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks faced by the organisation, as failure to do so could have legal implications for the UHB. It is imperative that SBUHB complies fully with workforce legislation.		
<b>Staffing Implications</b>		
NHS staff are its most important resource. No one should be made ill by work. The health, safety and welfare of staff directly contributes to organisational success as workplace injuries and poor workforce health has a high cost.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
The HBRR and the Covid 19 risk register sets out the framework for how SBUHB will make an assessment of existing and future emerging risks, and how it will plan to manage and prepare for those risks.		
<b>Report History</b>	<ul style="list-style-type: none"> <li>• 21 January 2021 – Risk Scrutiny Panel</li> <li>• 9 February 2021 – Workforce &amp; OD Committee</li> <li>• 22 February 2021 – Risk Scrutiny Panel</li> <li>• 23 February 2021 – Quality &amp; Safety Committee</li> <li>• 9 March 2021 – Audit Committee</li> <li>• 9 March 2021 – Risk Management Group</li> <li>• 25 March 2021 – Health Board</li> </ul>	

<b>Appendices</b>	<ul style="list-style-type: none"><li>• Appendix 1 – Health Board Risk Register; and</li><li>• Appendix 2 - Covid-19 High Level Risk Register.</li></ul>
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