



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# **HEALTH BOARD RISK REGISTER**

## **March 2021**

# **RISKS ASSIGNED TO THE WORKFORCE & OD COMMITTEE**

<b>Datix ID Number: 843</b> <b>Health &amp; Care Standard: Staff &amp; Resources 7.1 Workforce</b>		<b>HBR Ref Number: 3</b> <b>Target Date: 31<sup>st</sup> March 2022</b>		<b>Current Risk Rating</b> <b>4 x 5 = 20</b>																																								
<b>Objective:</b> Excellent Staff		<b>Director Lead:</b> Debbie Eytayo, Director of Workforce and OD <b>Assuring Committee:</b> Workforce and OD Committee																																										
<b>Risk:</b> Workforce recruitment of medical & dental staff		<b>Date last reviewed:</b> March 2022																																										
<b>Risk Rating</b> (consequence x likelihood): Initial: 5 x 4 = 20 Current: 4 x 5 = 20 Target: 4 x 3 = 12		<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Apr-21</td><td>12</td><td>20</td></tr> <tr><td>May-21</td><td>12</td><td>20</td></tr> <tr><td>Jun-21</td><td>12</td><td>20</td></tr> <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> </tbody> </table>				Month	Target Score	Risk Score	Apr-21	12	20	May-21	12	20	Jun-21	12	20	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
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<b>Level of Control</b> = 70%		<b>Rationale for current score:</b> National shortages of numbers in some areas can lead to: <ul style="list-style-type: none"> <li>• Inability to recruit sufficient numbers of trainees to fulfil rotas on all sites</li> <li>• Inability to attract non training grades to complete rotas</li> <li>• 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.</li> </ul>																																										
<b>Date added to the HB risk register</b> April 2012		<b>Rationale for target score:</b> This remains a challenge and is also a national problem.																																										
<b>Controls (What are we currently doing about the risk?)</b>			<b>Mitigating actions (What more should we do?)</b>																																									
<ul style="list-style-type: none"> <li>• Regular monitoring of recruitment position with reports to Executive Team and Board via Medical Director and Medical Workforce Board.</li> <li>• Specialty based local workforce boards established to monitor and control specific issues. The new HB Workforce &amp; OD Committee will seek assurance of medical workforce plans to maintain services.</li> <li>• Engagement of the Deanery about recruitment position.</li> <li>• Weekly workforce delivery meetings with CEO to review progress against critical medical and clinical posts</li> <li>• Working with specialist agency and head hunters to improve chances to fill hard to recruit posts</li> <li>• Plan to work with a marketing agency to develop a branding and attraction campaign for the health board.</li> </ul>			<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&amp;OD</td> <td>31/03/2022</td> </tr> <tr> <td>The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.</td> <td>Director W&amp;OD</td> <td>31/03/2022</td> </tr> <tr> <td>Continue to recruit internationally.</td> <td>Director W&amp;OD</td> <td>31/03/2022</td> </tr> <tr> <td>Continue to work with head hunters</td> <td>Director W&amp;OD</td> <td>31/03/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment	Director W&OD	31/03/2022	The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.	Director W&OD	31/03/2022	Continue to recruit internationally.	Director W&OD	31/03/2022	Continue to work with head hunters	Director W&OD	31/03/2022																								
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<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"> <li>• General situation monitored through W&amp;OD Committee</li> <li>• Communication with Deanery</li> <li>• Recruitment campaigns</li> <li>• Monitoring by Executive Teams and specialty based local workforce boards</li> <li>• Workforce planning and deployment taskforce meetings with service groups</li> <li>• Weekly workforce delivery meetings with CEO as above</li> </ul>			<b>Gaps in assurance (What additional assurances should we seek?)</b> Locum cover Adequate supply of doctors who can work in this country Ability to flexibly deploy doctors in training.																																									
<b>Additional Comments</b>																																												
17/01/2022: We have over established locum posts in specialties such as medicine, ITU and Anaesthetics in anticipation of trainee gaps and turnover. We have adopted a more pastoral approach to International medical recruitment as part of onboarding but we need to focus on measures to support retention. We have signed a contract with SBW to improve the HBs branding and attraction SBW will also support individual campaigns.																																												

<b>Datix ID Number: 1759</b> <b>Health &amp; Care Standard: Staff &amp; Resources 7.1 Workforce</b>		<b>HBR Ref Number: 51</b> <b>Target Date: 31<sup>st</sup> March 2022</b>		<b>Current Risk Rating</b> <b>5 x 4 = 20</b>																																								
<b>Objective:</b> Excellent Staff		<b>Director Lead:</b> Gareth Howells, Executive Director of Nursing <b>Assuring Committee:</b> Workforce and OD Committee																																										
<b>Risk:</b> Non Compliance with Nurse Staffing Levels Act (2016)		<b>Date last reviewed:</b> March 2022																																										
<b>Risk Rating</b> (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>Apr-21</td><td>8</td><td>20</td></tr> <tr><td>May-21</td><td>8</td><td>20</td></tr> <tr><td>Jun-21</td><td>8</td><td>20</td></tr> <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> </tbody> </table>		Month	Target Score	Risk Score	Apr-21	8	20	May-21	8	20	Jun-21	8	20	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	<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>• Risk is high due to COVID related sickness and high (although improving) level of registered nursing vacancies</li> <li>• Service group scores remain high</li> </ul>	
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<b>Level of Control</b> = 80%		<b>Rationale for target score:</b> <ul style="list-style-type: none"> <li>• The Health Board is ensuring we have the structures and processes in place to provide reassurance under the Act and are allocating resources accordingly.</li> <li>• Health Boards are duty bound to take all reasonable steps to maintain nurse staffing levels.</li> </ul>																																										
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<b>Controls (What are we currently doing about the risk?)</b>			<b>Mitigating actions (What more should we do?)</b>																																									
The Health board has put the following controls in place: <ul style="list-style-type: none"> <li>• Designated person confirmed as Director of Nursing &amp; Patient Experience.</li> <li>• 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.</li> <li>• The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally apprised.</li> <li>• 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 &amp; Organisational Development Committee</li> <li>• Health Board has representation at the All-Wales Nurse Staffing Group and its sub groups</li> <li>• Bi-annual calculations undertaken across all acute Service Delivery Units for calculating and reporting nurse staffing requirements</li> <li>• Mandatory Assurance Report submitted to November Board, May Assurance Board Paper currently being prepared, for draft submission to March Nurse Staffing Group</li> <li>• Workforce planning &amp; redesign, training and development. recruitment and retention continues. Weekly Workforce meeting for each Service Group, on a rotation basis, re-instated w/c 15<sup>th</sup> November 2021, every fifth week all Service groups to attend for Transformation work.</li> <li>• Student Streamlining and Overseas recruitment continues.</li> <li>• Robust roster scrutiny is undertaken to optimise nursing workforce</li> <li>• Implementation of SafeCare underway. Roll out to first 5 wards in MHSG commenced 1<sup>st</sup> February 2022.</li> </ul>			<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>01/09/2022 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 1<sup>st</sup> February, roll out plan is 32 weeks.</td> <td>Executive Director of Nursing</td> <td>01/09/2022 Monthly ongoing</td> </tr> </tbody> </table>	Action	Lead	Deadline	Student Streamlining and Overseas recruitment	Executive Director of Nursing	01/09/2022 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 <sup>st</sup> February, roll out plan is 32 weeks.	Executive Director of Nursing	01/09/2022 Monthly ongoing																																
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<p>All Wales SOP has been supported by All Wales NSA Group and remains a working document as implementation of Safecare continues and understanding evolves.</p> <ul style="list-style-type: none"> <li>• Workforce Plans have been developed by each Service Group to agree staffing in light of escalation to surge &amp; super surge due to COVID-19, with consideration of all reasonable steps.</li> <li>• Service groups continue daily staffing huddles and daily staffing tool and escalate as appropriate</li> <li>• Risk register reviewed monthly.</li> </ul>			
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Accurate reporting of Acuity data and governance around sign off.</li> <li>• Agreed establishments to be funded.</li> <li>• E-Rostering implemented and roster scrutiny undertaken, ensuring effective staff allocation</li> <li>• All Wales Templates are visible informing patients/visitors of planned roster.</li> <li>• At least Yearly Board reports outlining compliance and any key risks.</li> <li>• Mandatory Assurance report to Board in May.</li> <li>• Monitoring arrangements</li> <li>• HB NSA and NMB</li> <li>• Patient Information available on all Section 25B wards</li> </ul>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b></p> <ul style="list-style-type: none"> <li>• Issue raised regarding Information Technology barriers around the capture of data required for the Act on an All- Wales and Health Board basis.</li> <li>• 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.</li> <li>• Ongoing work across Wales to ensure IT systems are compatible with each other for operational and reporting purposes.</li> </ul>		
<p style="text-align: center;"><b>Additional Comments</b></p> <p>22.03.22 - Update from NPTSHSG received, Singleton Site is experiencing significant challenges. Reasons are:  Split ward templates due to cladding work, requiring additional registrant, which has been difficult to cover.  High levels of unavailability with Ward C and Ward E at 39 % unavailability. Wards 3,4 and 6 all have in excess of 40% unavailability.  The Division of Medicine across both sites has an average of 40% unavailability with sickness accounting for 18% of this.  There continues to be significant staff absence as a result of COVID-19.  SAU position has improved from a staff availability, re-calculation of the nurse staffing levels for SAU is planned due to changes in the SAU activity.  29.03.2022 - January bi-annual acuity audit undertaken, scrutiny panel held on 17<sup>th</sup> March 2022 (NPTSHSG) and planned for 5<sup>th</sup> April 2022 (MHSG).  Section 25A wards in NPTSH SG re-calculated in November 2021, using triangulated methodology.  Preparation of May's Board paper underway, which follows the All Wales reporting template and includes re-calculations following Jan 2021 and June 2021 acuity audits, with a summary of re-calculation currently being undertaken following January 2022 Acuity Audit.  Monthly Nurse Staffing Group discusses Service Groups risk scores and agrees Corporate risk, currently standing at 20. Next meeting planned for 7<sup>th</sup> April 2022.</p>			

<b>Datix ID Number:</b> 2377 <b>Health &amp; Care Standard:</b> Staff & Resources 7.1 Workforce		<b>HBR Ref Number:</b> 76 <b>Target Date:</b> 30 <sup>th</sup> April 22		<b>Current Risk Rating</b> <b>5 x 3 = 15 10</b>																																								
<b>Objective:</b> Partnerships for Care		<b>Director Lead:</b> Debbie Eytayo, Director of Workforce & OD <b>Assuring Committee:</b> Workforce & OD Committee, Health & Safety Committee <b>Date last reviewed:</b> March 2022																																										
<b>Risk: Partnership Working</b> 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.		<b>Rationale for current score:</b> 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.																																										
<b>Risk Rating</b> (consequence x likelihood): Initial: 5 x 5 = 25 Current: 5 x 3 = 15 <b>10</b> Target: 5 x 1 = 5		<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Apr-21</td><td>20</td><td>5</td></tr> <tr><td>May-21</td><td>15</td><td>5</td></tr> <tr><td>Jun-21</td><td>15</td><td>5</td></tr> <tr><td>Jul-21</td><td>15</td><td>5</td></tr> <tr><td>Aug-21</td><td>15</td><td>5</td></tr> <tr><td>Sep-21</td><td>15</td><td>5</td></tr> <tr><td>Oct-21</td><td>15</td><td>5</td></tr> <tr><td>Nov-21</td><td>15</td><td>5</td></tr> <tr><td>Dec-21</td><td>15</td><td>5</td></tr> <tr><td>Jan-22</td><td>15</td><td>5</td></tr> <tr><td>Feb-22</td><td>15</td><td>5</td></tr> <tr><td>Mar-22</td><td>10</td><td>5</td></tr> </tbody> </table>				Month	Risk Score	Target Score	Apr-21	20	5	May-21	15	5	Jun-21	15	5	Jul-21	15	5	Aug-21	15	5	Sep-21	15	5	Oct-21	15	5	Nov-21	15	5	Dec-21	15	5	Jan-22	15	5	Feb-22	15	5	Mar-22	10	5
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<b>Level of Control</b> = 25%		<b>Rationale for target score:</b> 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.																																										
<b>Date added to the HB risk register</b> May 2021																																												
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																																										
<ul style="list-style-type: none"> <li>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 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.</li> </ul>		<b>Action</b> The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.		<b>Lead</b> Director of Workforce & OD	<b>Deadline</b> Ongoing 31/03/2022																																							

<ul style="list-style-type: none"> <li>Employees <del>will</del> <b>continue to</b> be encouraged to raise concerns via existing mechanisms. <del>and directly to the Chief Executive.</del></li> <li><b>HB will continue to utilise the briefings process to be transparent about issues such as PPE to improve confidence in the supply and availability.</b></li> <li>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.</li> <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. Frequent meetings will continue to take place, supplemented by local discussions when required.</li> </ul>	<p>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>Director of Workforce &amp; OD</p>	<p>Completed October 2021</p>
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b> N/A</p>	<p>Director of Workforce &amp; OD</p>	<p>31/03/2022</p>
<p style="text-align: center;"><b>Additional Comments.</b></p> <p>Work is underway to improve the management /staff side partnership relationship. Facilitated workshops took place in October 2021, from which an action plan to continue to build on improving the relationship will be developed. Both parties have agreed a reset.</p> <p>Facilitated Partnership workshops took place in October 2021 where all parties agreed to draw the line around historical issues and move forward. A number of measures have been introduced to close this risk including an agreed action plan which was produced from agreed actions from the workshop.</p> <p>Dec 2021 update: Joint action plan to be presented at HBPF in January 22. Health Board to facilitate Staff Side chair attending Management Board meeting. Score reduced to 15 late 2021.</p> <p><b>Reviewed March 2022 as Partnership Forum frequency reduced score to 10.</b></p>			



<b>Datix ID Number:</b> 2569 <b>Health &amp; Care Standard:</b> Staff & Resources 7.1 Workforce		<b>HBR Ref Number:</b> 77 <b>Target Date:</b> 30 <sup>th</sup> September 2022		<b>Current Risk Rating</b> <del>5</del> 3 x 4 = <del>20</del> 12																																								
<b>Objective:</b> Excellent Staff		<b>Director Lead:</b> Debbie Eytayo, Director of Workforce & OD <b>Assuring Committee:</b> Workforce & OD Committee <b>Date last reviewed:</b> March 2022																																										
<b>Risk: Workforce Resilience</b> 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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<b>Level of Control</b> = 25%				<b>Rationale for target score:</b> 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.																																								
<b>Date added to the HB risk register</b> May 2021																																												
<b>Controls (What are we currently doing about the risk?)</b>			<b>Mitigating actions (What more should we do?)</b>																																									
<ul style="list-style-type: none"> <li>Additional recurrent Wellbeing funding support gained (wef 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.</li> <li>Additional resource to support the Occupational Health Long Covid clinics has also been gained (currently until September 2022) to support staff to manage their health and return to work with bespoke advice and adjustments, as appropriate.</li> <li>520 wellbeing Champions trained to support and signpost staff to wellbeing services.</li> <li>Occupational health providing advice for staff return to work after Covid-19 and supporting the WF risk assessment.</li> </ul>			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Occupational Health Long Covid clinics established to support staff with long Covid symptoms – over 120 staff assessed and supported, including advice and reasonable adjustments to line managers to support return to work.</td> <td>Director of Workforce &amp; OD</td> <td>Established and continuing delivery and support</td> </tr> <tr> <td>Continued Implementation of TRiM across priority areas - 45 staff have been trained and over 1200 staff have undertaken the react MH training.</td> <td>Director of Workforce &amp; OD</td> <td>Established and continuing delivery and support</td> </tr> </tbody> </table>			Action	Lead	Deadline	Occupational Health Long Covid clinics established to support staff with long Covid symptoms – over 120 staff assessed and supported, including advice and reasonable adjustments to line managers to support return to work.	Director of Workforce & OD	Established and continuing delivery and support	Continued Implementation of TRiM across priority areas - 45 staff have been trained and over 1200 staff have undertaken the react MH training.	Director of Workforce & OD	Established and continuing delivery and support																														
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<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b>  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><b>Gaps in assurance (What additional assurances should we seek?)</b>  N/A</p>
<p style="text-align: center;"><b>Additional Comments</b></p> <p>Update 22.02.2022 – New action added.  Update 21.03.2022 – Recurrent additional funding for OH and Staff Wellbeing means the HB can continue to meet the diverse needs of staff as the organisation and its staff recover from the pandemic</p>	



<b>Datix ID Number: 2788</b> <b>Health Care Standards: 7.1 Workforce</b>		<b>HBR Ref Number: 81</b> <b>Target Date: 31/03/2022</b>		<b>Current Risk Rating</b> <b>4 x 5 = 20</b>																																								
<b>Objective:</b> Best value outcomes		<b>Director Lead:</b> Gareth Howells, Executive Director of Nursing <b>Assuring Committee:</b> Quality & Safety Committee <b>For Information:</b> Workforce & OD Committee		<b>Date last reviewed:</b> March 2022																																								
<b>Risk: Critical staffing levels – Midwifery:</b> Unplanned absence resulting from Covid-19 related sickness, shielding and isolation, alongside other current absences, has resulted in critical staffing levels, further reductions in which could result in unsafe service provision, poor patient outcomes and/or experience. In turn, poor service quality or reduction in services could impact on organisational reputation.		<b>Rationale for current score:</b> Centralisation of community services has broken down continuity of carer which means women will see many midwives through pregnancy. There is evidence that shows the outcome for women is better with lower interventions when continuity of carer is maintained. This is particularly relevant for women with perinatal mental health issues and for safeguarding. Singleton Hospital working with on average 10 /11 midwives w/c 22/08/2021. The lowest staffing number being 8 instead of 13 midwives.		<b>Rationale for target score:</b> Target score refreshed. Actions taken and planned for December are anticipated to reduce risk to a target score of 16 by the end December. The decentralization of services in Q4 may assist to reduce the risk further. A new target for additional reduction of the risk will be considered in January.																																								
<b>Risk Rating</b> (consequence x likelihood): Initial: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 4 x 4 = 16		<table border="1"> <caption>Risk and Target Scores</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Apr-21</td><td>12</td><td>25</td></tr> <tr><td>May-21</td><td>16</td><td>25</td></tr> <tr><td>Jun-21</td><td>16</td><td>25</td></tr> <tr><td>Jul-21</td><td>16</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> </tbody> </table>				Month	Target Score	Risk Score	Apr-21	12	25	May-21	16	25	Jun-21	16	25	Jul-21	16	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
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<ul style="list-style-type: none"> <li>Home births are suspended. Reduced the on call requirement for community midwives.</li> <li>All midwives are working at the hours they require up to full time.</li> <li>A small midwifery bank has been created.</li> <li>All midwives are offered additional hours. Enhanced overtime promoted, provided and accepted.</li> <li>Band 6 recruitment in training.</li> <li>Student midwives on pre-qualifying placement are supporting in the clinical areas within their student capacity.</li> <li>11 new midwives have been employed from September- October 2021. 6 started.</li> <li>Risk assessments are currently taking place with OH and H&amp;S leads support for matrons to return staff to clinical front facing roles where possible</li> <li>Centralisation of community services to improve staff availability</li> <li>NPT Birth Centre temporarily suspended - services relocated to The Bay Birth Centre in Singleton Hospital</li> <li>Updated early warning to WG</li> <li>Service Group Nurse Director keeping RCM updated</li> <li>Daily escalation call with the SG Service Director and Nurse Director to do 24 hour lookback on potential harm events, patient and staff experience, and 3 day look forward of staffing</li> <li>Briefings for families via corporate comms &amp; online</li> </ul>			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>On-boarding new Band 5 recruits (expected all complete by mid November)</td> <td>Deputy Head of Midwifery</td> <td>Mid November 2021 (onboarding complete - will require supernumerary period)</td> </tr> <tr> <td>14 Band 5 graduates from 2020 – preceptorship completion plan (2 have completed, 9 due by end of December). All remaining active 2020 graduates to complete preceptorship (3 of 4 graduates – the exception being on maternity leave).</td> <td>Deputy Head of Midwifery</td> <td>Majority Complete Remainder March 2022</td> </tr> <tr> <td>Due to review suspension of the Birth Centre and Home Births</td> <td>Deputy Head of Midwifery</td> <td>1<sup>st</sup> February 2022 (next review)</td> </tr> <tr> <td>Midwifery bank &amp; agency SOP has been developed and will be approved this month (already in use).</td> <td>Deputy Head of Midwifery</td> <td>20<sup>th</sup> October 2021 <i>See Additional Notes</i></td> </tr> </tbody> </table>			Action	Lead	Deadline	On-boarding new Band 5 recruits (expected all complete by mid November)	Deputy Head of Midwifery	Mid November 2021 (onboarding complete - will require supernumerary period)	14 Band 5 graduates from 2020 – preceptorship completion plan (2 have completed, 9 due by end of December). All remaining active 2020 graduates to complete preceptorship (3 of 4 graduates – the exception being on maternity leave).	Deputy Head of Midwifery	Majority Complete Remainder March 2022	Due to review suspension of the Birth Centre and Home Births	Deputy Head of Midwifery	1 <sup>st</sup> February 2022 (next review)	Midwifery bank & agency SOP has been developed and will be approved this month (already in use).	Deputy Head of Midwifery	20 <sup>th</sup> October 2021 <i>See Additional Notes</i>																								
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<b>Assurances (How do we know if the things we are doing are having an impact?)</b> Daily briefings with the senior team are taking place for updated position. Weekly meeting held with staff to update on the situation. No surprise submission to Welsh Government 9/7/2021. CHC informed. Engagement with Clinical Supervisors for midwives for staff support. Engagement with workplace representatives. On call manager for Women and Child Health available 24/7. Datix reports are submitted when appropriate.	<b>Gaps in assurance (What additional assurances should we seek?)</b>
<b>Additional Comments</b>	
<p>In addition to controls listed above, additional measures taken include:</p> <ul style="list-style-type: none"> <li>• Staff support and well-being information circulated, and presented to the staff</li> <li>• Where able, block booking agency midwives to improve the baseline numbers in the obstetric unit.</li> <li>• Enhanced overtime promoted, provided and accepted</li> <li>• Liaison and working closely with the Local Authorities to utilise Jigso and Flying start midwives where possible</li> <li>• Cancelled PROMPT training (being reviewed weekly)</li> <li>• Linking in with Karen re getting an all Wales approach to financing/increasing our part time to full time conversion rates</li> <li>• Utilising our medical teams to support where possible</li> <li>• Ensuring the all Wales Midwifery and Neonatal network are aware and linking ensuring SBUHB are represented in with the weekly risk huddle</li> <li>• Hywel Dda UHB are buddying up to provide support</li> <li>• Ensuring RCM and RCOG COVID guidance is implemented – esp re vaccinations</li> <li>• Maintaining a Maternity Helpline to answer any queries, emails received and messages from women who may be worried. We plan to continue with this (utilising staff who may be pregnant themselves)</li> </ul> <p>19.11.21 Update: Recruitment of band 6 midwives completed. Employment checks underway. Working with 2020 band 5 midwives to support achievement of their preceptor passport for transition to band 6. 2021 graduates in post (1 outstanding). All band 5 midwives on temporary increase to full time hours. Workforce paper in preparation. Consider there are enough vacancies to offer 2020 graduates substantive full time hours. Awaiting sign off with finance. Obstetric unit stabilised. Community midwifery service continue to carry significant shortfalls due to staff unavailability. Centralised community midwifery service continues.</p> <p>09.01.2022 Update: - 2021 Graduate midwives (Band 5) are all in post and are working full time to support during the current midwifery critical staffing levels related to Covid pandemic. Good feedback from midwives via Clinical Supervisors for Midwives (CSfM) that they have settled into the role and are well supported by the team.</p> <ul style="list-style-type: none"> <li>- The preceptorship programmes for the 2020 graduate midwives are completing in line with expectation. 4 midwives continue with Individualised action plans and rotation to the required clinical areas for completion of the programmes. All 2020 graduate midwives will complete the preceptorship programme by March 2022 with one exception (delay due to maternity leave).</li> <li>- Suspension of homebirth and NPT birth centre are ongoing. The midwifery critical staffing levels continue and are risk rated at 25 The Executive Nurse Director is updated of the position. The next review date for the recommencement of service is the 1st February 2022.</li> <li>- The Bank and agency SOP is in place and working effectively. Bank and a limited number of agency midwives have been employed as appropriate to maintain safe staffing levels within the Obstetric Unit and Community Services.</li> </ul> <p>14.01.22: All band 6 midwives due to commence by February 2022. Workforce planning is being progressed. Management trainee allocated to maternity services to support this work.</p> <p>23.01.22: Daily acuity meeting on 19/01/2022 midwifery unavailability 28.66%</p> <p>As the unavailability has remained below 30% for previous three days risk rating reduced to 20. Monitoring will continue. Plan in development for re-introduction of midwifery led intrapartum services at 1/2/2022 if unavailability remains below 30%.</p> <p>08.03.22 - WG request for briefing paper in relation to suspension of services at NPT Birth Centre. Recruitment for Band 6 midwives intrain. Suspended training study days with view of complete training year in May 2022 (with the exception of PROMPT). Review with bank for block booking agency midwives continue to request bank shifts as required. All staff currently</p>	

working at the hours they want.

<b>Datix ID Number:</b> 2554 <b>Health &amp; Care Standard:</b> Standard 5.1 Timely Access		<b>HBR Ref Number:</b> 82 <b>Target Date:</b> December 2023		<b>Current Risk Rating</b> 5 x 4 = 20																																								
<b>Objective:</b> Best Value Outcomes from High Quality Care		<b>Director Lead:</b> Richard Evans, Executive Medical Director <b>Assuring Committee:</b> Performance & Finance Committee <b>For Information:</b> <b>Quality &amp; Safety Committee</b> , Workforce & OD Committee																																										
<b>Risk: Risk of closure of Burns service if Burns Anaesthetic Consultant cover not sustained</b> There is a risk that adequate Burns Consultant Anaesthetist cover will not be sustained, potentially resulting in closure to this regional service, <b>harm to those patients would require access to it when closed</b> and the associated reputational damage. This is caused by: <ul style="list-style-type: none"> <li>• Significant reduction in Burns anaesthetic consultant numbers due to retirement and long-term sickness</li> <li>• Inability to recruit to substantive burns anaesthetic posts</li> <li>• The reliance on temporary cover by General intensive care consultants to cover while building work is completed in order to co-locate the burns service on General ITU</li> <li>• Reliance on capital funding from Welsh Government to support the co-location of the service</li> </ul>		<b>Date last reviewed:</b> March 2022																																										
<b>Risk Rating</b> (consequence x likelihood): Initial: 4 x 3 = 12 Current: 5 x 4 = 20 Target: 3 x 1 = 3		<table border="1"> <caption>Risk Score and Target Score History</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Apr-21</td><td>3</td><td></td></tr> <tr><td>May-21</td><td>3</td><td></td></tr> <tr><td>Jun-21</td><td>3</td><td></td></tr> <tr><td>Jul-21</td><td>3</td><td></td></tr> <tr><td>Aug-21</td><td>3</td><td></td></tr> <tr><td>Sep-21</td><td>3</td><td></td></tr> <tr><td>Oct-21</td><td>3</td><td></td></tr> <tr><td>Nov-21</td><td>3</td><td></td></tr> <tr><td>Dec-21</td><td>3</td><td>25</td></tr> <tr><td>Jan-22</td><td>3</td><td>20</td></tr> <tr><td>Feb-22</td><td>3</td><td>20</td></tr> <tr><td>Mar-22</td><td>3</td><td>20</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Apr-21	3		May-21	3		Jun-21	3		Jul-21	3		Aug-21	3		Sep-21	3		Oct-21	3		Nov-21	3		Dec-21	3	25	Jan-22	3	20	Feb-22	3	20	Mar-22	3	20	<b>Rationale for current score:</b> This risk has been 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	
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<b>Level of Control</b> =		<b>Rationale for target score:</b> 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.																																										
<b>Date added to the HB risk register</b> December 2021																																												
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"> <li>• The general ITU consultants to support the Burns service on a temporary basis, supporting the remaining burns anaesthetic colleagues to provide critical care input for burns patients</li> <li>• 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</li> <li>• The capital works will be in two phases (1) to co-locate in a smaller footprint in GITU, followed by (2) larger-scale capital work to accommodate complete co-location by mid-2023.</li> <li>• WHSSC as commissioners of the service have been kept fully informed, as has the South West (UK) Regional Burns Network</li> <li>• Other UK burns units have ICU co-located with Burns ICU, removing the need for dual certified consultants</li> </ul>			<b>Mitigating actions (What more should we do?)</b> <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Securing the agreement of GITU consultants to cover pending completion of capital work</td> <td>CEO &amp; EMD</td> <td>Completed</td> </tr> <tr> <td>Submit bid for capital funding to Welsh Government for both phases of work required</td> <td>Morriston Service Group</td> <td>30/04/2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	Securing the agreement of GITU consultants to cover pending completion of capital work	CEO & EMD	Completed	Submit bid for capital funding to Welsh Government for both phases of work required	Morriston Service Group	30/04/2022																														
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<b>Assurances (How do we know if the things we are doing are having an impact?)</b> Effect on patients of the temporary closure of the burns service in Swansea is mitigated by maintaining an			<b>Gaps in assurance (What additional assurances should we seek?)</b>																																									

<p>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 style="text-align: center;"><b>Additional Comments</b></p> <p>Ongoing staff burnout combined with two substantive consultants resigning means there is no foreseeable mechanism to open the burns unit as it previously operated. Have recurrently advertised with no applicants and initial efforts for oversea recruitment not successful. November 2021: Burns service currently closed to P3 patients; P2 patients located in Wales will be assessed before transfer to another unit or downgrade to ward based patient; WG notified via NSA – November 2021. <b>31.03.22: The service reopened fully on 14/02/2022.</b></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