



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

HEALTH BOARD RISK REGISTER JUNE 2021

(Revised to reflect in-month updates 15/07/2021)

RISKS ASSIGNED TO THE WORKFORCE & OD COMMITTEE

Risk Schedules

Datix ID Number: 843 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 3 Target Date: 31st March 2022		Current Risk Rating 4 x 5 = 20																																								
Objective: Excellent Staff		Director Lead: Kathryn Jones, Interim Director of Workforce and Operational Development Assuring Committee: Workforce and OD Committee																																										
Risk: Workforce recruitment of medical & dental staff		Date last reviewed: Prepared for Management Board – July 2021																																										
Risk Rating (consequence x likelihood): Initial: 5 x 4 = 20 Current: 4 x 5 = 20 Target: 4 x 3 = 12		<table border="1"> <caption>Risk and Target Scores</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Jul-20</td><td>20</td><td>12</td></tr> <tr><td>Aug-20</td><td>20</td><td>12</td></tr> <tr><td>Sep-20</td><td>20</td><td>12</td></tr> <tr><td>Oct-20</td><td>20</td><td>12</td></tr> <tr><td>Nov-20</td><td>20</td><td>12</td></tr> <tr><td>Dec-20</td><td>20</td><td>12</td></tr> <tr><td>Jan-21</td><td>20</td><td>12</td></tr> <tr><td>Feb-21</td><td>20</td><td>12</td></tr> <tr><td>Mar-21</td><td>20</td><td>12</td></tr> <tr><td>Apr-21</td><td>20</td><td>12</td></tr> <tr><td>May-21</td><td>20</td><td>12</td></tr> <tr><td>Jun-21</td><td>20</td><td>12</td></tr> </tbody> </table>		Month	Risk Score	Target Score	Jul-20	20	12	Aug-20	20	12	Sep-20	20	12	Oct-20	20	12	Nov-20	20	12	Dec-20	20	12	Jan-21	20	12	Feb-21	20	12	Mar-21	20	12	Apr-21	20	12	May-21	20	12	Jun-21	20	12	Rationale for current score: National shortages of numbers in some areas can lead to: <ul style="list-style-type: none"> • Unable to recruit sufficient numbers of trainees to fulfil rotas on all sites • Unable to attract non training grades to complete rotas • Unable to fill Consultant grade posts in some specialties with adverse effects on patient safety and industrial relations. Unable to recruit sufficient registered nursing staff. 	
Month	Risk Score	Target Score																																										
Jul-20	20	12																																										
Aug-20	20	12																																										
Sep-20	20	12																																										
Oct-20	20	12																																										
Nov-20	20	12																																										
Dec-20	20	12																																										
Jan-21	20	12																																										
Feb-21	20	12																																										
Mar-21	20	12																																										
Apr-21	20	12																																										
May-21	20	12																																										
Jun-21	20	12																																										
Level of Control = 70%		Rationale for target score: This remains a challenge and is also a national problem.																																										
Date added to the HB risk register April 2012																																												
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. 			<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>Interim Director W&OD.</td> <td>31st March 2022</td> </tr> <tr> <td>The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.</td> <td>Interim Director W&OD.</td> <td>31st March 2022</td> </tr> <tr> <td>Continue to recruit internationally.</td> <td>Interim Director W&OD.</td> <td>31st March 2022</td> </tr> </tbody> </table>			Action	Lead	Deadline	Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment	Interim Director W&OD.	31 st March 2022	The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.	Interim Director W&OD.	31 st March 2022	Continue to recruit internationally.	Interim Director W&OD.	31 st March 2022																											
Action	Lead	Deadline																																										
Medical training initiatives pursued in a number of specialties to ease junior doctor recruitment	Interim Director W&OD.	31 st March 2022																																										
The Medical Workforce Board continues to monitor recruitment and junior doctor's rotas.	Interim Director W&OD.	31 st March 2022																																										
Continue to recruit internationally.	Interim Director W&OD.	31 st March 2022																																										
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 			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.																																									
Additional Comments																																												
Risk covers all hospitals and multiple specialties. Participated in BAPIO rounds. Working with Medacs to replace long term locums. Invest to Save Bid for international overseas recruitment for nursing to upscale for 20/21. Recruitment remains a challenge but is also a national problem. During the pandemic we are still recruiting staff from overseas but have had to provide hotel accommodation for them to quarantine. Supply issues to the COVID areas have used doctors from other specialties where demand is currently low. We are over established locum posts in medicine, ITU and Anaesthetics. International medical recruitment - In progress but this has been delayed due to Covid. New approaches from Spring 21 onwards.																																												

Datix ID Number: 1759 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 51 Target Date: 31st March 2022		Current Risk Rating 5 x 4 = 20																																									
Objective: Excellent Staff		Director Lead: Christine Williams, Interim Director of Nursing Assuring Committee: Workforce and OD Committee		Date last reviewed: Prepared for Management Board – July 2021																																									
Risk: Non Compliance with Nurse Staffing Levels Act (2016)		Rationale for current score: <ul style="list-style-type: none"> Improved risk as COVID position improves. Risk remains high due to registered nursing vacancies Service groups (Morrison, Singleton and Neath Port Talbot) remain high with a score of 20 		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. 																																									
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-20</td><td>8</td><td>20</td></tr> <tr><td>Aug-20</td><td>8</td><td>20</td></tr> <tr><td>Sep-20</td><td>8</td><td>20</td></tr> <tr><td>Oct-20</td><td>8</td><td>20</td></tr> <tr><td>Nov-20</td><td>8</td><td>25</td></tr> <tr><td>Dec-20</td><td>8</td><td>25</td></tr> <tr><td>Jan-21</td><td>8</td><td>25</td></tr> <tr><td>Feb-21</td><td>8</td><td>20</td></tr> <tr><td>Mar-21</td><td>8</td><td>20</td></tr> <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> </tbody> </table>				Month	Target Score	Risk Score	Jul-20	8	20	Aug-20	8	20	Sep-20	8	20	Oct-20	8	20	Nov-20	8	25	Dec-20	8	25	Jan-21	8	25	Feb-21	8	20	Mar-21	8	20	Apr-21	8	20	May-21	8	20	Jun-21	8	20	Level of Control = 80%	Date added to the HB risk register November 2018
Month	Target Score	Risk Score																																											
Jul-20	8	20																																											
Aug-20	8	20																																											
Sep-20	8	20																																											
Oct-20	8	20																																											
Nov-20	8	25																																											
Dec-20	8	25																																											
Jan-21	8	25																																											
Feb-21	8	20																																											
Mar-21	8	20																																											
Apr-21	8	20																																											
May-21	8	20																																											
Jun-21	8	20																																											
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"> Workforce Plans have been developed by Unit Nurse Directors & Each Delivery Group to agree staffing in light of escalation to surge & super surge due to COVID-19, with consideration of all reasonable steps Approved Registered Staff who have retired from the Nursing Midwifery Council Register in the last three years have been contacted with a view to return to practice and into the Health Board workforce. Delivery Units have appropriately deployed of ward nurses to key areas. And also administration staff utilised to release nurses into providing care. Student nurses have returned to clinical practice which has been supported corporately. 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 & Patient Experience and reports to NMB and Workforce & Organisational Development Committee Health Board 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 Three yearly caveated Welsh Government paper and Annual Assurance paper presented a Health Board in May 2021 Health Board continues with workforce planning & redesign, training and development. recruitment and retention - Transformation 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally appraised.</td> <td>Director of Nursing & Patient Experience</td> <td>30th July 2021 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.</td> <td>Director of Nursing & Patient Experience</td> <td>24th August 2021</td> </tr> <tr> <td>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.</td> <td>Director of Nursing & Patient Experience</td> <td>30th July 2021</td> </tr> </tbody> </table>			Action	Lead	Deadline	The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally appraised.	Director of Nursing & Patient Experience	30 th July 2021 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.	Director of Nursing & Patient Experience	24 th August 2021	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.	Director of Nursing & Patient Experience	30 th July 2021																													
Action	Lead	Deadline																																											
The Ward Sister / Charge Nurse and Senior Nurse should continuously assess the situation and keep the designated person formally appraised.	Director of Nursing & Patient Experience	30 th July 2021 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.	Director of Nursing & Patient Experience	24 th August 2021																																											
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.	Director of Nursing & Patient Experience	30 th July 2021																																											

<ul style="list-style-type: none"> • Scrutiny panels are held for each SDU following the submission of acuity templates • Impact assessment work is being undertaken to prepare for further roll out of the Act, extension of the Act to Paediatrics 	Risk register to be reviewed monthly to ensure compliance	Director of Nursing & Patient Experience	24 th August 2021 Monthly ongoing
<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 of planned roster. • At least Yearly Board reports outlining compliance and any key risks. 	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Issue raised regarding Information Technology barriers around the capture of data required for the Act on an All- Wales and Health Board basis.</p>		
<p style="text-align: center;">Additional Comments</p> <p>7.5.21 - Discussed in Nurse Staffing Act Meeting formally agreed to maintain score of 20 based on evidence provided from Delivery Groups Morrison Singleton & NPT Risk Score remains at 20 - 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. Overseas recruitment remains a key priority. Action Complete - Daily Staffing Tool has been agreed across the Delivery Groups to maintain a consistent approach. 13.07.2021 - Risk discussed at Health Board Nurse Staffing Steering Group, Service Groups Morrison Hospital, Singleton and Neath Port Talbot Hospitals score remains at 20. Corporate score also remains at 20. Vacancies remain high, nursing staff continue to shield, COVID related absence continues, although at a lower rate than in the Winter. All reasonable steps implemented across the HB.</p>			

Datix ID Number: 2377 Health & Care Standard: Staff & Resources 7.1 Workforce NEW RISK		HBR Ref Number: 76 Target Date: 31st March 2022		Current Risk Rating 5 x 3 = 15																																								
Objective: Partnerships for Care		Director Lead: Kathryn Jones. Director of W&OD (interim) Assuring Committee: Workforce & OD Committee, Health & Safety Committee Date last reviewed: Prepared for Management Board – July 2021																																										
Risk: Partnership Working 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 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 have engaged with external media and voiced their concerns in very direct and critical terms, threatening to involve the Minister. Their position has not changed and this issue is raised at every LPF meeting. The risk score has reduced in line with the prevalence of Covid and thus the likely actions of staff although staff side have recently been involved in a local campaign actively encouraging their members to raise retrospective Datix incident for any staff who had a positive Covid test. This has generated circa 1600 Datix entries.																																										
Risk Rating (consequence x likelihood): Initial: 5 x 5 = 25 Current: 5 x 3 = 15 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-20</td><td>5</td><td>20</td></tr> <tr><td>Aug-20</td><td>5</td><td>20</td></tr> <tr><td>Sep-20</td><td>5</td><td>20</td></tr> <tr><td>Oct-20</td><td>5</td><td>20</td></tr> <tr><td>Nov-20</td><td>5</td><td>20</td></tr> <tr><td>Dec-20</td><td>5</td><td>20</td></tr> <tr><td>Jan-21</td><td>5</td><td>20</td></tr> <tr><td>Feb-21</td><td>5</td><td>20</td></tr> <tr><td>Mar-21</td><td>5</td><td>20</td></tr> <tr><td>Apr-21</td><td>5</td><td>20</td></tr> <tr><td>May-21</td><td>5</td><td>20</td></tr> <tr><td>Jun-21</td><td>5</td><td>15</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Jul-20	5	20	Aug-20	5	20	Sep-20	5	20	Oct-20	5	20	Nov-20	5	20	Dec-20	5	20	Jan-21	5	20	Feb-21	5	20	Mar-21	5	20	Apr-21	5	20	May-21	5	20	Jun-21	5	15	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.	
Month	Target Score	Risk Score																																										
Jul-20	5	20																																										
Aug-20	5	20																																										
Sep-20	5	20																																										
Oct-20	5	20																																										
Nov-20	5	20																																										
Dec-20	5	20																																										
Jan-21	5	20																																										
Feb-21	5	20																																										
Mar-21	5	20																																										
Apr-21	5	20																																										
May-21	5	20																																										
Jun-21	5	15																																										
Level of Control = 25%																																												
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"> Frequent meetings will continue to take place, supplemented by local discussions when required. Employees will be encouraged to raise concerns via existing mechanisms and directly to the Chief Executive. We will continue to utilise the daily briefings 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. Employees will be encouraged to raise concerns via existing mechanisms and directly to the Chief Executive. We will continue to utilise the daily briefings to be transparent about issues such as PPE to improve confidence in the 			<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.</td> <td>Assistant Director of Workforce & OD</td> <td>31st March 2022</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Action	Lead	Deadline	The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.	Assistant Director of Workforce & OD	31 st March 2022																																	
Action	Lead	Deadline																																										
The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum.	Assistant Director of Workforce & OD	31 st March 2022																																										

<p>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.</p> <ul style="list-style-type: none"> • Despite extensive discussions at PF staff side formally raised a number of issues in writing indicating they have not accepted the information provided. 			
<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.</p> <p>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> <p>Discussion at Gold 12.04.21: No alteration to post-MA risk score required currently. KJ to review and see if downgrade to score of 20 is possible.</p> <p>Discussion at Gold 20.04.21 JRQ noted that this risk should have been reduced to 20 and cannot be reduced any further currently due to a number of ongoing issues. Risk score reduced to reflect immediate impact only. Significant tensions remain. Access to all Wales support to help reduce concerns under consideration.</p>			

Datix ID Number: 2569 Health & Care Standard: Staff & Resources 7.1 Workforce NEW RISK		HBR Ref Number: 77 Target Date: 31 st March 2022		Current Risk Rating 5 x 4 = 20																																								
Objective: Excellent Staff		Director Lead: Kathryn Jones. Director of W&OD (interim) Assuring Committee: Workforce & OD Committee																																										
Risk: Workforce Resilience (risk description refreshed July 2021) Risk covers two issues: Part 1 The present direct impact (wave 3) in terms of covid / related sickness including Long Covid (symptomatic Absence) and self-isolation (Asymptomatic), and risks associated with CEV staff. Then how those levels of absence impact on the pressures for those still in work. Part 2 Culmination of the pressure and impact on staff wellbeing in terms of both physical and mental stress linked to the Covid Pandemic. How that stress may have a delayed significant and longer term impact on some staff.		Date last reviewed: Prepared for Management Board – July 2021																																										
Risk Rating (consequence x likelihood): Initial: 5 x 5 = 25 Current: 5 x 4 = 20 Target: 5 x 2 = 10		<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>Jul-20</td><td>10</td><td>25</td></tr> <tr><td>Aug-20</td><td>10</td><td>20</td></tr> <tr><td>Sep-20</td><td>10</td><td>20</td></tr> <tr><td>Oct-20</td><td>10</td><td>20</td></tr> <tr><td>Nov-20</td><td>10</td><td>20</td></tr> <tr><td>Dec-20</td><td>10</td><td>20</td></tr> <tr><td>Jan-21</td><td>10</td><td>20</td></tr> <tr><td>Feb-21</td><td>10</td><td>20</td></tr> <tr><td>Mar-21</td><td>10</td><td>20</td></tr> <tr><td>Apr-21</td><td>10</td><td>20</td></tr> <tr><td>May-21</td><td>10</td><td>20</td></tr> <tr><td>Jun-21</td><td>10</td><td>10</td></tr> </tbody> </table>		Month	Target Score	Risk Score	Jul-20	10	25	Aug-20	10	20	Sep-20	10	20	Oct-20	10	20	Nov-20	10	20	Dec-20	10	20	Jan-21	10	20	Feb-21	10	20	Mar-21	10	20	Apr-21	10	20	May-21	10	20	Jun-21	10	10	Rationale for current score: Covid related absence has increased by 50% in recent weeks, the HB still has a significant number of staff who either caught Covid or were directly impacted either due to self isolation and or the impact of being Clinically Extremely Vulnerable (CEV). Some 350 staff are still not yet back into a substantive role. Although sick absence levels have reduced the proportion of that % relating to stress has increased. It is still too early to be sure that long term impacts of the pandemic will have already manifested itself. The health board has a number of staff with long covid whose return to work is not certain and whose sick pay protection will end later this year. Enquiries to OH increasing in recent weeks.	
Month	Target Score	Risk Score																																										
Jul-20	10	25																																										
Aug-20	10	20																																										
Sep-20	10	20																																										
Oct-20	10	20																																										
Nov-20	10	20																																										
Dec-20	10	20																																										
Jan-21	10	20																																										
Feb-21	10	20																																										
Mar-21	10	20																																										
Apr-21	10	20																																										
May-21	10	20																																										
Jun-21	10	10																																										
Level of Control = 25%		Rationale for target score: Covid related absence is increasing as we enter wave 3.																																										
Date added to the HB risk register May 2021		All organisations would wish for their staff to be resilient to the impact of working within their organisation. The significant ongoing impact of Covid seen by a number of our staff would never be zero but through a range of interventions in place we would hope to minimise the impact on staff.																																										
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																										
<ul style="list-style-type: none"> Additional Wellbeing support facilitated by limited L&D Coaches and Wellbeing team. – the model developed aims to increase awareness of the staff wellbeing service and National support offer a ‘listening ear’ approach with interventions to support and increase resilience of line-managers. Commitment from Nurse Directors and MGH Matron’s to increase line-manager presence physically rather than virtually on wards and to utilise staff unable to work on wards to deliver, ‘Taking Care Giving Care’ rounds to colleagues. 		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Additional Wellbeing support facilitated by limited L&D Coaches and Wellbeing team.</td> <td>Assistant Director of Workforce & OD</td> <td>31st March 2022</td> </tr> <tr> <td>Occupational Health open over the bank holidays to support staff testing, urgent advice giving and contact tracing.</td> <td>Assistant Director of Workforce & OD</td> <td>31st March 2022</td> </tr> </tbody> </table>		Action	Lead	Deadline	Additional Wellbeing support facilitated by limited L&D Coaches and Wellbeing team.	Assistant Director of Workforce & OD	31 st March 2022	Occupational Health open over the bank holidays to support staff testing, urgent advice giving and contact tracing.	Assistant Director of Workforce & OD	31 st March 2022																																
Action	Lead	Deadline																																										
Additional Wellbeing support facilitated by limited L&D Coaches and Wellbeing team.	Assistant Director of Workforce & OD	31 st March 2022																																										
Occupational Health open over the bank holidays to support staff testing, urgent advice giving and contact tracing.	Assistant Director of Workforce & OD	31 st March 2022																																										

<ul style="list-style-type: none"> • Staff Psychological Wellbeing Cell established – partnership working with MH Psychology, Chaplaincy, Comms and L&D. • Staff WB and OH – 7 day services to support staff. • 30 staff deployed to OH and resource to support WB service. • Trained 140+ ‘Taking Care Giving Care’ facilitators to support team wellbeing. • 240+ TRiM ‘React MH’ LM’s to support staff MH & trauma. • Trauma/bereavement pathways for staff developed. • OH Long Covid service developed. • Supporting HB wide Wellbeing/Resilience days with Senior Nursing colleagues. • 400+ Wellbeing Champions supporting teams and services. • ESF funded ‘In Work Support’ team supported local SME employee’s/teams. • SBU ‘double winners’ in UK OH&WB Awards for Covid response. 	See Controls for summary of OH/WB support	Director of Workforce & OD	In place
<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>Additional Comments</p> <p>Risk added to Gold Command 16 December 2020 Discussion at Gold 20.04.2021: No alteration to post-MA risk score required currently. Further discussions required regarding impact and liability – update under consideration. Post Covid Well Being Strategy established and presented to WF&ODC. Whilst there are no signs of an underlying increase in risk absence there are indications that stress related absence % has increased in some areas. There remains risk that impact will only emerge over time.</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