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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	09 February 2021		Agenda Item	3.4
Report Title	Workforce & OD Risk Register Report			
Report Author	Jacqui Evans, Interim Assistant Head Risk & Assurance			
Report Sponsor	Pam Wenger, Director of Corporate Governance			
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services			
Freedom of Information	Open			
Purpose of the Report	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.			
Key Issues	<ul style="list-style-type: none"> • The updated risk register was presented to the Audit Committee on the 12 November 2020, and to the Board on the 26 November 2020, • In October 2020 each Executive Director was requested to review the risk score in light of the new escalation and intervention arrangements balanced with the significant ongoing risks relating to the second, and potentially third wave of the covid 19 pandemic, • The Executive Team reviewed and approved the updated HBRR on the 11 November 2020, • The HBRR contains three risks assigned to the Workforce & OD Committee: <ul style="list-style-type: none"> ○ 3 – Workforce Recruitment, ○ 51 – Nurse Staffing (Wales) Act, ○ 62 – Sustainable Corporate Services, • 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. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the updates to the Health Board Risk Register relating to risks assigned to the Workforce & OD Committee, and the further changes being made in recognition of the changing risks facing the Health Board and the uncertainty in terms of modelling required as a result of the current 2nd wave of Covid-19, and the risk of a potential 3rd wave, • DISCUSS the risks assigned to the Workforce & OD Committee and endorse the mitigating action being taken to manage the risks. 			

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 pandemic, also known as the coronavirus pandemic, is an ongoing pandemic of coronavirus disease 2019 (Covid-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Covid-19 outbreak has had a huge impact on core NHS services. In order to free up enough capacity to deal with the initial peak of the pandemic, the NHS was forced to shut down or significantly reduce many areas of non-COVID care during April, May and June 2020. This, combined with fewer patients seeking care during lockdown, means that there has been a significant drop in elective procedures, urgent cancer referrals, first cancer treatments and outpatient appointments.

The Health Board is in unprecedented times, and the evolving Covid-19 situation poses some practical challenges in terms of board governance, transaction execution and statutory compliance commitments. As they focus on business continuity and crisis management, directors must be in a position to make effective and swift boardroom decisions. Boards remain accountable at times of national crisis and it is important they are seen to be doing the right thing¹ (Good Governance

¹ <https://www.good-governance.org.uk/blog-post/boards-remain-accountable/>

Institute, 2020) and the rationale behind key decisions is transparent. In the context of Covid-19 the strategic governance of the organisation has to be agile. There also needs to be clarity on 'changed' roles and responsibilities, decision making, communication and record keeping. Whilst substantial amounts of management time will be focussed on ensuring that the Health Boards response is coordinated and effective, there is a risk that quality governance and oversight may not be as robust as the resource/capacity of our staff is stretched in an unprecedented way which is changing on a daily basis.

In addition, the Minister of Health and Social Services announced on 13th March 2020, a framework of actions, within which local health and social care providers could make decisions to ensure that preparations could be made in a planned and measured way for managing Covid-19 and included:

- Suspending non-urgent outpatient appointments and ensure urgent appointments are prioritised;
- Suspending non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery);
- Prioritising the use of Non-Emergency Patient Transport Service to focus on hospital discharge and ambulance emergency response;
- Expediting discharge of vulnerable patients from acute and community hospitals;
- Relaxing targets and monitoring arrangements across the health and care system;
- Minimising regulation requirements for health and care settings;
- Fast tracking placements to care homes by suspending the current protocol which give to right to a choice of home;
- Permission to cancel internal and professional events, including study leave, to free up staff for preparations;
- Relaxation of contract and monitoring arrangements for GPs and primary care practitioners; and
- Suspending NHS emergency service and health volunteer support to mass gatherings and events.

The focus is now on re-establishing essential services in line with the NHS Wales Covid-19 Operating Framework. Covid-19 business decisions are made against the backdrop of quickly-changing circumstances on the ground, and the Covid-19 risk register offers an essential framework for informing those choices. The risk register accomplishes this by keeping the spotlight on operational changes and offering a structured method to identify and mitigate the derivative risks.

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:

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

Risk Ref	Description of risk identified	Current Score	Update January 2021
3 (843)	Workforce Recruitment Failure to recruit medical & dental staff	20	Assurance narrative updated to remove reference to integrated medicine and paediatrics short term work plans. New update given under comments “Some issues with the lack of NHS experience for many locums which means we have had to consider some off contract agencies.”
51 (1759)	Nurse Staffing (Wales) Act Risk of Non Compliance with the Nurse Staffing (Wales) Act	25	No update.
62 (2023)	Sustainable Corporate Services 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	20	Responsibility for this risk has moved from the CEO to the Director of Workforce & OD.

The Committee is requested to accept the three 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

The Covid-19 pandemic, also known as the coronavirus pandemic, is an ongoing pandemic of coronavirus disease 2019 (Covid-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Covid-19 outbreak has had a huge impact on core NHS services. In order to free up enough capacity to deal

with the initial peak of the pandemic, the NHS was forced to shut down or significantly reduce many areas of non-COVID care during April, May and June 2020. This, combined with fewer patients seeking care during lockdown, means that there has been a significant drop in elective procedures, urgent cancer referrals, first cancer treatments and outpatient appointments.

The Health Board is in unprecedented times, and the evolving Covid-19 situation poses some practical challenges in terms of board governance, transaction execution and statutory compliance commitments. As they focus on business continuity and crisis management, directors must be in a position to make effective and swift boardroom decisions. Boards remain accountable at times of national crisis and it is important they are seen to be doing the right thing² (Good Governance Institute, 2020) and the rationale behind key decisions is transparent. In the context of Covid-19 the strategic governance of the organisation has to be agile. There also needs to be clarity on 'changed' roles and responsibilities, decision making, communication and record keeping. Whilst substantial amounts of management time will be focussed on ensuring that the Health Boards response is coordinated and effective, there is a risk that quality governance and oversight may not be as robust as the resource/capacity of our staff is stretched in an unprecedented way which is changing on a daily basis.

In addition, the Minister of Health and Social Services announced on 13th March 2020, a framework of actions, within which local health and social care providers could make decisions to ensure that preparations could be made in a planned and measured way for managing Covid-19 and included:

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- Relaxing targets and monitoring arrangements across the health and care system;
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- Fast tracking placements to care homes by suspending the current protocol which give to right to a choice of home;
- Permission to cancel internal and professional events, including study leave, to free up staff for preparations;
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The focus is now on re-establishing essential services in line with the NHS Wales Covid-19 Operating Framework. Covid-19 business decisions are made against the backdrop of quickly-changing circumstances on the ground, and the Covid-19 risk register offers an essential framework for informing those choices. The risk register

² <https://www.good-governance.org.uk/blog-post/boards-remain-accountable/>

accomplishes this by keeping the spotlight on operational changes and offering a structured method to identify and mitigate the derivative risks.

Whilst substantial amounts of management time will be focussed on ensuring that the Health Boards response is coordinated and effective, there is a risk that quality governance and oversight may not be as robust as the resource/capacity of our staff resource is stretched in an unprecedented way which is changing on a daily basis.

The Covid 19 risk register is presented at **Appendix 2** for information. There are currently five risks assigned to the Workforce & OD Committee for oversight, as outlined in table 3 below:

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>Covid related sick absence</p> <p><u>Exec Lead Director of Workforce & OD</u></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>	20	<ul style="list-style-type: none"> 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. <p>Covid absence decreased to below 500 the same level as early November 2020, therefore risk score reduced from 25 to 20 at Gold command meeting 24/1/21, in line with lower Covid Absence. Asymptomatic absence lowest level since peak of Wave 1.</p>	Workforce & OD Committee
R_COV_009a	<p>Workforce Shortages</p> <p><u>Exec Lead Director of Workforce & OD</u></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 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.</p>	25	<ul style="list-style-type: none"> Additional workforce is being recruited through national and local campaigns including the return of retired NHS professionals Corporate Recruitment drive to secure additional workforce across substantive, bank and agency underway externally and internally. Robust occupational health service increased and in place to support staff in terms of general wellbeing. OH supporting internal Track and Trace. 	Workforce & OD Committee

			Workforce to review this to ensure it matches Risk ID 004.	
R_COV_009b	<p><u>Workforce Recruitment</u></p> <p><u>Exec Lead Director of Workforce & OD</u></p> <p>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.</p>	20	<ul style="list-style-type: none"> Additional workforce are being recruited through national and local campaigns including the return of retired NHS professionals <p>No alteration to risk score required currently. The score reflects the position of staff returning, however, recruitment is still critical.</p>	Workforce & OD Committee
R_COV_012	<p><u>Partnership Working</u></p> <p><u>Exec Lead Director of Workforce & OD</u></p> <p>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.</p>	25	<ul style="list-style-type: none"> The Health Board will continue to develop an effective working relationship with all trade union partners and collectively via the agreed HB Partnership Forum. <p>No alteration to risk score required currently. Risk score remains at 25 staff side still escalating issues particularly PPE and the change to Imms policy and second dose</p>	Workforce & OD Committee
R_COV_020	<p><u>Workforce Reliance (added 16/12/20)</u></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</p>	25	<ul style="list-style-type: none"> Additional Wellbeing support facilitated by limited L&D Coaches and Wellbeing team. Occupational Health open over the bank holidays to support staff testing, urgent advice 	Workforce & OD Committee

	<p>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>		<p>giving and contact tracing.</p> <p>No alteration to risk score required currently.</p>	
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4. GOVERNANCE & RISK

4.1 Escalation & Intervention Arrangements

The Welsh Government written statement published on the 7 October 2020 advised that SBUHB been de-escalated from targeted intervention status to ‘enhanced monitoring’ status³, as it had demonstrated that it had a clearer understanding of its finances and the required actions, there has been a clearer approach to performance, and an improvement in some of the measures under consideration, including cancer and infections. Whilst this, is indicative of positive progress, the written statement also stated that concerns remained that unscheduled care and waiting times needed to see sustained improvement in performance.

Therefore, in October 2020 each Executive Director was requested to review the risk score in light of the new escalation and intervention arrangements balanced with the significant ongoing risks relating to the second, and potentially third wave of the covid 19 pandemic.

The updated risk register was presented to the Audit Committee on the 12 November 2020 and to the Board on the 26 November 2020.

4.2 Updated Risk Management Policy & Terms of Reference

4.2.1 Risk Management Policy

To ensure effective governance the Risk Management policy has been updated to incorporate the internal audit recommendations made in April 2020. The updates include:

- Reference to the responsibility of the Senior Leadership Team (SLT),
- consistent language and terminology between the body of the policy (6.5.5.) and Appendix 2, in terms of arrangements for the escalation of risk,
- updated membership list, to include the attendance of two representatives from the Service Delivery Units (SDU’s),
- a process for reporting "nil returns",
- include specific terms of reference for the risk scrutiny panel,
- makes a clearer reference to the Board Assurance Framework (BAF),
- reference to the “Simple Guide to Risk Management”.

The updated risk management policy was endorsed by the Risk Management Group meeting 21 October 2020 and approved by the Executive Team 11 November 2020.

³ Written Statement: Escalation and Intervention Arrangements, 7 October 2020 <https://gov.wales/written-statement-escalation-and-intervention-arrangements-2>

4.2.2 Risk Management Group Terms of Reference (TOR)

For completeness the Risk Management Group's (RMGs) terms of reference (TOR) have also been reviewed in tandem with the risk management policy. The updates include:

- Reference to the responsibility of the Senior Leadership Team (SLT);
- a process for reporting "nil returns",
- a description of the relationship between the RMG and the Risk Scrutiny panel,
- Specific terms of reference for the risk scrutiny panel, including role and delivery of the panel, the membership of the panel comprising of internal and external members and reference to devising an annual forward plan of business.

The updated TOR were endorsed by the Risk Management Group meeting 21 October 2020 and approved by the Executive Team 11 November 2020.

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 to improve 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 relating to risks assigned to the Workforce & OD Committee, and the further changes being made in recognition of the changing risks facing the Health Board and the uncertainty in terms of modelling required as a result of the current 2nd wave of Covid-19, and the risk of a potential 3rd wave,
- **DISCUSS** the risks assigned to the Workforce & OD Committee and endorse the mitigating action being taken to manage the risks..

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	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"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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"/>
Health and Care Standards		
<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"/>
Quality, Safety and Patient Experience		
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.		
Financial Implications		
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.		
Legal Implications (including equality and diversity assessment)		
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.		
Staffing Implications		
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.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
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.		
Report History	<ul style="list-style-type: none"> • 1 September 2020 – Health & Safety Committee • 21 October 2020 - Risk Management Group • 11 November 2020 - Executive Team • 12 November - Audit Committee • 26 November 2020 – Health Board 	
Appendices	<ul style="list-style-type: none"> • Appendix 1 – Health Board Risk Register; and • Appendix 2 - Covid-19 High level Risk Register. 	